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Smarter support at home

Wound Care - Policy and Procedure

Purpose and Scope

The objective of this policy is to ensure the provision of safe and high quality wound care for customers receiving support services under their home care package. This policy aims to provide clear guidelines for wound management, including roles and responsibilities of staff and support providers, identification of wound signs and symptoms, and procedures for seeking medical attention.

This policy applies to the delivery of paid support services for HomeMade customers within the community. It encompasses the roles and responsibilities of all staff and contracted service providers involved in wound care.

Background

Wounds in community aged care settings are a common occurrence and can result from various causes, including pressure injuries, venous ulcers, and trauma. The community setting presents unique challenges for wound management, such as the need for regular monitoring, the importance of preventing infection, and the necessity for timely interventions. Effective wound care in the community not only improves the quality of life for care recipients but also reduces the risk of complications and hospital admissions. Registered Nurses and Enrolled Nurses play a pivotal role in providing expert care and ensuring that wounds are managed according to best practice guidelines.

Definitions

PPE: Personal Protective Equipment

Registered Nurse (RN): A nurse registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Enrolled Nurse (EN): A nurse registered with AHPRA, who works under the supervision of a Registered Nurse.

Support Providers: Non-clinical staff providing day-to-day care, including basic first aid.

Waterlow Score: A clinical validated assessment tool used to assess the risk of developing pressure injuries**.**

Bates-Jensen Wound Assessment Tool: A validated assessment tool used by healthcare professionals to systematically assess and monitor wound healing. It evaluates various wound characteristics, including size, depth, edges, tissue type, exudate, and surrounding

skin condition, to provide a comprehensive overview of the wound status and guide treatment decisions.

Pressure Injury: Localised damage to the skin and underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear.

First Aid: Basic emergency care provided for minor injuries or until professional medical treatment is available, including the application of band-aids.

Trauma: Physical injury or wound caused by external force

Aseptic Technique: Aseptic technique is a set of practices that protect care recipients from healthcare-associated infections and protects healthcare workers from contact with blood, body fluid and body tissue. These practices include:

- Performing hand hygiene before and after procedures.
- Using appropriate personal protective equipment (PPE).
- Establishing and maintaining an aseptic field.
- Using sterile equipment and ensuring the cleanliness of the environment.
- Applying non-touch techniques to key parts and key sites

Informed Consent: The voluntary agreement given by a customer or their substitute decision maker, after receiving adequate information about a proposed treatment or procedure, including its potential risks, benefits, alternatives, and implications. This ensures that customers are fully informed participants in their care decisions.

Responsibilities

Support Partners & Onboarding Partners:
Support Partners & Onboarding Partners are responsible for assessing customers' care needs, developing comprehensive support plans including articulating within the support plan information about choosing appropriate support providers. Support Partners are responsible for updating customer support plans and budgets as needs change and evolve. They are responsible for liaising with customers and their representatives to ensure that the support provided meets their changing requirements. In alignment with HomeMade's Incident Management and Deteriorating Customer Policy & Procedures, Support Partners & Onboarding Partners promptly report any changes or difficulties associated with service delivery to the appropriate channels within HomeMade.

Clinical Nurses:
HomeMade's Clinical Nurses provide clinical support to Support Partners, Onboarding Partners, customers and service providers. They perform clinical reviews to ensure that care provided is consistent with best practices and clinical guidelines. Clinical Nurses play a vital role in overseeing wound care, providing direction to support providers, and ensuring adherence to this policy.

Contracted Service Providers who are Registered Nurses or Enrolled Nurses:
Registered Nurses and Enrolled Nurses (under the supervision of a Registered Nurse)

contracted by HomeMade are responsible for and approved to provide wound care under the home care package. They are responsible for performing wound assessments and monitoring for deterioration of the wound/s, conducting Waterlow and skin integrity assessments to determine the risk of pressure injuries and the need for interventions, and assessing active wounds using the Bates-Jensen Wound Assessment Tool. Registered Nurses and Enrolled Nurses must obtain informed consent from customers or their substitute decision makers before performing wound care procedures.

Contracted Support Providers who are not Registered or Enrolled Nurses:
Support Providers contracted by HomeMade are integral to the provision of day-to-day care for customers with wounds. They follow the support plan developed by HomeMade, report any changes or difficulties encountered during service delivery to HomeMade, and perform tasks within their designated scope of practice. Support Providers adhere to HomeMade's Infection Control policy & procedure and remain alert to any signs of complications, escalating concerns to HomeMade. In addition, Support Providers provide basic first aid, including the application of band-aids

Prohibited Actions:
Support Providers who are not approved to provide nursing must not perform tasks that are outside of their scope of practice or require the expertise of a Registered Nurse or Medical Practitioner including wound care that extends beyond basic first aid.

Principles

- Limit unnecessary wound care interventions.
- Engage customers and carers in decision-making and monitoring of wound care.
- All staff and service providers must practice aseptic technique and utilise appropriate PPE where indicated during wound management procedures to minimise microbial transmission. This includes gloves, masks, and gowns as necessary, in accordance with HomeMade's Infection Control policy & procedure.
- Contracted Service Providers who are Registered Nurses or Enrolled Nurses must maintain regular competency-based education on wound management to ensure adherence to best practices.
- All approved qualified contracted support providers must provide accurate documentation of all wound-related management and complications.
- All approved qualified contracted support providers must maintain adherence with HomeMade's Incident Management Policy & Procedure and Deteriorating Customer Policy & Procedure.

Procedure

Best Practice Principles for Wound Care

Use of Personal Protective Equipment (PPE):

All service providers must utilise appropriate PPE during wound care procedures to minimise infection transmission. This includes gloves, masks, and gowns as necessary, in accordance with HomeMade's Infection Control policy & procedure.

Aseptic Technique:

Use aseptic technique for all wound care procedures to prevent contamination and infection.

Hand Hygiene:

Perform hand hygiene before and after any wound care procedure to prevent the spread of infection.

Regular Monitoring:

Conduct regular wound assessments and document findings accurately to monitor healing and identify any complications early.

Customer Engagement:

Engage customers and carers in the decision-making process and educate them on wound care and signs of complications.

Wound Care Assessment:

- Registered Nurses will assess wounds at the initial visit and regularly thereafter based on the support plan.
- Use the Waterlow Score to assess the risk of pressure injuries and determine the frequency of reassessments.
- Assess active wounds using the Bates-Jensen Wound Assessment Tool.
- Evaluate risk factors such as diabetes, poor nutrition, and other health conditions that may affect wound healing.
- Escalate any wounds showing signs and symptoms of deterioration or infection to HomeMade and the customers medical practitioner for assessment

Intervention:

- Follow best practice guidelines for wound care management.
- Obtain informed consent from customers or their substitute decision makers before initiating any wound care procedure.
- Registered Nurses and Enrolled Nurses under Registered Nurse supervision will provide wound care, including cleaning, dressing, and monitoring of wounds.

Signs and Symptoms of Wound Complications:

- Increased pain or discomfort at the wound site.
- Redness, swelling, or heat around the wound.
- Unusual or foul-smelling discharge.
- Delayed healing or changes in the colour or size of the wound.

- Fever or chills, indicating a possible infection.

Pressure Injuries:

- Considered a high impact high prevalence clinical indicator.
- Registered Nurses should conduct a Waterlow and skin integrity assessment at the initial visit and reassess at intervals indicated by best practice guidelines.
- Pressure injuries developing due to equipment supplied through the home care package or lack of planned pressure area care must be reported as an incident.

Reporting:

- Any wound that develops during a shift must be reported as an incident. Refer to the HomeMade Incident Policy & Procedure.
- Pressure areas developing due to a missed service or support plan not being followed must also be reported as incidents.

Clinical Oversight:

- HomeMade Clinical Nurses provide clinical oversight of wounds.
- HomeMade Clinical Nurses will make referrals to nursing service providers for active wound care and management.
- HomeMade Clinical Nurses will coordinate care in accordance with other health professionals involved in the customers care

Additional Considerations for Chronic Wounds and Pressure Injuries:

- **Diabetes:**
    - Monitor blood glucose levels and manage diabetes as part of the wound care plan.
    - Educate customers on the importance of diabetes management in wound healing.
- **Nutrition:**
    - Assess and address nutritional needs to support wound healing.
    - Collaborate with dietitians to identify and implement nutrition supports that promote optimal healing.
- **Overall Health:**
    - Consider other health conditions that may impact wound healing and adjust the support plan accordingly.

Documentation:

The HomeMade Wound Care Plan (Appendix A) must be completed during the initial visit for any customer requiring wound care.

The Wound Care Plan should be reviewed and updated at each subsequent wound care service to reflect the current status of the wound, any interventions performed, and the customer's response to treatment.

All wound-related assessments, interventions, and observations must be accurately documented in the customer's shift notes and wound care plan to ensure continuity of care and effective communication among care providers. This documentation must be provided to the HomeMade Clinical Nursing team each time it is updated.

Contracted Support Providers must submit shift notes via the HomeMade Service Provider Portal.

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Appendix A

HomeMade Wound Care Plan

Care Recipient Information			
First Name		Last Name	
Date of Birth			
Address			
Phone Number			
Primary Health Practitioner (GP/NP)		Phone Email	
Allergies			

Wound Assessment				
Wound Location	**Wound Type**	**Date of Onset**	**Cause of Wound**	**Current Stage**
	☐ **Pressure Injury** ☐ **Surgical** ☐ **Trauma** ☐ **Skin Tear** ☐ **Venous Ulcer** ☐ **Other** _____		☐ **Pressure** ☐ **Friction** ☐ **Shear** ☐ **Equipment** ☐ **Other:** _____	☐ **Superficial** ☐ **Partial Thickness** ☐ **Full Thickness** ☐ **Necrotic**

Wound Size (cm)	Length: ____ Width: ____ Depth: ____

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Exudate (Drainage)	☐ None ☐ Scant ☐ Moderate ☐ Large ☐ Heavy
Exudate Type	☐ Serous ☐ Sanguineous ☐ Purulent ☐ Mixed (describe): _____
Odour	☐ None ☐ Mild ☐ Strong ☐ Foul
Wound Bed	☐ Granulation ☐ Slough ☐ Necrotic ☐ Epithelialising
Periwound Skin Condition	☐ Intact ☐ Reddened ☐ Macerated ☐ Dry/Scaly
Signs of Infection	☐ None ☐ Increased redness ☐ Heat ☐ Swelling ☐ Pain ☐ Increased exudate
Bates-Jensen Wound Assessment Tool Score	
Waterlow Risk Assessment Tool Score	

Wound Management Plan	
Wound Cleansing Method	☐ Normal saline ☐ Sterile water ☐ Chlorhexidine ☐ Other: _____
Dressing Type	☐ Non-adherent dressing ☐ Foam dressing ☐ Hydrogel ☐ Alginate ☐ Silver-based dressing ☐ Antimicrobial dressing ☐ Negative pressure wound therapy ☐ Other: _____
Frequency of Dressing Changes	☐ Daily ☐ Every ___ days ☐ As needed based on exudate level
Pain Management *If Applicable*	☐ No pain ☐ Mild ☐ Moderate ☐ Severe **Pain Medication:** ☐ Yes ☐ No ☐ As prescribed by GP

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Additional Interventions	☐ Pressure redistribution strategies in place ☐ Nutritional assessment recommended ☐ Increased hydration encouraged ☐ Referral to wound specialist/vascular specialist required ☐ Referral to GP for further assessment of infection risk
Customer & Caregiver Education	☐ Provided education on wound healing process. ☐ Provided education on pressure injury prevention. ☐ Encouraged customer/caregiver to report any changes in wound condition. ☐ Provided education on signs of infection and when to seek medical attention.

Nursing Interventions
☐ No concerns identified; continue with current wound care plan. ☐ Signs of delayed healing – review wound management strategies. ☐ Possible infection – escalate to GP for assessment and consider swab/culture. ☐ Wound deteriorating – urgent referral required. ☐ Pressure injury related to equipment or inadequate care reported as an incident per HomeMade's Incident Policy & Procedure.

RN Signature: _____ **Date:** _____

Documentation and Next Review			
Visit Date	**Nurse Name and Designation**	**Wound Healing Progress**	**Plan Adjustments and/or Next Steps**
		☐ Improving ☐ Stable ☐ Worsening	
		☐ Improving	

		☐ Stable ☐ Worsening	
		☐ Improving ☐ Stable ☐ Worsening	
		☐ Improving ☐ Stable ☐ Worsening	
		☐ Improving ☐ Stable ☐ Worsening	
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		☐ Improving ☐ Stable ☐ Worsening	

Document Control

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