

Wound Care Infection Prevention Recommendations for Long-Term Care Facilities

Wound care treatments and services provided in the long-term care setting can entail complex procedures utilizing a wide array of products and/or equipment. The following wound care infection prevention and control recommendations are designed to assist long-term care facilities with general principles and are not all-inclusive.

For further assistance regarding wound care infection prevention and control questions please email health.icar@state.mn.us or call the Minnesota Department of Health at 651-201-5414.

Administrative Controls

- Facility has current, evidence-based policies and procedures readily available regarding wound detection, assessment, and management, which are reviewed and updated on an annual basis.
- Resources about wound care are available for staff to utilize should questions or concerns arise (i.e., nursing reference book with checklists).
- The facility has a competency based program for training all personnel who provide wound care upon hire and annually thereafter. Education is provided when new equipment or protocols are introduced.
- The facility audits (monitors and documents) adherence to wound care policies and procedures and provides feedback to personnel regarding their performance of wound care. Personnel will receive education focused on gaps identified during audits.
- The facility keeps a record of all types of wound and skin infections identified in residents receiving wound care. When necessary, transmission-based precautions are implemented based on CDC guidance.
 - [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf\)](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf)
- The facility displays hand hygiene posters in heavily trafficked areas and outside resident rooms.
 - [Hand Hygiene Print Materials \(http://www.health.state.mn.us/handhygiene/materials.html\)](http://www.health.state.mn.us/handhygiene/materials.html)

Hand Hygiene

- Perform hand hygiene before starting wound care for each resident (including before retrieving wound care supplies and before donning gloves), and after doffing gloves.
- Alcohol hand rub should be readily accessible throughout the wound care process. Ways to ensure this include keeping an alcohol hand rub close to the bed (point of care) in the room when performing wound care in addition to placing alcohol hand rub dispensers in the hallway outside resident rooms.
- Personnel should not touch items in the resident care environment while performing wound care as this will contaminate gloves and/or the environment.

WOUND CARE INFECTION PREVENTION RECOMMENDATIONS FOR LONG-TERM CARE FACILITIES

Personal Protective Equipment

- Keep gloves available in all sizes for staff and providers.
- Wear gloves during all stages of wound care including when applying new dressings. Don them after performing hand hygiene. During an individual resident's treatment, doff gloves every time when going from dirty to clean surfaces or supplies and before caring for another resident.
- Wear a mask with eye protection if there is any chance of splattering (e.g., wounds with drainage, especially during debridement and irrigation).
- Wear a new disposable gown to cover arms and clothing that may come in contact with the resident or the resident's bed for each dressing change.*

**Because it typically cannot be predicted ahead of time if health care workers or their clothing may come in contact with the wound or drainage, health care workers should consider wearing gowns for all wound care. Some exceptions could be made for patients with small, non-draining wounds, which do not require any hands-on contact with the patient (including positioning the patient) or bedding.*

Wound Care Equipment and Supplies

- Any reusable equipment (e.g., bandage scissor, flashlight, or mirror) that comes in contact with non-intact skin, mucous membranes, or any bodily fluids or drainage, including fluids on bedding or gloved health care workers hands, are considered semi-critical instruments that require either:
 - 1) High-level disinfection (HLD) before use on another resident, or
 - 2) Dedicated wound care equipment for each resident that is discarded after that resident no longer requires wound care.
- When HLD (or sterilization) is not available and dedicated equipment is used for each resident, it is important to wipe each piece of equipment with a disinfectant after each use on the same resident to reduce bioload.
- Dispose of dedicated equipment (if disposable equipment is used) or arrange to have dedicated equipment appropriately processed after no longer needed for care of the designated resident.
- CDC guidance on disinfection and sterilization in health care facilities:
[Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008](https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf)
(<https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines.pdf>)
- Assign all wound sprays to an individual resident and do not store used sprays with clean wound care supplies.
- If fresh bandages are cut for the resident, it should be done with clean scissors, not with scissors used to cut off soiled bandages.
- Wound care dressings can be disposed of in the regular trash unless they are dripping or saturated with blood or other regulated body fluids.
 - [Infectious Waste Management Guidance for Generators](https://www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf)
(<https://www.pca.state.mn.us/sites/default/files/w-sw4-30.pdf>)
- Disinfect the surface (e.g., over bed table) where wound care supplies will be placed prior to setting down wound care supplies in resident rooms.