

## **Amendments to the Multi agency Policy, Protocols and Guidance July 2008**

**Front page** Amended July 2008

Introduction pages 4 and 5 New Signatories to the document where organisations or chief officers have changed

**Protocol contents page** needs new section 19 added and page numbers checked

**Policy Section 3.2 Who is included under the heading 'vulnerable adult'**

The second paragraph now reads:

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. **It may also include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.** Their need for additional support to protect themselves may be increased when complicated by additional factors, such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

The emboldened sentence has been added

**Protocol Section 4.6** How will social services respond to a referral?

The first paragraph now reads:

The qualified staff member from the social services agency receiving the information will need to determine from the information given whether the concerns raised constitute adult abuse and if the alleged victim is a vulnerable adult. **If the referral relates to someone vulnerable to abuse because of their role as a carer the referral must be raised in the name of that carer.**

The emboldened sentence has been added

**Guidance Section 6**

The AP 1 has a minor alteration requesting additional information about the alleged perpetrator(s).

Adult protection alert form for service providers

**Form**

**AP1**

Please record the Name(s) of the alleged abuser(s). Include Date(s) of Birth & address(s) (if known).

Record their relationship to the service user

## New Protocol Section 19 has been added

19

### Protocol for Determining Causative Factors of Pressure Ulcers in Adult Protection Investigations

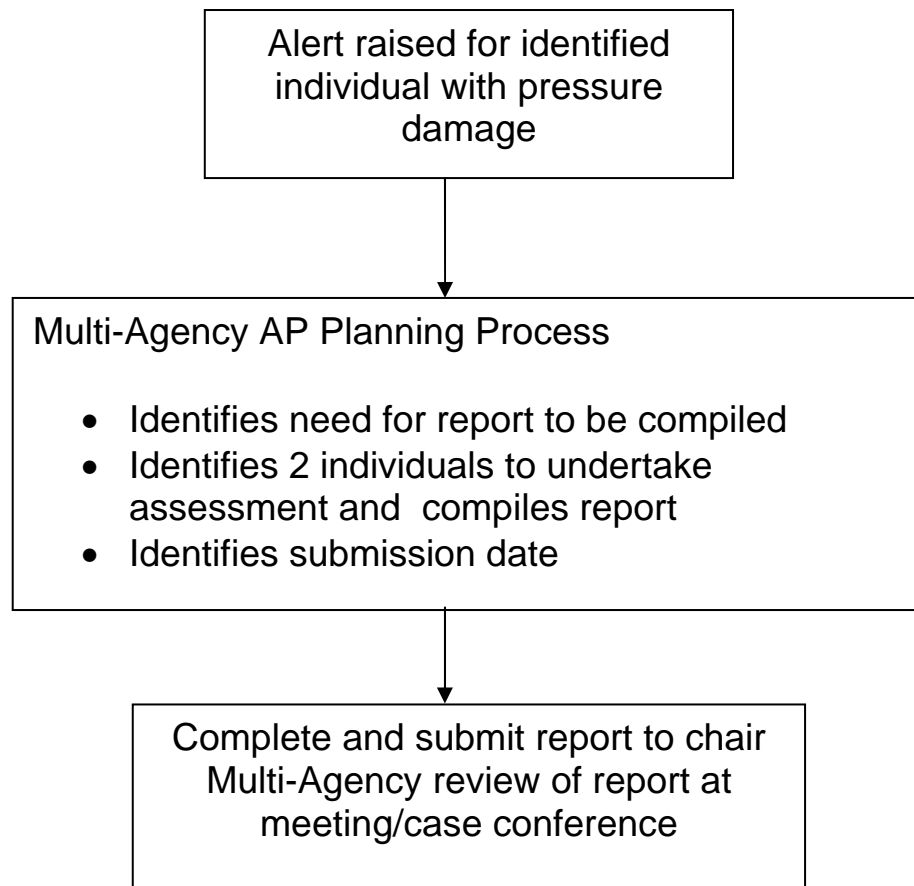
#### Introduction

The purpose of this protocol is to support the assessment of the causative factors contributing to the development of Pressure Ulcers.

This protocol will be implemented as part of a multi agency action plan when required. The process must be undertaken by two nominated registered health practitioners, one of whom must have specialist knowledge of pressure ulcers.

The outcome will be used to inform multi agency adult protection decision making.

#### Process Flowchart



## **Determining Causative Factors of Pressure Ulcers in AP Alerts**

### **Documentary Evidence Required:**

#### **Relevant Individual History and Holistic Assessment**

*Should include factual information or pre injury status including skin integrity problems and medical diagnoses.*

*Include the detailed individual journey and events recording documented dates / times of assessments and action taken by **all** involved with the health and social care of the individual.*

*Record risk factors and other details that would impact on the subsequent care and injury, e.g. continence, mobility, cognitive impairment.*

#### **Recent events and description of incident**

*This should include details of recent events that may have contributed to the development of the ulcer.*

*Identify issues that could have contributed to injury or an appropriate response to individual assessment.*

#### **Examination of Individual**

*Describe individuals' current status include the date of examination. Record the number, position and grade of Pressure Ulcers (according to NICE guidelines). Include photos if possible or details of wound assessment e.g. size (using grid), colour, position, etc.*

#### **Treatment & Care Régime**

*Report subsequent treatment including equipment, specialist care and investigations.*

**Determining Causative Factors of Pressure Ulcers in AP Alerts**

**REPORTING TEMPLATE**

**Name of Report Writer:**

.....

**Designation :** .....

**Role:** .....

**Date:** ..... **Time:** .....

**Contact Details:** .....

.....

**Name of Second Assessor:**

.....

**Designation :** .....

**Role:** .....

**Date:** ..... **Time:** .....

**Contact Details:** .....

.....

**Name of Vulnerable Adult:**

.....

**Address:**.....

.....

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**DOB:** .....

**Hospital Number / NHS Number :** .....

**Place of current Care:** .....

**Previous place of Care (if applicable):** .....

**GP Consultant:**.....

**Where was the individual residing at the time the pressure damage was noticed?**

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**NB: Please list documented evidence used to compile this report and any evidence not available that should/would have been available in best practice.**

**This report should contain fact and not subjective opinion.**

**Please record any expressed views/comments of the vulnerable adult or carer(s)**

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**Signature of report writer**

**Sign:..... Print:.....**

**Date:..... Time:.....**

**Signature of second assessor**

**Sign:..... Print:.....**

**Date:..... Time:.....**