

How Does Your Wound Care Program Score on Infection Prevention and Control?



Mentimeter



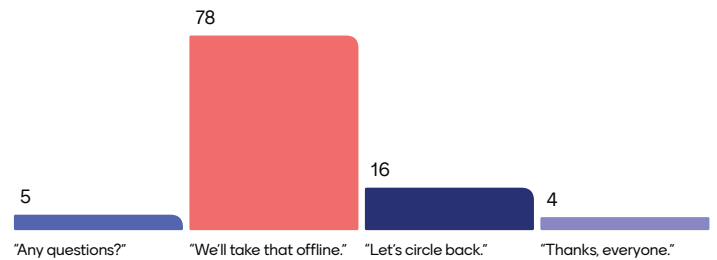
OBJECTIVES

1. Describe ways that wound care can affect Infection Prevention and Control Programs
2. Describe 3 steps in performing a gap analysis for IC in wound care
3. List 3 common opportunities for improvement often found in wound care program delivery

Mentimeter

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Which meeting ending feels most dramatic?



Wound Care-What is it?

- Ranges from simple dressing changes to complex procedures
- Can involve an array of products and equipment



Risks for infection prevention and control increase with:

- the complexity of the procedure
- the decrease in compliance with policies and procedures
- staffing shortages and turnover in key roles



Examples of wounds

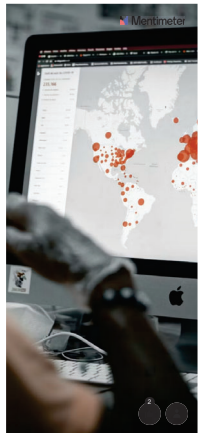
- Pressure • Diabetic • Vascular • Surgical

Examples of wound care

- Dressing changes • Irrigation • Debridement • Use of vacuum assisted closure devices



OUTBREAKS CAN HAPPEN!



Hepatitis B (HBV) and C (HCV) outbreaks linked to wound care

- driven by unsafe practices, such as **reusing lancets, contaminated multi-dose vials, and failure to use gloves**
- lapses lead to bloodborne pathogen transmission.



Risks to infection control can occur during wound care activities



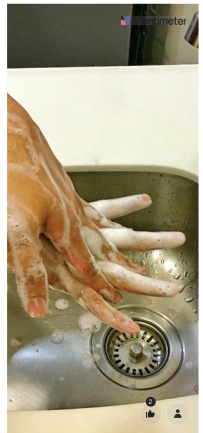
28-month-long outbreak of severe infections in a skilled nursing facility:

- Hand hygiene compliance rates of 14% to 25%
- Appropriate personal protective equipment use in only 33% of observed instances
- Deficient wound-care practices observed
- Basic inadequate infection control and improper wound-care practices likely led to this



Risk: Poor hand hygiene practices

- Not cleaning hands before and after wound contact
- Not having alcohol based hand sanitizer at point of use
- Touching dressings, supplies, or surfaces after contamination of gloves
- Improper hand hygiene upon completion when gloves are removed



Risk: Incorrect PPE use

- Wearing too little protection for the task
- Removing gloves or gowns in the wrong order
- Reusing contaminated PPE between residents (i.e.gowns hanging on door handles)



Risk: Poor environment and waste control

- Cluttered treatment areas that are hard to clean and disinfect
- Cross-contamination from shared surfaces and equipment



Risk: Breaks in aseptic technique

- Touching sterile items with unclean hands
- Letting wound care supplies contact unclean surfaces
- Using equipment that has not been cleaned properly



Risk: Supplies used on more than one resident

- Applying dressings or ointments from a container to multiple people
- Using the same applicator or spatula across residents
- Dedicated patient supplies reduce cross-contamination

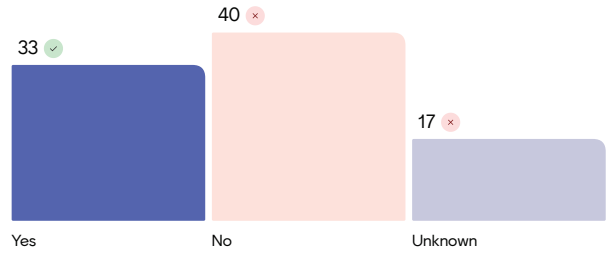


Risk: Shared multidose containers

- Using the same tube, jar, or bottle for more than one resident
- Touching the container opening after patient contact
- Label and store multidose items to prevent mix-ups, never take container into resident room



Would you consider your facility current wound care program a model of infection control excellence?

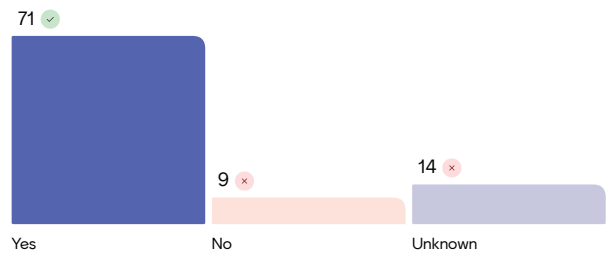


Risk: Contaminated work surfaces

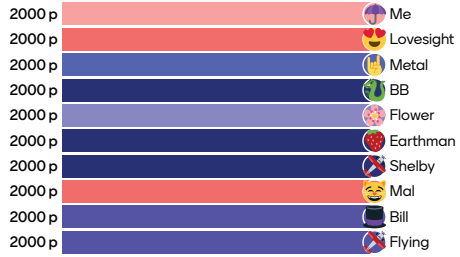
- Placing clean supplies on unclean carts or tables
- Not disinfecting high-touch surfaces between residents
- Not keeping wound care areas uncluttered and clean



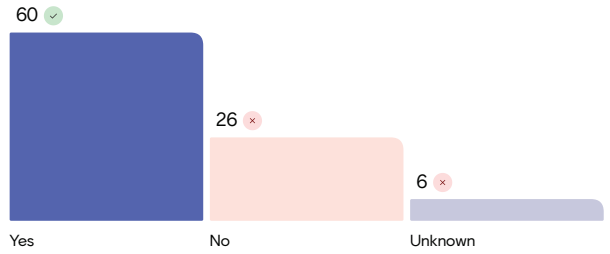
Facility has current evidence based policies and procedures for wound detection, assessment and management.



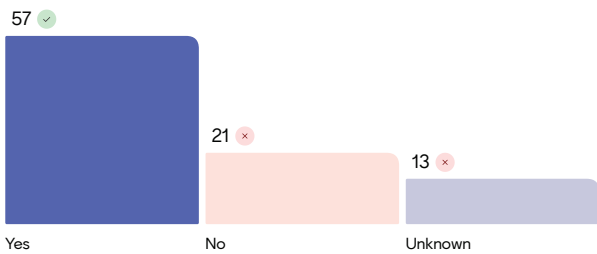
Quiz leaderboard



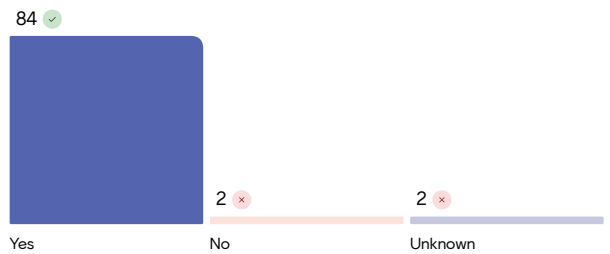
Do you know all the types of wound care activities performed at your facility?



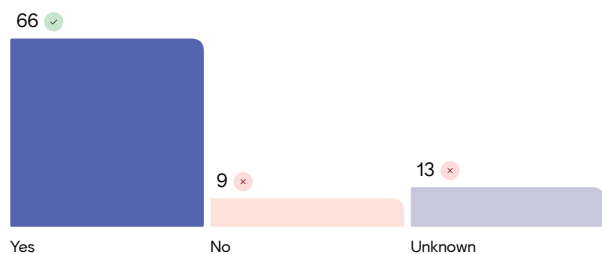
Facility has competency based program for training all personnel who provide wound care.



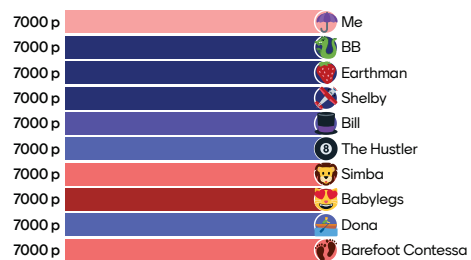
Do you know who provides wound care (dedicated team, nursing staff, others)



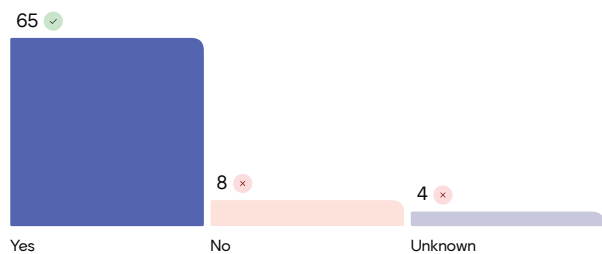
Are potentially contaminated surfaces cleaned and disinfected after wound care activities are completed?



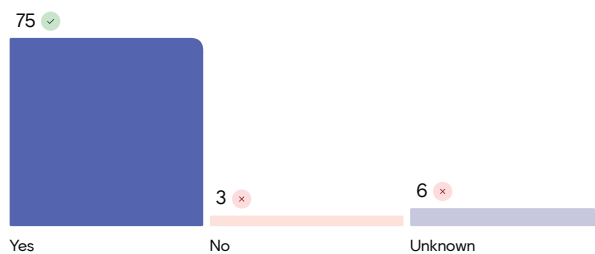
Quiz leaderboard



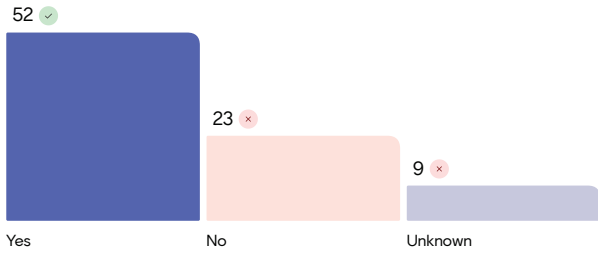
Does your facility have surveillance (all resident wound and skin infections recorded, isolation precautions used)



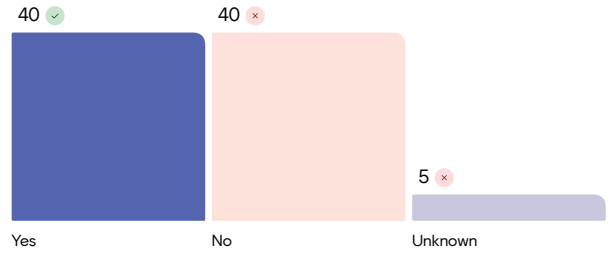
Are gloves removed, hand hygiene performed and new gloves applied when moving from dirty to clean tasks?



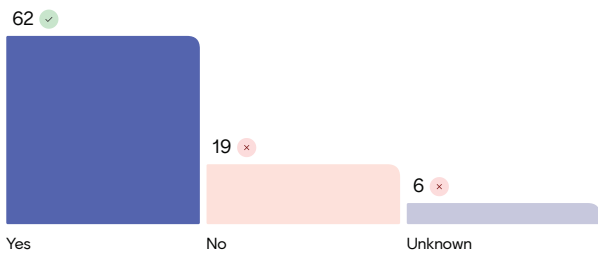
Audits and monitoring for adherence to wound care policies done and results shared with staff



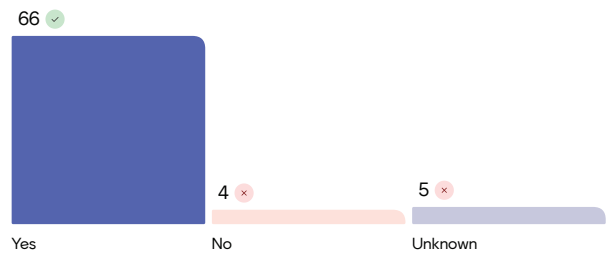
Staff always wear gowns and gloves for ALL wound care procedures.



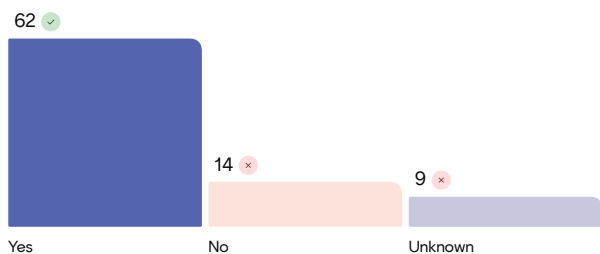
Hand hygiene is always completed before gathering supplies and before applying gloves.



Wound care supplies (tape, sprays and creams) are dedicated to individuals and not stored with clean wound supplies.



Work surfaces are always cleaned and disinfected prior to starting wound care.

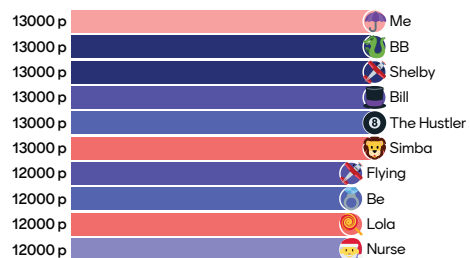


What is Group A Strep?

Group A strep (GAS) *Streptococcus pyogenes*, is a gram positive bacteria that can cause infections ranging from mild throat or skin infections to severe invasive disease.

It is especially concerning in nursing home outbreaks because residents are often older, frailer, and more likely to have wounds, chronic illness, or weakened immunity.

Quiz leaderboard



Prolonged GAS outbreak in a Colorado LTCF

In 2019, the Colorado Department of Public Health and Environment found a cluster of 3 invasive GAS infections in residents receiving wound care, which expanded to include 14 cases (8 clinical, 6 carriers) among residents and outpatients.

- All 8 clinical cases and 3 carriers had received wound care
- Whole genome sequencing showed 13 of 14 isolates were identical
- Infection control observations revealed lapses in wound care and hand hygiene

Invasive Group A Streptococcus (iGAS) clusters in LTCFs

Minnesota Department of Health surveillance identified two major iGAS clusters (emm type 89 and emm type 82) among long-term care facility residents between 2016–2018 and 2022–2023.

- In both clusters, 76% of cases had wound care before infection
- In one cluster, 58% of cases were cared for by a single wound care physician



Key GAS take aways...

- Wound care can be a transmission route for invasive GAS, especially in vulnerable populations like LTCF residents.
- Outbreaks have been linked to single wound care providers, shared equipment, and lapses in infection prevention.
- Molecular typing (WGS) has been critical in confirming transmission chains and guiding targeted interventions.
- Prevention strategies may include strict hand hygiene, decolonization of wound care staff, environmental cleaning, and limiting cross-contamination between patients.



Why it is bad in outbreaks

- It can spread through close contact, wound care, and contaminated hands or equipment.
- It can cause serious invasive infection, including bloodstream infection and sepsis.
- It can move quickly through a shared care environment if infection control breaks down.
- It may affect multiple residents before the source is recognised.



Thank you!

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