

Title of Document	Customer Notification Form – Photo of Injury or Wound				
Name of Department	Quality				
What type of document is this?	Standard Operating Procedure (SOP)		This sets out instructions for how a particular procedure in Helping Hands is to be routinely carried out		
Which Helping Hands SOP/W.I does this document relate to?	N/A		Index number of policy/SOP	N/A	
Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care			
Custodian of document	Group Managing Director	Committee/Group responsible for this document	Quality		
Approval date and committee chairperson signature	04.10.24	When is its next scheduled review?	04.10.27		
Who does it apply to?	All staff working with Clients				
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	Yes	Does it apply to third party contractors?
Purpose of the SOP	To define procedures relating to taking a photo of a customer's injury or wound upon request by a healthcare professional.				

## ROLES AND RESPONSIBILITIES

Role	Responsibility
Quality Director	To update and review procedure
Quality Team	To provide support and advice to Operational Staff related to procedures
GDPR Co-ordinator	To ensure photo documents forwarded to GDPR are password protected as per Subject Access Request procedures
Area Care Managers	To ensure Operational adherence to procedures
Operational Managers	To adhere to and ensure carers adhere to procedures
Carers	To adhere to procedures

### 1.0 Introduction

There may be occasions where healthcare professionals such as GPs and district nurses request photos of customer injuries or wounds to aid them on decisions related to triage, advice or treatment. Where customer consent is provided, it is important that the request is acted upon without delay, with dignity and in a secure manner.

### 2.0 The Request and Consent

- 2.1 If a GP or District Nurse requests a carer to take a photo of a customer's injury or wound, the carer's line manager or Out of Hours must be informed before doing anything else.
- 2.2 The customer, or where applicable their legal representative, must give consent for a photo of the injury or wound to be taken which is to be shared with the GP or District Nurse.
- 2.3 If there is reasonable belief that the customer lacks capacity to make the decision, a Best Interests Decision should be made.

### 3.0 Customer Notification Form – Photo Question

- 3.1 The photo of the injury or wound should only be taken via the Customer Notification Form.
- 3.2 Some function of taking a photo is hidden until the user answers the following questions within the form:
  - 3.2.1 "Has your line manager requested you to take a photo of an injury / wound?" – 'Yes'
  - 3.2.2 "Has the customer or where applicable their legal representative given consent for a photo of the injury / wound to be taken which is to be shared

with the GP or District Nurse?” – ‘Yes’ or ‘*Best Interest Decision Made on Behalf of the customer*’

3.3 Only when the questions and related answers shown in 3.2.1 and 3.2.2 have been answered within the Customer Notification Form will the photo question appear.

3.4 The photo question permits one photo to be taken only. The photo must:

3.4.1 be clear and of good quality

3.4.2 be taken so that the customer is **not** identifiable

3.4.3 be of the immediate area of the injury / wound only

3.5 All questions within the form have clear Instructions included.

3.6 The carer should complete all other relevant and mandated questions in the visible section of the Customer Notification Form and submit.

#### 4.0 Forwarding the Photo on to the GP or District Nurse

4.1 After the customer Notification Form has been submitted, the line manager / office staff member should open the ‘*Branch/Office Staff Section*’. Within this section the staff member should:

4.1.1 Select ‘Photo of Injury / Wound’ from the dropdown list

4.1.2 Select ‘Yes’ to the question ‘*Are there any actions required*’

4.1.3 Update the ‘Action Plan’

4.2 The photo should be copied into a blank word document and emailed to [datarequest@helpinghands.co.uk](mailto:datarequest@helpinghands.co.uk) requesting the document to be password protected.

4.3 The Helping Hands GDPR Co-ordinator will password protect the document and will provide instruction on how to securely email the document to the relevant third party.

4.4 Before emailing the password protected document to the relevant third party, **ensure to double check the email address is correct.**

## TRAINING

Is training required?	No
Details of training	Support regarding procedures can be requested via the regional Quality Assurance Business Partners and Clinical Leads.

## COMPLIANCE

How is compliance with the SOP going to be monitored	In the event of change to regulation of legislation, this SOP will be reviewed. Compliance is monitored through Quality audits.
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## EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Positive / Negative / N/A	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	N/A	
• disability?	N/A	
• gender reassignment?	N/A	
• pregnancy and maternity (which includes breastfeeding)?	N/A	
• race (including nationality, ethnic or national origins or colour)?	N/A	
• marriage and civil partnership?	N/A	
• religion or belief?	N/A	
• sex?	N/A	
• sexual orientation?	N/A	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	N/A	
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	N/A	
• What alternatives are there to achieving the document's aim without the impact?	N/A	
• Can the impact be reduced by taking different action?	N/A	
• Is there an impact on staff, client or someone else's privacy?	N/A	If yes, privacy impact assessment required

What was the previous version number of this document?	This is a new Standard Operating Procedure	
Changes since previous version	N/A	
Who was involved in developing /reviewing /amending the SOP?	Quality Development Lead Clinical Manager	
How confidential is this document?	Restricted	Can be shared freely within Helping Hands but NOT outside

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References	<i>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</i> <i>The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017</i>
Associated Documents	<i>Customer Notification Form – Access Care Planning</i>

Controlled Document