



Indiana
Department
of
Health

PREVENTING INFECTION DURING WOUND CARE

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OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**



What Is A Wound?

A wound is any type of damage or breakage to the surface of one's skin.

- Surgical incision
- Arterial or venous ulcer
- Pressure injury
- Burns
- Trauma injury (skin tear, paper cut, abrasion)

Wound Healing

Wound healing can be influenced by risk factors:

- Age
- Circulation
- Medications
- Nutrition activity
- Hydration
- Moisture and fluid balance
- Presence of infection

Signs of a Wound Infection

Classic signs of infection:

- Heat
- Redness
- Swelling
- Pain

Additional signs of wound infection include increased exudate, delayed healing, contact bleeding, odor, and abnormal tissue granulation.



Treating Wound Infection

- Report any of signs and symptoms of infection to your providers.
- If a culture and treatment with antimicrobials are appropriate, be sure to attain the wound culture prior to initiating antimicrobial therapy.
- Follow up with microbiology results and local resistance patterns to promote good antibiotic stewardship.





Policies and Procedures



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Policies and Procedures

- Ensure facility has current, evidence-based policy and procedures regarding wound detection, assessment and management. Policies should be reviewed and updated on an annual basis.
- Implement a competency-based program for training all staff who provide wound care. Training should occur on hire and annually.
- Record all types of wound and skin infections identified from residents receiving wound care
- Audits (monitor and document) the adherence to wound care policies and procedures
 - Provide feedback to staff regarding their performance of wound care
 - HCP should receive additional education focused on gaps identified during audits
- Education should be provided when new equipment or protocols are introduced
- Facilities should have resources about wound care available for staff

Wound Care Assessment Tool

- Facilities should audit and provide feedback to staff on wound care practices for infection control standards of care



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 practice, 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				
15. Reusable equipment cleaned and/or disinfected appropriately ⁵				
16. Wound cart is clean and utilized appropriately ⁶				



Managing Admissions

When admitting a resident from an acute care facility or wound care center, review chart for any Multi-Drug Resistant Organism's (MDRO) and communicable infections.

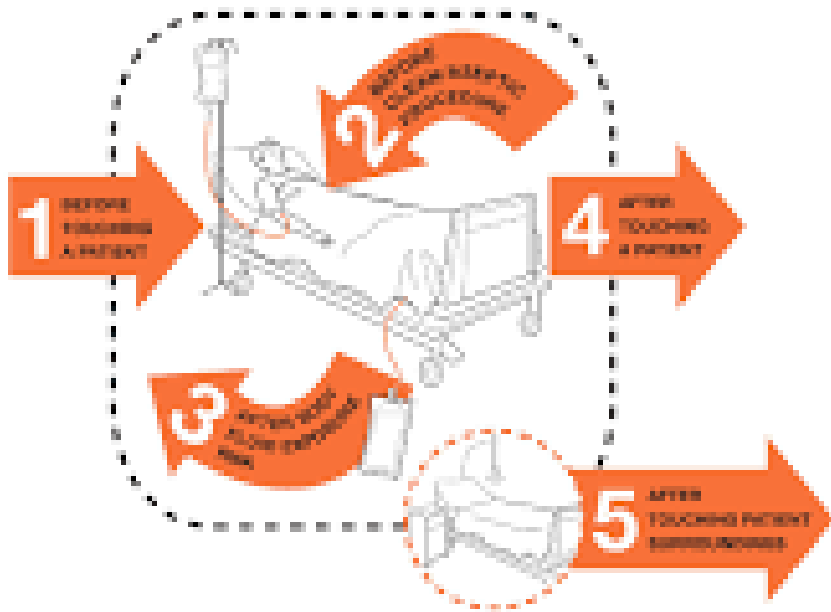
Be diligent to ask if the resident has any laboratory or culture results that may still be pending.

This will assist you to identify the need for proper follow up and to take action if any identified MDROs would require transmission-based precautions (TBP).

Does the person* currently have an infection, colonization OR a history Colonization Active infection of positive culture of a multidrug-resistant organism (MDRO) or other or history potentially transmissible infectious organism?	Colonization or History (Check if Yes)	Active Infection on Treatment (Check if Yes)
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Vancomycin-resistant <i>Enterococcus</i> (VRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Clostridioides difficile</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Acinetobacter</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Enterobacteriaceae (e.g., <i>f. coli</i> , <i>Klebsiella</i> , <i>Proteus</i>) producing- Yes Extended Spectrum Beta-Lactamase (ESBL)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Carbapenem-resistant Enterobacteriaceae (CRE)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Pseudomonas aeruginosa</i> , multidrug-resistant	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<i>Candida auris</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
COVID-19 Choose a Test Type: <input type="checkbox"/> PCR <input type="checkbox"/> POC Antigen	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Other, specify (e.g., scabies, norovirus, influenza): <input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Hand Hygiene

Your 5 Moments for Hand Hygiene



Alcohol-based hand rub (ABHR) should be easily accessible throughout the wound care process.

- Ways to ensure this include confirming that there are ABHR dispensers in the hallway outside resident rooms.
- Have ABHR close to the area where performing wound care.
- Personnel should not touch items in the resident care environment while performing wound care as this will contaminate gloves and/or the environment.

Hand Hygiene

Hand hygiene and donning of new gloves should be performed:

- Prior to entering the resident room
- After removal of dirty dressing prior to performing wound care
- Before setting up a clean field of new dressing supplies
- After wound care complete
- After cleaning and disinfection of reusable equipment



Enhanced Barrier Precautions

- Enhanced Barrier Precautions involve using a gown and glove during high-contact resident care activities for residents known to be colonized or infected with a MDRO.
- Enhanced Barrier Precautions focuses on the use of gown and gloves during high-contact resident care activities that have been demonstrated to result in the transfer of MDROs to hands and clothing of healthcare staff, even if blood and body fluid exposure is not anticipated.
 - Standard Precautions still apply while using Enhanced Barrier Precautions. As an example, if splashes and sprays are anticipated during the high-contact care activity, eye and face protection should be used in addition to the gown and gloves.
- The CDC now recommends that Enhanced Barrier Precautions be used for those at increased risk of acquiring an MDRO, such as residents with wounds or indwelling medical devices.

Enhanced Barrier Precautions

- CDC reference: [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#)
- CDC FAQ: [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#)
- CDC PowerPoint for education of staff: [Implementation of Enhanced Barrier Precautions in Nursing Homes Presentation](#)



Wound Care Equipment and Supplies

- Wound care supply cart should remain outside of resident care areas.
- Any medication container entering a resident room should be dedicated for that single resident use.
- If multi-dose wound care medications used for more than one resident, then the medications should be stored in a central area and should not enter the resident room.



Maintaining Aseptic Technique

- The area that you set up your field, such as the bedside table, should be cleared off, cleaned, and disinfected with EPA approved disinfectant using friction and allowed to dry per manufacturer's suggested contact/ dry time.
- Ensure that there is a barrier under the wound that protects the wound from surrounding area like dirty bed linen.
- Have access to ABHR to ensure proper hand hygiene.
- Have a trash can near by for disposal of dirty items, ensuring they are not placed onto clean field.



Maintaining Aseptic Technique

- Clean dressing supplies such as gauze, measure tape, or scissors, should be handled in a way to prevent cross contamination
 - If fresh bandages are cut for the resident, it should be done with clean scissors, not with the dirty scissors that were used to cut off soiled bandages
- When you set up your clean field, remember clean to dirty and that you should not reach over clean supplies with dirty bandages or equipment
 - This is important when flushing or irrigating a wound
- Wound care dressings can be disposed of in the regular trash unless they are dripping or saturated with blood or body fluids
- Ensure that unused supplies are not returned to the clean supply cart
 - Discard in trash or remaining items should be dedicated to that resident

Environmental Cleaning

- Educate staff and ensure EPA approved disinfectants are available for cleaning areas prior to and after wound care completion.
- The area that you set up your field, such as the bedside table, should be cleared off, cleaned, and disinfected with friction and allowed to dry per manufacturer's suggested contact/ dry time.
- Any reusable equipment (ex: bandage scissor, flashlight or mirror) that comes in contact with non-intact skin, mucous membranes or any bodily fluids or drainage, require proper cleaning with EPA approved disinfectant.



Questions?

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