

All Wales HCA Induction Programme week 1

12/23



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Welcome

Training Etiquette

Cameras placed on and Microphones must be turned off at all times

No smoking policy

Questions can be ask at the end of each session. Questions can be placed in chat section.

Important information

At the end of the sessions, time will be given to complete the activity book



Week One Aim

1. Understand the role of the Health Care Assistant (HCA).
2. Understand person centred practice.
3. Understand importance of communication skills within the health and social care setting
4. Understand the principles of infection prevention and control
5. Know how to support an individual who has fallen and how further falls can be prevented.
6. Understand pressure injury.
7. Communication/Handwashing competencies



1. Role of the Health Care Assistant (HCA)



Qualities required to carry out care

- Excellent communicator
- Excellent bedside manner
- Ability to analyse basic medical information
- Ability to work under high pressure and in fast pace environment
- Maintaining a professional manner at all times
- Working within a multidisciplinary team
- Maintaining confidentiality



Role of HCA

Patient Care

- **Patient Hygiene** -
 - assisted
 - full care
 - active support
- **Nutritional support**
 - assistance with eating
 - feeding patient
- **Mobility**
- **Toileting**
 - assistance
 - Catheter care
- **Specialising**
- **Chaperoning**
- **Documentation**
- **Concerns and complaints**
- **Health promotion**
- **Support health professionals & multidisciplinary team**
- **End of life care**

Extended roles – within job descriptions and following specialised training

- Physiological measurements
- Venous blood collection
- Specimen collection
- Blood glucose
- Gastric feeding
- Lone working
- Prompt / assist and administer medication
- Assistant Practitioners

And many MORE



Key Documents and Policies

Scope of Practice (NU25 Developmental Framework)

Level 2	Level 3	Level 4
<ul style="list-style-type: none">• Will at all times work under the delegation of a registered practitioner in the delivery of care• Work as part of a team providing care within defined protocols, under supervision of an reporting to a registered practitioner/assistant practitioner• Responsible for following care plans and recording generated observations and document care given in individual notes.	<ul style="list-style-type: none">• Greater degree of autonomy and may undertake a broader range of complex interventions.• Work on their own initiative, undertake delegated and unsupervised tasks from a registered practitioner/assistant practitioner.• Contribute to assessment, and assist in the development, implementation and evaluation of care plans• May delegate works to others and may supervise, teach and assess other staff.	<ul style="list-style-type: none">• Is expected to independently manage their own work and case load, undertake, unsupervised tasks delegated by a registered practitioner.• Understanding of evidence based practice and deliver care in line with current evidence• Responsible for some elements of assessment, implementing programmes of care and modify care plans, reporting back to the registered practitioner.• They may delegate work to others and may supervise, teach and assess other staff



Code of Conduct



The **purpose** of the Code of Conduct is to provide an assurance framework for public protection through:-

- Guidance and support to Healthcare Support Workers' on their practice so that they understand what standards of conduct employers, colleagues, service users and the public can expect of them.
- Development of this key workforce.

- 1) The Code **applies** to all Healthcare Support Workers employed in clinical and non-clinical environments within the NHS and will be referenced in job descriptions.
- 2) This will provide a set of standards, so Healthcare Support Workers can be sure what standards they are expected to meet.
- 3) Healthcare Support Workers should use the Code to assure themselves they are working to the standard and if not to change the way they are working.
- 4) Healthcare Support Workers can use the Code to identify areas for personal development and improvement.
- 5) The Code will support Healthcare Support Workers to fulfil the requirements of their role, behave correctly and do the right thing at all times. This is essential to protect service users, public and others from harm.



7 main sections-

- 1) Be accountable by making sure you can always answer for your actions or omissions.
- 2) Promote and uphold the privacy, dignity, rights and wellbeing of service users and their carers at all times.
- 3) Work in collaboration with your colleagues as part of a team to ensure the delivery of high quality safe care to service users and their families
- 4) Communicate in an open, transparent and effective way to promote the wellbeing of service users and carers
- 5) Respect a person's right to confidentiality, protecting and upholding their privacy.
- 6) 6 Improve the quality of care to service users by updating your knowledge, skills and experience through personal and professional development.
- 7) To promote equality all service users, colleagues and members of the public are entitled to be treated fairly and without bias



Other important Documents & policies

- Maintain statutory and Mandatory Training up to date
- Accountability and delegation
- Complaints and concerns
- Consent
- Confidentiality
- Infection prevention
- Mental capacity
- Other documents
- Safe guarding
- Equality
- Datix
- NEWS
- Sepsis
- Information governance
- Manual handling
- Health and safety

All Policies can be found by accessing Betsinet



Consent

What is consent?

Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.

How to obtain effective verbal consent

Description of clinical investigation at a level and understating to the patient, no jargon which will allow the patient to ask questions and take their time to decide if they want to consent . Explain any risks or discomforts.

How to obtain effective non verbal consent

Consent - non-verbal or physical expressions of consent for example, may include nodding their head or rolling their sleeve up to take vitals.

Ways to improve communication

Pay close attention to what the person says. ...

Maintain comfortable eye contact. ...

Maintain an open body position. ...

Sit down, even if the person is standing. ...

Sit alongside and angled toward the person rather than directly opposite them.



What is Accountability ?

- **Accountability is the fact of being responsible for what you do and able to give a satisfactory reason for it, or the degree to which this happens (Cambridge Dictionary, 2022)**
- Within the law it imposes a duty of care on practitioners, whether they are HCAs, Assistant Practitioners (APs), nursing apprentices, students, registered nurses, doctors and others when it is 'reasonably foreseeable' they might cause harm to patients through their actions or failure to act
 - **Duty of care**

It applies whether performing straightforward activities such as bathing patients to undertaking complex surgery as there is an opportunity for harm to occur. Once a practitioner assumes responsibility for the patient and undertakes the exercise on the patients behalf, they owe a legal duty of care.

- Cambridge Dictionary (2022) Accountability meaning.



Example

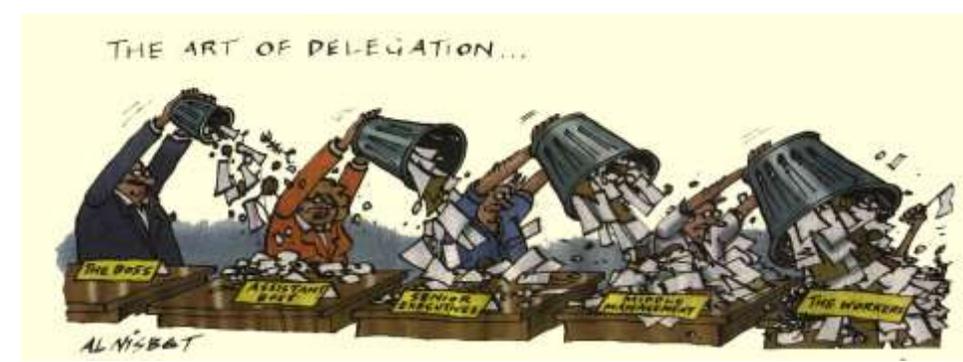
Judith, is a new HCA working on a dementia unit at a local community hospital. She has been tasked by John, the Registered Nurse to look after Mavis, an 81 year old lady admitted to the ward following a fall at home. John has stated over handover that Mavis wanders around the ward but fails to state that Mavis is on Stage 2 diet and fluids. John has asked Judith to feed Mavis. At lunch time, Judith feeds Mavis and she begins to choke and John is called to assist. A datix is submitted by the ward sister.



Who is accountable? John or Judith.



What is delegation?



- Delegation is the process by which (the delegator) allocate clinical or non clinical treatment or care to a competent person (the delegatee). You will remain responsible for the overall management of the patient, and accountable for your decision to delegate. You will not be accountable for the decisions and actions of the delegatee.
- Your Job description identifies your role and responsibilities in your day to day job . You are responsible for any care you give and accepting any activity that has been asked / delegated to you to carry out.



Role of a chaperone

- Their presence adds a layer of protection for a health care practitioner as well as for the patient; it is very rare for an allegation of assault to be made if a chaperone is present.
- To acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times.
- May assist the health professional in the examination
- May assist with undressing/dressing patients as required
- Provides emotional comfort and reassurance
- To translate medical terminology to basic English/Welsh
- To be the patient's advocate

When should a chaperone be offered?

- Whenever a patient or carer/guardian requests one
- Any examination that may be intimate or invasive.
- Anytime lights are dimmed and any form of clothing is being requested to be removed
- Due to personal cultural or religious beliefs
- Patient client is high risk of harm or causing harm
- Patient who may have cognitive impairment/Mental health condition/Learning disability etc.
- BCUHB policy :A formal chaperone is present for all intimate examinations on children and young people under 16 years of age.



Specialising

What is Specialising

- 1:1 or Enhanced observation.
- For critically ill or vulnerable patients
- Different levels of observation:- proximity of staff to patient
- **Delivered after risk assessment carried out by registered nurse**

When to Specialise?

- Acutely physically unwell and/or requires frequent observations
- Acutely mentally ill and/or at immediate risk of serious self harm or suicide or risk to other
- At risk harm self or others due to any medical condition.
- Always inform staff of any patient that you feel may be at risk to them self or others, so risk assessment can be carried out.



Record keeping



If you didn't
document it
it
didn't
happen



2. Record Keeping and polices

Policies

- General data protection regulations (GDPR)

Transparency – reason why required

Lawful

Fairness

Accuracy

Storage with integrity

Accountable

- Confidentiality

Patient - records , visiting , calls

Social media (1.1 F)

- Documentation / record keeping

accurate

completed after activity

Name, date time and signature

Black ink

Storage – paper and electronic

Do not falsify any documents

Documents may be alternated if an error is made or as a late entry, but must be clear and concise.

Policies

- Concerns

Any one can deal with a concern

Listen to concern

Resolve when able to at pointy of concern

Document all concerns even if resolved

Give patient concerns leaflet

Explain to patient how to submit concerns-
written verbal electronic

You role in record keeping is to ensure that all records are truthful, accurate and recorded after the activity, and that you comply with all BCUHB policies such as GDPR, confidentiality and code of practice and information governance

Not all concerns go to BCUHB concerns team



Example of poor record keeping



Pt sleeping in bed quietly with eyes closed following being admitted for a L DVT. Resps increased to >15 , Temp 37.5. BP normal. Due for review by Dr Ben later to see if scan is required for L DVT. Due anticoagulants at 20.00.

Let's discuss what's wrong with this?



Patient appears to be sleeping in bed quietly with eyes closed following admittance at 19:00 on the 27/7/2022 for a suspected Left Deep Vein Thrombosis (DVT). Respirations increased to over 15 and Temperature is 37.5. BP 120/90. Will be reviewed by Dr Ben Francis (Medical Registrar) to see if CT Scan is required for Left DVT. Due Clexane 20mg at 20:00 on the 27/7/22.



Social media

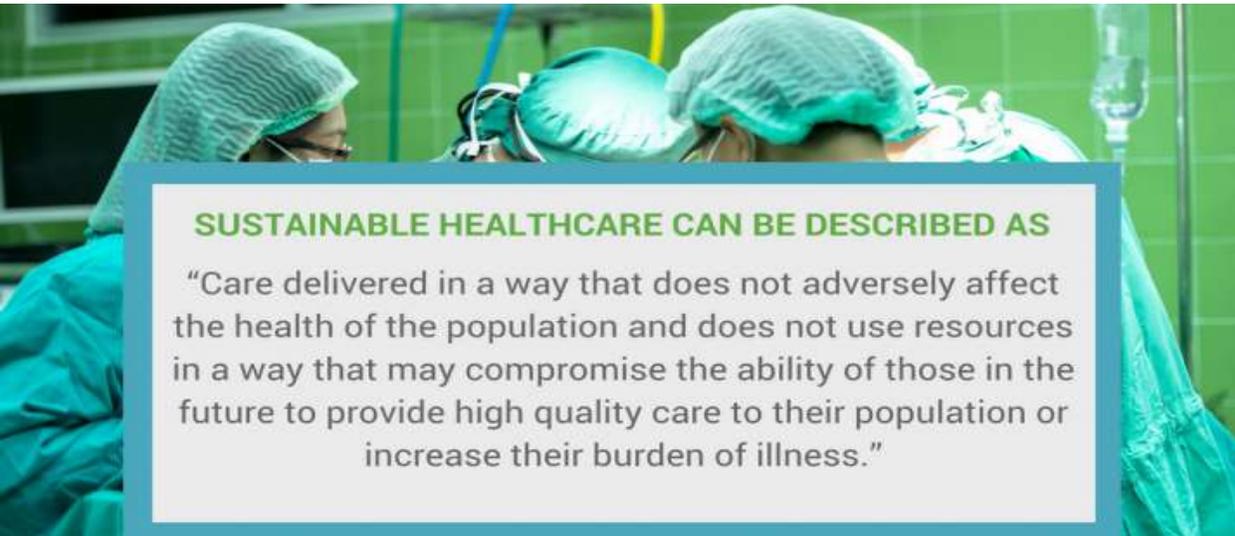
Taylor Monroe is a new HCA working on a general medical ward at the local general hospital. One afternoon a post goes out on social media as follows



Sustainability

Ways you can support sustainability in your role?

- Video appointments instead of travel to decrease travel needs
- Delivering care nearer to a patient's home
- Decrease paper usage
- Reuse and recycle equipment
- Reduced medical waste- Use correct waste bags (e.g.) Orange bags = General waste bags.



Centre for Sustainable Healthcare (N.D.) [We work in healthcare – of course we care about carbon!](#) | [Centre for Sustainable Healthcare](#)

Examples

- The Newcastle upon Tyne Hospitals NHS Foundation Trust, and North Bristol NHS Trust jointly with University Bristol NHS Foundation Trust, declared climate emergencies in 2019. Newcastle was the first healthcare organisation in the world to do so and committed to being a net-zero organisation by 2040 partnering with Newcastle City Council and Newcastle University.
- Great Ormond Street Hospital for Children NHS Foundation Trust became the first London hospital to declare a climate emergency. It highlighted the World Health Organisation's estimate that over 80 per cent of illnesses, injuries and deaths due to climate change are in children, and the trust has created the Clean Air Hospital Framework, a world-first, practical guide to creating a healthier hospital environment.
- Guy's and St Thomas' NHS Foundation Trust has piloted a daily river boat delivery service to help improve local air quality and reduce its carbon footprint, in its efforts to achieve net zero by 2030.
- The Royal Wolverhampton NHS Trust has worked with the local council on a scheme which will see New Cross Hospital cabled directly to a new solar farm, making it the first English hospital to be fully powered by renewable energy.
- Foster & Badger(2021)



2. Person Centred Care



What is person-centred Practice?

- Person-centred practice **puts the person at the centre of everything we do.**
- It recognises that every patient is unique and may have different needs. It respects their needs and preferences and the knowledge they bring about their health and healthcare needs. It gives them choice what treatment they require or when they do not require treatment,
- Patient-centred care is the practice of caring for patients and their families in ways that are meaningful to them.
- Patients are encouraged to participate actively in their care, with the medical practitioners promoting comfort by meeting their physical, emotional, and spiritual needs. has reported patient-centred care as one of the six basic factors constituting high-quality care and a core practice to create appealing patient experience.



Examples of how an enabling approach to person centred care can be used within your work setting

- Being given a choice at meal time as to what food they would like.
- Deciding together what the patient is going to wear that day, taking into account practicality and their preferences.
- Altering the patients bed time and wake up time depending on when they feel most productive
- Supporting the patient to make active choice in their care (e.g.) Allowing them to take reasonable risk (if they agree or disagree about treatment)
- Treat people with dignity, compassion, and respect when they are making their own choices even if you do not agree.
- Offer personalised care, support, and treatment. Changing the time of a home visit
- Enable service users to recognise and develop their strengths and abilities, so they can live an independent and fulfilling life.





The importance of professionalism in person-centred practice

- No matter how your beliefs and values may vary or be the opposite to that of the patient you are caring for.
- You must treat the patient with the same respect and dignity that is given to all patients, maintaining professionalism at all times even in the hardest situations.





How to identify cultures, values and beliefs of a individual

Discuss with patients on admission

- Religion
- Dietary needs
- Personal preferences
- Any cultural preferences
- Language preference

Documentation : This Is me?

Family and friends

Previous admission documentation

The most important thing is to get to know your patients



Why risk taking is part of person-centre practice



Why is risk taking important in a person-centred approach?

Risk enablement is important in health and social care because it empowers individuals to have control over their lives. Allowing service users to make their own decisions is a vital part of person-centred practice

Example:

A service user taking the bus to town to visit a café or the shops could be on their own or with support. Going on their own gives them valuable social interactions and allows them to explore at their own pace. The risks considered address things that could go wrong and what to do if anything does go wrong. Assessment of risk allows carers, family and friends to have confidence that the risk is worth taking. Precautions to take in this example could include ensuring the service user has a mobile phone with them to get in contact if needed and enough taxi or bus money.



3. Communication



Understanding the importance of effective communication

- Effective communication is the process of exchanging ideas, thoughts, opinions, knowledge, and data so that the message is received and understood with clarity and purpose. When we communicate effectively, both the sender and receiver feels satisfied.
- The exchange of clear information and instructions on care needs. The provision of direct (or indirect) emotional support to the patient (or family members) or colleagues. The development of positive relationship



Why is it important for Healthcare Professionals to have effective communication?

- **Service Users** – To build up a relationship to allow them understand their treatment and care. To communicate any of their concerns or worries to the staff .
- **Your Colleagues-** To build up a professional relationship so patient care can be passed on: both written and verbally.
- **Visitors-** To have the ability to ask questions, but also be aware of the information that can not be passed on due to confidentiality.
- Consider the Environment and Distance- noise, private, barriers to communication

Active listening

- Give Them Time. ...
- Ask Questions. ...
- Listen to More Than Just Words, its is both verbal and non verbal



Active offer

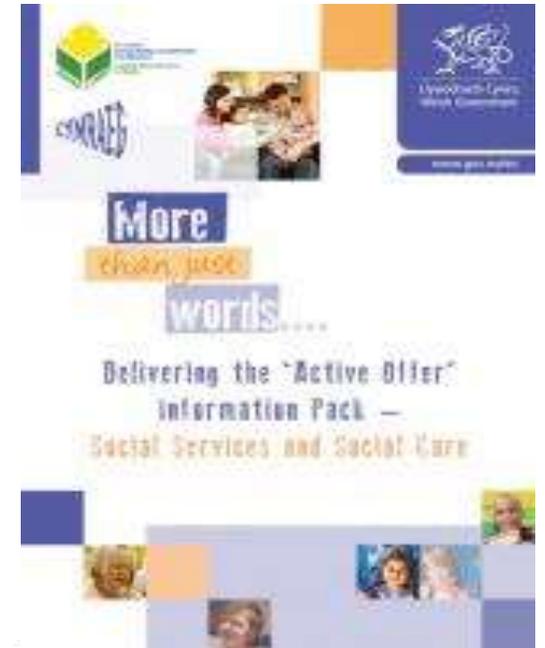
Definition

An 'Active Offer' simply means **providing a service in Welsh without someone having to ask for it**. The Welsh language should be as visible as the English language. It means creating a change in culture that takes the responsibility off the patient to ask for a service through the medium of Welsh.

(Welsh Government- More than Just words (2016))

Ways Active offer can be given to patients-

- Give choice if they would like to speak Welsh during procedure
- Give written documentation for them to read if they prefer correspondence to be in Welsh
- Greeting patients bilingually over the phone, face to face
- Recording their language preferences in their notes
- Provide bilingual email, out of office,
- Signage is bilingual.



Barriers to communication

Environmental	How to overcome
Noise	Turn down TV , take to quiet room
Lack of privacy	Find private room or area
Time	Take your time and give time for patient to answer
Poor lighting	Ensure lighting is good
Personal	How to overcome
Age	Speak at a level of understanding
Sensory loss impairment	Translator , hearing aid speak clearly and slowly
Cognitive impairment	Do not use jargon , speak clearly , slowly in stages
Different language	Offer active offer (welsh) use of translator , picture / phrase cards
Learning disability	Makaton's, follow lead of individual , no jargon



Key Features of effective communication

How to receive information / message

Over the phone

- Have pen and paper ready. Take message – do not be afraid to ask the Person on the phone to slow down or repeat.
- Take full details, who the message is for – who is it from and how they can respond. Take a number that can be called back,
- Before hanging up repeat message and check phone numbers.

From individual

- Inform the individual you will be taking notes so that you are accurate – so when you pass on the message or information it is correct.
- Listen carefully, ask the individual to repeat or to slow down. If they become upset or cross, comfort or diffuse the situation and don't take any further information again until both parties are happy.
- Read back the message

Passing a message on

- Either give a copy of the message to the recipient or verbally communicate.
- E-mail message to individual, ensure any confidential information is stored or destroyed correctly.
- If a patient or client ensure nursing kardex is completed with the information given.



4 . Demonstrate effective communication

The learning outcome from this exercise is that the Health and Care worker will be able to use communication in a health and care setting. They need to demonstrate verbal and non-verbal skills across all activities and include an explanation of the Active Offer. (ACc 4.1, ACn 4.1)

The assessment criteria against which you are measuring the Health and Care worker is:

	Assessment 1	Assessment 2	Assessment 3
Did the Health and Care worker use verbal communication?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker use written communication?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker use non- verbal communication e.g. gesture and facial expression?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker adapt the verbal communication to the needs of the individual?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker introduce him/herself to the person?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker explain the Active Offer i.e. the opportunity for care to be delivered in the medium of Welsh?	YES/NO	YES/NO	YES/NO
Did the Health and Care worker ask the person how they wished to be addressed?	YES/NO	YES/NO	YES/NO
In your opinion what did the Health and Care worker do particularly well in this communication exercise?			
How could they improve?			
Assessor signature:	Date:		
Learner signature:	Date:		



All Wales HCA Induction Programme week 1 Presentation 2



Week One Aim

1. Understand the role of the Health Care Assistant (HCA).
2. Understand person centred practice.
3. Understand importance of communication skills within the health and social care setting
4. Understand the principles of infection prevention and control
5. Know how to support an individual who has fallen and how further falls can be prevented.
6. Understand pressure injury.
7. Communication/Handwashing competencies



4. Infection prevention and control



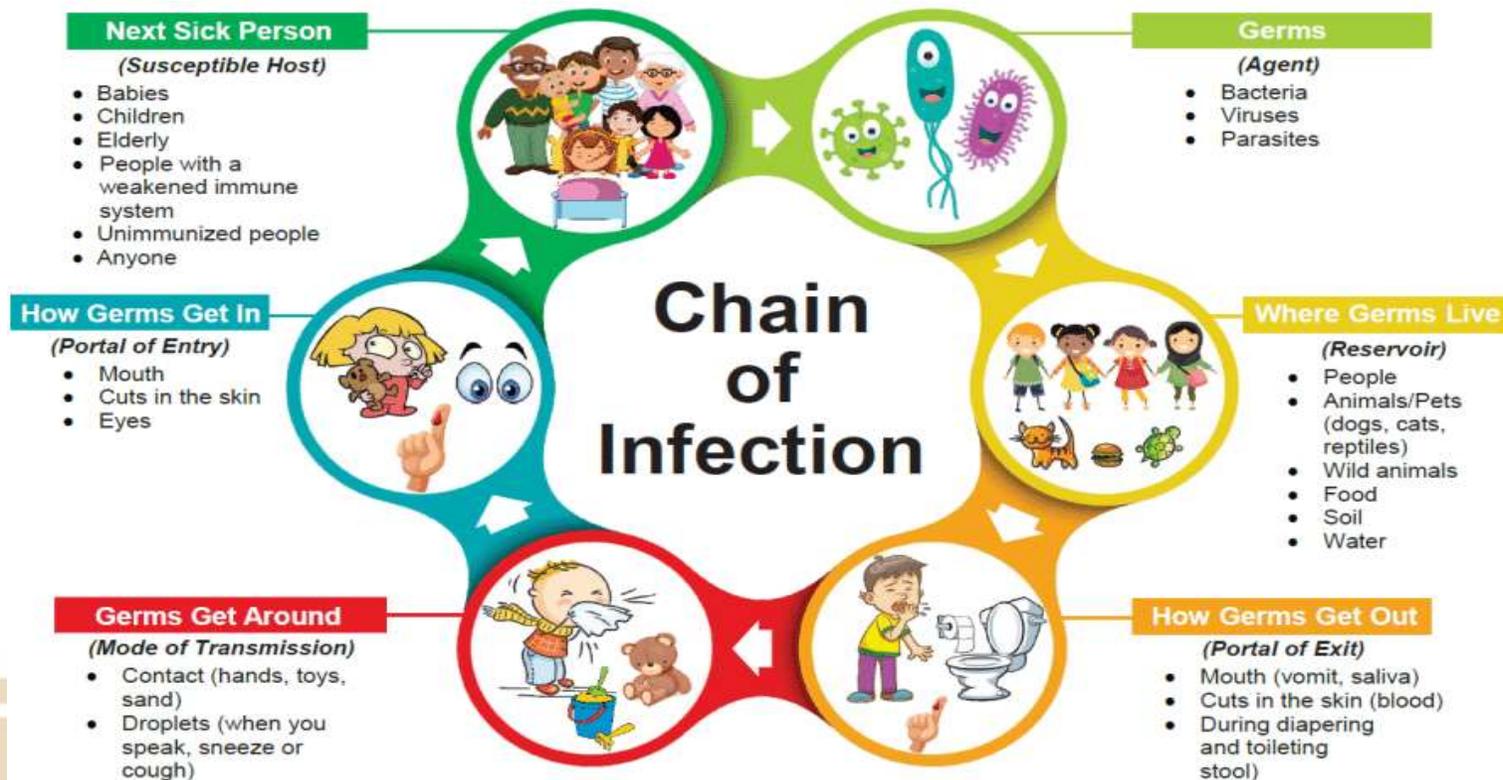
Don't forget mandatory training for infection prevention , Donning and Doffing ,Covid 19 and ANTT



Infection prevention

- Infection prevention and control is fundamental in improving the safety and quality of care provided to patients and is everyone's responsibility.
- It is vital that all staff have the necessary knowledge, understanding and skills in order to continue to improve the overall safety and quality of patient care.

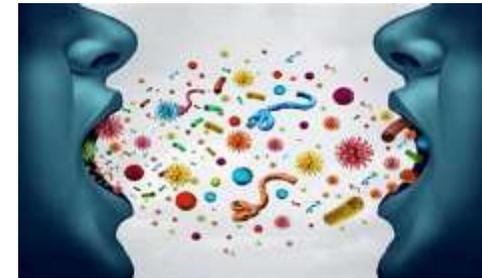
Chain of Infection



Common causes of the spread of infection

Cross-infection due to poor personal hygiene such as:

- not washing hands after using the toilet
- not washing hands before eating
- not washing hands before and after delivering personal care
- poor hygiene practices when changing dressings
- not washing regularly
- not changing clothes/uniform regularly
- inadequate hygiene routines in settings, including trolleys and work surfaces.
- Non-use/inaccurate use of personal protective equipment (PPE) such as:
 - not using gloves/aprons
 - not changing gloves and aprons between different users of service.



Different types of Personal protective clothing

Gloves

3 ply Disposable masks

FFP3 masks

Gowns

Aprons- blue, white, yellow, green

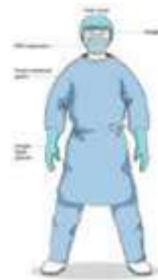
Goggles

Visors

Shoe covering

Steel toe caps

Head gear



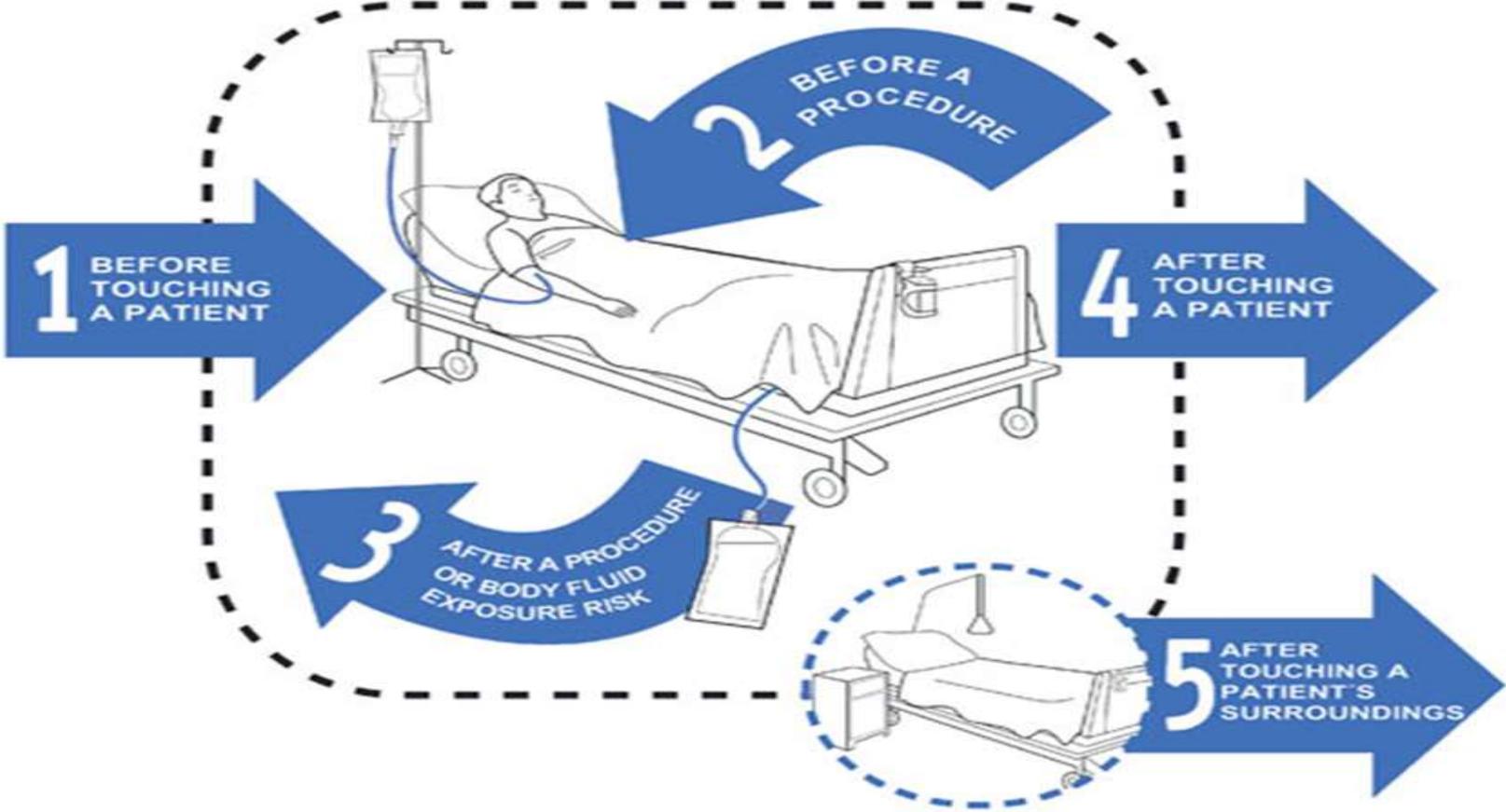
10PACK



100PCS



5 moments of hand hygiene



11 Stages of hand hygiene

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



0 Wet hands with water;



1 Apply enough soap to cover all hand surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



4 Palm to palm with fingers interlaced;



5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



Hand Hygiene technique assessment

Performance checklist for hand washing (minimum of **two satisfactory** assessments according to WHO guidelines on hand hygiene)

(ACc 5.4, ACn 5.4)

Assessment number:		1	2	3	4	5
Date of assessment:		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
All jewellery and watches are removed, and sleeves rolled up to be bare below the elbow.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Fingernails are clean with no polish.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Any cuts are covered with waterproof dressings.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
The water is turned on and the temperature checked and adjusted to warm where possible.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Hands are wet under continuously running water.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Liquid soap is applied to wet hands.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Hands are rubbed together to create a lather.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
The lather is rubbed over all hand surfaces for 20 seconds, including the thumbs, between the fingers, fingertips and wrists.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Splashing of clothing and floor is minimised.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Hands are rinsed thoroughly.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Taps are turned off using wrist/elbow levers or using a clean paper towel.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Hands are patted dry thoroughly with paper towels.		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Paper towels are disposed of in an appropriate bin without contaminating hands (using a foot pedal or paper towel to open the bin.)		YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Assessor signature:	Learner signature:					
Comments:						



All Wales HCA Induction Programme week 1 Presentation 2



5. Fall Prevention



3. How to support individuals

At Home

- What should I do if I fall?
- If you have a fall, it's important to keep calm. If you're not hurt and you feel strong enough to get up, do not get up quickly.
- Roll on to your hands and knees and look for a stable piece of furniture, such as a chair or bed.
- Hold on to the furniture with both hands to support yourself and, when you feel ready, slowly get up. Sit down and rest for a while before carrying on with your daily activities.
- If you're hurt or unable to get up, try to get someone's attention by calling out for help, banging on the wall or floor, or using your personal alarm or security system (if you have one)

At Work

- Follow BCUHB Fall policy
- Call help from (use call bell or emergency bell) qualified staff member
- Check for injuries
- Reassure the patient
- Carry out any care
- Up date for complete falls risk assessment
- Refer to falls prevention team both while in hospital and in community

Please remember you MUST complete your E-learning on falls prevention



How to provide support for individuals who are at risk of falls

Contributing factors that increase risk of falls

- The fear of falling.
- limitations in mobility and undertaking the activities of daily living.
- Impaired balance.
- Sensory loss & impairment
- Reduced muscle strength.
- Poor reaction times.
- Slippery surface - wet floors/bath
- Uneven floor surface or unsecured mats
- Loose cords and a cluttered environment
- Poor lighting
- Hospital equipment on wheels
- Talc
- ill Fitting footwear or clothing
- Inappropriate walking devices

Strategies to reduce risk of falls

- BCUHB Get up and go
- National – Steady on stay safe ensure, encourage physical activity
- Hearing & eye test
- Falls risk assessment
- Know effects of medication – to allow time change if safe
- Keep area tidy, well lit , use lower shelves
- Ensure walking aids are safe to use and apply brakes.
- Clean up spills, and use correct signage
- Well fitting secure footwear/clothing
- Referral to falls team while in hospital and on discharge



6. Pressure injury

North West Critical Care Networks **NHS**

think-SKIN

Use the SKIN Bundle to reduce Pressure Ulcers in critical care patients

S Skin Inspection Surface

Vigilance is key. Inspect vulnerable areas every 2 hours

- Ensure patients are cared for on an appropriate surface
- Ensure mattresses are plugged in and working
- Ensure correct products are available when patients are discharged to the main ward



... and don't forget to check around **MEDICAL DEVICES!** They are fast becoming one of the biggest causes of Pressure Ulcers.

- Neck collars/cuffs
- Endotracheal tubes
- Wound-healing tubes
- Foley catheters
- Nasal cannulae/CPAP devices
- Splints
- Neck collars
- Rest restraints
- Any other tubes/devices

K Keep moving

To prevent the development of pressure ulcers reposition your patient every 2 hours.



- In cases of instability (respiratory, cardiovascular/neurological/spinal) allow plenty of time to reposition and involve the multi-disciplinary team
- Off load pressure from vulnerable areas where possible

I Integument/Hygiene

Keep skin clean and dry



- Moisturise dry skin
- Use barrier products as required
- Prolonged pads are not an incontinence aid
- Consider bowel management systems (use local protocol)

N Nutrition

Daily review by MDT



- Adequate nutrition and hydration reduce the risk of skin breakdown

Remember!

Get back to basics - Think RISK!

Think about patients at the highest risk of pressure damage, patients with:

- **POOR PERFUSION**
 - Peripheral vascular disease
 - Inotropes
 - Poor oxygenation
 - Sepsis
 - Anaemia
- **DIABETES**
- **30 MIN SURGICAL PROCEDURES > 4HRS**
- **STERIOD THERAPY**
- **REDUCED SENSATION**
 - Neuroopathy
 - Sedation
- **OEDEMATOUS**
- **OTHER RISK FACTORS ACCORDING TO WATERLOW SCORE**



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What is a pressure Injury?

Pressure injuries are sores (ulcers) that happen on areas of the skin that are under pressure. The pressure can come from lying in bed, sitting in a wheelchair, or wearing a cast for a long time. Pressure injuries are also called bedsores, pressure sores, or decubitus ulcers.



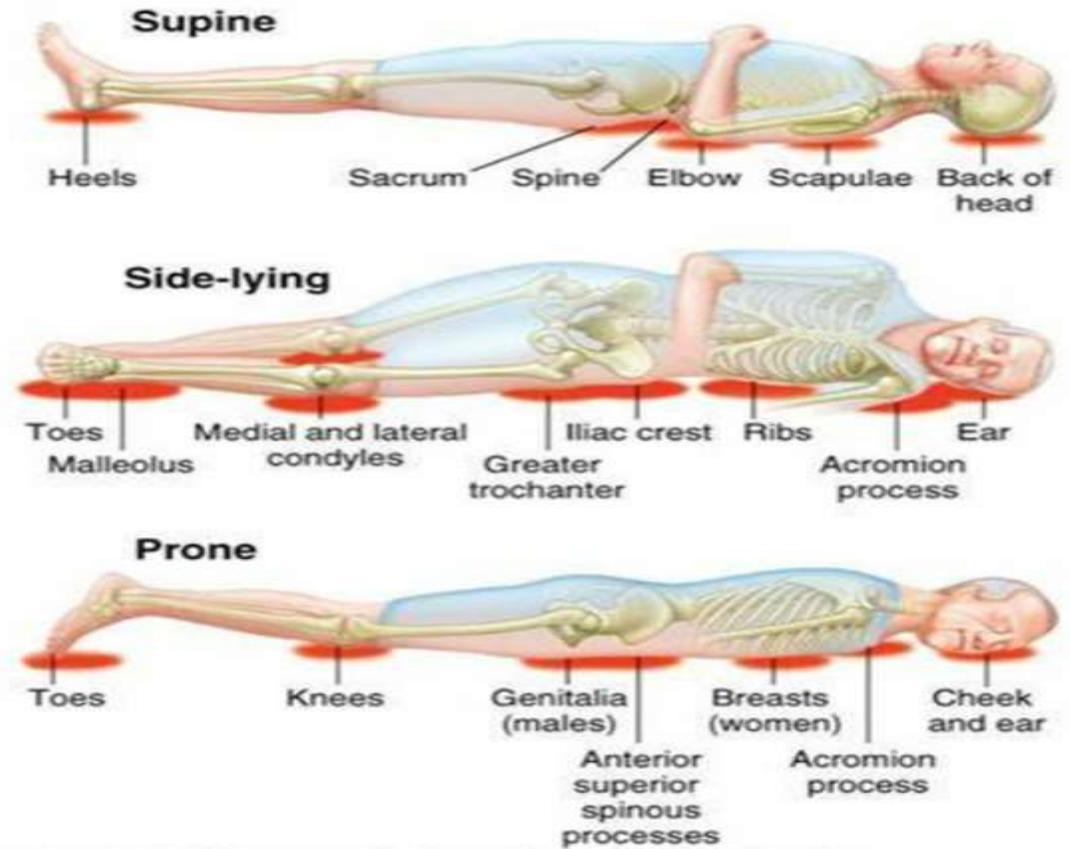
Factors which can increase the risk of pressure sores

- Age
- Weight
- Mobility
- Contenance
- Cognitive impairment (Dementia , brain injury)
- Malnutrition – poor skin / problems with healing
- Friction / shearing – poor manual handling.
- Heat – sweating
- Not reliving pressure sores
- Dry skin
- Post surgery – poor heal of wound
- Medication
- Neglect –poor hygiene
- Not following Pressure injury pathways
- Previous pressure or skin damage injuries

Remember any concerns Inform the Registered Nurse



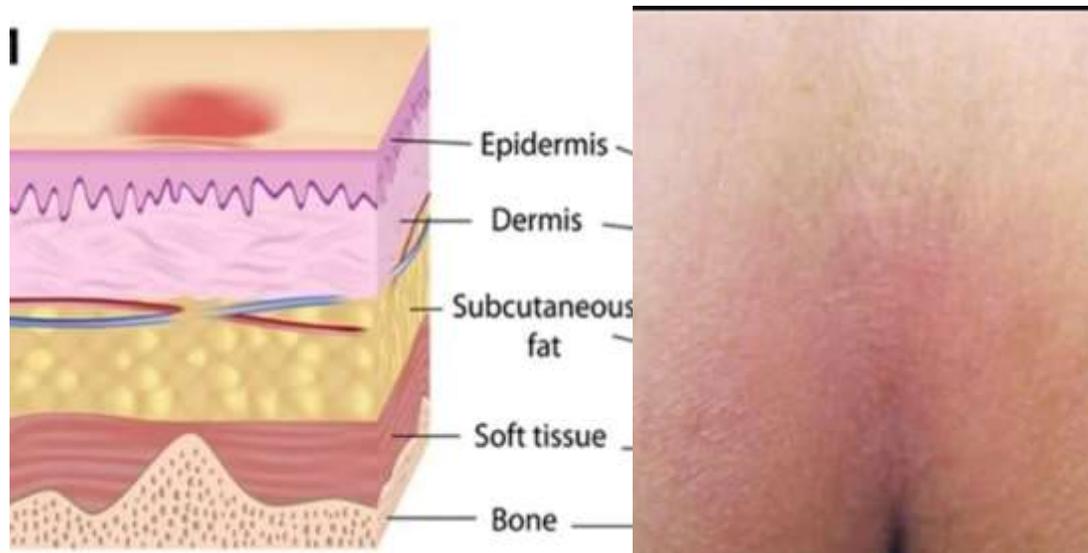
Position and Pressure Points



Pressure injuries

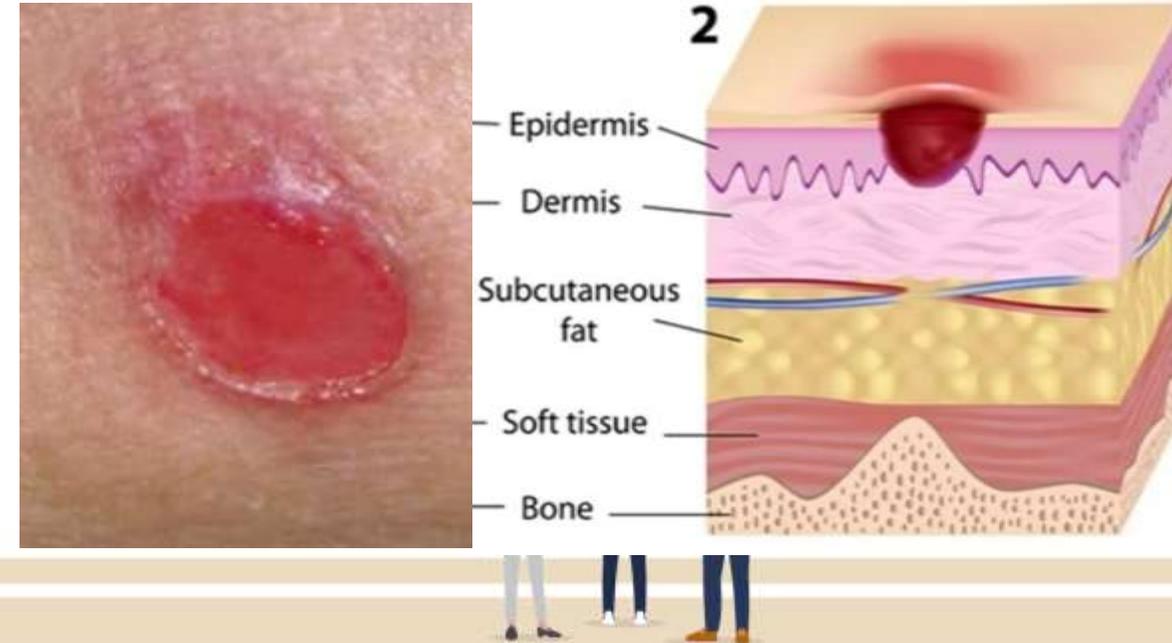
Category 1

- Intact skin with non-blanchable redness, the area will be soft or warmer or cooler compared to the adjacent tissue.
- May complain of localised pain and discomfort .
- In darker toned skin it may be more difficult to diagnose or see, so you need to relay on verbal communication from your patient and your touch.



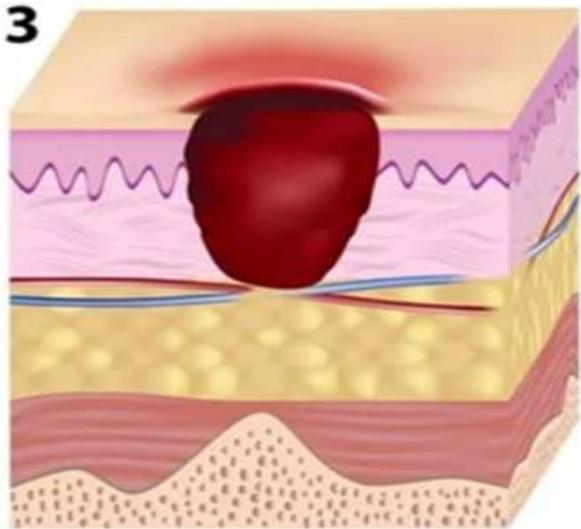
Category 2

- Partial thickness loss presenting as a shallow open ulcer with a red or pink wound bed without slough. Presents as a shiny or dry shallow ulcer without slough(fluff) or bruising.



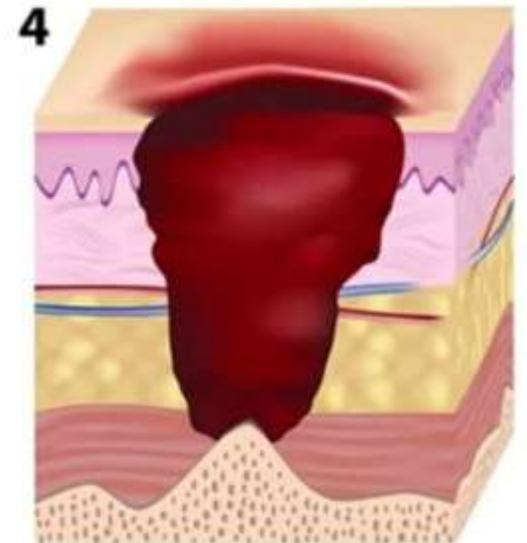
Category 3

Full thickness skin loss, where underlying (subcutaneous) fat may be visible, but bone, muscle and tendons are not. Slough (fluff) may be present, but not enough to obscure the wound depth. The wound may have tunnelling to the side which you may not be able to see. It will be red, painful and hot to touch.



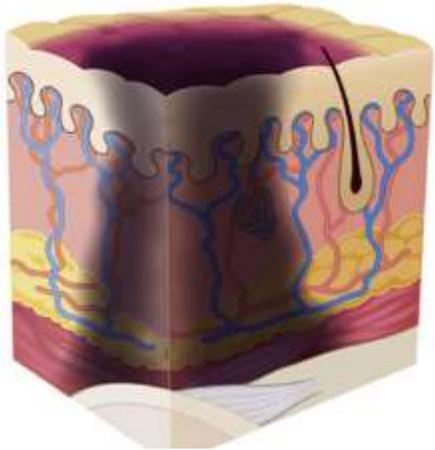
Category 4

Full thickness tissue loss where the bone, muscle and tendons are seen. Slough (fluff) may be present or the skin may have started to die (ischaemia) on parts of the wound bed and surrounding skin. They may also be secondary infection in the tissue (Cellulitis) or infection in the bone (osteomyelitis) some cases. There may be tunnelling and it will be painful and hot to touch.



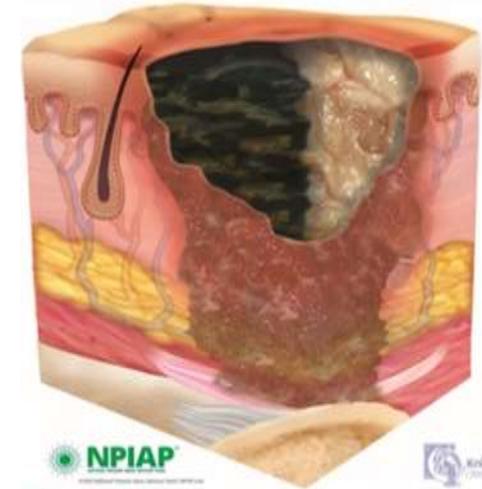
Suspected deep tissue injury (SDTI)

- The skin is intact and may have a blood blister, it will be purple or marron in colour. It will fell hot or the adjacent skin may be cooler (due to lack of blood supply) firm, mushy, boggy and painful.
- In darker toned skin it may be more difficult to diagnose or see, so you need to relay on verbal communication from your patient and your touch.



Unstageable / depth unknown

- The top of the injury will be very sloughy(fluffy), with dead skin. This will make it very hard to see or obscure the depth and damage to the tissue .
- If the slough (fluff) and the dead skin is removed it will reveal a category 3 or 4 injury ,



Interventions to prevent risk of pressure injuries and skin damage

Pressure injuries

- Complete risk assessment within 2 hours of admission or transfer to new ward
- Complete intentional rounding as identified in risk assessment
- Use correct manual handling techniques
- Use corrected pressure relieving mattress / equipment as identified in risk assessment
- Regularly mobilise or move patients position
- Up date risk assessment
 - any changes to skin
 - post surgery
 - new medication
 - new diagnosis
- Correctly fitted wheelchairs for long term use

Skin damage

- Completed risk assessment within 2 hours of admission or transfer to new ward
- Complete intentional rounding as identified in risk assessment
- High protein diet – helps healing
- Keep hydrated – dry skin
- Keep skin clean and dry
- Change continence pads when soiled
- Use mild soaps
- Apply any prescribed ointments
- Corrected fitting shoes
- Regular excise
- Weight management
- Ensure well fitted sheets and no wrinkles



Summary and actions to do next



- You will receive the workbook following this session and also a copy of the presentations to help you complete the questions
- Your tutor will remain on teams following the session until 4pm to assist with any questions you have difficulty answering
- You can print off your competency document in preparation for completion. Please note: You will not be able to complete until after week 3 where you can complete in you clinical area or contact Temporary staffing to arrange your Shadow shift
- **Failure to complete workbooks and competencies by submission date may mean you will need to complete the induction course again and an email will be sent to your line manager.**

