DEPARTMENT OF HEALTH



Wound Dressing Change Observation Tool MDH ICAR INFECTION PREVENTION AUDIT TOOLS

This audit tool can be used to determine compliance of wound dressing change practices for any staff member.

Observer:	Date:				Location (room/unit/etc.):						
Role	All supplies gathered before dressing change ⁱ	HH performed before dressing change	Clean gloves donned before dressing change ⁱⁱ	Multi-dose wound care meds used appropriately ⁱⁱⁱ	Dressing change performed in manner to prevent cross- contamination ^{iv}	Gloves removed after dressing change completed	HH performed after dressing change completed	Reusable equipment cleaned and/or disinfected appropriately ^v	Clean, unused supplies discarded or dedicated to one resident	Wound care performed/ assessed regularly ^{vi}	Wound care supply cart is clean ^{vii}
□ RN □ REHAB □ PROVIDER □ CONTRACTOR	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
□ RN □ REHAB □ PROVIDER □ CONTRACTOR	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
□ RN □ REHAB □ PROVIDER □ CONTRACTOR	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA
□ RN □ REHAB □ PROVIDER □ CONTRACTOR	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA	□ Yes □ No □ NA

NA: Not assessed

ROLE: RN–registered nurse; REHAB–rehabilitation including physical occupational, music, and speech therapy; PROVIDER–medical doctor (MD), Doctor of Osteopathic Medicine (DO), nurse practitioner (NP), physician assistant (PA), dentist (DDS); CONTRACTOR– contracted wound care nurse

¹ Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident's bedside before starting procedure.

^{iv} Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded.

ⁱⁱ Additional PPE (e.g., facemask/face shield, gown) should be worn to prevent body fluids exposure per facility policy.

ⁱⁱⁱ Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area.

^v In addition to reusable medical equipment, any surface in the resident's immediate care area contaminated during a dressing change should be cleaned and disinfected; Any visible blood or body fluid should be removed first with a wet, soapy cloth then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy; Surfaces/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse.

vi Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy.

vⁱⁱ Wound care supply cart should never enter the resident's immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.