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Title:	<b>BASIC WOUND DRESSING FOR SKILLED NON REGISTERED STAFF</b>	Ref No: 2121 Version 1
Directorate:	Organisation-Wide	Classification: C.Framework
Responsible for review:	Community Clinical Skills Facilitators	Due for Review: 07-04-20 <a href="#">Document Control</a>
Ratified by:	Care and Clinical Policies Group Chief Nurse Medical Director	
Applicability:	All patients as indicated	

## 1. Purpose of this document

- 1.1. To assess competence of skilled non-registered staff to under take a basic wound dressing

## 2. Assessment Guideline:

- 2.1. All staff undertaking these procedures must be familiar with Policy 0208 and 1820
- 2.2. All Guidelines should be available on Torbay and South Devon NHS Foundation Trust website, and internally on the trust intranet site
- 2.3. Superseded versions of guidelines should be removed from the web sites and replaced with the reviewed copy when ratified.
- 2.4. Any member of staff who become aware of new evidence which may cause review of the existing guidelines should contact either the author or the clinical governance team
- 2.5. Only staff who are signed off as competent using this guideline can undertake these procedures.

## 3. Training:

- 3.1 Training will be provided by the community clinical skills facilitators in the Ecsel Team at either the Horizon Centre or in the community setting.

**Competency sheet: Basic wound dressing for skilled non registered staff**

**CANDIDATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Procedure	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	Assessors Signature
Gains verbal consent from the Patient. Check best interests documentation in place if patient does not have capacity			
Wash hands using 6 step technique.			
Open dressing pack and dressing utilising the sterile field. Taking care not to contaminate field.			
Apply non sterile gloves and apron			
Remove old dressing, noting any discharge and wetness /odour from wound. Record any changes in wound care plan			

Procedure	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	Assessors Signature
Remove soiled gloves Wash or gel hands			
Put on sterile gloves aseptically			
Observe wound for signs of healing, infection			
Clean wound as documented in care plan			
Reapply dressing as documented in care plan			
Remove Personal Protection Equipment and clear equipment in such a way as to minimise risk of cross contamination			

Procedure	1 <sup>st</sup> Assessment	2 <sup>nd</sup> Assessment	Assessors Signature
<p><b>Post procedure</b></p> <p>Ensure patient is comfortable and the wound is covered appropriately</p>			
<p>Document the size, wound bed description, any indication of infection and the type of dressing applied in wound care plan. Ensuring a counter signature by Registered nurse is completed</p>			
<p>Report any changes or deterioration to the person leading the wound management e.g district nurse, podiatrist, T.V or GP</p>			

**PASS:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:

**NEEDS PRACTICE:**

1<sup>st</sup> Assessment – Comments: \_\_\_\_\_

2<sup>nd</sup> Assessment – Comments: \_\_\_\_\_

Date competency achieved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Competency Date : \_\_\_\_\_

Signature of Assessor: \_\_\_\_\_

**I confirm I have been competency assessed following training and feel confident to undertake this procedure**  
**Client/ Representative/ Carers Signature:**

**Date:**

**References:**

- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9<sup>th</sup> Ed. (2015)
- *Skills for Health* (2008)
- *TSDFT Joint Clinical Guidelines:*
- *TSDFT record keeping guideline, NMC record keeping guidelines*

**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.*

<b>Ref No:</b>	2121		
<b>Document title:</b>	Basic Wound Dressing for Skilled Non registered staff		
<b>Purpose of document:</b>			
<b>Date of issue:</b>	07 April 2017	<b>Next review date:</b>	07 April 2020
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Community Clinical Skills Facilitators		
<b>Directorate:</b>	Organisation-Wide		
<b>Equality Impact:</b>	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		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group Medical Director Chief Nurse		
<b>Date approved:</b>	03 April 2017		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Have you considered using Equality Impact Assessment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Document Amendment History**

<b>Date</b>	<b>Version no.</b>	<b>Amendment summary</b>	<b>Ratified by:</b>
07 April 2017	1	New	Care and Clinical Policies Group Medical Director Chief Nurse
19 February 2018	1	Review date extended from 2 years to 3 years	

## 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 iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/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.

**Quality Impact Assessment (QIA)**

Who may be affected by this document?	<i>Please select</i>			
	Patient / Service Users	Yes	Visitors / Relatives	Yes
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	Yes
	Staff	Yes	Care Agencies	Yes
	Others ( <i>please state</i> ):	Many patients with these enteral tubes have private carers		

Does this document require a service redesign, or substantial amendments to an existing process?	No
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*If you answer yes to this question, please complete a full Quality Impact Assessment.*

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	No	Disability	No
	Gender re-assignment	No	Marriage and Civil Partnership	No
	Pregnancy and maternity	No	Race, including nationality and ethnicity	No
	Religion or Belief	No	Sex	No
	Sexual orientation	No		

*If you answer yes to any of these strands, please complete a full Quality Impact Assessment.*

<b>If applicable, what action has been taken to mitigate any concerns?</b>	
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Who have you consulted with in the creation of this document?  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	Yes	Other Statutory Agencies	<input type="checkbox"/>
	Details ( <i>please state</i> ):	Needs reviewing by clinicians		

**Rapid Equality Impact Assessment** (for use when writing policies and procedures)

<b>Policy Title :</b>	Basic wound dressing for skilled non-registered staff	<b>Version and Date</b>	November 2016 Version 1		
<b>Policy Author:</b>	Community Clinical Skills Facilitators				
<b>An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.</b>					
<b>EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
<b>Age</b>	No	<b>Disability</b>	No	<b>Sexual Orientation</b>	No
<b>Race</b>	No	<b>Gender</b>	No	<b>Religion/Belief (non)</b>	No
<b>Gender Reassignment</b>	No	<b>Pregnancy/ Maternity</b>	No	<b>Marriage/ Civil Partnership</b>	No
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers<sup>1</sup>; travellers<sup>2</sup>; homeless<sup>3</sup>; convictions; social isolation<sup>4</sup>; refugees)</b>					No
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>					
<b>Is inclusive language<sup>5</sup> used throughout?</b>					Yes
<b>Are the services outlined in the policy/procedure fully accessible<sup>6</sup>?</b>					Yes
<b>Does the policy/procedure encourage individualised and person-centered care?</b>					Yes
<b>Could there be an adverse impact on an individual's independence or autonomy<sup>7</sup>?</b>					Yes
<b>If 'Yes', how will you mitigate this risk to ensure fair and equal access?</b>					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>					No
<b>What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)</b>					
<b>To assess competence of Registered Nurses preparing and administrating Intravenous Drugs</b>					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
<b>Members of the Care &amp; Clinical Policies Group and Registered Nurses</b>					
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
<b>Action</b>	<b>Person responsible</b>		<b>Completion date</b>		
<b>AUTHORISATION:</b>					
<b>By signing below, I confirm that the named person responsible above is aware of the actions assigned to them</b>					
<b>Name of person completing the form</b>	Community Clinical Skills Facilitators	<b>Signature</b>			
<b>Validated by (line manager)</b>		<b>Signature</b>			

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pdf.sdht@nhs.net](mailto:pdf.sdht@nhs.net)

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

<sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy