

## **VDH Wound Care Infection Prevention and Control Guidance & Observation Tool**

Various types of wounds, including pressure ulcers, diabetic, vascular and surgical wounds, may be encountered and cared for in healthcare facilities. Implementing infection prevention practices during care of these wounds is important to protect the patient/resident from developing an infection and prevent the transmission of pathogens. Healthcare facilities should ensure all personnel who perform wound care have appropriate training, competency validation, and a written policy/procedure to follow that reflects current guidance. Routine observations of these personnel should also be done to validate competency and compliance with wound care procedures.

### **Infection Prevention and Control Recommendations for Wound Care Policies and Procedures**

- Evaluation and documentation of wounds and wound care plans, including requiring that wounds be evaluated routinely according to clinical practice guidelines and facility policy.
- Use personal protective equipment (PPE) for wound care activities according to Standard, Transmission-Based, and/or Enhanced Barrier Precautions, as applicable to the situation.
- Determine whether to use clean versus sterile technique for the care of chronic wounds based on [practice recommendations](#).
- Ensure proper use of clean supply carts (e.g., should not enter the patient/resident's immediate care area).
- Ensure proper storage and handling of supplies to prevent cross-contamination.
- Ensure proper use of multi-dose topical wound care medication (e.g., dedicate to an individual patient/resident, whenever possible).
- Maintain adequate supplies in appropriate facility locations. Define who is tasked with maintaining supplies and how the task is performed (e.g., frequency of checking supply levels).
- Observe wound care practices conducted by all personnel who perform wound care, including external consultants. See Wound Dressing Change Observation Checklist on p. 2.

### **References**

- CDC [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) (2007).
- CDC [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#) (2022).
- Wound, Ostomy, and Continence Nurses Society and the Association for Professionals in Infection Control and Epidemiology, Inc. [Clean Versus. Sterile: Management of Chronic Wounds](#) (2024).

## Wound Dressing Change Observation Checklist

Instructions: Observe the wound dressing change process for all shifts and personnel performing wound care (including external consultants). Record whether each basic infection prevention and control (IPC) wound care practice was met. Additional steps will vary depending on the type and complexity of wound care performed.

Basic IPC Wound Care Practices	Meets Criteria	Notes/Areas for Improvement
Only the minimum supplies needed are taken to the procedure and supply carts do not enter the care area <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Multi-dose wound care meds are used appropriately <sup>2</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The wound care field is set up appropriately, away from contamination <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand hygiene is performed before putting on gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal protective equipment is worn according to Standard Precautions <sup>4</sup> <div style="margin-left: 40px;">Gloves (clean or sterile) <input type="checkbox"/>Yes <input type="checkbox"/>No</div> <div style="margin-left: 40px;">Gown <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA</div> <div style="margin-left: 40px;">Eye and face protection* <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>NA</div>		
Transmission-Based or Enhanced Barrier Precautions are followed when applicable <sup>5</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Dressing change is performed in a way to prevent cross-contamination <sup>6</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gloves are removed and hand hygiene performed: <sup>7</sup> <div style="margin-left: 40px;">Before putting on new gloves when moving from dirty to clean tasks <input type="checkbox"/>Yes <input type="checkbox"/>No</div> <div style="margin-left: 40px;">After the procedure <input type="checkbox"/>Yes <input type="checkbox"/>No</div>		
Soiled disposable supplies and sharps are discarded in a suitable waste or sharps container <sup>8</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reusable equipment and environmental surfaces are cleaned and/or disinfected correctly after the procedure <sup>9</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clean, unused supplies are discarded or remain with the patient/resident <sup>10</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Additional Information on Wound Care IPC Practices

1. Only the supplies needed should be taken to the procedure. Clean supply carts should be kept in a designated, clean area and never enter the area where wound care is provided. If a cart is taken out of its storage area, it should be cleaned prior to returning to storage
2. Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single patient/resident whenever possible and stored in a dedicated, clean area. For use in the procedure, dispense a small amount of medication in a clean, disposable container to take to the bedside or treatment area.
3. The wound care field should be set up on a clean and disinfected solid surface with a fluid resistant barrier. Wound care fields should be away from contamination (e.g., outside of splash zones).
4. Standard Precautions
  - a. **Gloves** (clean or sterile) should be worn according to facility policy, procedure performed (sterile vs. clean), and type of dressing application.
  - b. **Gown** should be worn if there will be direct contact with the patient/resident or wound procedures that may cause splashes or sprays.
  - c. **Eye/face protection** (e.g., masks, face shields, goggles) should be used during procedures that may cause splashes or aerosols. *\*During a Group A Strep outbreak, facemasks should be worn for all wound care.*
5. Transmission-Based or Enhanced Barrier Precautions
  - a. **Contact Precautions** - Gown and gloves upon room entry for patients/residents whose wounds are unable to be contained or covered by a dressing or for wounds suspected or confirmed to be caused by an organism that requires [Contact Precautions](#).
  - b. **Contact and Droplet Precautions** – Gown, gloves, and face protection upon room entry for patients/residents with wounds suspected or confirmed to be infected with Group A Strep until 24 hours after starting effective antibiotic therapy.
  - c. **Enhanced Barrier Precautions** (nursing homes only) - In addition to gloves, wear a gown during the wound care procedure.
6. Debridement or irrigation should be performed in a way that minimizes cross-contamination of surrounding surfaces from aerosolized irrigation solution. Maintain a separation of clean and dirty during the procedure (e.g., dirty dressings are never placed on or near the field).
7. Gloves should be changed and hand hygiene performed when moving from dirty to clean tasks (e.g., after removal of soiled dressings, before handling clean supplies). After the procedure, gloves should be removed and hand hygiene performed.
8. Clean and disinfect or sterilize (if applicable) reusable equipment following manufacturer's instructions and the risk for infection involved in its use (e.g., [Spaulding classification](#)). Reusable equipment should be transported and stored to prevent cross contamination (e.g., not carried in pockets or dirty equipment stored with clean items).

Environmental surfaces – Any surface surrounding the area where wound care is performed should be considered contaminated and cleaned and disinfected immediately after the procedure. Any visible blood or body fluid should be removed before disinfecting with an EPA-registered product per manufacturer's instructions.
9. Any unused supplies that enter the care area should remain with that patient/resident or discarded.
10. All soiled dressing supplies should be discarded in an appropriate waste container, consistent with the [OSHA Bloodborne Pathogen Standard](#), immediately after removal. Single-use sterile scissors are disposable and must be disposed of in an approved sharps container. Safe handling of all sharps must be according to facility policy and OSHA standards.