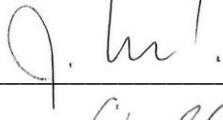


Leamington Mennonite Home  
Long Term Care

**POLICY AND PROCEDURE**

<b>CATEGORY:</b> Resident Care	<b>SUBJECT:</b> Skin Care & Wound Management	<b>SECTION:</b> S
<b>DATE:</b> September 2004	<b>Administrator:</b> 	<b>POLICY:</b> 4
<b>REVISION DATES:</b> December 2005, October 2017, February 2022	<b>Director of Care:</b> 	

**SKIN CARE & WOUND MANAGEMENT**

**POLICY:**

- Each resident shall receive skin care according to his or her individually assessed needs. This individualized skin care shall:
  - Reduce or relieve pressure
  - Promote and maintain skin integrity
  - Promote the resident's comfort and mobility
  - Promote good nutritional care as it relates to skin integrity and wound healing
- The interdisciplinary team shall coordinate the program of skin care and wound management. This interdisciplinary team shall include a Skin Care Coordinator, who is a regulated health-care professional, and who will coordinate and bring together the required expertise in order to educate and support staff on skin care and wound management and knowledge of current best practices. The team shall meet quarterly at minimum.
- Each resident admitted to LMH will have a complete skin assessment conducted by Registered Staff within 24 hours of admission. An assessment will also be completed quarterly, a change in condition, readmission from hospital and any leave from the LTC Home greater than 24 hours. Each resident who has altered skin integrity shall receive skin care measures to promote healing, minimize pain and discomfort and prevent deterioration and infection. Appropriate interventions will be initiated based on findings.

**PROCEDURE:**

1. All residents will have a complete skin assessment, to be notated on the Resident Admission Procedure form, upon admission as part of the admission process. Residents or the SDM (Substitute Decision Maker) will complete a consent for treatment form incorporated in this admission process. If option service(s) are considered, the resident's authorization for payment will be obtained. This assessment will also be carried out quarterly, a change in condition, readmission from hospital and any leave from the LTC Home greater than 24 hours. Readmission from hospital and any LOA greater than 24 hours where the resident is at risk, the risk will be assessed by Registered Staff depending on medication, nutrition intake, continence, cognitive level and overall skin integrity. The Physician will be notified of any altered skin integrity and treatment will be carried out as ordered.

2. If there is any skin breakdown a skin assessment will be completed. An electronic copy will be forwarded to the OTA and the RD. Notification is given to the Skincare Coordinator to place the resident on the weekly assessment tracking list. If wound healing is delayed or wound progresses, the Registered Staff will re-refer to the RD.
3. Each resident who has altered skin integrity will receive skin care measures to promote healing, minimize pain, discomfort and prevent deterioration. Skin care supplies and devices shall be available as required to promote healing. The need for positioning aids will be assessed by the Registered Staff and the OTA and the appropriate aids will be made available to meet the comfort needs of residents.
4. Registered Staff are to initiate wound care treatments as outlined in the Medical Directives, document on the ETARS and in the e-notes.
5. Weekly assessments to be conducted by the Skincare Coordinator (or delegate) will consist of a description of the site of the wound, stage, size, exudate, appearance, and odor as well as clinical tools used. Utilizing the Skin and Wound module in Point Click Care, the wound/altered skin integrity, will be measured and evaluated. If wound is improving the same treatment will continue. If the wound is worsening, a new plan of treatment will be initiated in consultation with the Skincare Coordinator and the Physician. If all treatment plans have been tried with no success a referral for a Wound Care Nurse will be initiated thru Medline.
6. Each resident's physical environment, positioning, health treatment and care routines shall promote his/her comfort, rest and sleep. Disruptions to a resident's sleep shall be minimized. Residents who are at high risk for compromised skin integrity shall be turned and provided skin care at a minimum of 2 times on the night shift. Changes to turning and skin care frequency will be assessed on an individualized basis and documented on the resident care plan.
7. Residents who require relief from pressure areas will have a regimen of returning to bed after meals to alleviate further breakdown. They will be repositioned Q 2 hours while he/she is awake. When transferring or repositioning a resident, staff shall use safe transferring and positioning techniques and equipment.
8. When a resident is at risk for skin breakdown, the Registered Staff will request an assessment, from the Registered Dietitian, which could include possible nutritional interventions. Skin related risk assessment shall include documentation as aimed at maintaining the resident's skin integrity and shall be at the convenience of the resident. The Dietitian will request orders from the Physician if required.
9. The Physician will be updated as required. Registered Staff will inform the Physician if the present treatment is not effective.
10. The Wound Treatment Protocol as outlined on the Medical Directives for each stage shall be followed. The individualized treatment will be on the resident's ETAR.
11. The Skin Care Coordinator will be kept informed of the skin integrity concern(s) for each resident. The interdisciplinary skin care and wound management team will be consulted if further interventions are needed. All concerns will be reviewed by the team at the quarterly meeting. Referrals shall be made to one or more regulated health care professionals with

expertise in skin care as necessary. The skin care treatment plan for each resident with high risk altered skin integrity shall be developed in consultation with, at minimum, the:

- a. Resident or SDM
  - b. Registered Nursing Staff
  - c. Attending Physician or RNEC (Registered Nurse Practitioner or Enterostomal Therapist)
  - d. Skin Care Coordinator and/or Infection Control Practitioner
  - e. Registered Dietitian
  - f. Designated Frontline Staff
12. Yearly education will be provided to all staff who provide care to the resident. In addition to the yearly training, education will be provided to Registered Staff and PSWs when new products or services are initiated or available on an as needed basis.
13. Each resident's individualized skin care plan shall be followed when providing the following routines:
- a. **Bathing**
    - i. Each resident shall be bathed at least twice a week – if the resident so desires – by the method of his or her choice (i.e. tub bath, sponge bath, shower) and more frequently as determined by the hygiene requirements of the resident. Bathing by a method other than that which the resident has chosen may be required, due to the resident's exceptional circumstances, including hygiene-related or other needs, such as altered skin integrity.
    - ii. The frequency and method of bathing, as well as the alternatives in exceptional circumstances (e.g. when the resident has altered skin integrity), shall be presented to the resident and identified in each resident's plan of care.
    - iii. Any changes that require a revision to the plan of care, including any changes to the resident's bathing routine and preferences, shall be documented.
  - b. **Assistance with Personal Hygiene**
    - i. Each resident shall receive assistance as needed with her or his personal hygiene needs, every morning and evening, and more often as necessary according to their plan of care.
  - c. **Care of Fingernails and Toenails**
    - i. Each resident's fingernails and toenails shall be cleaned and trimmed in accordance with his or her stated preferences and documented on the resident's plan of care.
  - d. **Provision of Advanced Foot Care**
    - i. Advanced foot care shall be provided to residents only by persons governed by the *Regulated Health Professionals Act* who are qualified with advanced skills in foot care. This will be stated in the resident's plan of care.
  - e. **Referrals to Foot Care Specialists**
    - i. When a resident requires a referral to a foot care provider, such as a podiatrist, chiropodist, or registered nursing staff with advanced skills in foot

care, the Home shall assist the resident to arrange treatment, if the resident wishes assistance.

- ii. If a referral to a foot care specialist is being considered, the resident's authorization for payment, or authorization for payment from the resident's SDM with legal authority to make property of financial decisions is required.

f. **Oral and Dental Care**

- i. Residents shall have clean teeth and mouth, and steps shall be taken to maintain the integrity of resident's oral tissue.

g. **Dentures**

- i. Each resident who wears dentures shall have clean, labelled dentures that he or she can locate and use. Staff shall assist residents with their dentures, as outlined in their plan of care.

h. **Dental Services: Assisting with Referrals**

- i. When a resident requires dental treatment or other services not provided by the home, the LTC Home operator shall make every effort to secure an appointment with a dentist or other dental professional of the resident's choice/SDM.
- ii. If a referral for dental services is being considered, the resident's authorization for payment, or authorization for payment from the resident's SDM with legal authority to make property or financial decisions is required.

Note: For further directions, refer to each specific Policy & Procedure.