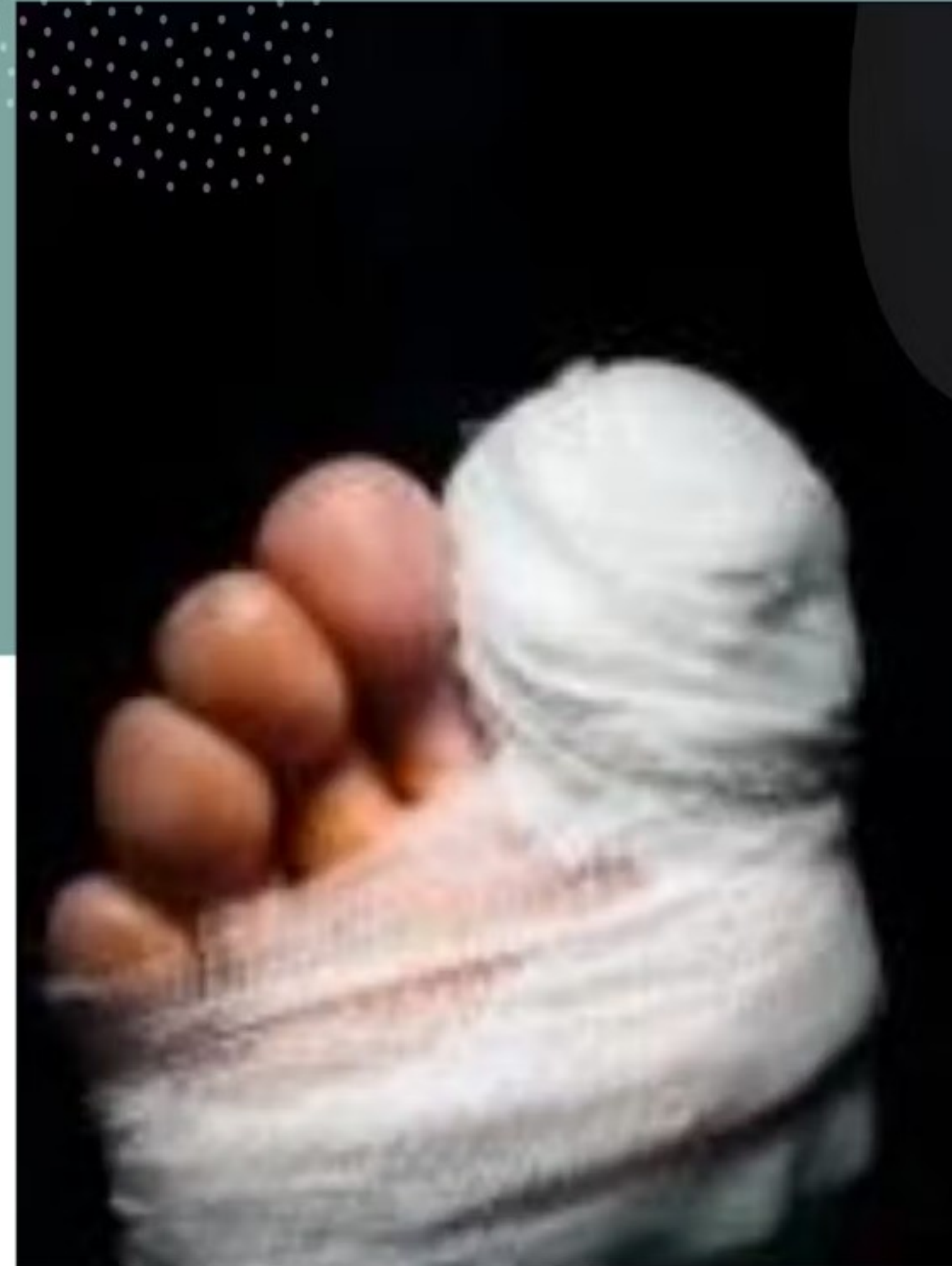


Wound Care in Long-Term Care Facilities

Infection Prevention Recommendations



I have no conflicts of interest to declare.



Objectives

- Be able to describe the basic infection control aspects of wound care in healthcare settings
- Describe opportunities for improvement from survey review
- Be able to share best practices learned for wound care programs in the LTC setting

What is a Wound?

Any type of damage or break in the surface of someone's skin

- Skin tears, abrasions, other traumatic injuries
- Pressure sores
- Burns (thermal or chemical)
- Arterial or venous ulcers
- Surgical incisions



Wound Care Program Recommendations



1. Administrative Controls
2. Hand Hygiene
3. Personal Protective equipment (PPE)
4. Wound care equipment and supplies

Source: MN Dept of Health/ICAR Program: Wound Care Infection Prevention Recommendations for Long-Term Care Facilities 11/30/22

[Wound Care Infection Prevention Recommendations for Long-Term Care Facilities \(state.mn.us\)](https://state.mn.us)

Administrative Controls

- Policies and procedures written and approved that are evidence-based and readily available
 - Includes detection, assessment, management of wounds as well as infection prevention and control measures to follow.
- Wound Care resources available for staff
- A facility competency-based program for training all personnel who provide wound care upon hire and annually.

Cont.

- Audits of compliance with policies and procedures related to wound care
- Facility records kept of all wounds as skin infections of residents on the wound care program.
- Use of transmission-based precautions or Enhanced Barrier Precautions when implemented per CDC guidance.
- Display in facility of hand hygiene posters in high traffic areas

Hand Hygiene



- Perform prior to start of wound care for each resident
- Includes: before retrieving supplies, before applying gloves and after removing gloves
- ABHR accessible throughout wound care process. Use unless visibly soiled.
- HCWs: no touching items in care environment while performing wound care.

Personal Protective Equipment (PPE)

- Keep PPE available in all sizes for staff and providers
- Wear gloves during all stages of wound care, including when applying new dressings
- Apply gloves after hand hygiene. Remove gloves every time when moving from a dirty to clean surface or supplies
- Perform hand hygiene after removing gloves, before reapplying new gloves



PPE (cont)

- Wear a clean gown to cover arms and clothing that may come into contact with resident or environment
- Remove PPE in correct order to decrease spread of infection and cross contamination. Place used PPE in appropriate waste or laundry receptacle.
- Wear a clean gown and gloves for all wound care per CDC's guidance to reduce the spread of multidrug resistant organisms.



Wound care equipment and supplies

- Reusable equipment that comes in contact with non-intact skin, mucous membranes, or any bodily fluids are considered semi-critical instruments.
 - Perform high-level disinfection before use on any other resident
- OR
 - Discard wound care equipment or products when no longer needed for an individual resident.



Dedicated Equipment and Supplies



- Dispose of dedicated equipment if disposable or arrange to have equipment appropriately processed when no longer needed for designated resident.
- Dedicate tape, sprays, creams, all wound care products to an individual resident and do not store used sprays with clean wound care supplies
- Use regular trash to dispose of wound care dressings.

- If fresh bandages are cut, it should be done with clean scissors, not with scissors used to cut off soiled bandages.
- Clean and disinfect the surface where wound care supplies will be placed prior to setting down wound care supplies in resident room
- Store wound care supplies in a clean area of resident room.



Wound Care Equipment and Supplies

- Dressing Cart should remain outside of resident rooms
- Any medication tube or bottle, etc. should be dedicated for that single resident use.
- If multi-dose wound care medications are used for more than one resident, they should be stored in central area and not enter the resident room.



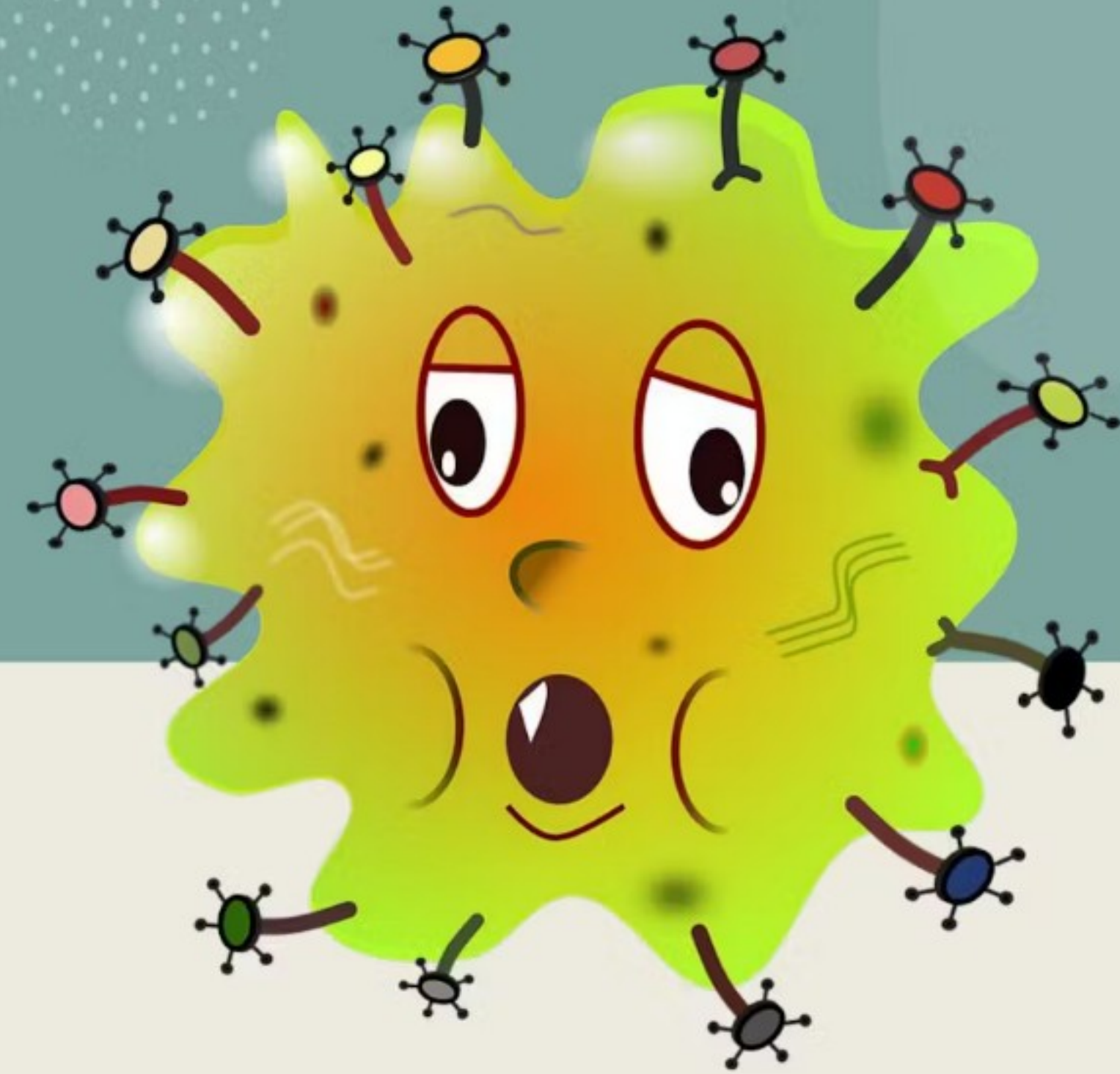
Maintaining Aseptic Technique

1. The field used should be cleared, cleaned, disinfected and allowed to dry
2. Place barrier under wound to protect from contacting surrounding linen, etc.
3. Keep ABHR near by to provide ease of use when performing hand hygiene
4. Locate waste can near by for proper disposal and preventing contact with clean field.



Maintaining Aseptic Technique

- Prevent cross contamination between scissors, tape, gauze, etc.
- When clean field is set up, remember you should not reach across/over clean with dirty bandages or equipment.
- Do not return any unused supplies from the resident's care area to the clean dressing supply card.



Cleaning and Disinfecting Surfaces

- Educate staff to use EPA approved for cleaning and disinfecting field before doing care.
- Any reusable equipment that comes into contact with non-intact skin: requires proper cleaning with EPA approved disinfectant.




Let's Share Challenges and Best Practices

CHALLENGES are
what make life
interesting,
overcoming them
is what makes
life MEANINGFUL.

-Joshua J. Marine

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Additional Resources to Check Out



Wound Care Observation Checklist for Infection Control

The following represent best practices for infection control during wound dressing changes, assessment and care. To evaluate wound practices, observe wound care procedures from start to finish, marking whether practices were appropriate (yes) or not (no) or not observed (n/a). Make notes of all deviations from best practices (areas for improvement).

Practices	Yes	No	N/A	Notes
1. All supplies gathered before dressing change <ul style="list-style-type: none"> Supplies were handled in a way to prevent contamination Supplies are dedicated to and labeled for one individual Multi-dose medications are used appropriately¹ 				
2. Hand hygiene performed properly before preparing clean field ²				
3. Clean field prepared <ul style="list-style-type: none"> Surface cleaned with antiseptic wipes following manufacturer guidelines Surface barrier applied (e.g. Chux pad) Supplies placed on surface barrier in aseptic manner 				
4. Hand hygiene performed properly before starting the procedure				
5. Clean gloves and PPE donned according to Standard or Contact precautions <ul style="list-style-type: none"> Consider use of surgical mask for all wound care 				
6. Barrier positioned under wound				
7. Old dressing removed and discarded immediately				
8. Dirty gloves removed and discarded ³				
9. Hand hygiene performed properly before accessing clean supplies ³				
10. Clean gloves donned				
11. Wound cleaned using aseptic non-touch technique ⁴				
12. Wound treatment completed using aseptic non-touch technique ⁴				
13. Dirty supplies discarded in trash receptacle				
14. Gloves removed and hand hygiene performed properly after dressing change is complete				

[Wound care observation checklist.FINAL.pdf \(pa.gov\)](#)



Thank you!

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