

CC33 Skin Integrity

Purpose

1. To ensure that participants are assisted to maintain their skin, hair and nails in a clean, healthy condition, consistent with their age and general health.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports
3. High Intensity Daily Personal Activities

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (Cth)
3. Work Health and Safety Regulations 2011 (Cth)

Key Responsible Executive

Chief Executive Officer

For More Support

Head of Multidisciplinary Care

Policy Statement

1. This policy applies to registered nurses and care staff.
2. Healthy skin is soft, flexible, smooth, and free from scaliness, excessive oiliness, infestations, or infections.
3. Nails are convex, the nail beds are pink in colour and appropriately manicured.
4. Hair should be shiny and free from excessive dryness, brittleness, or excessive oiliness

Procedures

1. Registered nurses are to ensure all participants have their skin integrity assessed and documented during intake and regularly thereafter.

2. Any participant considered to be at risk of breakdown of skin integrity is to be assessed by registered nurses, for the risk of developing pressure areas and an appropriate device supplied if required.
3. Registered nurses are to ensure that pressure-relieving devices used in the care of the participant is to be documented on the participant's care and service plan.
4. Care staff are responsible for reporting any changes to skin integrity to the registered nurse on duty.
5. Registered nurses are responsible for assessing any reported changes to skin integrity.
6. The registered nurse, in consultation with the wound management specialist, will initiate treatment for the breakdown of skin integrity and evaluate this treatment.
7. The registered nurse is responsible for ensuring a wound care chart is completed for any serious breakdown of skin integrity.
8. The registered nurse is responsible for documenting changes to the skin integrity including adjusting the nursing care and service plan.
9. The registered nurse is responsible for prompt reporting of these changes to management and the family.
10. The registered nurse is also responsible for reporting these changes to the treating medical officer.
11. participants will be referred to external, expert clinicians following discussion with management, family, and/or the participant's nominated representative.

References to other SAVVY policies

1. CS3.5 Participant Record Management
2. HR4.17 Information Technology

References to other external materials

1. NSW Health Department Circular 2002/77: Clinical Practices –Pressure Ulcer Prevention
2. NSW Department of Health - Prevention of Pressure Ulcers:
3. Rehabilitation and Residential Settings (2001)
4. Personal care and clinical procedures manual

Supporting documentation

1. Clinical records including wound chart form

Version Control

1. 1 April 2023 - New Policy Creation