



Public – To be published on the Trust external website

Digital Wound Photography Procedure

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Overarching policy: Tissue Viability Policy

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1 Purpose

Following this procedure will help the Trust to:-

- Ensure appropriate referral to the Tissue Viability Service
- Support wound assessment and management
- Ensure digital wound photography is undertaken and used with the full and informed consent of any service users
- Ensure appropriate control of digital wound photographs (i.e. the taking, using, storage and disposal)

This procedure applies to all clinical staff employed by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) that utilise digital wound photography as part of the referral of patients to the Tissue Viability Service.

2 Related documents

This procedure describes what you need to do to implement section 3.8 of the Tissue Viability Policy.



The Tissue Viability Policy defines the roles, responsibilities and interventions which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Confidentiality and Sharing Information Policy
- ✓ Consent to Examination or Treatment
- ✓ Email Procedure
- ✓ Information Governance Policy
- ✓ Standard (Universal) Infection Prevention and Control Precautions
- ✓ [Aseptic Technique Procedure](#) (Royal Marsden Manual Online)
- ✓ Procedure for the Assessment, Prevention and Management of Pressure Ulcers
- ✓ Procedure on Skin Tear Prevention and Management
- ✓ Use of Visual and Audio Recordings within Clinical Procedures.
- ✓ Tissue Viability Policy
- ✓ Privacy and Dignity Policy

3 Introduction

Wound assessment is an important process that allows clinicians, patients and carers to monitor wound healing or identify any presence of complications and measure the effectiveness of treatment.

Digital wound photography in wound management provides visual confirmation to the written record. Digital photography can also provide a timeline for wound progression over a period of time (Estocado and Black 2019).

Digital wound photography of wounds are useful for the Tissue Viability Team when they cannot assess the patient's wounds immediately due to the locality of the patient and allows for interim advice to be given before full assessment can be undertaken.

Patients identified with wounds will have an initial and on-going assessment of their wound using the Trust Wound Assessment Tool, available by accessing the Trust Tissue Viability Policy.

- Minor wounds and grazes do not necessarily need digital wound photography unless requested by the Tissue Viability Nurse
- All pressure ulcers of grade 2, 3 and 4 should, where possible, be photographed
- Digital wound photographs should be taken upon the initial assessment or as soon as possible
- Digital wound photographs of the wound should only be repeated on the advice of the Tissue Viability Nurse or if required as evidence as part of a safeguarding referral

3.1 Risk management

Clinical staff that utilise digital wound photography should do so using Trust equipment only. This does include Trust mobile phones (as they are encrypted) but not the use of personal mobile phones under any circumstances. Precautions should be undertaken to reduce the risk of cross infection caused by the use of digital wound photography devices across care settings using detergent wipes to clean equipment after each use.

The patient's confidentiality should not be compromised and the identity of the patient should be protected at all times.

Digital wound photographs will be uploaded to a secure email and saved in a secure file where they can only be accessed by the Tissue Viability Team.

The purpose and possible future use of digital wound photography must be explained clearly to the patient before consent is obtained for the digital wound photograph. If the digital wound photograph is to be used for education/ training or research, then it must be clearly explained to patients that the digital wound photograph will be anonymised and that they can refuse without any care being compromised.

3.2 Consent

The healthcare professional is responsible for ensuring that the patient has given informed consent before any digital wound photography takes place. This consent should be documented in the patient's electronic care record. Where the patient cannot give consent, the Trust Consent to Examination or Treatment Policy should be followed. In the event that no informed consent can be obtained then digital wound photography should not be carried out and a wound assessment completed using the Trust standard Wound Assessment Tool.

3.3 Taking digital wound photographs

Digital wound photography should only be taken on Trust equipment, e.g. Trust mobile phone or Trust standardised equipment available from the Medical Device Template 7 available on Cardea.

The healthcare professional should:

- Obtain patient consent before taking the digital wound photograph and record this in the patient's electronic care record
- If a Trust camera is to be used, set to record time and date
- Protect the patient's identity by ensuring that faces and any other obvious features are obscured
- Protect the patient's dignity and modesty by ensuring minimum skin is exposed. Genitalia will be covered to preserve dignity. If tissue damage is around the genitalia and safeguarding is a concern, clinical judgment should be used
- The wound and surrounding skin should be cleansed if required prior to digital wound photography
- A visual measurement of scale, if able, should be used e.g. A paper sterile ruler supplied in some dressing packs
- The clinician should ensure that Personal Protective Equipment (PPE) should be utilised at all times during digital wound photography and the Aseptic Technique Procedure is followed
- Acknowledge the patient's personal preferences and wishes. Wherever possible these preferences need to be taken into account to promote collaborative decision making, privacy and dignity.
- Obtain, if required, further information from the Consent to Examination or Treatment Policy and also, the Privacy and Dignity Policy- both of which are available via the Trust intranet.

3.4 Emailing and storage of digital wound photographs

- Once the digital wound photograph has been taken, download the photograph at the earliest opportunity and email directly to the Tissue Viability Team : tevv.tissueviability@nhs.net
- Digital wound photographs should be deleted from the Trust equipment as soon as possible after the digital wound photograph has been emailed to the Tissue Viability Service
- Digital wound photographs should not be stored on laptops or computers
- All staff are responsible for ensuring that no images are 'shared' or uploaded to any external site and should only be used for the purposes stated within this procedure

4 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

4.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
No training needs identified			

4.2 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Tissue Viability ad hoc review and spot checks	Tissue Viability Team	IPC/Physical Health Group in absence of Physical Health and Wellbeing Group

5 References

Estacado, N and Black, J (2019) Ten top tips: wound photo documentation. Wounds International, 10(3), pp. 8-12.

6 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	11 January 2021	
Next review date:	11 January 2024	
This document replaces:	Wound Photography Procedure CLIN-0072-001-v1	
This document was approved by:	Name of committee/group	Date
	Virtual meeting of the IPC/Physical Health group	11/01/2021
This document was ratified by:	Name of committee/group	Date
	Virtual meeting of the IPC/Physical Health group	11/01/2021
An equality analysis was completed on this document on:	06 January 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
1	30 Aug 2017	New document	Withdrawn
2	06 Jan 2021	Full Review of Procedure undertaken. Updates and references added.	Approved

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance/Tissue Viability Service			
Policy (document/service) name	Digital Wound Photography Procedure			
Is the area being assessed a...	Policy/Strategy		Service/Business plan	Project
	Procedure/Guidance		√	Code of practice
	Other – Please state			
Geographical area covered	Trust-wide			
Aims and objectives	To ensure appropriate referral to the Tissue Viability Service, support wound assessment and management and standardise digital wound photography.			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	06/01/2021			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	06/01/2021			

You must contact the EDHR team if you identify a negative impact. Please ring the Equality and Diversity team on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Trust, staff and patients.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No
Yes – Please describe anticipated negative impact/s No – Please describe any positive impacts/s					

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>		<p>No</p>	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>This is an updated review of a previous procedure that was circulated via the Physical Health and Wellbeing Group. The updated procedure will be reviewed and discussed at the IPC/Physical Health Teams Group prior to approval</p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				

5. As part of this equality analysis have any training needs/service needs been identified?

No

Please describe the identified training needs/service needs below

A training need has been identified for;

Trust staff

No

Service users

No

Contractors or other outside agencies

No

Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046