Skin & Wound Photographic Recordings

EVIDENCE INFORMED PRACTICE TOOLS

October, 2016
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>2</td>
</tr>
<tr>
<td>1. Background</td>
<td>2</td>
</tr>
<tr>
<td>2. Target Population</td>
<td>2</td>
</tr>
<tr>
<td>3. Practice Outcomes</td>
<td>2</td>
</tr>
<tr>
<td>4. Glossary of Terms</td>
<td>3</td>
</tr>
<tr>
<td>5. Photographic Recordings of Wounds or Skin Abnormalities</td>
<td>4</td>
</tr>
<tr>
<td>Figure 1 a, b &amp; c - Examples of Acceptable Images</td>
<td>5</td>
</tr>
<tr>
<td>Figure 2a, b &amp; c – Examples of Unacceptable Images</td>
<td>7</td>
</tr>
<tr>
<td>Figure 3 a &amp; b – Natural Light &amp; Artificial Light</td>
<td>8</td>
</tr>
<tr>
<td>Figure 4a &amp; b – White Background (Natural Light) &amp; Green Background (Artificial Light)</td>
<td>9</td>
</tr>
<tr>
<td>6. Supporting Tools &amp; Resources</td>
<td>10</td>
</tr>
<tr>
<td>7. References</td>
<td>11</td>
</tr>
<tr>
<td>8. Primary Authors</td>
<td>11</td>
</tr>
</tbody>
</table>
**PURPOSE**

To establish a standardized process for Health Care Professionals regarding the use of photographic recordings in the assessment and documentation of skin and wounds.

**1. Background**

Accurate health records are essential for the provision of quality care. Photographic recordings allow for accurate documentation of the status of skin and wounds by providing an adjunct to the wound assessment.

**2. Target Population**

Health Care Professionals practicing skin and wound care within the Winnipeg Regional Health Authority (WRHA). A Health Care Professional’s scope of practice, role, function and responsibilities determines his/her role in photographic recordings for medical purposes.

**3. Practice Outcomes**

Photographic recordings are taken to best document the Person’s skin and wound condition and/or progress. Photographic recordings are an adjunct to assessment and support written documentation and clinical education.

Photographic recordings of the Person in care shall only be undertaken by the Health Care Professional with the written or verbal consent of the Person or Substitute Decision Maker. The photographic recording and storage shall be directly related to an existing health care service or activity of the WRHA. Consent will be obtained as per Audio, Video, and Photographic Recordings Policy # 10.40.280. Verbal consent shall be documented in the Integrated Progress Note (IPN). If written consent is obtained, the Regional Consent for Audio, Video and Photographic Recordings consent form shall be completed.

Photographic recordings should be taken by a facility issued digital camera. Portable electronic devices (PED) used for photographic recordings shall be configured and comply with storage according to Use of Portable Electronic Devices and Personal Computers Policy #10.20.025. Only WRHA eHealth managed devices may be used to collect and communicate personal health information (PHI), including images. PHI, including photographic recordings, shall not be stored on the PED.

Photographic recordings taken for the purpose of wound assessment shall include a reference measurement, wound location, initials of Person and date (see Figure 1A). Photographic recordings will have no identifiable personal features or health information.

Photographic Recordings

Evidence Informed Practice Tools

Page 2 of 11
Photographic recordings shall be stored, retained and destroyed as per Retention and Destruction of Facility Health Records Policy #75.00.050 and Audio, Video, and Photographic Retention Policy #10.40.280. Photographic recordings should be in colour, on white bond paper, and included in the Health Care Record. Use of photographic paper is not a requirement.

Access to photographic recordings shall be limited to Health Care Professionals and any consultants involved in the Person’s care. Any Person or Substitute Decision Maker requesting access to photographic recordings will follow the Consent to Use or Disclose Personal Health Information Policy # 10.40.105.

4. Glossary of Terms

**Consent** – Refers to the voluntary agreement of permission that is knowledgeable and free of fraud, duress, or misrepresentation. Consent is knowledgeable if the Patient who gives it has been provided with the information that a reasonable person in the same circumstances would need in order to make a decision about the purpose, making, collection, use or disclosure of the recording.

**Health Care Professional** - Refers to all Health Care Professionals regulated by the Health Care Act engaged in actions whose primary intent is to enhance health, including those who promote and preserve health, those who diagnose and treat disease, health management and professionals with specific areas of competence.

**Health Care Record** - personal health information compiled by individuals authorized to make entries on Approved Health Record Forms and maintained by facilities, sites or programs of the WRHA as the official record of health care provided to a Patient. Health Records, including Electronic Records and paper-based health records are the physical property of a facility, site or program of the WRHA.

**Person** - Refers to patient, resident, participant, or client.

**Secure Environment** – Refers to a reasonable administrative, technical and physical safeguard that ensures confidentiality, security, accuracy, and integrity of the recordings, including controls that limit the use and access to recordings, verification of a person’s authorization to use or access recordings, and procedures to prevent the interception of recordings by unauthorized persons.

**Substitute Decision Maker** - Refers to a third party identified to participate in decision making on behalf of an individual who lacks capacity. The task of a Substitute Decision Maker is to faithfully represent the known preferences, or if the preferences are not known, the interest of the individual lacking capacity.

The following, in order of priority, may act as Substitute Decision Makers:

1) A proxy appointed by the individual under The Health Care Directives Act;
2) A committee appointed pursuant to *The Mental Health Act* if committee has the power to make health care decisions on the individual’s behalf; or A Substitute Decision Maker appointed pursuant to *The Vulnerable Persons Living with a Mental Disability Act* if the individual has authority to make health care decisions;

3) A parent of legal guardian of the individual, if the individual is a child;

4) A spouse, with whom the individual is cohabiting, or a common-law partner;

5) A son or a daughter;

6) If the individual is an adult, a parent of the individual;

7) A brother or a sister;

8) A person with whom the individual is known to have a close personal relationship;

9) A grandparent;

10) A grandchild;

11) An aunt or uncle;

12) A nephew or niece.

5. **Photographic Recordings of Wounds or Skin Abnormalities**

Use a facility issued digital camera (preferred) or PED with a resolution of 3.0 megapixels or higher. Digital device shall be preset with date and time.

Photographic recordings shall include a reference measurement, wound location, initials of Person and date.

Ensure photographic recording is taken post wound cleansing for the most accurate wound status.

Position digital device at a minimum 0.6 metres (2 feet) and zoom in to capture entire wound, including reference measure. Zooming highlights tissue, texture and drainage. The photographic recording should display predominately wound and periwound with minimal background. Reference measurement may need to include orientation on body for clarification.

Photographic recordings should be taken at a consistent angle (90 degrees) perpendicular to the wound to avoid perspective distortion. Any subsequent photographic recordings should be taken with the Person and digital device in same position.

Whenever possible, take the photographic recording at the same time of day to help with consistency of lighting. If evenly distributed lighting exists in the room, turn flash off. The use of flash may obscure essential detail in the glare of moist surfaces therefore use of natural light is preferred. Use as much natural light as possible and keep artificial light use to a minimum to avoid shadows and skin discoloration.
The preferred background is white (under pads, pillowcase, towel, sheets may be used); blue and green backgrounds should be avoided.

Multiple photographic recordings may be necessary to document detail, wound positioning and involved body part. Preview photographic recordings taken to ensure they are clear and visible. Retake if necessary. Photographic recordings should be printed as soon as possible and deleted from the digital device.

Examples of Acceptable Images

Figure 1a
Examples of Unacceptable Images

Figure 2a – Image not in focus and badly exposed

Figure 2b – Wound obscured by reference measurement & excessive background material
Figure 2c – Periwound not visible, no location on measurement, & flash created a glare on wound bed

Figure 3a - Natural Daylight (preferred)
Figure 3b – Artificial Light (acceptable)

Figure 4a – White Background (preferred)
6. Supporting Tools and Resources

Consent for Audio, video, and Photographic Recordings for Clinical and Clinical Education Purposes:
http://home.wrha.mb.ca/hinfo/rhif/files/AVPrecEDU.pdf

Consent to Use or Disclose Personal Health Information Policy:

Audio, Video, and Photographic Recordings Policy:

Retention and Destruction of Facility Health Records Policy:
http://home.wrha.mb.ca/corp/policy/files/75.00.050.pdf

Use of Portable Electronic Devices and Personal Computers Policy:
7. References


8. Primary Authors

Vera Duncan RN, BN, MN, IIWCC, Clinical Nurse Specialist, Misercordia Health Centre

Leona Lane, Director, Health Information Services

Lori McKenzie, RN, IIWCC, Skin & Wound Care Consultant, Renal Health Program, Seven Oaks General Hospital

Tracy Thiele, RPN, BScPN, MN, Manager of Nursing Initiatives, WRHA

Nancy Vokey, RN, BN, ET, Enterostomal Therapy Nurse, WRHA