SOP · PRS-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 48.3

At a glance

- Every pressure injury is staged with a recognised classification at first sight.
- Treatment follows the written protocol for the stage, and is recorded (PRS-REG-001).
- Injuries that develop during care are reviewed within 7 days (HOV-SOP-001).
- Staff who stage injuries are trained in the classification.
- Stop and get help straight away if: a pressure injury is untreated, unstaged, or not recorded.

1. Purpose

To make sure every pressure injury is staged, treated under a written protocol, and recorded (48.3).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

A pressure injury must be classified, treated under a written plan and recorded. Without that, the next clinician cannot see how it is changing.

5. Responsibilities

Role	Responsibility	Competence
Ward nurse	Stages each injury and starts the treatment protocol	Ward manager
Tissue viability lead	Advises on complex injuries and keeps the protocol current	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Stage.

- Stage the injury with the recognised classification and record the stage.

Key point: Staged.

Step 2. Treat.

- Start the treatment for that stage under the written protocol.

Key point: Treated.

Step 3. Record.

- Record the injury, its stage, the treatment and whether it developed during care (PRS-REG-001).

Key point: Recorded.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Injuries staged on first sight	100%	Monthly	Ward manager	Escalate to the clinical lead
Injuries recorded in the register	100%	Monthly	Ward manager	Record within 24 hours

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
PRS-REG-001	Pressure injury register	Register
CLN-SOP-004	Pressure injury risk assessment and prevention (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Slip, Trip & Fall Prevention (FALL-01)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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