Acacium Group

Pressure Ulcer Prevention and Management Policy

Policy Reference | CLIN 32

Version | V2.1

Policy Name	Pressure Ulcer Prevention and Management Policy
Purpose of Document	To inform all Acacium Group workers of their responsibilities and the standards required in regard to skin integrity, ensuring compliance with national and Acacium Group policy
Target Audience	All Acacium Group Workers
Version	V2.1
Author	Kate Nicholson-Florence
Date of Approval	December 2013
Published Date	January 2014
Lead Director	Karen Matthews-Shard
Review Frequency	3 Yearly
Last Reviewed	April 2024
Next Review Date	April 2027
Risk and Resource Implications	Potential litigation for pressure area development whilst in Acacium Group care
Associated Strategies and SOPs	See page 15
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	**Date**	**Changes made/comments**	**By whom**
Draft v 1	Aug 2013	First draft	K Nicholson-Florence
V1	May 2014	Proof read	Jo Dolby
V1	Jan 2015	Annual review	VM/KNF
V1	Apr 2015	Annual Review	KNF/Sharon Jolley
V1	Apr 2016	Annual Review	KNF/SJ
V1	Jan 2017	Implementation of new policy template	KNF/VM
V1	Apr 2017	Annual Review	KNF/VM
V1	Nov 2017	Updated to include new TCS bio brand description page.	LB/MS
V1	Mar 2018	Updated front sheet to include new review frequency date.	KMS/MS
V1.1	Apr 2018	Updated with NHS 5 Top Tips	KMS/SJ
V1.1	Nov 2018	Reviewed terminology of pressure sores and changed in line with the NHS Improvement recommendations	KMS/SJ
V1.2	April 2019	Implementation of new Policy template	CCR/KG
V1.3	Feb 2020	Update to new Policy Template	CCR/CC
V1.4	Oct 2020	Update re Rebrand	CCR/CC
V1.5	Jan 2021	Update re Rebrand 2	CC
V1.6	Apr 2021	3 yearly review	Clinical Advisory Group
V2.0	Jan 2024	Rebrand	Clinical Advisory Group
V2.1	Apr 2024	Reviewed and updated	Clinical Advisory Group

Table of Contents

1. Introduction

1.1 Pressure ulcers are areas of localised damage to the skin and underlying tissues. Tissue damage may involve skin, subcutaneous tissue, deep fascia (fibrous connective tissue), muscle and bone. Pressure is considered to be the major causative factor in the development of pressure ulceration, causing occlusion of blood flow to the network of vascular and lymph vessels supplying oxygen and nutrients to the tissues. This can lead to tissue death and re-perfusion injury leading to cell destruction and tissue death.

1.2 Several factors play a role in determining whether the pressure is sufficient to create an ulcer. The deciding elements are the intensity of the pressure, and the duration and the ability of tissue to tolerate pressure, which should be considered for each service user (inclusive of client/patient).

1.3 Pressure ulcers can be detrimental to service users in terms of physical, psychological, and social issues, resulting in reduced quality of life and possibly mortality.

1.4 The NMC Code of Conduct (2015 Updated 10 October 2018) states that a nurse must act without delay if the service user is put at risk. Pressure ulcers are often preventable.

1.5 Acacium Group believe that the comfort and dignity of the service user is paramount, along with promoting optimum health, and reducing infection, pain, disability, mortality, and morbidity.

1.6 Acacium Group believe that the focus of attention should be on preventing pressure ulcers, but if there are signs of tissue damage, the focus should be on preventing deterioration.

2. Definitions

Topic	Definition
Pressure ulcer	A pressure ulcer is a localised injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear.
Pressure	The weight of the body pressing down on the skin.
Shear	The layers of the skin are forced to slide over one another or over deeper tissues, for example when sliding down, or being pulled up onto a bed or chair, or when transferring to and from a wheelchair.
Friction	Rubbing the skin.
Slough	A layer or mass of dead tissue separated from surrounding living tissue, as in a wound, a sore or an inflammation.
Undermining	A wound being open underneath the ‘lip’ of the boarder.
Tunnelling	Forming a tunnel of tissue, frequently tunnels connect to other open wounds.

Waterlow score	The waterlow score gives an estimated risk for the development of a pressure ulcer in a service user of 14 years old and above. The higher the score the greater the risk.
Braden Scale	The primary aim of this tool is to identify service users who are at risk, as well as determining the degree of risk of developing a pressure ulcer. It is made up of 6 sections, sensory perception, moisture, activity, mobility, friction shear and nutrition. The lower the score the greater the risk.
Braden Q Scale	The Braden Q Scale was developed to assess the risk in paediatric service users. It includes the 6 original sections (as above) but adds a 7th of tissue perfusion and oxygenation.
Body Map	A chart allowing documentation of the exact location of a pressure ulcer.
aSSKINg Framework	Assess risk, skin assessment and skin care, surface, keep moving, incontinence and moisture, nutrition and hydration and giving information or getting help.
Moisture Lesion	Moisture lesions are a consequence of prolonged exposure of skin to moisture. Defined as being caused by urine and/or faeces and perspiration that is in continuous contact with intact skin and where skin is in contact with skin. Often confused as being a pressure ulcer.
Purpose T Assessment Tool	Identifies adults at risk of developing a pressure ulcer and supports nurse decision-making to reduce that risk (primary prevention), but also identifies those with existing and previous pressure ulcers requiring secondary prevention and treatment. It uses colour to indicate the most important risk factors and forms a three-step assessment process.

3. Roles & Responsibilities

3.1 The table below sets out the organisational accountability and structures in place to effectively manage pressure ulcers. The general roles and responsibilities of the organisation as a whole are set out in the 'Policy for Drafting, Approval and Review of Policies and Standard Operating Procedures (SOP)'.

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
On Call Manager	Makes decisions about the seriousness of a tissue viability incident and whether immediate escalation to the Clinical Director and/or Chief Executive is required.
Line managers/ appropriate others	Ensure that: • all service users are suitably assessed and monitored for the development of pressure ulcers

	• all incidents of pressure ulcers are logged as incidents on the DATIX system either via the local client/trust or via Acacium Group where applicable • the correct documentation for the recording and ongoing monitoring of pressure ulcers is present in the service user's home • there is joint working with the statutory services • all individuals' workers are suitably trained and competent • concerns are escalated to the Clinical Director or Clinical Governance Team.
Individual workers	Must: • observe the service user for any signs of pressure ulcers • put measures in place to prevent the development of pressure ulcers • follow the care plan with regards to management and treatment of the pressure ulcers • document any changes and report into the office/statutory services • encourage mobilisation/re-positioning of the service user.
Clinical Advisory Group (CAG)	Review polices and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

4. Risk Factors for the development of Pressure Ulcers

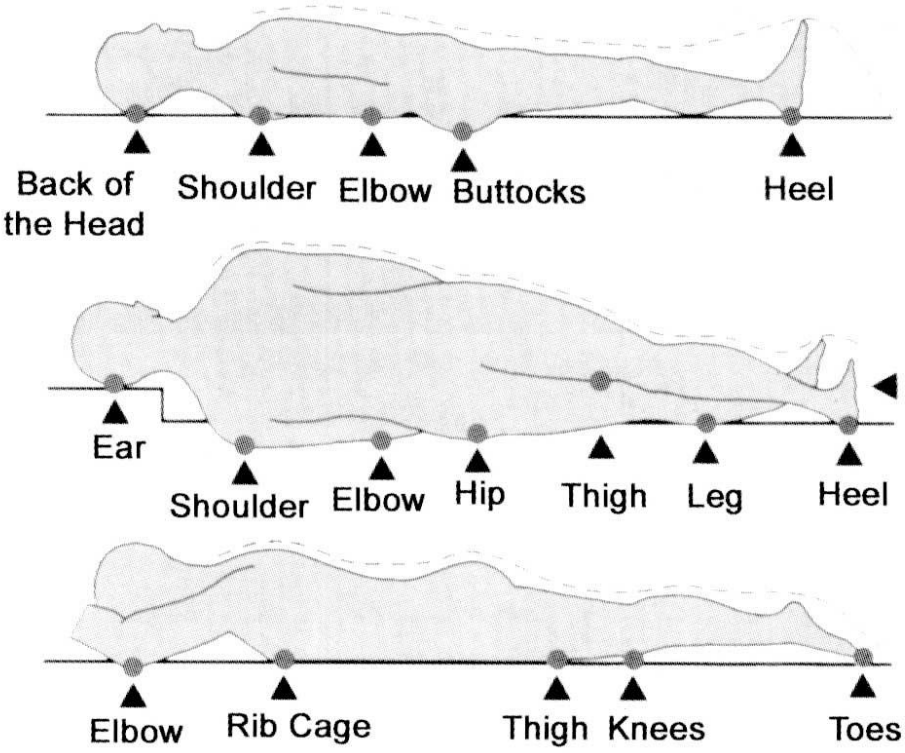
4.1 Pressure ulcer can develop in a short period of time; it is essential that the risk factors associated with pressure ulcers are understood.

4.2 The development of pressure ulcers is dependent upon extrinsic and intrinsic factors. These are:

Health status	• Acute, chronic and terminal illness • Co-morbidity, e.g. diabetes and malnutrition
Mobility status	Assessment of mobility should include all aspects of independent movement, including walking and ability to re-position.
Posture and/or position	e.g. pelvic obliquity and posterior pelvic tilt
Sensory impairment	Presence of any sensory impairment in a service user
Level of consciousness	Level and duration of impaired consciousness
Systemic signs of infection	In the presence of systemic and clinical signs of infection in a service user with a pressure ulcer, systemic antimicrobial therapy should be considered.
Nutritional and hydration status	Poor nutrition and hydration can impact on the healing process and increase the risk of initial development of pressure ulcers.
Previous tissue damage	Previous tissue damage (site/location, grade of previous pressure ulcer) and previous interventions should be documented.
Pain status	Pain assessment should include: whether the individual is experiencing pain; the causes of pain; level of pain; location and management interventions.

Psychological factors	Psychological assessment should include concordance and abilities of the individual to self-care (mood, motivation, and aptitude).
Cognitive Impairment	Cognitive impairment, including memory loss and ability to retain information, whether permanent or transient, should be noted in the records and factored into care planning.
Social factors	Assessment of social factors should include the suitability of the home environment, level of supportive provision and the involvement of local support services.
Continence status	Continence assessment should include whether the individual is continent of urine, faeces, and continence intervention, which may affect pressure ulcer healing and impair the function of pressure-relieving support surfaces.
Medication	e.g. night sedation, strong painkillers, steroids
Medical Devices	All those devices with prolonged skin contact e.g. catheter, oxygen masks, CPAP masks, non-invasive ventilation masks, tubing, oxygen saturation probe

4.3 **Sites at risk of pressure ulcers:** The most common sites for pressure ulcers are: sacrum, heels, hips, shoulders and elbows. However, they may occur anywhere where a bone and skin are in contact with another surface.



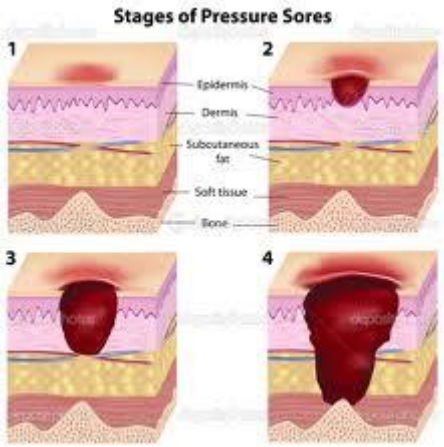
4.4 **Identifying service user at risk**

4.4.1 Assessing a service user's risk of developing pressure ulcers should involve both formal and informal assessment procedures. A service user's risk of developing pressure ulcers should be assessed at the beginning of a care contact. This should take place on the first working day that care is delivered. Assessment should be ongoing, and the frequency should be dependent on changes in the service user's overall health condition and be based on clinical judgment. The frequency required should be documented in the service user's care plan and be updated as care needs change.

5. Pressure Ulcer Classification

5.1 If a pressure ulcer develops, classification of the wound may assist in determining the most appropriate treatment. The European Pressure Ulcer Advisory Panel (EPUAP) (2019) and Pressure Ulcer Recommendations and Clinical Pathway (October 2023) outlined four grades for risk of tissue damage:

Stage/Category	Description
Stage/Category 1: Non-blanchable redness of intact skin	Intact skin with non-blanchable erythema of a localised area, usually over a bony prominence. Discolouration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.
Stage/Category 2: Partial thickness skin loss or blister	Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum filled blister.
Stage/Category 3: Full thickness skin loss (fat visible)	Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon or muscle are not exposed. Some slough maybe present. May include undermining and tunnelling.
Stage/Category 4: Full thickness tissue loss (muscle/bone visible)	Full thickness tissue loss with exposed bone, tendon or muscle. Slough may be present. Often included undermining and tunnelling.
Ungradable.	Full thickness skin/tissue loss where the depth of the **ulcer** is completely obscured by slough and/or necrotic tissue. Until enough slough and necrotic tissue is removed to expose the base of the wound, the true depth cannot be determined. It may be a Grade 3 or 4 once debrided



5.2 Pressure ulcers should not be reverse graded (also known as retrograding). For example, a stage 4 pressure ulcer does not become a stage 3 as it heals. As the ulcer heals, it should be described as a healing stage 4 pressure ulcer.

6. Pressure Ulcer Assessment

6.1 Service users with pressure ulcers require a holistic assessment (initial assessment and ongoing assessments). This assessment should include both intrinsic and extrinsic factors, as documented in Section 6.

6.2 The aim of pressure ulcer assessment is to:

- Establish the severity of the pressure ulcers
- Generate/develop a plan of care from which treatment interventions will be initiated
- Evaluate treatment interventions
- Assess for complications
- Communicate information about the pressure ulcer to those involved in pressure ulcer management.

6.3 Assessments of service users with pressure ulcers should include:

- Cause
- Site/location
- Dimensions
- EPUAP classification
- Exudate amount and type
- Local signs of infection
- Pain assessment, including cause, level, location and management
- Interventions date
- Wound appearance/classification
- Surrounding skin
- Odour
- Blood flow
- Consider undermining, tracking, sinus, or fistula.

6.4 All service users should have their pressure ulcer size assessed and documented (by centimetre measurement or tracing) on initial assessment and as part of the re-assessment. This is to provide a baseline to monitor improvement or deterioration against. This must be recorded on a body map (see Appendix B).

6.5 Re-assessment should be determined by clinical need. Re-assessment is done to enable monitoring of the appropriateness of current treatment and to respond to any changes as a result of the re-assessment. The EUPAP recommend a 2-week period for evaluating progress toward healing. However, weekly assessments provide an opportunity for the healthcare professional to detect early complications and the need for changes in the treatment plan.

7. Pressure Ulcer Prevention

7.1 **Prevention of tissue damage:** All service users considered 'at risk' should have access to pressure-relieving equipment and/or other strategies to relieve pressure.

7.1.1 Prevention is based on regular monitoring of pressure areas and optimising health, e.g. encouraging dietary and fluid input, encouraging movement and regular changing of position, careful handling of the service user when moving them.

7.1.2 A full nutritional assessment should be undertaken, following the Acacium Group policy and SOPs, with re-assessment undertaken according to the health needs of the service user and as the policy and SOPs dictate.

7.2 **Positioning and repositioning:** Service users should be encouraged to mobilise and be positioned and re-positioned (either with assistance or on their own) every 2-6 hours. The service user needs to be informed of the reasons for re-positioning and their needs. The needs of their carers should be taken into consideration.

7.2.1 Mobilising, positioning and re-positioning should be determined by:

- General health status
- Location of ulcer
- General skin assessment
- Acceptability to the service user
- The needs of the carer.

7.2.2 When a service user is lying down, staff should, where possible, employ the use of the 30 degrees tilt, whereby the service user is re-positioned using pillows on a 30-degree angle.

7.2.3 Passive movements should be considered for service users with pressure ulcers who have compromised mobility, where appropriate and in line with their specific care plan.

7.2.4 Devices to assist with prevention may be required.

7.3 **Sitting out of bed:** If a service user has any signs of pressure damage, particularly on the sacrum or buttocks, sitting out time should be restricted to two hours, preferably over a meal time. Seating should be appropriate for the needs of the service user and for those caring for them. Prolonged time sat in unsuitable chairs can also cause damage to the skin at the back of the knee.

7.4 **Skin assessment:** Service users that are at risk should have their skin assessed regularly. Frequency should be based on vulnerability and health condition. Skin should be observed for:

- Persistent erythema (redness)
- Non-blanching hyperaemia (when there is no skin colour change when light finger pressure is applied)
- Blisters
- Localised heat
- Localised swelling
- Purplish/bluish localised areas

7.5 **National Stop the Pressure programme:** Can be found on the **National Wound Care Strategy website** - www.nationalwoundcarestrategy.net/wp-content/uploads/2024/02/NWCSP-PU-Clinical-Recommendations-and-pathway-final-24.10.23.pdf

7.6 **Treatments for pressure ulcers:** Changing position and moving regularly is important to help relieve pressure on the ulcers and help stop new ones forming. Other treatments include:

- specially designed mattresses and cushions
- dressings to protect the ulcer and help it heal
- creams and ointments
- antibiotics if the ulcer is infected
- cleaning the ulcer

8. Pressure Ulcer Treatment

8.1 There is a wide range of treatment options for pressure ulcer management. This will be documented in the service user's care plan. It is important to monitor and document any changes to the pressure ulcer so it can be determined whether treatment is working or not. Referral to the Community Nurse or Tissue Viability Nurse should be considered if required for review and/or guidance.

8.2 **Dressings and Topical agents** - Decisions about choice of dressing or topical agent should always be made by a registered healthcare professional with the relevant qualification and competence.

8.3 **Debridement** - It is the responsibility of the clinician to decide when debridement is necessary

8.4 **Antimicrobial Agents** - When a service user has signs of infection, their GP, Tissue Viability Nurse or community nurse may consider. antibiotic therapy.

8.5 **Mobility and Positioning** - Mobilising, positioning and repositioning interventions should be considered for all service users with pressure ulcer/s or bony prominences as per the service user's specific care plan:

- All service users with pressure ulcers should be encouraged to actively mobilise, change their position or be re-positioned frequently.
- Avoid positioning the service user directly on the pressure ulcer or bony prominences.
- Passive movements should be considered for service users that have compromised mobility, where appropriate

8.6 **Nutrition** - Nutritional support should be given to service users with an identified nutritional deficiency. A nutritional assessment should be conducted by a dietician or other qualified medical professional.

9. Equipment Selection

9.1 All continuous low pressure and alternating pressure equipment is allocated on the basis of risk assessment, level of mobility and classification of pressure ulceration (EPUAP 2009). Appropriate pressure-relieving equipment is obtained from the local health commissioning organisation.

9.2 Clinical judgement may override risk assessment, but all healthcare professionals are accountable for their decision-making. Pressure-relieving devices should be chosen on the basis of:

- Risk assessment
- Mobility and ability to move independently

- Location and cause of pressure ulcer development
- Skin assessment
- General health
- Lifestyle and abilities
- Comfort and acceptability by the service user
- Availability of carer/healthcare professional
- Service user's weight
- Height of the bed in relation to bed rails.

NB: Ring cushions **must not** be used – they increase the risk of pressure ulcer development.

9.3 **Support surfaces for pressure ulcer treatment:** Service users should have access to appropriate pressure-relieving supporting surfaces and strategies, e.g. mattresses, cushions and repositioning. Decisions about choice of pressure-relieving support surfaces should be made by registered healthcare professionals. According to the NICE guidelines (2014), the equipment required depends on the stage of the pressure ulcer:

Stage 1-2 pressure ulcer	High-specification foam mattress or cushion with pressure-reducing properties, combined with close observation of skin changes and a documented positioning and re-positioning regime.
Stage 1-2 pressure ulcer with perceived or actual deterioration, or further pressure ulcer development	An alternating pressure (AP) or sophisticated constant low pressure (CLP) system (e.g. low air loss, air fluidised, air flotation) should be used. For service users requiring bed rails, AP overlay mattresses should be placed on a reduced-depth foam mattress to maintain safety.
Stage 3-4 pressure ulcer	As a minimum, service users should be placed on an AP mattress or sophisticated CLP system.

9.4 **Safe use of pressure-relieving mattresses:** When selecting pressure–relieving devices, consider the following factors:

- Ensure that the mattress does not elevate the individual to an unsafe height in relation to bedrails, if used.
- Ensure that the individual is within the recommended weight range for the mattress.

9.5 **Children's mattresses:** NICE (2014) states that it is essential to ensure:

- Appropriate cell size of mattress as small children can sink into the gaps created by deflated cells, causing discomfort and reduced efficiency.
- Appropriate position of the pressure sensors within the mattress in relation to the child.
- Monitoring the use of alternating pressure mattresses with a permanently inflated head in young children to avoid occipital damage.
- Pressure-relieving devices should be changed as required in response to changes in the child's level of risk, condition or needs.

9.6 **Safe use of equipment:** Acacium Group workers must monitor at least daily that any pressure-relieving equipment is working as expected and according to manufacturer's instructions. Any malfunctioning equipment must be reported immediately to where it originated from and a replacement ordered. Acacium Group workers must inform their appropriate person within Acacium Group immediately if they experience difficulties in seeking a replacement.

10. Safeguarding

10.1 Recognising when a pressure ulcer may have developed due to possible neglect and taking the incorrect actions is paramount to safeguarding the vulnerable adult or child.

10.2 Recognising when a pressure ulcer may have developed due to capacity/compliance.

10.3 There is a recognised link between pressure ulcers and safeguarding issues. Some pressure ulcers may be the result of neglect, either deliberate or by omission.

10.4 Where there is suspicion that there have been omissions of care, this needs to be referred to the Divisional Director/Clinical Director who will make the decision to refer to the local safeguarding team

10.5 Referral to safeguarding and to the relevant regulator for cases where there has been a pressure ulcer grade 3 and above.

11. Training

11.1 Pressure area management is part of the induction programme for all new workers. Further training may be required to achieve competency.

11.2 It is the responsibility of the central training team to organise and publicise educational sessions and keep records of attendance. It is the responsibility of the line managers/appropriate others to ensure workers attend training.

12. Implementation Plan

12.1 The flowchart for the drafting and revision of policies and SOPs sets out the process of consultation, communication and dissemination of a policy, and can be found in Appendix E within CORP 10 Policy on Policies, for ‚Drafting, Approval and Review of Policies and SOPs'.

12.2 Ratification for the revision or creation of policies and SOPs: CORP 10 Policy on Policies.

12.3 Dissemination - This policy was implemented as part of the review of governance mechanisms and policies in Acacium Group during 2011. The Clinical Director is responsible for the ongoing dissemination of this policy across the organisation.

12.4 Audit and monitoring - Acacium Group will regularly monitor its pressure ulcer management to assess compliance with this policy. Processes for monitoring the effectiveness of the policy include:

- Audits of specific areas of practice
- Evidence of learning across the organisation
- Incident reporting procedure
- Appraisal and Personal Development Plans (PDP).

13. Associated Policies / SOPs

Policies

CLIN 03 Medicines Management Policy
CLIN 07 Infection Prevention Policy
CLIN 15 Nutrition Policy
CLIN 18 Manual Handling Policy

CLIN 06 Consent Policy

SOPs

CON 01 Gaining and decline of Consent
Cath 01 Urethral Catheterisation (Male and Female)
Cath 02 Suprapubic Re-Catheterisation (Male and Female)
Cath 03 Guidance for the Care of Service users Catheterised for Retention of Urine
Cath 04 Catheter Management for Urinary Catheters that Block, Bypass or are Expelled with Balloon Intact
Cath 05 Intermittent Self Catheterisation
Cath 06 Urinary Catheter Removal
Cath 07 Urinary Catheter Bag Emptying
Cath 08 Bladder Washout
Cath 10 Collection of a Catheter Specimen of Urine
Vent 01 Tracheostomy Dressing Change (Adult and Child)
Vent 02 Tracheostomy Care - General Guidelines
Vent 03 Humidification of a Client's Tracheostomy
Vent 04 Tracheostomy Suctioning (Adult and Child)
Vent 05 Tracheostomy Tube Care (Adult)
Vent 06 Tracheostomy Tube Change (Adult)
Vent 07 Tracheostomy Tube Change (Child)

Please note that this list is not exhaustive, ensure reference is made to any other Policy/SOP where pressure ulcer(s) may develop.

14. References

- Dougherty L, Lister S. (2008) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures.* Tenth edition. Wiley-Blackwell
- Defloor T, Grypdonck M. (1999) Sitting posture and the prevention of pressure ulcers. *Applied Nursing Research;* 12(3):136-142.
- EPUAP. Pressure ulcer prevention guidelines - www.epuap.org
- Keelor D. (2005) *Paediatric risk assessment*. Taken from original by S. Barnes of Leicester Royal Infirmary Children's Hospital (April 2004).
- NICE. (- 2014) *Pressure ulcers: the management of pressure ulcers in primary and secondary car* - http://www.nice.org.uk and http://www.doh.gov.uk/
- NICE Pressure ulcers: prevention and management - Clinical guideline [CG179]Published date: 23 April 2014
- NICE Parafricta Bootees and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers Medical technologies guidance [MTG20]Published date: 12 November 2014
- https://pathways.nice.org.uk/pathways/pressure-ulcers 14/10/2020
- NICE Diabetic foot problems: prevention and management 11/10/2019
- https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-pressure-ulcers
- NICE. (2005a) *Quick reference guide: Summary of recommendations for health professionals* - www.NICE.org.uk/
- NICE. (2005b) Patient information leaflet for pressure ulcer prevention and treatment - www.nice.org.uk/cg029publicinfo
- NICE (2006) Nutrition guidelines - http://www.nice.org.uk and http://www.doh.gov.uk/
- Waterlow J. (1985) Pressure sores: a risk assessment card. *Nursing Times;* 81(48):49-95.
- Waterlow J. (2005) *Pressure ulcer prevention manual.* Revised. Taunton - www.judywaterlow.co.uk
- Worcester Primary Care Trust. (2007) Pressure area prevention guidelines.

- NHS Top Tips Pressure Area Care January 2018 - https://nhsicorporatesite.blob.core.windows.net/green/uploads/documents/NH_toptips.pdf
- Pressure Ulcers: Prevention, Evaluation, and Management - Am Fam Physician. 2008 Nov 15;78(10):1186-1194
- Risk assessment | Diagnosis | Pressure ulcers | CKS | NICE
- National Stop the Pressure programme. - www.nationalwoundcarestrategy.net/wp-content/uploads/2024/02/NWCSP-PU-Clinical-Recommendations-and-pathway-final-24.10.23.pdf
- Pressure Ulcer Recommendations and Clinical Pathway – Health Innovation Network (Oct 2023) - https://www.nationalwoundcarestrategy.net/wp-content/uploads/2023/11/NWCSP-PU-Clinical-Recommendations-and-pathway-final-24.10.23.pdf

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

GP World Part of Acacium Group	pulse Part of Acacium Group	Proclinical Part of Acacium Group
Bank partners	espirita	INGAGE multistaffing | one solution
Liquid Healthcare Part of Acacium Group	Thornbury Nursing Services Part of Acacium Group	Scottish Nursing Guild Part of Acacium Group
Thornbury Community Services Part of Acacium Group	Hobson Prior Part of Acacium Group	maxxima Part of Acacium Group
xyla Part of Acacium Group	Ellea Nursing Part of Acacium Group	CHS Healthcare Part of Acacium Group
DUNN REGULATORY ASSOCIATES Part of Acacium Group		

Appendix B: Legislation

1. The table below sets out some of the legislation, national policies and guidance which support best practice in relation to pressure ulcers.

Acts/National Policies/Guidance	Explanation
International Pressure Ulcer Guidelines updated, released and published 09/2014	A reference guide on the prevention of pressure ulcers.
Healthcare Improvement Scotland	Best Practice Statement on the prevention and management of pressure ulcers (March 2009), offering practical guidance.
National Institute for Health and Care Excellence (NICE) Guidelines: Pressure ulcers (2005) Reviewed April 2014	Guidance on the management of pressure ulcers in primary and secondary care.
The National Pressure Ulcer Advisory Panel (NPUAP)	The NPUAP serves as the authoritative voice for improved patient outcomes in pressure ulcer prevention and treatment through public policy, education and research.
Data Protection Act 2018 (DPA)	The Data Protection Act provides a framework that governs the processing of personal information in relation to living individuals. It identifies eight data protection principles that set out standards for information handling. A breach of the DPA constitutes a serious incident.
Human Rights Act 1998 (HRA), England, Wales, Scotland and Northern Ireland	The Human Rights Act 1998 (HRA) incorporates the European Convention of Human Rights into the legal system of Northern Ireland, England, Wales and Scotland. This Act gives further effect to rights and freedoms guaranteed under the European Convention on Human Rights; to make provision with respect to holders of certain judicial offices who become judges of the European Court of Human Rights; and for connected purposes.
The Equality Act 2006 An Act of the Parliament of the United Kingdom covering all of the UK. The 2006 Equality Act is a precursor to the Equality Act 2010, which combines all of the equality enactments within the UK and provides comparable protections across all equality strands.	The Equality Act 2006 explicitly covers: • age • disability • gender • proposed, commenced or completed gender reassignment • race, religion or belief • sexual orientation. The changes it made were: creating the Equality and Human Rights Commission (EHRC) (merging the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission); outlawing of discrimination on goods and services on the grounds of religion, and belief, (subject to certain exemptions); and allowing the government to introduce regulations outlawing discrimination on the grounds of sexual orientation in goods and services, which led to the Sexual Orientation Regulations 2006 creating a public duty to promote equality on the grounds of gender (Equality Act 2006, section 84, inserting section 76A of the Sex Discrimination Act 1975, now found in section 1 of the Equality Act 2010).

Health & Safety at Work Act 1974	The Health & Safety at Work Act 1974 requires that all organisations with more than three staff have in place processes to promote the health and safety of their staff.
Control of Substances Hazardous to Health (COSHH) Regulations 2002	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.
Equality and diversity	Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.