

Infection Prevention During Wound Care Procedures, Part 2: Standard Precautions for Wound Care

Presentation Transcript

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Hello everyone! My name is Andrea Chapman and I work at the Virginia Department of Health as a Regional Infection Prevention Coordinator.

I'm with you today to share the second training module in a three part series on infection prevention during wound care procedures.

This module will focus on standard precautions for wound care.

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As I mentioned, this is part 2 of a 3-part series. The objectives for the 3 trainings as a whole are to:

1. Discuss risks for infection transmission with wound care procedures
2. Describe infection prevention practices to prevent the transmission of infections with wound care AND
3. Identify how to apply infection prevention to wound care procedures

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In this module, we'll be focusing on Standard Precautions. These precautions apply to the care of all patients or residents with or without wounds, but is especially important during all wound care procedures.

Over the next several slides we will discuss application of Standard Precautions during wound care, including proper hand hygiene, selection and use of personal protective equipment, handling of wound care supplies, including medications, and cleaning and disinfection of environmental surfaces and reusable wound care equipment.

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Many of you may be familiar with the World Health Organization's 5 key moments for hand hygiene. These include:

- Immediately before touching a patient or resident
- Before performing an aseptic task, and that may include wound care
- After contact with blood, bodily fluids, or contaminated surfaces
- After touching a patient or resident
- After touching a patient's or resident's environment

Hand hygiene during wound care has a total of 7 moments for hand hygiene, as there are two more moments that are just as important:

- Before gathering supplies and accessing the wound care cart AND
- Immediately after glove removal even if gloves are being changed during the procedure.
Remember, gloves are not a substitute for hand hygiene.

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We had a scenario in the first installment of this training. Now we have scenario number 2. And this talks about when to apply hand hygiene.

- A physician at an acute care hospital is preparing to do a wound care procedure on a patient in the intensive care unit. He does the following:
 - Gathers supplies, goes to the patient's room, and sets up the wound care field on the bedside table.
 - He then puts on gloves and begins the wound care procedure by removing the soiled bandage.
 - He irrigates the wound and then changes his gloves.
 - He applies ointment to the wound and dresses it with a clean bandage.
 - Then he discards used supplies, removes his gloves, and exits the room.
 - *At what points in this scenario should he have performed hand hygiene? Think about that for a moment.*

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Here's our answer. There are several times when the physician should have performed hand hygiene. Before gathering supplies for the wound care procedure, before touching the patient, and before and after the wound care procedure and removing gloves. And that happened twice.

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- Personal protective to wear for wound care procedures includes:
 - Gloves. These should be worn during the procedure and changed when moving from dirty to clean tasks
 - That would include after removal of soiled dressings
 - Dirty gloves should be discarded and then hand hygiene performed before handling clean wound care supplies.
 - Gowns should be worn if significant contact with the patient or resident or their immediate environment is anticipated
 - This would including turning or positioning a patient for wound care or if procedure could generate splashes or sprays, such as with wound irrigation
 - Facemasks and eye protection (such as a full length face shield) should also be worn during procedures that may generate splashes or aerosols
 - Examples of these kinds of procedures related to wound care would include irrigation, pulse lavage, and vacuum-assisted closure.
 - It is important to note that during a Group A Strep outbreak, facemasks should be worn for all wound care.

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- We have a new scenario. This time we have a medical student who is preparing to perform wound care to a large wound on the buttocks of a patient being seen in the wound care clinic. The medical student has been instructed to irrigate the buttock wound.
 - *What personal protective equipment should she wear to protect herself?* Think about that for a moment.

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The medical student should wear the following PPE to protect herself with the wound irrigation:

- Gloves, a gown, eye protection, and mask because of the risk of splash, spray, or aerosolization during the irrigation procedure.

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To prevent contamination of clean supplies like dressing materials and equipment, they should be selected and gathered prior to entering the patient care area to avoid accessing the supply cart during the procedure.

Only the materials needed for an individual patient or resident should be brought into the patient's room or treatment. Any clean, unused disposable supplies that enter the patient care area should remain dedicated to that patient or resident or be discarded.

Multi-dose topical wound care medications, such as creams and ointments, should be dedicated to an individual whenever possible. Dedicated containers should be properly labeled and stored in a manner to prevent cross-contamination or use on another person. Regardless if they are dedicated to an individual or multiple patients or residents, all multi-dose containers should be stored in a clean, dedicated area. When it comes time for the wound care procedure, a small amount of medication can be put in a small, disposable cup or container, like a medicine cup, and taken to the bedside for use.

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On this slide we have some reminders about maintaining the wound care or clean supply cart. The clean supply cart should never enter the immediate patient care area. The supplies on or in the cart should only be handled by individuals with clean hands to avoid contamination. When the cart is not in use, it should be kept in a dedicated clean area. If it is taken out of the dedicated storage area, it should be cleaned prior to returning to storage.

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Onto our next scenario. We have a Physician Assistant in an emergency department who is performing wound care on a pressure ulcer of the heel. He does the following:

- He gathers supplies, which is an open bottle of wound wash and half-used tube of bacterial ointment that's shared among other patients. He has bandage scissors and a box of bandages.
- He puts the bandage scissors in his lab coat pocket and proceeds to the patient's room, carrying the remainder of the items in his hands.
- *Based on this information, what infection prevention practices could he improve on in the future when gathering and transporting supplies? So let's think about that for a moment based on what we've learned so far.*

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This Physician Assistant had several infection prevention practices that could have been improved upon.

- He should have dedicated the topical wound care medications, meaning the wound wash and ointment to a single patient.
- If these items could not be dedicated, then they should be properly labeled and stored in a manner to prevent cross-contamination or use on another person.
- Regardless if they are dedicated to an individual or multiple individuals, all multi-dose containers should be stored in a clean medication area.
 - And when it comes time for the procedure, a small amount of medication can be put in a disposable container, like a medicine cup, and taken to the bedside for use.
- And lastly, he should not have transported wound care supplies, namely the scissors, in his pockets.

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Setting up a wound care field is a very important part of proper infection prevention and control with wound care. It may be a clean or sterile field depending on the type of wound care being performed.

Basics with setting up the field include:

- Choosing a clean, solid surface, away from contamination (such as outside of a sink's splash zone, the three feet on either side of the sink)
- Cleaning and disinfecting the surface (like the over bed table) that will be used for the wound care procedure is an important aspect
- Putting a clean fluid resistant barrier over the surface is also key

- Placing clean supplies on the field
- Maintaining a separation of clean and dirty during the procedure
 - And never placing dirty dressings on or near the clean field
 - Used dressings should be immediately discarded and not placed on a surface next to clean dressings.

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Onto our next scenario where we will talk about setting up a wound care field.

- A nurse enters the room to do wound care and is preparing to set up supplies for the wound care field. *Where is the best place to set up a wound care field of these options?*
 - Is it A, on a paper towel next to the sink?
 - B, on a disposable underpad on the bed?
 - C, directly on the bed, as close to the patient as possible?
 - Or D, on a disinfected over bed table, with a barrier sheet?

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If you answered D, you are correct! The best place the nurse should select for setting up the wound care field would be on a disinfected over bed table that's covered with a barrier sheet.

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Environmental surfaces and reusable wound care equipment can also serve as sources of pathogen transmission if they are not properly cleaned and disinfected. Clean and disinfect or sterilize (if applicable) reusable equipment according to the manufacturer's instructions prior to use on another patient or resident. The level of cleaning and disinfection or sterilization will depend on type of equipment or instruments used and the manufacturer's instructions and the risk for infection involved in its use. Reusable equipment should be transported in a manner to prevent cross contamination. Examples would be not carrying equipment in pockets like the scissors in one of our scenarios or storing dirty equipment with clean equipment. Bandage scissors may only require cleaning followed by low- or intermediate-level disinfection. But any instrument used for wound debridement which would contact non-intact skin and breach the blood barrier, should undergo sterilization. In addition to reusable medical equipment, any surface in the treatment area that could have been contaminated during wound care should be immediately cleaned and disinfected after the procedure.

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As we wrap up this section on Standard Precautions, I want to point you to some resources that may be helpful to you for additional training, education, and assessment.

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The Healthcare-Associated Infections and Antimicrobial Resistance Program at the Virginia Department of Health also has resources listed on our website for Enhanced Barrier Precautions, wound care infection prevention and control assessment, and a quick guide that covers the very basics of infection prevention and control with wound care, and that is geared toward nursing home infection preventionists.

The Minnesota Department of Health also has a 3 page recommendation sheet of the essentials we have addressed in this section.

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This presentation on wound care infection prevention and control would not have been possible without the teamwork of our regional infection preventionists, Wendy Fariss, Kayleigh Rehkopf, and Holly Spindle who were instrumental in providing their knowledge and experience from the field.

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This concludes module two of our training on Standard Precautions during wound care. Thank you for your time!