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<tr>
<th><strong>NAME OF DOCUMENT</strong></th>
<th>Wound - Clinical Digital photography</th>
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| **EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR** | Greg Keogh  
Director Surgical Clinical Stream |
| **AUTHOR**           | Jointly between the SESLHD and ISLHD Wound management committee |
| **POSITION RESPONSIBLE FOR THE DOCUMENT** | Carol Stott  
Clinical Nurse Consultant  
[Carol.stott@sesiahs.health.nsw.gov.au](mailto:Carol.stott@sesiahs.health.nsw.gov.au) |
| **KEY TERMS**        | Digital clinical photography, Wound, Wound Management |
| **SUMMARY**          | To instruct clinical staff on how to take clinical digital photographs of wounds for monitoring and for educational purposes |
1. **POLICY STATEMENT**
   This procedure relates only:
   - to the use of facility approved cameras by clinicians within a clinical setting
   - to photographing wounds, drain sites, stomas and wounds next to stomas and any other interruption to skin integrity (e.g. bruising and skin conditions such as rashes, burns etc)
   - to assist clinicians in the ongoing assessment and management of patients/clients
   - to the subsequent use of clinical photographs for the purpose of education of healthcare professionals and/or publication

   **NB:** This procedure does not relate to photographs for promotional purposes or personal photographic devices (incl. mobile phones)

   All images should be taken in such a way that it is adequate for its intended purpose and that the confidentiality and dignity of the patient is respected at all times. Image frames that include features that could identify the patient, for example the face, or tattoos, birthmarks etc, should be avoided where possible. Care must also be taken to respect, and be sensitive to, the dignity, ethnicity and religious beliefs of the client/patient.

2. **BACKGROUND**

   Accurate medical records are essential for the provision of quality care. Digital wound photography allows for accurate documentation of the status of patient wounds by providing an adjunct to narrative description. Digital wound photography is not a standalone wound assessment tool and must be used in conjunction with assessment of the wound area. The use of digital wound photography is not mandatory unless directed by specific areas or units.

   Ensure only Local Health District approved cameras with a minimum of 6 Mega-pixels are used to photograph wounds.

   When digital wound photography is used as part of the wound assessment, the wounds should preferably be photographed:
   - On presentation/admission
   - During the patients admission at each formal assessment (Acute wounds – weekly, Chronic wounds – monthly)
   - Peri-operatively
   - Prior to and after debridement
   - As part of the discharge process
   - On the first domiciliary visit and/or
   - Whenever there is a significant change in the patient’s clinical status (deterioration or improvement)

   **Note:** Please view the ‘Wound – Assessment and Management Procedure’ SESLHDPR/297 for in conjunction with this procedure.
2.1 Electronic Data

For treatment purposes, digital wound photographs are to remain identifiable using patient’s medical record number (MRN) – see 4.6 for patient identification. Identifiable images must be saved electronically on a secure site^ e.g. eMR (Appendix A), CHIME (Appendix B) or MOSAIQ (Appendix C). Transmission of patient/client information via email must be restricted to health professionals for the benefit of on-going assessment and management, refer to 4.19^5

Computer screens which display personal health information such as digital wound photography should be so placed that they cannot be seen by anyone other than the staff member entering the information. Screen savers and passwords must be used to reduce the chance of casual observation. Patient privacy is paramount.

3. RESPONSIBILITIES

All Local Health District clinicians involved in the use/handling of clinical electronic data

All staff that require the use of clinical digital photography to assist in the on-going assessment and management of patients/clients

To ensure a standard quality of photograph staff will:

- Be familiar with the digital wound photography procedure prior to taking wound photographs (competency assessment not required).
- Use the same camera and printer for the same patient every time to ensure continuity of picture resolution and clarity.
- Keep equipment operating instructions/procedures with the digital camera/printer
- Use an electronic flash as the light source to sharpen pictures, provide consistent colour and greater depth of field and eliminate the use of a tripod

Note: Written consent is NOT required when the digital wound photographs are taken for the direct clinical care of a patient/client (including the ongoing assessment, management and consultation). If photos are to be used for educational purposes, verbal consent must be obtained and documented in progress notes i.e. ‘Mr Smith agreed to his photograph being used for teaching purposes’

NB: This procedure does not relate to photographs for promotional purposes or personal photographic devices (incl. Mobile phones).

4. PROCEDURE

4.1 Staff members who photograph wounds will:

- Inform all patients (in cases where the patient is unconscious, the carers are informed and for NESB, use interpreter service) about the purpose of taking a photograph of their wound and the associated procedure.
- Provide patients with the NSW Ministry of Health Privacy pamphlet and explain how their personal health information will be stored, utilised and assurance
provided that photographs are subject to the same privacy and confidentiality requirements as their Healthcare record(s).

- There is a patient consent form available when photographs are to be used for educational purposes (Appendix F)
- Record the conversation and outcome contemporaneously within the patients’ health care record or electronic medical record.
- Suggested script: *introduction of self, “I have been asked to review your wounds, as part of this, I may take digital photographs of your wound, etc. Photography assists with the on-going assessment and management of you. I will, as best I can, cover sensitive areas or identifying features prior to taking the photographs. All photographs taken are securely stored electronically. In the future, I may want to use these photographs as a means of educating other health professionals, are you happy for me to continue? Thank you”.*

4.2 Place the patient in a comfortable position to expose the wound. Cover sensitive areas (e.g. genitals, breasts/prepubescent chests) or identifying features (e.g. tattoos) prior to taking the photographs to protect the identity of the patient/client.

4.3 Remove unnecessary equipment from site and place a drape in the background of the wound

4.4 Perform hand hygiene and follow wound management procedure to remove the dressing

4.5 Cleanse wound as per wound management plan

4.6 Check the patient’s identification against their notes. Once confirmed, place a patient identification sticker/addressograph within the field of exposure or write the patient’s Medical Record number (MRN), date and body part being photographed (e.g. right arm) on a disposable measuring device.

4.7 Place a disposable metric measuring device approximately 1cm from the wound edge to indicate scale. Scales must be placed in the same focal plane as the skin as only this section will be in focus – refer to Appendix D

4.8 Perform hand hygiene and remove the camera from the carrying case. Avoid using gloves when handling the camera

4.9 Take all required photographs avoiding physical contact with the patient and preventing the camera from coming into contact with the patient or immediate surroundings. Avoid including the hands in the image if possible. Hands should always be gloved.

4.10 Take at least three images each time - refer to Appendix D These are:

4.10.1 Close-up using the zoom to document detail (20cm from wound base)

4.10.2 Midway shot of the wound, positioning the lens to capture at least a 4-6cm border around the peri wound to assess status of skin surrounding wound (30cm from wound base)
4.10.3 Distant shot (e.g. showing entire extremity)
4.10.4 It may also be necessary, in some instances, to take additional shots to include true lateral and anterior views or to minimise reflection from the flash

4.11 For subsequent photographs, try to maintain the position of the wound (e.g. same relative position, distance and angle from the camera)

4.12 Immediately place the camera in its carrying case and return it to a secure, locked area when finished taking pictures.

4.13 Perform hand hygiene and follow wound management procedures to complete dressing change 6, 7, 8, 9, 10.

4.14 Document wound findings and photographs taken in the patient healthcare record and/or eMR

4.15 Storage of photographs. Where possible, hard copies are to be printed, have the patients’ identification sticker/addressograph and attached to the medical record or eMR. It is the responsibility of the person taking the photographs to appropriately store the images.

4.15.1 Print coloured images and place in patient’s healthcare record; or
4.15.2 Attach the digital wound photograph to eMR (Appendix A), CHIME (Appendix B) or MOSAIQ (Appendix C)

4.16 Printing of photographs - ensure only LHD equipment and no external equipment is used to print images.

4.17 Delete all images from the digital camera memory card (once transferred and/or printed).

4.18 Attach a clinical note to any digital wound photographs stored in an electronic record (CHIME, Powerchart, MOSAIQ)

4.19 Emailing photographs to colleagues is achieved through one of two accepted methods, encrypt or separate 5.

Note: photographs containing patient’s details must be sent by encryption.

4.19.1 Separate – 2 emails are sent to the intended recipient. The 1st email contains the image with no identifying details included (no name, MRN, DOB, identifying features, etc). This email is sent and is followed by a 2nd email containing the reference to the previous email contents and also the patient details/demographics. NB if after the 1st email, a return email is received, e.g. out of office notification, email address unknown/not available – then the 2nd email must not be sent. The clinician must be contacted by another method to clarify email details.

4.19.2 Encryption – same process for separation (above). 2 emails are sent to the intended recipient. The 1st email contains the images/clinical information that have been secured within a winzip folder and assigned a password. This email is sent and is
followed by a 2nd email containing the reference to the previous email contents and the password to open the winzip folder. (Refer to appendix E)

5. DOCUMENTATION
SESIAHS Wound Assessment and Management Plan
Patient Health care record/clinical notes
Photographs taken for clinical use are to be kept within the patient’s health care record/CHIME
Photographs (non-identifiable) taken for non-clinical use are to be kept on server/disc space and deleted immediately after use

5. AUDIT
N/A

6. REFERENCES
2. SESLHNPD/133 Wound – Assessment and Management Policy 2011
5. Director of Department of Clinical Informatics POW 2013
6. Infection Control Policy Directives

7. REVISION AND APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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<tr>
<td>May 2013</td>
<td>1</td>
<td>Reference links updated- Michelle Bonner Acting Policy officer SESLHD &amp; ISLHD Wound management committee</td>
</tr>
<tr>
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<td>2</td>
<td>Old Policy ‘Digital Wound Photography’ PD 151 was converted to a district procedure. Re-written by Carol Stott, Clinical Nurse Consultant and revised by Scarlett Acevedo, District Policy Officer. Instruction for MOSAIQ added (POW Cancer Services)</td>
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### Wound – Digital Photography

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<tr>
<th>Date</th>
<th>Revision</th>
<th>Description</th>
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<tr>
<td>Nov 2013</td>
<td>2</td>
<td>Procedure approved by CQC in November 2013</td>
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<tr>
<td>June 2014</td>
<td>2</td>
<td>District Policy Officer added hyperlink to 'Wound – Assessment and Management' Procedure SESLHDPR/297 as approved by former Clinical Stream Nurse Manager, Sheila McCulloch</td>
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Appendix A - Medical records storage of clinical photography in eMR

**What to do:**
- Place an order on eMR for clinical photography
- Open patient’s notes
- Click ‘add’ order (left side of screen)
- In the ‘Find’ box (at top left of screen) - type ‘clinical photograph’

**Place details of injury**

- Complete the order as you would for any other patient order
  - **Reason for exam:** clinical photo by ---------
  - **Transport:** always use ambulant (as the patient is not leaving the area)
  - When finished click sign bottom right of screen
  - Next click on blue bar medical imaging and wait for processing to be ordered

Then provide the images to radiology staff by one of the following options:
- Fill out the form on the link from the PACS homepage and upload the images to radiology
- Take the camera and USB cable to radiology
- Provide images to radiology on a flash drive, memory card or CD

To add photo to PACS
Click on upload photography images
Fill in form with patients details

The images will be placed in the patients’ eMR record
If the photos have been sent correctly you will get a message to say the Email Successfully Sent

Appendix B - Medical records storage of clinical photography in CHIME
http://islhnweb/CHIME/default.asp
- Tip of the week
- How to add an image to a clinical note
Appendix C – Medical records storage of clinical photography in MOSAIQ

- Crop photos to the desired size
- Save the photographs into the designated folder
- Open MOSAIQ
- Select patient
- Locate the file by choosing the menu ‘file’, then ‘Import/Export’, then ‘Photos and Diagrams import’

- The Photo and Diagrams Import module will now search the designated folder for any photographs. Ensure the module is set to the correct designated directory or change the directory to where the photo file has been stored

- Mark the desired photos for import and change the label type to ‘Photograph – Clinical’ then click ‘OK’
Click on the ‘Images’ Module on the toolbar
The list of Images will now be displayed

Select the desired photograph by highlighting and clicking on ‘open’ or double clicking on the file.

Once the photo is opened, write a comment to indicate what type of photo e.g ‘leg ulcer’, and then click OK

To view the a larger photo, click on the maximise button.
Appendix D - Taking a Digital Photograph

Place a patient addressograph within the field of exposure or write the patient’s Medical Record number (MRN), date and body part being photographed (e.g. right arm) on a disposable measuring device. Take at least three images each time. These are:

- Close-up using the zoom to document detail (20cm from wound base).
- Midway shot of the wound, positioning the lens to capture at least a 4-6cm border around the peri wound to assess status of skin surrounding wound (30cm from wound base)
- Distant shot (e.g. showing entire extremity)
Appendix E - How to send encrypted images using winzip

1. Choose file you want to winzip
2. Right click over file
3. Click on ‘Add to Zip’
4. Check details
5. Click on ‘password’
6. Allocate a password
7. Click ‘ok’
8. Re-enter password
9. Click ‘ok’

10. Zip File now appears in Winzip screen and in file list in the same folder as the original
10. Highlight file, right click, choose ‘send to’ and then choose ‘mail recipient’.
11. File will be added to an email
12. Send the password in a 2nd email
Appendix F – Patient consent for identifiable clinical photography (do not print, forms must be ordered from Salmat as per the form number SMR020.005)

[Consent form image]

**THE HEALTH CARE WORKER WHO PROVIDES INFORMATION MUST WITNESS THIS CONSENT WITH A SIGNATURE AT THE BOTTOM OF THIS FORM**

I agree to the photographs/images/recordings being taken and used for clinical audit and education purposes within the local health district.

I understand and acknowledge:
- The reasons for these photographs/images/recordings and the purpose for which they will be used as set out above.
- This has been explained to me by the treating health care worker.
- That my participation is completely voluntary and I can choose not to participate at all.
- That these photographs/images/recordings will be treated with the utmost confidentiality and will be retained by the Local Health District in accordance with the State Records Act 1998, the Health Records and Information Privacy Act 2002 and NSW Health record keeping policies.
- That I may withdraw my consent, in writing, at any time in the future.

HEALTH CARE WORKERS NOTE: THE IMAGE MUST BE STORED SECURELY AND BE RETRIEVEABLE FOR STAFF AND PATIENT ACCESS IN THE FUTURE.

For Patients over 16 Years:

Signature of Patient: __________________________ Date: __________ PRINT NAME: __________________________

For Patients under 16 years, or patients who are unable to give consent:

Signature of Authorised Representative: __________________________ Date: __________ PRINT NAME (Authorised Representative): __________________________

WITNESS:

Signature of healthcare worker who provided information: __________________________ Date: __________ PRINT NAME: __________________________

If an interpreter is present:

Signature of Interpreter: __________________________ Date: __________ PRINT NAME: __________________________