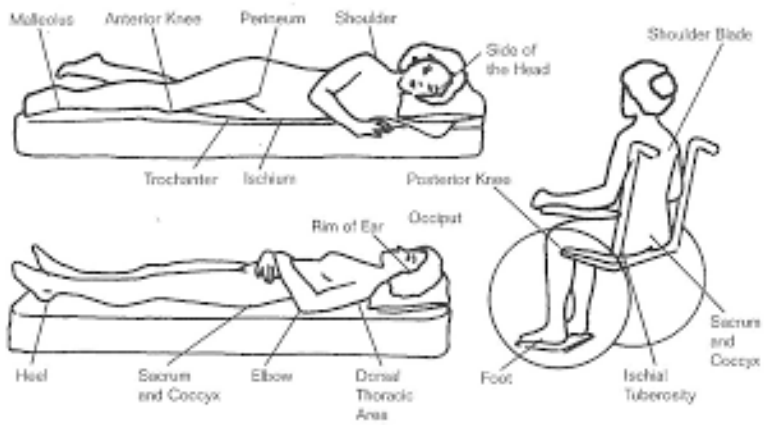
# NDIS LWB 5690 HIDPA Pressure Injury Support – Procedure

| | |
|---|---|
|  | • Only staff trained by an Appropriately Qualified Health Professional (AQHP) can perform this procedure.<br>• This procedure is a guide only and may not be appropriate in all circumstances. Therefore, instructions from an AQHP must always be obtained and followed.<br>• Ensure that the person's staffing preference is applied to this procedure, as detailed in their NDIS LWB 5531 Personal Care - Plan.<br>• This procedure should be read with the NDIS LWB 5600 High-Intensity Daily Personal Activities - Procedure, NDIS LWB 5501 Health and Wellbeing - Procedure, LWB National - Medication Procedures, NDIS LWB 5531 Personal Care - Plan and in consultation with the person. |

Only an AQHP (e.g., Wound Care Registered Nurse) can apply dressings and wound healing devices.

The AQHP is to provide training in any required wound care and is in the scope of practice of a Disability Support Worker (DSW).

## High-Risk Areas for Pressure Injury




## Pressure Wounds Procedure

### ☑ Check

- Check and follow the person's Complex Wound Care – Plan/Protocol.
- Check that the required equipment and consumables are available and ready for use.
- Confirm how the person would like to be actively involved in their support, as outlined in their plan, and to their chosen level.
- Explain the procedure to the person and seek their consent to proceed.

- Serious complications can occur due to pressure injuries, sometimes within hours. Complications include
  - Infection of the skin (cellulitis)
  - infection in the blood (sepsis)
  - infection in the muscle
  - infection in the bone (osteomyelitis),
  - death.

**Call emergency services on 000 (triple 0) if the person has**

- A fever.
- An open or weeping wound.
- An offensive-smelling wound.

**Seek urgent medical advice whenever:**

- The person has pale, red or shiny patches, that do not turn white when lightly pressed. People with dark skin could have blue or purple patches
- .
- If there is red or pink skin that does not return to normal colouration within 24 hrs of first appearing and the area feels warm/hot, spongy or unusually hard.
- There is swelling around the area.
- There is broken skin.
- There is pus-like drainage from the area.
- The person experiences pain or itchiness in the affected area.
- The person experiences sleep or mood disturbances that appear related to a pressure injury.

- Obtain medical advice when a pressure injury is identified or when an existing wound fails to respond.

## Support

- Wear the appropriate PPE– latex-free disposable gloves, gown or apron, face shield, or protective goggles. Refer to the NDIS LWB 5507 Let's Talk About PPE for Support Activities for the correct PPE requirements and follow hygiene and infection control procedures
- Ensure the correct lifting techniques are followed per the person's Transferring, Repositioning and Mobility Plan (TRAM) when supporting the person to change position.
- Follow the Complex Wound Care – Plan developed by an AQHP.
- Actively involve the person in their support, as outlined in their plan, and to their chosen level.
- Perform skin checks at least twice a day. Activities such as toileting, washing, showering and repositioning should be seen as an opportunity to look at and inspect the skin, especially in high-risk areas
- Reposition the person regularly, ensuring no pressure on the affected area. The use of pillows or other positioning aids may be required.

- Ensure the person is not sitting or lying on creased clothing or sheets. Buttons, zippers or clothing with thick seams may also increase pressure on areas of the skin.

**Report**

- Take note of the location of any pressure injury on the body, its size (e.g. length and width), appearance (shape, pattern and colour), and any presentation of pain or discomfort.
- Document all wound care support and prevention methods in progress notes and record any areas of skin changes or pressure damage in the NDIS LWB 5553 Bruising, Injury and Skin Integrity - Recording Chart.
- Report concerns or issues related to pressure injury immediately to the Disability Support Leader (DSL)[1] or On Call and complete an i-Sight event.
- If skin integrity issues, pressure injury or wounds result from a failure to implement the person's documented support strategies, this should be recorded in i-Sight as Category Client Wellbeing> Category Type Neglect.
- Any unexplained bruising, suspicious mark or injury must be reported immediately to the DSL or On Call, and i-Sight event created – *Category Client Wellbeing>Category type Injury>Category Subtype Unexplained Serious/Minor Injury*.

## For Further Guidance and Advice

Contact the AQHP who developed the person's Support Plan.

[1] All references to Disability Support Leader (DSL), includes all Frontline Leadership roles, such as House Supervisor.