**A picture containing drawing

Description automatically generated**

**Prosthesis Donn/Doff & Amputee Skin Care**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about the care of a prosthesis and how to Don and Doff and Amputee skin care.

**What is a Prosthesis?**

**Stump (remaining limb) care**

**Don and Doff**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy and to evidence training in recognition and care for a Prosthesis and how to Don and Doff and Amputee skin care.

**Any care staff** that are aware of how to support a service user for a Prosthesis and how to Don and Doff and Amputee skin care.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Prosthesis Donn/Doff & Amputee Skin Care**

**What is a Prosthesis?**

Prostheses are artificial parts that replace a missing part of the body. A prosthesis is designed to improve someone's quality of life by restoring a function or their appearance, and often both.

Each device will be different, depending on the level of the amputation, physical ability and needs. The device that is custom-made to fit an individual. A standard prosthesis is made of conventional component parts that create the missing limb. These parts are connected to a socket that fits over the residual limb.

The socket allows the prosthetic device to connect to the residual limb. An additional layer, called a liner, fits over the residual limb and provides a barrier between the skin and the socket. The liner provides cushion and comfort while providing a better fit for the socket. It is essential that the socket fits correctly. A poorly fitted socket can lead to pain, sores and blisters on the residual limb.

Some individuals receive a temporary prosthesis immediately following amputation or within two to three weeks after surgery. Usually, a prosthetic fitting begins two to six months after surgery. This will be when the surgical incision has healed, the swelling has gone down, and the persons physical condition improves.

**Stump (remaining limb) care**

It is very important to keep the skin on the surface of the stump clean to reduce the risk of it becoming irritated or infected.

Gently wash the stump at least once a day (more frequently in hot weather) with mild unscented soap and warm water and dry it carefully.

If the service user had a prosthetic limb, this should also be regularly cleaned in the socket using soap and warm water.

When taking a bath, avoid leaving the stump submerged in water for long periods because the water will soften the skin, making it more vulnerable to injury.

If the service user skin becomes dry, use a moisturising cream before bedtime or when not wearing the prosthesis.

Some people find wearing one or more socks around their stump helps absorb sweat and reduces skin irritation. The size of the stump may change as the swelling goes down, so the number of socks the service user may need to use may vary. Stump socks need to be changed daily.

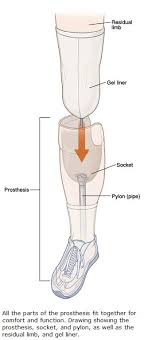
Check the stump carefully every day for signs of infection, such as: warm, red and tender skin, discharge of fluid or pus, increasing swelling. If any of this is noted inform the GP / Orthotic department as this could be a sign of a developing skin infection.

**Don and Doff**

When the artificial limb is first delivered, the prosthetist will show the correct way to put it on and take it off. Staff should not put the limb on until they have been shown how to do this correctly and they are confident that they know what to do. A stump sock should be worn next to the skin between the stump (residual limb) and the socket. Stump socks come in different thicknesses depending on the material. These can include terry toweling, cotton or nylon. A clean sock should be worn every day; it is important to remember that the stump may change in size and shape, which could mean that the service user may have to add or take off socks to help the artificial limb fit more comfortably.

As an example, for the donning and doffing of a lower limb prosthesis:

* Pull on or roll the sock(s) onto the stump, making sure there are no wrinkles. The seam should be away from any scar.
* Push the inner socket (liner) on to the stump, making sure that the stump is fully into the liner. The small depression or 'shelf' should fit just under the kneecap (patella).
* Pull a thin nylon sock over the top of the liner. This helps the liner slide into the hard outer socket.
* Place your hands on either side of the knee and liner and push the liner into the outer socket. The stump should be firmly inside the socket. Make sure the inner liner lines up with the outer socket and that it is not twisted.
* If there is a strap, pull it firmly over the knee and fasten it securely.
* If there is a sleeve, roll it up onto the thigh so that it is in contact with the skin. If the socks are too long, then fold them down before rolling the sleeve up.





To take the artificial limb off, unfasten the strap or roll the sleeve down. Take hold of the nylon sock with one hand and push the limb off with the other hand by pushing down on the hard outer socket.

**All photographs used are for example purposes only and may differ from prescribed items.**

1. **Equality Impact Assessment**

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| **Equality impact assessment checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: | No |  |
|  | * Race? | No |  |
|  | * Ethnic origins (including gypsies and travelers)? | No |  |
|  | * Nationality? | No |  |
|  | * Gender? | No |  |
|  | * Culture? | No |  |
|  | * Religion or belief? | No |  |
|  | * Sexual orientation including lesbian, gay and bisexual people? | No |  |
|  | * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the  impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.