

Document Type:	Standard Operating Procedure	
Reference Number : 1844	Version Number: 3	Next Review Date: 22 January 2024
Title:	Torbay Foot Protection Programme for Inpatients. Check, Protect, Refer.	
Document Author:	Lead Diabetes Podiatrist/ In-patient Podiatrist	
Applicability:	All patients as indicated	

1. Purpose of this document

To ensure that all patients with diabetes admitted to both the community hospitals and the acute hospital have a foot screen within 24 hours to identify those patients who are most at risk of developing foot ulceration. Once the patient is identified as being at high risk a daily foot check can be implemented and a referral made to the foot protection team if foot ulceration or pressure damage is identified.

Patients admitted to the acute hospital with a limb threatening diabetic foot problem should be assessed and referred to the multidisciplinary diabetic foot team within 4 hours.

2. Scope of this SOP

This procedure will apply to all registered and unregistered nursing staff, podiatrists and podiatry support workers, working on the wards both in the community hospitals and the acute setting, who have been trained to carry out diabetic foot checks. Further training can be requested by contacting the in-patient podiatry team: torbayinpatientpodiatry@nhs.net. The following health care video has been developed to support the training of staff in how to carry out diabetic foot checks.

<https://vimeopro.com/healthandcarevideos/torbay-and-south-devon-diabetes/video/147570642>

3. Instructions

Check

- 3.1 The foot inspection should take place within the first 4 hours of being assessed in the emergency department and within 24 hours of being admitted to a hospital ward. Any wound dressings should be removed from both feet and the feet thoroughly inspected. This should include between the toes and the back of the heel. A search should be made for any active ulcers or signs of heel pressure damage.

3.2 The presence of any of the following will automatically classify the patient as being at high risk of developing foot ulcers:

- Previous ulcer/amputation or current ulcer
- Peripheral arterial disease
- Immobility
- Cognitive impairment
- Impaired consciousness
- Stroke
- Renal failure/dialysis
- Visual impairment

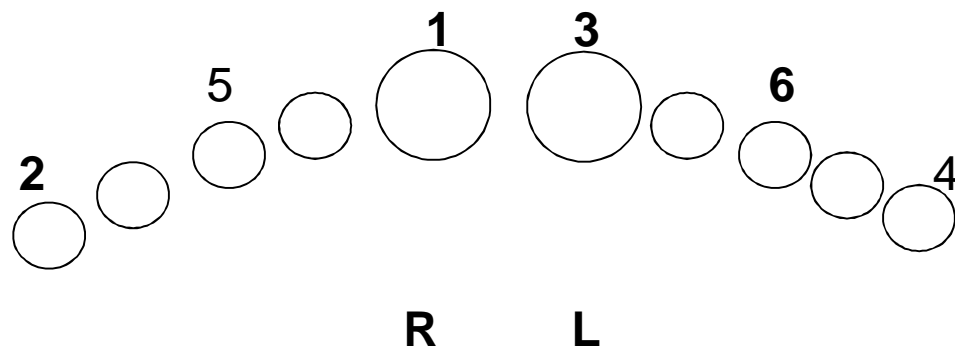
3.3 Carry out The Ipswich Touch Toe Test to identify if the patient has a loss of feeling. (Diabetic neuropathy)

- Ask the patient to close their eyes and keep them closed until the end of the test.
- Inform the patient that you are going to touch their toes and ask them to say “yes”, as soon as they feel the touch.

3.4 Perform the touch using your index finger:

- The touch must be as light as a feather, and brief (1-2 seconds). Do not press, prod, poke or tap the skin.
- If the person did not respond do not attempt to get a reaction by pressing harder. Record as not felt.
- You must not touch each toe more than once. Do not repeat. There is no 2nd chance

3.5 The toes should be touched in the following sequence:



-
- 3.6 Record the result by writing Y or N on the record sheet. ([Appendix1](#))
- 3.7 If 2 or more sites are not felt, the patient should be classed as having high risk feet and the feet should be checked every day as part of the daily observations and a record made on the foot protection programme sheet.

Protect

- 3.8 The heels of all high risk patients should be off loaded with a firm pillow or a repose wedge. The pillow should be positioned vertically and the heels free and floating. Patients may be more comfortable if the knee break is operated.

It is important to check the achilles tendon area daily when patients heels are off loaded as in rare occasions this area can become pressure damaged also.

Remember, an air mattress alone will not relieve the pressure enough to allow healing of a heel wound. If the patient is sat on a chair, feet should be placed firmly on the ground and if the patient is using a foot stool the legs should be firmly supported and the heels allowed to be free and floating.

Refer

- 3.9 **If at any time a foot ulcer or evidence of tissue damage is discovered the wound should be covered with a simple, sterile, dry dressing and the patient should be referred immediately to the inpatient podiatry team by e-mail: torbayinpatientpodiatry@nhs.net.**

For any urgent problems or to refer a patient in a community hospital, please contact the podiatry administration office 01803 217712. Opening time 08:45 – 15:45 Monday to Friday.

- 3.10 If a heel pressure sore is discovered of any European Pressure Ulcer Advisory Panel (EPUAP) grade, 1 - 4; In addition to referring to podiatry the heel should continue to be off loaded and the pressure sore should be reported as an incident in line with Trust policy.

[Appendix 1 – Patient Screening Tool](#)

Affix Patient Id Label

Surname:

Forename:

Hospital / NHS Number:

Date of Birth:

For Diabetes Mellitus Patients Only

Torbay Diabetes Foot Protection Programme
To be completed within 4 hours of being admitted to ward

Name of person completing page one:

Signature:

Date:

High Risk

Does the patient have any of the following risk factors for foot ulceration?

(Please tick all that apply)

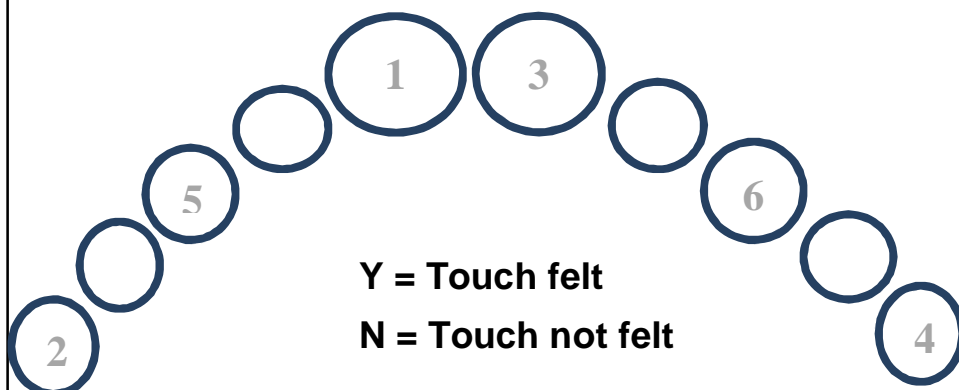
- Current ulceration
- Previous ulcer or amputation
- Peripheral arterial disease
- Immobility
- Cognitive impairment
- Impaired consciousness
- Stroke
- Renal failure/dialysis
- Visual impairment

Please perform the **Ipswich Touch Toe Test**.
Check for loss of sensation on the feet of **all** diabetic patients.

Record the Results:

R

L



Yes

Two or more recorded as 'N' equates to a **high risk factor** for foot ulceration

Check the feet of **high risk** patients daily to monitor foot health using chart.
 Protect the feet from pressure using appropriate pressure equipment.
 Refer all foot ulcers, and open foot wounds to The Inpatient Podiatry Team.
 For Torbay Hospital patients, if an urgent Inpatient Diabetic Podiatry referral is required then please bleep 527.
 For all other patients please e-mail torbayinpatientpodiatry@nhs.net

Date of referral:

Initials:

Date seen:

PTO

Barcode

TSDFT 5042 1.2 05/18

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1844		
Document title:	Torbay Foot Protection Programme for Inpatients		
Purpose of document:			
Date of issue:	22 January 2021	Next review date:	22 January 2024
Version:	3	Last review date:	November 2020
Author:	Lead Diabetes Podiatrist		
Directorate:	Community		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	25 November 2020		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
June 2015	1	New	Matrons Meeting, Tissue Viability Champions Meeting Care and Clinical Policies Group
02 December 2016	2	Revised	Care and Clinical Policies Group
22 January 2021	3	Revised	Care and Clinical Policies Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/mental-capacity-act/Pages/default.aspx>

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>		Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.dshct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.