

Infection Prevention During Wound Care Procedures, Part 3: Use of Transmission-Based Precautions and Enhanced Barrier Precautions for Wound Care

Presentation Transcript

Slide 1

Hello everyone!

My name is Carolyn Kiefer and I work at the Virginia Department of Health as a Regional Infection Prevention Coordinator.

This is the third and last training module in a three part series on infection prevention during wound care procedures.

In this module, we will be covering the application of Transmission-Based and Enhanced Barrier Precautions for patients or residents with wounds.

Slide 2

As I mentioned, this is the last part of a 3-part series on wound care and infection prevention. 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 transmission of infections with wound care AND
3. Identify how to apply infection prevention to wound care procedures

Slide 3

So let's dive in and learn about Transmission-Based and Enhanced Barrier Precautions and when and how they apply for to patients or residents that have wounds

Slide 4

According to the Centers for Disease Control and Prevention (CDC) Isolation Precautions guidelines which apply to ALL healthcare settings, including long term care or nursing homes:

Contact Precautions should be used for any wounds that are unable to be contained or covered by a dressing. This means a Contact Precautions isolation sign is placed on the patient or resident's door and healthcare personnel wear a gown and gloves are worn upon room entry.

Examples when Contact Precautions would apply would be for wounds that are so large or the position or location of wounds prevent dressings from being able to fully cover it OR wound drainage is so much that the dressing cannot contain it.

Contact plus Droplet Precautions should be used for wounds suspected or confirmed to be infected with **Group A Strep**. This means a Contact PLUS Droplet Precautions isolation sign is placed on the patient or resident's door and healthcare personnel wear gown, gloves, and a face mask with eye protection upon room entry, in addition to any other PPE needed for standard precautions. **Contact and Droplet precautions should stay in place until 24 hours** after the resident or patient is started on effective antibiotic therapy.

We mentioned this in previous modules, but we can't stress the importance of infection prevention precautions during a Group A Strep outbreak, but a facemask should be worn by healthcare personnel during all wound care activities. Of note, it is best and safest practice to wear eye and face protection during wound care because of the risk of droplet dispersal.

Slide 5

Let's apply what you've learned so far about when to apply Contact or Contact and Droplet Precautions for wounds with this Scenario.

- So a surgeon is visiting a post-operative patient at a long-term acute care hospital and is performing wound care for this patient's non-healing abdominal wound.
- The wound is **draining so much that it saturates the dressing and seeps outside of it**. The wound did not look like this yesterday during care. It's also noted that this patient has a history of MRSA infections in the past year.
 - *What precautions would you use with this patient?*

Slide 6

What precautions would you use for a patient with a history of MRSA infection who now has a draining wound that cannot be contained by a dressing?

- So the answer is Contact Precautions, and that's because the wound is draining so much, it's saturating the dressing. It isn't contained.

Slide 7

Let's talk about precautions that only apply to residents in nursing homes, which is Enhanced Barrier Precautions or EBP. EBP are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. EBP involves gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition which would be residents with chronic wounds.

Enhanced Barrier Precautions can be used instead of Contact Precautions for residents with chronic wounds that CAN be contained or covered by a dressing.

With EBP, gloves and gown should be worn prior to high-contact resident care activities of wound care and basic care like dressing, bathing, showering, transferring, providing hygiene, changing linens, or changing briefs.

Slide 8

So our next scenario. A podiatrist is seeing a nursing home resident that has a large, non-healing toe ulcer that is completely covered with a dressing.

- *What precautions would you recommend for this resident?*

It may be helpful to note that the wound is NOT infected with Group A Strep and the facility is NOT experiencing a Group A Strep outbreak

Slide 9

The precautions the podiatrist should use for a nursing home resident that has a large toe ulcer that is completely covered with a dressing should be Enhanced Barrier Precautions. And that's because the dressing CAN be covered and contained AND the wound is NOT infected with **Group A Strep** and the facility is NOT experiencing a Group A Strep outbreak.

Slide 10

On this slide you may find some resources from the CDC that may be helpful to you for additional training, educational, and assessment material.

Slide 11

The Virginia Department of Health HAI/AR team also has resources listed on our website for EBP, wound care IPC assessment tool, and quick guide that covers the very basics of IPC with wound care for nursing home infection preventionists

The Minnesota Department of Health also has a 3 page recommendation sheet of the essentials we have addressed in our presentations

Slide 12

This presentation on wound care IPC would not be 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.

Slide 13

This concludes module three, the last of the Infection Prevention During Wound Care Procedure modules. Thank you for your time and the work you do to prevent infection transmission with wound care.