



Clinical guideline for digital photography in wound care

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Type of document	Guidance
Target audience	All community staff
Document purpose	To provide guidance for the use of digital photography in wound management for all health professionals within the boundaries of CWP - West Physical health services.

Approving meeting	West Locality Governance and Risk Meeting	Date 10-Jun-14
Implementation date	Jun-14 followed by an annual compliance review	

CWP documents to be read in conjunction with	
CP3	Health records policy

Document change history	
What is different?	Equipment required wording
Appendices / electronic forms	N/A
What is the impact of change?	To ensure the correct equipment is being used as stated in the guidance.

To view the documents Equality Impact Assessment (EIA) and see who the document was consulted with during the review please [click here](#)

Content

1.	Introduction	3
2.	Scope.....	3
2.1	Training.....	3
3.	Indications for use of the clinical guideline	3
4.	Equipment required.....	3
5.	Procedure	3
Appendix 1 - Consent form for digital photography		5

1. Introduction

A wound assessment will identify if there is a need for photographic evidence. Photographs are an important component of effective wound assessment and management. The value of clinical photography in wound management lies in the ability to achieve repeated views over time, adding objective visual confirmation to the written record, and can provide evidence of the wound healing process and appropriate wound management.

The purpose of this document is to provide guidance to all staff that are responsible for taking digital photographs in wound management:

- Adhering to this guideline and ensuring appropriate written consent and confidentiality;
- Security and storage of camera equipment;
- Quality and accuracy of data recorded and safe storage of photographs.

2. Scope

This guidance applies to all staff employed by CWP- West physical health services that are associated with wound care management and have received appropriate training in the use of digital photography.

2.1 Training

Health care professionals must also have successfully undertaken appropriate wound management course facilitation by the Tissue Viability Team. Initial training in clinical photography and safe storage of images has been provided for existing staff; new staff members who require training, obtain this from an existing trained member of staff. All health professionals must also read the camera instructions prior to using it.

3. Indications for use of the clinical guideline

These guidelines must be used following a comprehensive wound assessment which identifies the requirement for digital photography to support successful wound documentation and provides an objective of wound healing.

4. Equipment required

All district nursing teams have access to the following equipment:

- The digital camera digital which has been trust approved
- A white field (available from dressing packs) is to be used as this is preferred and recommended by the Institute of Medical Illustrators (2007) as this provides a high quality, standardised image.

5. Procedure

No	Action	Rationale
1	A digital photograph should be taken for all wounds on initial assessment, and if any changes are identified. All healed pressure ulcers should be photographed.	To justify the appropriate use of digital photography.
2	Explain and discuss the procedure of digital photography. Obtain verbal consent (see appendix 1) prior to taking the photograph and input on EMIS.	To ensure the patient understands the procedure including the benefits and evidence of digital photography. To ensure informed consent is achieved in line with local policy.
3	Ensure patient is comfortable and in a suitable position to take the photography.	To ensure desired digital image is obtained.
4	Ensure minimum exposure of patient skin.	To ensure patient dignity and modesty is not compromised (as site may include sacral and genital areas).
5	Apply a sterile white field close to the site.	To ensure desired digital image obtained by minimising shadows and any lighting flare.

No	Action	Rationale
6	Cleanse wound and/or surrounding tissue (in particular the perineum).	To ensure desired digital image is obtained.
7	Ensure gloves removed before using the camera.	To minimise the risk of infection contamination.
8	Only use the designated camera and printer provided by the Trust for the purposes of wound care management.	To ensure standardised digital images are obtained. To ensure digital cameras are not used for any other purpose.
9	The digital camera must be pre-set at all times to record and print the date and time of the image.	To comply with record keeping policy
10	Obtain a desired image including a wide area of healthy tissue and separate detailed close up images. Ensure the wound measuring scale is visible in the picture.	To ensure desired digital image is obtained and provides evidence of the wound site and surrounding area.
11	A reference with the position of the wound on the body should be entered when downloading the photograph onto EMIS.	To minimise risk of unidentifiable images.
12	Transport photograph taken via the digital camera back to the nursing base and upload images within 24 hours. Under no circumstances should the image be downloaded onto a computer, but should be downloaded direct onto the patients EMIS notes.	To comply with record keeping policy and data protection act and to ensure a secure method of storing confidential information, this facilitates archiving and retrieving information.
13	Permanently delete all digital images from the camera after the image has been uploaded and prior to passing the camera to colleagues.	To ensure safe storage of confidential information.
14	All staff sharing digital cameras are professionally accountable for those images taken and are responsible for deleting those images.	To ensure safe storage of confidential information.
15	Store digital cameras securely at all times in a locked cupboard within the nursing base when not in use or transit. Camera equipment must be transported in the allocated 'camera case.	To ensure safe storage of confidential information. To comply with local policy. Digital cameras must not be stored in staff vehicles.

Appendix 1 - Consent form for digital photography

Patients' name			
Patients DOB		Patients ID / NHS number	

Statement of patient – please read carefully			
<ul style="list-style-type: none"> - I understand the reason why photographs are being taken - I understand the benefits and risk as described to me by the health care professional - I understand I can change my mind at any time but if recordings are released for teaching it may not be possible to control their future use. 			

I consent to have photographs taken and used for my confidential treatment records only.			
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Signature	(patient or in a case of a minor, legal guardian)	Date	
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or

I consent to have photographs taken and used for teaching, research and my medical record.			
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Signature	(patient or in a case of a minor, legal guardian)	Date	
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State of responsible health professional:			
<ul style="list-style-type: none"> - I have explained to the patient the reason for taking the photograph. - I have explained the benefits and risk of taking the photograph. - I have explained the consent options and obtained the most appropriate consent. 			

Print name		Date	
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Signature		Date	
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Withdrawal of consent:			
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Patient Signature		Date	
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