# Hospital-Acquired Pressure Injury Prevention Training Course

18 – 22 October 2027
London

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Training Center

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**Ref:** 1474_208791 **Date:** 18 – 22 October 2027 **Location:** London **Fees:** 5700 Euro

## Overview

Hospital-Acquired Pressure Injury Prevention Training Course is a one-week intermediate course for nurses, ward supervisors, quality personnel, patient safety staff, rehabilitation professionals, and healthcare educators who leave with a Pressure Injury Prevention Pack. Participants apply risk screening, skin and tissue assessment, repositioning and mobility plans, support-surface selection, moisture and nutrition coordination, device-related controls, documentation, escalation, and unit improvement. Agile Leaders Training Center presents hospital-acquired pressure injury prevention as coordinated professional practice.

## Who Should Attend

- Personnel responsible for pressure injury risk screening and prevention planning
- Teams responsible for skin observation, repositioning, and mobility support
- Functions responsible for support surfaces and medical-device checks
- Personnel responsible for quality, safety, documentation, and incident review
- Educators and supervisors responsible for unit prevention practice

The course assumes participants already contribute to patient care or quality processes and leaves out independent diagnosis, prescribing, wound treatment, and tasks outside professional scope.

## Departments and Industries

The course supports departments and industries that coordinate pressure injury prevention across care settings.

- Inpatient wards, critical care, and perioperative services
- Rehabilitation, mobility, and allied health departments
- Quality, patient safety, and clinical education functions
- Hospitals, extended-care facilities, and home-care providers
- Medical equipment and support-surface coordination teams

## Learning Objectives

By the end of this course, participants will be able to:

- Apply structured pressure injury risk screening
- Use skin and tissue assessment documentation
- Build repositioning, mobility, and offloading plans
- Evaluate support surfaces and device-related pressure risks
- Prioritize moisture, nutrition, communication, and escalation actions
- Analyze prevention incidents and unit performance

## Course Agenda

### Day 1: Risk Screening and Prevention Planning

- Pressure Injury Risk Screening Pathway
- Full Risk Assessment and Clinical Judgment Record
- Individual Risk-Factor and Prevention Matrix
- Admission, Transfer, and Condition-Change Trigger Checklist
- Risk-Based Prevention Care Plan

### Day 2: Skin, Tissue, and Device Observation

- Head-to-Toe Skin and Tissue Assessment Guide
- Bony Prominence and Early-Change Observation Map
- Medical Device Fit and Skin Check Card
- Moisture and Microclimate Control Checklist
- Finding Documentation and Escalation Pathway

### Day 3: Repositioning, Mobility, and Support Surfaces

- Individual Repositioning Schedule Template
- Mobility and Offloading Support Plan
- Pressure Redistribution Surface Selection Matrix
- Seating and Heel Protection Review Tool
- Handover and Prevention Action Confirmation Log

### Day 4: Coordinated Prevention and Improvement

- Nutrition and Hydration Coordination Prompt
- Interdisciplinary Prevention Responsibility Chart
- Pressure Injury Incident Review Method
- Unit Prevention Process Audit Checklist
- Corrective Action and Effectiveness Dashboard

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## Day 5: Pressure Injury Prevention Practice

- Suggested Exercise: Risk and Skin Assessment Review
- Suggested Exercise: Repositioning and Surface Decision
- Suggested Exercise: Device and Moisture Control Analysis
- Suggested Exercise: Incident and Escalation Review
- Capstone Exercise: Pressure Injury Prevention Pack

## Practical Exercises

The course uses suggested activities with fictional hospital, rehabilitation, and extended-care scenarios.

- Suggested activity: screen risk, document skin findings, and create a risk-based prevention plan.
- Suggested activity: select repositioning, offloading, and pressure redistribution controls for changing needs.
- Suggested activity: review device fit, moisture exposure, nutrition coordination, and escalation triggers.
- Suggested activity: analyze a prevention incident and assemble a unit action dashboard.

## FAQs

### Who suits hospital-acquired pressure injury prevention training, and what does it assume?

Hospital-acquired pressure injury prevention training suits personnel involved in care, mobility, safety, quality, education, or prevention oversight. It assumes existing patient-care or quality responsibilities and excludes independent diagnosis, prescribing, and wound treatment.

### How does pressure injury prevention training differ from wound-care training?

Pressure injury prevention training concentrates on identifying risk and preventing tissue damage before or during care, while wound-care training addresses assessment and management after a wound or pressure injury has developed.

### When should pressure injury risk be reassessed?

Pressure injury risk should be reassessed according to care-setting processes, after admission or transfer, periodically, and when condition, mobility, devices, skin findings, or other relevant risks change.

### How do support surfaces help prevent pressure injuries?

Support surfaces help redistribute pressure and manage selected risk factors, but they work within an individualized prevention plan that also includes repositioning, mobility, skin observation, device checks, and ongoing review.

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## How should teams prevent device-related pressure injuries?

Teams should check device selection, size, fit, fixation, tension, skin contact, and continuing need, inspect the skin under and around devices, document findings, and escalate concerns within professional scope.

## Conclusion

Participants leave with a Pressure Injury Prevention Pack containing screening, assessment, repositioning, surface, device, moisture, escalation, audit, and action tools. The pack connects individual risk with coordinated preventive actions. It supports consistent documentation, clearer responsibilities, and review of whether unit controls are working.