

Policy for the prevention and management of pressure damage

This policy will provide staff with a consistent approach to pressure ulcer management within Oxford Health, by raising awareness and working together across all settings, the overall objective is to reduce the number of incidents and adverse effects of pressure ulcers and eliminate all avoidable pressure ulcers.

This policy details best practice for all healthcare professionals within Oxford Health working with patients for the prevention and management of pressure ulcers.

Policy code
CP66

Version 5

Date of approval

1. Purpose of policy (aims and objectives)

1.1 The policy sets the standard required to prevent patients in the care of Oxford Health from developing avoidable pressure ulcers by providing staff with:

1. the knowledge, tools and skills to recognise patients at risk of developing pressure ulcers and to manage the risk;
2. best practice guidance in the treatment and management of pressure damage;
3. a consistent approach to reporting pressure ulcers.

1.2 This policy applies to all healthcare professionals working within Oxford Health, but predominantly those within Community Nursing, community therapy, inpatient community hospital/ older person mental health settings and other services involved with patients who may be at risk or have developed pressure ulcers.

2. Summary of actions to implement policy (see also appendices)

Action	When	Why
Pressure damage risk assessment	Within 6 hours of admission OR on first community visit	To identify individuals susceptible to pressure damage in order to target appropriate interventions and prevent pressure ulcer development
Skin inspection	If assessed as 'at risk' within 6 hours of admission OR on first community visit.	Aids early detection of skin changes associated with pressure damage. To identify any existing pressure damage.
Development and implementation of a pressure damage prevention/ pressure ulcer management care plan	At first visit or within the shift admitting the patient.	Provides a holistic, evidence based plan of the care required to meet the patients' needs in relation to pressure damage risk and pressure ulcer management. Aids continuity of care by providing a communication tool for other clinicians.
Provision of pressure redistributing equipment	Based on risk assessment	Equipment assists the prevention of pressure damage and the deterioration of existing pressure ulcers.
Re-assessment	Every 4 weeks or if the patient's condition changes.	To ensure that the current plan is effective, safe and responsive to patients needs.
Referral	If the pressure ulcer fails to progress as expected or deteriorates. If there are concerns regarding the management plan. Identification of need for specialist equipment	Early intervention of specialist support will reduce the likelihood of complications associated with pressure damage.

3. Outline of policy

3.1. Assessment

3.1.1 Community Hospital/ older people mental health in-patients units must undertake a pressure damage risk assessment using the Braden tool (Appendix 1) within 6 hours of admission and if the patient is assessed as at risk undertake a skin inspection.

3.1.2 Community teams should undertake a pressure damage risk assessment using the Braden tool and if assessed as at risk, offer a skin inspection for all patients admitted to their case loads at the initial visit.

3.1.3 Pressure care assessment is conducted by a competent health care professional with the appropriate knowledge and skills for both the prevention and management of pressure ulcers.

3.1.4 Patients and their carers should be fully involved in the assessment and treatment plan for their care and be provided with training and education to enable them to identify risks and emerging problems.

3.1.5 Any pressure ulcers, category 2 or above, identified at this initial assessment or subsequently should be reported via the Ulysses incident reporting system within 48 hours

3.1.6 Each element of the holistic assessment should be documented and must include:

1. Consent and capacity
2. Braden Risk Assessment tool alongside clinical judgement to formulate risk.
3. Consideration of health status/ underlying co-morbidities.
4. Support surface assessment (pressure redistributing equipment) that is currently in place; including seating.
5. Patient's mobility, including how the patient's position/ posture is changed and the length of time sitting or lying in one position.
6. Moisture to the skin (incontinence or sweat) assessment and appropriate aids or referral considered.
7. Nutritional status (Malnutrition Universal Screening Tool – Appendix 2) and hydration consideration.
8. Skin inspection with special attention to bony prominences
9. Best interest decisions and safeguarding (see Safeguarding Adults Policies)

3.2. Prevention

3.2.1 The prevention plan should be completed and implemented following assessment where a patient has been assessed as being at risk of developing a pressure ulcer.

3.2.2 The prevention plan is to be documented within the pressure prevention care plan (Appendix 4) and should include:

1. Agreed Care Plan, following discussion with patient and / or carer with the risks identified being a focus for the action plan. This should include the use of pressure redistribution systems if deemed necessary.
2. The provision of the Patient Information Leaflet (Appendix 5)
3. Repositioning Charts (Appendix 6) are to be completed where patients are assessed as at risk and unable to reposition themselves, or need some assistance. The frequency of repositioning will be determined by the patient's individual needs and recorded in their notes.
4. A management plan for nutrition and / or hydration if the patient is assessed as being at risk using MUST assessment tool.
5. Frequency of re-assessment of the patient is determined by clinical judgement at the initial assessment, and reviewed when care plan is evaluated, or if there is any change to the patients' condition; however a reassessment is to be done at least every four weeks and must include all aspects of the holistic assessment.

3.3. Treatment of Pressure Ulcers

3.3.1 All pressure ulcers will be assessed by a competent health care professional with the appropriate knowledge and skills.

3.3.2 All patients who have a category 1-4 pressure ulcer must receive a holistic assessment.

3.3.3 The cause of the pressure ulcer must be identified, and where possible removed or reduced.

3.3.4 All pressure ulcers will be categorised using the European Pressure Ulcer Advisory Panel (EPUAP, 2009) Pressure Ulcer grading chart (Appendix 7) at the time of the assessment and documented in the patient's notes.

3.3.5 It is considered best practice to photograph category 2 and above pressure ulcers in order to support the evaluation process, however this may not always be appropriate e.g. end of life care. Verbal consent will be gained and documented in the

patients' notes and photography taken in line with the Trust's Consent to Examination and Treatment policy (CP19).

3.3.6 If there is more than one pressure ulcer each pressure ulcer will be assessed and an individual treatment plan created.

3.3.7 An Incident form is completed on Ulysses for all patients who have a category 2-4 pressure ulcer within 48 hours of identifying the incident.

3.3.8 All grade 3 & 4 Pressure Ulcers reported will require an Initial Review (IR) report within three working days of identifying the incident.

3.3.9 All category 3 and 4 pressure ulcers deemed as avoidable¹ will be subject to a Serious Incident investigation using a system based approach (root cause analysis).

3.4. Treatment Plan

3.4.1 The treatment plan is documented and includes:

1. Agreed Pressure Ulcer Management Care Plan, following discussion with patient and / or carer (Appendix 8)
2. The provision of the Patient Information Leaflet.
3. Implementation of repositioning Charts where patients are assessed as at risk and unable to reposition themselves, or need some assistance. The frequency of repositioning will be determined by the patient's individual needs and recorded in their notes.
4. A management plan for nutrition and / or hydration following a MUST assessment screen.
5. A re-assessment date. Frequency of re-assessment of the patient, is determined by clinical judgement at the initial assessment, and reviewed when the care plan is evaluated, or if there is any change to the patients' condition; however a reassessment is to be done at least every four weeks and must include all aspects of the holistic assessment.
6. Wound assessment: Wounds should be assessed by a competent health care professional, and regularly reviewed by a qualified nurse, for example, if a patient is visited daily, a qualified nurse should visit at least weekly.
7. Wound evaluation: An evaluation of the pressure ulcer is conducted at each dressing change; the treatment plan is adjusted as necessary, and documented on the individualised care plan to include location and grade of each pressure ulcer.
8. Dressing selection: Decisions about choice of dressing and / or topical agent must be made by a competent health care professional using the Oxford

¹ i.e. as a result of acts or omissions in care that result in unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm

Health/ Oxfordshire Clinical Commissioning Wound formulary, documenting the type, size of product and frequency of dressing change on the care plan.

9. Pain assessment: Consider the patients pain levels using the Pain Assessment Tool (Appendix 9) and provide appropriate management / analgesia.
10. Referral or liaison with other health care professionals should be documented on the patient's record, clearly stating what was discussed.
11. A referral to community Tissue viability service will be considered when a patient has a category 3 or 4 pressure ulcer.

3.5. Further Considerations

3.5.1 ALL pressure ulcers that deteriorate go through the same process for reporting as above. This means it is possible that there may be more than one Ulysses reports for each pressure ulcer. Reverse categorisation should not be used – i.e. as a Category 4 ulcer heals it should be described as a healing category 4 until healing is complete, **not** recategorised as a lower grade ulcer.

3.5.2 All patients with diabetes who have developed a category 2, 3 or 4 pressure ulcer to their foot and/or heel must be referred to the diabetic foot clinic.

3.5.3 All patients who have developed a category 2, 3 or 4 pressure ulcer on their foot and / or heel should be assessed for their vascular status which should include a Doppler and lower limb assessment.

3.5.4 All Patients with any category of pressure damage should have a repositioning plan in place.

3.5.5 If the cause of the pressure ulcer category 1 – 4 is identified by the holistic assessment to be linked to the patient's wheelchair, regardless of provision, the patient should be immediately referred to the Oxford Wheelchair Service for assessment of their current pressure relieving cushion.

3.6. Equipment

3.6.1 Decisions about the prescription of pressure relieving devices is based on the holistic assessment, and not based solely on the Braden score.

3.6.2 Prescription of equipment is documented and includes:

1. Identified levels of risk by holistic assessment
2. Skin assessment
3. Pressure Ulcer assessment
4. Location and cause of pressure ulcer
5. Comfort
6. General health status
7. Lifestyle and abilities

8. Care needs
9. Acceptability of the proposed pressure relieving equipment to the patient and or carer

(Refer to Appendices 10, 11 & 12 for the selection of cushions, mattresses and heel protectors)

3.6.3 Consider posture, seating position and cushion when assessing the patient with a pressure ulcer and refer to appropriate health care professional for support and advice.

3.6.4 Reassessment of the pressure relieving equipment will be required if the pressure ulcer deteriorates or is not healing, to ensure the equipment is appropriate to meet the patient's needs (there may be a need to step up to a higher specification support surface), is being used correctly and is in good working order.

3.6.5 Once a pressure ulcer/ damage has healed the patient is re-assessed for pressure damage risk and for future equipment requirements. It may be appropriate to step down to a more basic support system or if the equipment is no longer required it should be returned to Millbrook.

3.6.6 If a patient develops a pressure ulcer or an existing pressure ulcer deteriorates staff will check the equipment is in good working order.

3.6.7 Clinicians prescribing Pressure relieving equipment for community patients should ensure that the equipment has been delivered in the agreed timeframe, that it is in working order and that the patient is safe/ tolerating it.

3.6.8 Community equipment should be reviewed in line with the pressure damage risk level or sooner if there is a change to the patient's condition.

3.6.9 Static air systems such as Repose, RoHo or Starlock should be checked weekly for level of inflation. Delegation of this task (if appropriate) is the responsibility of the prescriber and should be documented in the patients care plan.

3.6.10 If the prescribed equipment is not available, the equipment management company will contact the prescribing clinician via telephone (or e-mail system if no telephone available) to advise. Tissue viability equipment service will advise clinicians on a suitable alternative.

3.6.11 All 'non routine' equipment will be ordered via the tissue viability equipment service using an equipment request form which should be faxed to the service (Appendix 12). The timeframe for equipment delivery is based on patient need/ level of risk and whether the product is a stock item.

3.6.12 Prescription of bespoke/ non- stock equipment may incur a 12 week delivery timescale. Interim measures for reducing pressure damage risk will be put in place.

3.7. Discharge / Transfer of Care

3.7.1 All patients identified at risk or who have a pressure ulcer on discharge or transfer, will require a detailed handover and must have a supply of dressings suitable for treatment of their pressure ulcer. It is good practice to have a verbal conversation with the receiving clinicians during the transfer / discharge process.

3.7.2 Patients being discharged from a caseload will be given verbal and written instructions about pressure damage prevention in the event of deterioration in health or mobility.

4. Legal and policy framework

This policy is structured and underpinned by the recommendations made by both the National Institute for Health and Care Excellence, 2014 (NICE) and National Pressure Ulcer advisory panel/ European Pressure Ulcer Advisory Panel, 2014 (NPUAP/ EPUAP) best practice guidelines.

5. Key responsibilities

Executive Directors have an over-arching responsibility for ensuring that staff implement best practice and evidence based care and comply with Trust policy and guidelines

The Director of Nursing and Clinical Standards is the Trust lead for assuring the quality and safety of care provision, for harm reduction, and for the reporting, investigation and management of incidents and serious incidents in line with RMHS1 incident reporting and management policy.

Senior managers are responsible for ensuring that staff are aware of and comply with Trust policy and procedures.

The **Heads of Nursing** have responsibility for ensuring the effective implementation of the policy throughout the Trust and embedding processes within Directorates to monitor compliance with and the effectiveness of the policy

Specific/expert roles

The tissue viability team are responsible for providing clinical leadership, support, education and expertise in their specialist area as well as updating policy and guidance in light of new evidence

Team/unit managers

Oxford Health locality Managers / Service Leads / Managers are responsible for ensuring staff and practice are compliant with this policy and that relevant local and national standards are implemented. They are responsible for managing and monitoring the application of this policy within their responsibility, and ensuring staff are working to the standards set out in this policy, are appropriately trained and competent to practice and that attendance and competency is recorded.

Front line staff

Registered and non-registered healthcare practitioners are required to adhere to this policy. Staff are responsible for raising any concerns with their line manager should they identify any barriers to adherence to this policy including training availability. Staff must operate according to their relevant professional or local code of practice and relevant legislation (e.g. Mental Capacity Act).

Pressure Ulcer Action Group

The Pressure Ulcer Steering Group is responsible for reviewing the risk register in relation to pressure ulcers, driving the Pressure Ulcer action Plan, reviewing safety thermometer and Ulysses incident data in relation to pressure ulcers, and approving the Policy for the Prevention and Management of Pressure Ulcers.

6. Training required to implement policy

6.1 All staff caring for patients at risk of pressure damage and who are responsible for the prevention and management of pressure ulcers are expected to attend a 1 day face to face (Classroom) session every three years. E learning updates are required to be undertaken annually

6.2 Staff not directly responsible for the management of pressure damage prevention but do have some clinical contact are required to undertake the e – learning 'awareness' session annually.

6.3 Wound management training will be provided by the community tissue viability team and is classed as essential training for clinicians caring for patients with wounds.

6.4 Equipment provision training is available for all staff and forms part of the face to face pressure damage prevention training delivered by tissue viability.

6.5 Unregistered staff will undertake the annual e – learning session.

6.6 Registered Practitioners training needs will be reviewed annually at their PDR and It is the responsibility of Registered Practitioners, as part of their code of conduct, to ensure that they are competent to practice.

6.7 Self-assessment of the Oxford Health Pressure damage prevention and management competency framework is expected of all registered nurses and the prevention competency by non-registered nurses. (Appendices 14 3 & 15)

6.8 Line managers will ensure that where avoidable pressure ulcers have occurred, that the learning from the investigations includes a reassessment of the competencies of all the staff involved in the patient's care.

7. Appendices

7.1 The following documents are attached as an appendix

Appendix 1	Braden tool
Appendix 2	MUST tool
Appendix 3	Skin assessment form
Appendix 4	Pressure Ulcer prevention care plan
Appendix 5	Patient information leaflet
Appendix 6	Patient repositioning chart
Appendix 7	EPUAP pressure ulcer categorising chart
Appendix 8	Pressure Ulcer management care plan
Appendix 9	Pain assessment and management document
Appendix 10	Cushion selection guide
Appendix 11	Mattress selection guide
Appendix 12	Guide to heel protectors
Appendix 13	Equipment request form
Appendix 14	Pressure damage prevention competency framework
Appendix 15	Pressure ulcer management competency framework

All of the appendices above plus other resources to support the prevention and management of pressure damage can be found on the tissue viability internet site using the following link: <http://www.oxfordhealth.nhs.uk/tissue-viability>

8. References and relevant policies

8.1 National Pressure Ulcer Advisory Panel, European Pressure Ulcer Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline. Emily Haesler (ed.) Cambridge media: Perth, Australia; 2014

8.2 National Institute for Health and Care Excellence (2014). Pressure ulcers: Prevention and management of pressure ulcers (CG179). Available at: <https://www.nice.org.uk/guidance/cg179>

8.3 Relevant Trust policies include

CP 19 Consent to Examination or Treatment

CP22 Physical Assessment and Examination of Service Users

CP25 Safeguarding Vulnerable Adults Policy

CP 32 Shared Care for People with Mental Health Problems and a learning disability

7. Monitoring and evaluation

Criteria	Measurable	Lead person/group	Frequency	Monitored by	Oversight by
Annual Report on Prevention and Management of Pressure Damage	Provision of report	Lead Nurse for Tissue Viability	Annual	Physical Health Group and Head of Nursing (Older Adults)	Quality Sub Committee: Effectiveness
Pressure Damage Prevention and Management Audit Reports	Audit reports	Pressure Ulcer Action Group Senior Matron for Community Nursing Senior matron for Community Hospitals	Monthly	Physical Health Group and Head of Nursing (Older Adults)	Quality Sub Committee: Effectiveness

Equality impact assessment

Part 1

Equality Impact Assessment	
Service Area- Older peoples services	Date: September 2015
Policy title - Policy for the prevention and management of pressure damage	

Purpose of policy:

The aim of this policy is to reduce the number of preventable, newly acquired pressure ulcers within the population of Oxford Health NHS Foundation Trust. This will be achieved by setting out within the policy and the supporting clinical guidance, the key recommendations for preventing or reducing the risk of patients developing pressure damage.

Equipping clinicians with a structured framework based on evidence based guidelines will help with clinical decision making which ultimately will lead to improved patient outcomes.

What is the likely positive or negative impact on people in the following groups?

Older or younger people none Reduction in the incidence of pressure damage in patients of all ages who are deemed 'at risk'.
People with disabilities - ensuring procedural documents are in an accessible format As above
People from different ethnic/cultural backgrounds (including those who do not speak English as a first language) - Ensuring procedural documents are clear and easy to use The risk of pressure damage is no greater in people of different ethnic/ cultural backgrounds. The patient information leaflet can be produced in a range of languages.
Men, women or transgender people none The policy applies to all genders.
People with different religious beliefs or no religious beliefs none Policy applies to people with all religious/ no religious beliefs
Gay, lesbian, bisexual or heterosexual people none Policy applies to all of the above group.
People from a different socio-economic background none Policy applies to people from all socio –economic backgrounds.

Evidence
What is the evidence for your answers above? There is no evidence to suggest that people from any of the above groups are more or less likely to develop pressure damage or should be treated any differently. The policy should be 'generically' applied to all of the above groups.
What does available research say? There is no evidence to suggest otherwise

What further research would be needed to fill the gaps in understanding the potential difficulties or known effects of the Procedural Document?
N/A
Have you thought about consulting/researching this gap? What would you need?
N/A
Does the Procedural Document need a Full Equality Impact Assessment?
No

Part 2

Evidence – please give evidence on how the Procedural Document is likely to have a significant impact (either or positive or negative) on the below.
This has already been commented on above
Race & ethnicity
Gender
Age
Disability
Sexual orientation
Religion or belief
Other

Consult Formally
Who needs to be consulted
All stakeholders involved in the delivery of care to patients who may be at risk of pressure damage
Has there been a consultation which would give the information needed?
The document needs to be sent out for comments.
Which types of evidence have been gained (qualitative/quantitative)
N/A

Policy control document

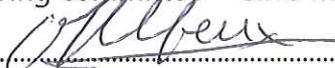
This ensures good version control and effective policy management. It must be completed before a policy can be uploaded to the intranet.

policy title	Pressure damage prevention and management policy
policy code	CP 66
author(s) (name and title/role)	Sarah Gardner Clinical lead Tissue viability service

Approval history	
Effectiveness	09/11/2015
<i>Committee which approved current version</i> Quality Sub-Committee Effectiveness	<i>Date of approval for current version</i>

date of next review	31 October 2017
---------------------	-----------------

chair of approving committee Clive Meux

signature.....

title Medical Director

date

All policies are copy controlled. When a revision is issued previous versions will be withdrawn. An electronic copy will be posted on the Trust Intranet for information.

Change control

number of pages (excluding appendices)
summary of revisions: review and update guidance
any change to code or merging with other policies none
consultation with: head of nursing, clinical director, quality and risk team, clinical policy review group