

# Wound Care Template

Date Revised: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorization: \_\_\_\_\_

Committee

## **Define the Infection Prevention and Control (IPC) Practice**

Various types of wounds, including pressure ulcers, diabetic, vascular and surgical wounds, may be encountered and cared for in nursing homes. Implementing infection prevention practices during wound care is important to reduce the development of infections and the transmission of pathogens.

## **Purpose (provides background to explain the rationale for the policy/procedure)**

Wounds provide a portal of entry for bacteria and a surface for biofilm formation allowing bacteria to develop, multiply, and share resistance. Presence of wounds increase the likelihood of a person being colonized with multidrug-resistant organisms (MDROs). Because wounds can serve as a reservoir for pathogens like MDROs, lapses in infection prevention practices during wound care can result in transmission.

To protect our residents, our staff follow evidence-based infection prevention practices to minimize pathogen transmission during wound care.

## **Responsibility (defines who is responsible for following this policy/procedure)**

There may be multiple policies and procedures related to wound care, depending on the type of services provided in the facility. Staff who might be involved in wound care and responsible for following wound care policies and procedures include: Registered Nurses (RN), Nurse Practitioners (NP), Licensed Practical Nurses (LPN), Certified Nursing Assistants (CNA), Physicians (MD/DO), Physician Assistants (PA), and External Wound Care Consultants.

## **Policy Content Considerations**

- Guidance on evaluation and documentation of wounds and wound care plans, including requirement that wounds be evaluated at least every 7 days.
- Types of personal protective equipment (PPE) recommended for each type of wound care activity.
- Guidance on proper use of clean supply carts (e.g., should not enter the resident's immediate care area).
- Guidance on preventing contamination of clean supplies.
- Guidance on proper use of multi-dose topical wound care medication (e.g., dedicate to an individual resident, whenever possible).
- Maintaining adequate supplies in appropriate facility locations including who is tasked with maintaining supplies and how it should be performed (e.g., frequency of checking supply levels)

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## **Procedure Content Considerations (outlines the steps/supplies to perform the practice)**

Specific steps will vary depending on the type of wound care being performed (e.g., dressing change; irrigation; debridement; use of vacuum-assisted closure devices). The following practices should be incorporated into all wound care procedures.

- Perform hand hygiene:
  - Before and after wound care, even if gloves will be worn.
  - After removal of PPE, including if gloves are changed during the procedure.
- Select and use appropriate PPE:
  - Gloves should be worn during wound care procedures.
    - Gloves should be changed and hand hygiene performed when moving from dirty tasks to clean tasks.
  - Gowns should be worn when wound care requires significant contact with the resident or their immediate environment (e.g., turning or positioning resident).
  - Face protection (goggles and facemask, or a face shield) should be worn during procedures that may generate splashes or aerosols (e.g., irrigation)
- Prevent contamination of wound care supplies:
  - Clean supply cart should never enter the resident's immediate care area.
  - Clean supplies should only be handled by individuals with clean hands.
  - Wound care supplies should be selected and gathered prior to entering the resident care area.
    - Only gather supplies needed for an individual resident.
    - Place supplies on clean surface in the resident room or treatment area.
    - Avoid accessing the supply cart during the procedure.
  - Maintain separation between clean and dirty supplies.
  - Clean, unused disposable supplies that enter the resident's care area should remain dedicated to that resident or be discarded.
    - Unused supplies should not be returned to the clean supply cart.
- Properly handle topical medications:
  - Dedicate multi-dose wound care medications to an individual resident, whenever possible.
    - Label and store in a manner to prevent cross-contamination or use on another resident.
  - If a container is used for more than one resident, allocate a small amount for single-resident use prior to the procedure.
    - Remainder of the container should be properly stored in a centralized location.
- Clean and disinfect reusable wound care equipment after each use.
  - Level of cleaning and disinfection will depend on the type of equipment and degree of risk for infection involved in its use.

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- Clean and disinfect any surface in the treatment area that could have been contaminated during wound care immediately after the procedure.

## **Guidelines, Standards, and Resources for Policy/Procedure Development**

Policies and procedures should be based on current standards of practice and developed using evidence-based guidelines. The following resource(s) could be used for developing policies and procedures addressing wound care:

- CDC. *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)*:  
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>.