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**Cast Care**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about how to support people who are receiving oxygen.

**What is a plaster/Fibreglass cast?**

**Care of a plaster cast**

**Problems with a plaster cast.**

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.

**Any care staff** that have had a competency assessment in the care and support of people with a plaster cast.

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. **Cast Care: Policy & Procedure**

**Plaster Cast**

This is made of plaster of Paris, a white powder that, when mixed with water, turns into a thick paste that hardens. It is important to take care not to get the cast wet as it can start to dissolve or irritate the skin. It is advised to take baths instead of showers. Cover the cast with a plastic bag or a sleeve able to be purchased to keep the cast dry. Don't try to use plastic bags, bin liners, cling film or similar to keep the cast dry, as these are not reliable methods. If the cast gets wet contact the minor injuries clinic for advice and guidance.

**Fiberglass Cast**

Also called a synthetic cast, it is made of fiberglass, which is a type of plastic that can be shaped. It’s lighter and more durable and expensive than plaster casts. X-rays also “see” through it better. Fiberglass is water-resistant. But the padding underneath is not, so it is best to keep it away from water.

**Plaster cast care**

Keep the arm or leg raised on a soft surface, such as a pillow, for as long as possible in the first few days. This will help any swelling to go down.

Do not allow the plaster cast to get wet as this will weaken it, and the bone will no longer be properly supported. Always remove any covering as soon as possible to avoid causing sweating, which could also damage the cast.

**Swelling**

The cast may feel snug, especially the first few days after the initial injury. This is caused by swelling of the affected area.

Prop up the injured part of the body so it is higher than the heart. If the cast is on the leg, lie the person down and put cushions or pillows underneath. This helps drain blood and fluids away from the injured area.

Encourage and support the person to wiggle fingers or toes on the injured arm or leg and do it often. This also can prevent stiffness. Encourage and support to exercise any joints that are not covered by the cast – such as elbow, knee, fingers or toes to help improve circulation.

It is important to avoid getting small objects, powders and sprays inside the cast, as they could irritate the skin, use crutches or a sling as advised by health professionals, and

use painkillers if pain is experienced.

Even if the plaster cast makes the skin feel very itchy, do not poke anything underneath it as this could cause a sore and lead to infection.

**Infection**

It is normal for the cast to get smelly after it has been worn it for a while. If a foul odour is noted or a discharge coming from the cast, it could mean the skin underneath is infected. In this instance the minor injuries clinic / fracture clinic should be contacted for advice and guidance.

**Plaster cast problems**

The fracture clinic/ minor injuries unit should be contacted for advice if any of the following are noticed:

* The plaster cast still feels too tight after keeping it elevated for 24 hours.
* Persistent itching or a burning sensation under the cast is experienced.
* Fingers or toes on the affected limb feel swollen, tingly, painful (even after taking painkillers) or numb.
* Fingers or toes turn blue or white.
* The cast feels too loose or is broken or cracked.
* The skin underneath or around the edge of the cast feels sore and there is an unpleasant smell or discharge coming from the cast.

**Documentation:**

There must be a care plan in place with staff guidance on how to look after the plaster cast together with a risk assessment. Daily care notes should be able to evidence regular monitoring of the cast, exercises undertaken both active and passive as appropriate and any changes or concerns must be documented together with action taken.

**Other care plans may be impacted with the use of a plaster cast and will require review and update.**

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| **Service Specific Information**  |
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**5. 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: |  |  |
|  | * 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 theimpact? | 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.