

## RCN Health Ability Passport–Stoma:

### Health Ability Passport: Supporting Employees with a Stoma

This form is here to support open and supportive conversations between you and your line manager. It's confidential and should be completed together, with your agreement. The numbered steps refer to our [Health Ability Passport guidance](#).

This is the Health Ability Passport of:	
Job role & department:	
Date completed:	
Following a meeting on:	
Line manager name & email:	
<b>Stoma Type and Management</b>	
Type of stoma:	Colostomy Ileostomy Urostomy Mitrofanoff Other:
How often do you typically change your stoma bag?	1-3 times a day 3-6 times a day Other:
<b>Workplace Impact</b>	
<p><b>Do any aspects of your role impact your ability to manage your stoma effectively?</b> (e.g. lifting, long periods working without access to a bathroom, PPE, uniforms)</p> <p>Yes    No</p> <p><i>If yes, please describe on the right</i></p>	
<b>Stoma-Related Health Considerations</b>	
Have experienced any stoma related complications that your manager should be aware of to support you at work? <i>Any immediate concerns should be escalated to your stoma nurse specialist</i>	<i>Tick all that apply</i> Diarrhoea Blockage Leakage Sore skin Ballooning Pancaking High output stoma Prolapse Rectal discharge Other:

<p>Do you experience a stoma with a high output? Yes    No</p> <p>If yes, does it affect your ability to carry out your nursing duties (e.g. hydration, fatigue or extra time needed for stoma care)? Yes    No</p> <p>If yes, please describe on the right</p>	
<p>Have you been diagnosed with a hernia?  Yes    No</p> <p>If yes, please describe on the right</p>	<p>Prarastomal Incisional Inguinal Other:</p>
<p>People with a stoma are at increased risk of developing a hernia</p> <p>Does your role involve manual handling tasks Yes    No</p> <p>If yes, please describe on the right</p> <p>Are you up to date with your manual handling mandatory training? Yes    No</p> <p>Date completed :</p> <p>Do you currently wear support garments at work? Yes    No</p> <p>Have you had an individual risk assessment completed Yes    No</p>	<p>If you do not currently wear a support garment we recommend discussing this with your stoma nurse specialist who can arrange for these to be issued on prescription (up to three garments a year)</p> <p>** if this is not supported by your nurse specialist – then an occupational health assessment is required**</p>
<p><b>Facilities &amp; Access</b></p>	
<p>Do you have access to a suitable private area for stoma care? Yes    No</p> <p>If no, what would improve this?</p> <p>Are toilets at your workplace stoma-friendly?</p>	

<p>(i.e. access to a sink, shelf, hooks, mirror, appropriate bin, privacy)</p> <p>Yes    No</p> <p>Suggested improvements:</p> <p>Do you have access to a RADAR key to use accessible toilets when needed for your stoma care?</p> <p>Yes    No</p>	
<p>Do you have the right bins or disposal facilities in your area of work or current changing rooms in e.g theatres to safely dispose of used bags?</p> <p>Yes    No</p> <p>If yes, please describe on the right</p>	

*It is important that your employer follows rules of confidentiality regarding your health condition. However, if you feel it is important to share any aspects with your team to support you in the workplace then you may ask the employer to do this with your consent. Please store in line with policy.*

**Employee Impact Statement** *this section is optional and private*

**Employee Reflection:**

Please share any details about your condition, stoma care routine, or how it impacts your work. (Consider physical, emotional, or practical challenges.)

**Occupational Health/Specialist Team Recommendations?** (step 4)

Has Occupational Health or a specialist team provided any recommendations?

Yes    No    Pending

If yes, please describe what advice was provided and include where necessary information about your condition, stoma management, medications and any recommended adjustments that may help support you at work:

### Employer Support (Step 5)

What support do you feel would be reasonable and help you manage your health at work? (e.g. additional breaks, flexible shift patterns, uniform adjustments, remote work, use of technology etc).

### The Way forward (step 6)

Action	Date and Owner	Review Date

Do you know the date of when your next review or stoma specialist appointment is?

Yes      No      Unsure

*Use opportunity to discuss requirements for attendance and support from employer to attend if within working hours*

### Optional Disclosure & Communication (step 7)

Do you wish to share information about your stoma with team members to support you?

☐ Yes –with selected colleagues

☐ No –please keep confidential

☐ Not sure –would like to discuss further

*Important: All information will be treated as confidential. Any sharing will be with your consent only.*

Review Date:

Signed (Employee):	
Print name / date:	
Signed (Line Manager)	
Print name / date:	

If you as person living with a stoma or your line manager need further support and advice please contact the charity Colostomy UK who are there for everyone living with a stoma -whether it's a colostomy, ileostomy, urostomy. They provide practical support, raise awareness, and amplify lived experiences.

Stoma Helpline: 0800 328 4757

E-mail: [hello@ColostomyUK.org](mailto:hello@ColostomyUK.org)