

COMPETENCIES

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Communication

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Critical Thinking & Decision Making

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Accountability

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Teamwork & Collaboration

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Leadership

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a participant is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Ensuring clients maintain skin integrity consistent with their general health, and to implementing wound management practices consistent with best practice guidelines.

DESIRED OUTCOME

- To maintain a quality and safe standard of service delivery support.
- To ensure wounds are promptly identified, assessed and a consistent and appropriate wound plan is in place with timely reviews.
- Only competent persons are managing and reviewing clients wounds.

DEFINITIONS & SUPPORTING INFORMATION

Community Supports and/or Services is defined as the provision of paid supports and services in a service user's home or community. It includes but is not limited to, the following activities of daily living:

- personal care or support
- housework or domestic assistance
- transport assistance
- community access
- social support
- nursing services
- clinical supports
- gardening and home maintenance

- palliative care
- respite care

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to-day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

GUIDELINE

- Stock of a range of wound dressings will be maintained, and other dressings required will be sourced as soon as possible when needed.
- Support decision makers must be informed of any skin breaks or compromised skin integrity, including wound progress.
- The Medical Officer should be informed of any ongoing wound management as a best practice measure. Notification should occur at the discretion of the Registered Nurse and/ or Medical Practitioner upon assessment.
- Medical Officers should be informed and updated about any skin breaks showing signs of infection as a priority. A pathology form for a wound swab can be requested from the Medical Officer by a Registered Nurse, if thought necessary.
- If a Client has a wound, consideration will be given to the need for:
 - Skin integrity review
 - Pain management review
 - Nutritional management review
 - Wound specialist review.
- Complex wound assessment and dressings must be attended to by Registered Nurses. An exception is when a Registered Nurse delegates a simple dressing to a support worker to attend.
- Only care staff who are capable and competent can attend to wound assessment and dressings. Registered Nurses remain accountable and responsible for all wound management, regardless of delegations undertaken.
- Wound evaluation must be attended to regularly.
- Wound documentation must be completed for all wounds.
- Clinical and care staff will be provided with handover (verbal and/or written) about new wounds, any change in wound status or in management of existing wounds, and of other wound related matters.
- Clients' dignity and privacy will be maintained during all wound care procedures.
- Maximum time for a moist wound product to remain intact is 7 days, depending on the amount of exudate. Clinical judgment is required. Please note there are dressings which are applicable to remain intact for up to a 14 day period – please refer to the product information guidelines in these occasions.
- Any changes to the wound care regime will be made with an explanation in either the progress notes or Wound Management Chart. Changes should not be made contrary to a Medical Officer's or Specialist's order unless they have first

been consulted. In the event the Medical Officer or Specialist is not available, any changes to the wound management regime should be documented and rationale for change outlined accordingly.

- If a wound deteriorates after initial assessment or does not improve over a period of time, the Registered Nurse should seek to arrange referral to a Wound Specialist in consultation with the Client, their support decision maker (as appropriate) and the Medical Officer.
- Aseptic practices are to be employed when attending to wounds.
- Single use items should be used where possible. In the event this is not possible any products used for a client should be cleaned and stored in a zip lock bag for the individual use of the identified Client.

Wound Photography

- Wound photography will generally be completed for all wounds when initially identified. Wound photography will generally be completed monthly on an ongoing basis for all complex and/or chronic wounds. Clinical judgment is required and discretion can be exercised.
- Verbal informed consent for wound photography will be obtained from the Client if it is proposed that a wound photograph is to be taken. The Client has a right to decline. Where consent is not provided, this should be documented accordingly.
- Prepare to include a point of anatomical reference in the photograph for quick identification of wound location on the body. This may mean panning out to take a longer shot i.e. if on the ankle pan out to see foot or parts thereof.
- Prepare to include the wound and its surrounding skin in the photograph.
- Prepare to take a photograph similar to the previous one (in terms of perspective) as this will make it easier to compare.
- Prepare to use a disposable wound measuring tape in the photograph to show dimensions of the wound. The tape should first be labeled with Client name and date. It may also be helpful to include the location of the wound.

RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- External ACIA Guidelines 015 – Skin Care in the Community
- Australian Community Industry Standards ACIS