

## WOUND MANAGEMENT POLICY

		POLICY
<b>Reference</b>	CPG/TW/TV/WMP	
<b>Approving Body</b>	Nursing, Midwifery and Allied Health Professional Board Meeting	
<b>Date Approved</b>	12 <sup>th</sup> April 2019	
<b>Issue Date</b>	15 <sup>th</sup> April 2019	
<b>Version</b>	2.0	
<b>Summary of Changes from Previous Version</b>	<ul style="list-style-type: none"> <li>• Nursing Associates added to the policy</li> <li>• Wound assessment and evaluation will be completed twice a week for acute complex wounds (Changed from once a week)</li> <li>• Roles and responsibilities, support for staff and ward leaders to ensure staff are equipped to provide wound care in line with the policy.</li> <li>• Addition to the TV referral criteria: Hospital acquired traumatic wounds that cause moderate to severe harm e.g haematomas, large lacerations, infected cannula sites with devitalised tissue</li> <li>• Mandatory Training for Allied Health Care Workers(Registered and non-registered)</li> <li>• Wound Management concerns to be reported to the Harms Free Operational group.</li> </ul>	
<b>Supersedes</b>	Version 1.0, issued 31 <sup>st</sup> March 2016 to Review Date March 2019	
<b>Document Category</b>	<ul style="list-style-type: none"> <li>• Clinical</li> </ul>	
<b>Consultation Undertaken</b>	E mail consultation with the Harms Free Operational Group 28.1.19.	
<b>Date of Completion of Equality Impact Assessment</b>	26.3.19	
<b>Date of Environmental Impact Assessment (if applicable)</b>	NA	
<b>Legal and/or Accreditation Implications</b>	To promote compliance with relevant NICE Guidelines	
<b>Target Audience</b>	TRUSTWIDE: All clinical staff involved in the assessment, care planning and monitoring of wounds	
<b>Review Date</b>	April 2022	
<b>Sponsor (Position)</b>	Chief Nurse	
<b>Author (Position &amp; Name)</b>	Nurse Consultant Tissue Viability, Stephanie Anstess	
<b>Lead Division/ Directorate</b>	Corporate	
<b>Lead Specialty/ Service/ Department</b>	Nursing – Tissue Viability Team	
<b>Position of Person able to provide Further Guidance/Information</b>	The Tissue Viability Team	

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
<ol style="list-style-type: none"> <li>1. <i>Wound Management Care plan</i></li> <li>2. <i>Larvae Therapy Care Plan</i></li> <li>3. <i>Negative Pressure Wound Therapy Care Plan</i></li> <li>4. <i>Cellulitis Care Plan</i></li> <li>5. <i>Wound Care Formulary</i></li> <li>6. <i>Wound Photography Consent Form (for use by Registered Nurses)</i></li> </ol>	<p><i>April 2019</i>  <i>April 2019</i>  <i>April 2019</i>  <i>April 2019</i>  <i>December 2018</i>  <i>October 2018</i></p>

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## 1.0 INTRODUCTION

A wound can be described as a break in the skin; it can be superficial or complex, closed or open and can happen to any individual of any age causing pain and discomfort. In addition patients with a wound are at increased risk of infection and potential sepsis. The management of wounds is a complex subject requiring appropriate knowledge and skills.

The aim of this policy is to provide the appropriate wound management strategy for patients, optimise any healing potential, and enhance patient comfort and dignity, whilst also considering cost effectiveness in line with best practice/evidence.

All patients with wounds must be assessed (and reassessed) by a competent registered healthcare professional who will undertake a comprehensive assessment of the wound, as part of the holistic assessment. This assessment must inform a plan of care for the on-going management with wound care products selected and wound management techniques chosen according to best recognised practice, with regular monitoring and evaluation of the care. This will help to ensure best practice in wound care is delivered whilst minimising the potential for inconsistent care.

## 2.0 POLICY STATEMENT

The aim of the document is to ensure clinical staff are aware of and adhere to the standards expected of them in order to provide safe and effective wound care. It is relevant to all Sherwood Forest Hospitals NHS Foundation Trust staff and staff employed through other agencies working on a temporary basis, who provide care for patients with wounds.

The Trust aims to provide excellence in wound care. Nursing and medical staff are responsible and accountable for delivery of safe and cost effective wound care across the Trust. They must ensure the following:

- A comprehensive and timely holistic wound care assessment
- A continuous process of assessment planning, implementation and evaluation of care using evidence based care
- Completion of wound assessments and care on the wound management care plan (WMCP) by Registered Nurses and Midwives with accurate measurements and descriptions to ensure objective assessment is obtained and care and progress can be evaluated.

## 3.0 DEFINITIONS/ ABBREVIATIONS

<b>Trust:</b>	Sherwood Forest Hospitals NHS Foundation Trust
<b>Staff:</b>	All employers of the Trust including those managed by a third party on behalf of the Trust
<b>TVT</b>	Tissue Viability Team
<b>TVN</b>	Tissue Viability Nurse
<b>TVLN</b>	Tissue Viability Link Nurse
<b>AHP</b>	Allied Health Professionals
<b>WMCP</b>	Wound Management Care Plan

## 4.0 ROLES AND RESPONSIBILITIES

All employees working in clinical areas have an individual responsibility to maintain knowledge of the basic principles of wound management and adhere to the wound management policy.

### **Ward Nurses, Clinic Nurses, Ward Midwives and Clinic Midwives**

- Have a responsibility to maintain the knowledge and skills needed for safe and effective wound care
- Will complete management and evaluation of wounds on a day to day basis
- Will maintain own competencies within wound care
- Will seek advice/ escalate concerns to experienced clinical staff
- Will make appropriate and timely referrals to the Tissue Viability Team

### **Ward Nursing Associates and Clinic Nursing Associates**

- Have a responsibility to maintain the knowledge and skills needed for safe and effective wound management.
- Will complete assessment and management of wounds on a day to day basis
- Will maintain own competencies within wound care
- Will seek advice/ escalate concerns to experienced clinical staff
- Will make appropriate and timely referrals to the Tissue Viability Team

### **Tissue Viability Link Nurses and AHPs**

- Be responsible, accountable and role model the delivery of high quality wound care
- Establish a system to effectively disseminate all relevant wound management information to staff within their work area
- Act as a liaison between the TVT and the clinical environment cascading best practice
- With the support of the Sister/ Charge Nurse and TVN, ensure that all staff in their work environment are aware of and adhere to this policy
- Escalate wound management concerns in their clinical area to ward Sister/Charge Nurse/Matron/TVN

### **Sisters/ Charge Nurses**

- Responsible for ensuring the staff in their services are aware of this policy and have the required knowledge and skills to deliver the wound care standards within it
- Ensure improvements are made to services where deficiencies are identified through audit, or monitoring processes, complaints and investigations
- Support staff to attend teaching on wound management
- Support the TV LN and provide the resources to fulfil their role

### **Matrons (Heads of Nursing)**

- Responsible for ensuring that this policy is implemented throughout their areas of management.
- Required to ensure that staff understand the expectations of them and are both competent and confident to implement the policy requirements
- Ensure Ward Leaders are supported to enable the ward staff provide wound management in line with the policy

### **The Tissue Viability Team**

- Be an expert resource and exemplary role model in relation to wound care
- Provide expert clinical advice, education and support to clinical staff and the multi-disciplinary team
- Monitor wound care standards and support teams to achieve them
- Maintain a supportive tissue viability link nurse network
- Liaise with medical and surgical teams when interventions are required

### **Divisional Nurses / General Managers**

- Ensure that the necessary management arrangements and structures are in place to support all employees to fulfil their obligations for wound care management

### **The Tissue Viability Nurse Consultant**

- Provide expert clinical, professional and managerial advice for wound management across the Trust
- Develop, implement and evaluate evidence-based strategies and policies for wound management, whilst ensuring economic value
- Oversee the development and delivery of education and training of all staff groups and evaluate the effectiveness
- Escalate concerns related to wound care to the Harms Free Operational Group and escalate to the Nursing, Midwifery and Allied Health Professional Board

### **Consultant Medical Staff**

- Review and assess patient's wounds as part of their holistic assessment
- Ensure that their teams are aware of this policy and provide collaborative multi-disciplinary working to ensure the policy is adhered to
- Perform surgical procedures and expert medical intervention as required to promote appropriate wound management.
- Medical teams to liaise directly with the TVT for urgent/complex wound management

### **The Deputy Chief Nurse**

- Provide senior management support and day to day leadership for effective wound management.
- Ensure that senior management receive regular information and reports (via the Harms free Operational Group) to inform decision-making and to provide assurance that this policy is being implemented across the organisation.

### **The Chief Nurse**

- Overall responsibility for ensuring that the Trust has in place clear processes for managing risks associated with the wound management
- Ensure that appropriate arrangements are in place to enable safe and effective care and that employees are fully aware of their statutory, organisational and professional responsibilities and that these are fulfilled

## 5.0 APPROVAL

Nursing, Midwifery and Allied Health Professional Business/Board Meeting

## 6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

Prior to undertaking any examination, treatment and care clinicians must ensure that the appropriate consent has been gained. Where relevant the associated documentation must be completed or the information recorded in the medical notes. For further information see the Trust's "Consent Policy".

### 6.1 Patient assessment

- All patients will have a comprehensive assessment of their health status in relation to their wound management
- Factors adversely affecting wound healing will be identified
- Nutrition status will be screened and analysed to ensure an appropriate nutritional requirements are met. This may include urgent referrals to the Dietician where the patient has a complex wound compounded by unmet nutritional needs.

### 6.2 Wound Assessment (s) – *each wound will be assessed separately*

- The type of wound will be identified and recorded
- The age and history of the wound will be recorded
- All wounds will be assessed and (reassessed) by a competent healthcare professional who will undertake an assessment, which will include:
  - Site
  - Size length, width, depth and details of any undermining
  - Wound bed description
  - Exudate volume and description
  - Odour
  - Peri - wound condition
  - Signs of infection
  - Pain
- All wounds will be photographed within 1-2 working days. For wounds that require urgent photographing out of hours (e.g. hospital acquired wounds or patients with safeguarding concerns) the camera in the Emergency Department can be used.
- On admission a wound swab will be taken for MRSA screening. **If however a wound infection is suspected a wound swab will be taken and sent for microscopy, culture and sensitivity and the presence of MRSA will automatically be checked (so a separate swab is not required).**
- The microbiology results will be followed up and the wound care plan updated accordingly.

### 6.3 Wound Management Care Plan (WMCP)

- An individualised plan of care with appropriate goals will be completed in collaboration with the patient and the MDT and recorded in the WMCP
- The frequency of dressing changes will be determined by the patients clinical condition, treatment goals and effectiveness - and recorded on the WMCP
- A 'mock' wound care plan can be accessed on the Tissue Viability intranet site for staff to view

### 6.4 Wound Monitoring and Evaluation

- Wound evaluation will be completed at each dressing change with progress or deterioration recorded and care plan revised as necessary.
- The frequency of wound assessment will be determined by the patient's clinical condition, treatment goals and effectiveness – but must be completed at least weekly as a minimum requirement , **and twice weekly for acute complex wounds**
- Complex wounds must be photographed regularly, determined by the patient's clinical condition, treatment goals and effectiveness - a minimum of weekly/fortnightly

### 6.5 Tissue Viability Referral Criteria

- Complex wounds will be referred to the TVT using the Jonah I.T. system.
- These will include patients with:
- Complex wounds that require advanced therapy e.g. topical negative pressure, larvae therapy
- Wounds that require sharp conservative debridement
- Infected wounds- not responding to treatment
- Diabetic foot ulcers (in line with the diabetic foot team and the diabetic foot guidelines)
- A wound that falls beyond the knowledge and skills of the practitioner and their senior ward colleagues including deteriorating wounds
- Hospital acquired traumatic wounds that cause moderate to severe harm e.g haematomas, large lacerations, infected cannula sites with devitalised tissue
- Category 2- 4 PUs, Unstageable PUs and Suspected Deep Tissue Injuries acquired in hospital
- Patients admitted with Category 3 and 4 PUs, Unstageable PUs and Suspected Deep Tissue Injuries
- Category 2 heel pressure ulcers that require a vascular assessment
- Wounds that fail to progress or symptoms that are not controlled e.g. pain, exudate, odour
- Adult safeguarding concerns/ investigations in place relating to wound/skin management and/or pressure relief
- Poor patient concordance to wound care advice and care following appropriate ward level intervention and escalation

### 6.6 Safe discharge for patients with complex wounds:

- Patients discharged with wounds will have details of the wound management plan within the discharge letter along with a supply of the dressings (10 days supply)
- The TVT will record in the medical notes when the patient's wound can be managed in the community.
- The TVT will advise if the patient requires a referral to the community TVT

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Wound care documentation	Tissue Viability Nurse Consultant	Audit	A maximum of 6 patients will be audited on each ward every 6 months	Written report will be presented to the Harms Free Operational Group: Action plan and escalation to the Nursing, Midwifery and AHP Board if standards not achieved.



## 8.0 TRAINING AND IMPLEMENTATION

All staff working with patients with wounds in clinical areas will read and understand the Wound Management Policy (see also [Appendix A](#)).

The Tissue Viability department organise and deliver both formal and informal education and training across the Trust to medics, nurses and allied health practitioners. The training includes:

- Wound management study days
- Pressure area management study days
- Induction programme for registered nurses and health care support workers
- TV link nurse study days
- Mandatory training for healthcare support workers and Allied Health Care Workers(Registered and non-registered)
- TV workbook learning for registered nurses, registered nursing associates mandatory training
- Ad hoc training during the provision of specialist advice regarding individual patients during the provision of clinical care
- Further education can be arranged for specific clinical areas that is tailored to meet the individual team or departmental needs
- Tissue Viability intranet site

An attendance register of any training completed will be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix A](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS

- Diabetic foot problems: prevention and management NICE guidelines [NG19]  
Published date: August 2015
- National Institute for Health and Care Excellence: Surgical Site Infection. Quality Standard QS49 (October 2013)
- European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Pressure Ulcer Prevention. Prevention and treatment of pressure ulcers: quick reference guide. Washington DC: National Pressure Ulcer Advisory Panel; 2014.
- National Institute for Health and Care Excellence. Pressure ulcers: prevention and management of pressure ulcers (April 2014) NICE clinical guideline 179
- Prevention and Treatment of Pressure Ulcers: Quick Reference Guide European Pressure Ulcer Advisory Panel 2014
- Wound Essentials 8 (1) : Debridement consensus: Recommendations for practice 2013
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Nursing and Midwifery Council (2018)

**Related SFHFT Documents:**

- Policy For Consent To Examination, Treatment And Care
- Photography and Video Recording Policy
- Pressure Ulcer Prevention and Management Policy
- Relevant Infection Prevention and Control Policies

**11.0 KEYWORDS**

- Laceration; WMCP; care; pathway

**12.0 APPENDICES**

[Appendix A](#) - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

**APPENDIX A - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed: Wound Management Policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 26.3.19</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	no		
<b>Gender</b>	no		
<b>Age</b>	no		
<b>Religion</b>	no		
<b>Disability</b>	no		
<b>Sexuality</b>	no		
<b>Pregnancy and Maternity</b>	no		
<b>Gender Reassignment</b>	no		
<b>Marriage and Civil Partnership</b>	no		

<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	no		
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b>  none			
<b>What data or information did you use in support of this EqIA?</b>  none			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b>  none			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact ( <i>Delete as appropriate</i> )  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Stephanie Anstess</b>			
<b>Signature:</b>			
<b>Date:26.3.19</b>			