Infection Prevention and Control (IP & C) Wound Management Principles

The following infection prevention and control measures should be followed when performing wound care in accordance with the WRHA Wound Care Guidelines. Routine Practices should be followed at all times to prevent transmission of infection. Refer to the WRHA Infection Prevention and Control Manual for more detailed information regarding Routine Practices.

Hand Hygiene:
- Hands shall be washed with soap and water when hands are visibly soiled with blood, body fluids, secretions, excretions, and exudates from wounds.
- When hands are not visibly soiled, use an alcohol-based hand rub or wash with soap and water.
- Refer to the WRHA Infection Prevention and Control Manual for more detailed information regarding hand hygiene.

Personal Protective Equipment:
- Gloves should be worn for contact with the wound or wound drainage.
- Caregivers should wear appropriate PPE (gowns/aprons, masks, eye protection/face protection) when splash or spray from wound drainage/irrigation is anticipated.
- N95 respirators must be worn when irrigating wounds infected with TB. Workers are required to be fit tested to ensure proper fit of N95 respirator. Contact Occupational and Environmental Safety & Health (OESH) for fit testing.

Waste Disposal:
- All used dressings and disposable supplies should be contained in a leak proof bag and placed in the general waste.
- Irrigation solution and wound drainage may be disposed of by carefully pouring (to prevent splashing) down a drain.
- All used disposable sharp instruments (e.g. needles, lancets, scalpel blades, broken or easily broken glass items) should be discarded at the point of use, in a puncture-resistant/proof, leak-proof, container for disposal.

Aseptic Technique:
- Practices designed to render and maintain objects and areas maximally free from microorganisms.
- The “sterile to sterile” concept must be adhered to.
- Involves using barriers such as gloves, gowns, masks and drapes to prevent transferring microorganisms from personnel or the environment to the patient/resident/client during the procedure being performed.

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Specific practices for wound care management include healthcare worker meticulous hand hygiene, preparation of patient/resident/client skin with antiseptic agent, single use devices and equipment or appropriately cleaned and reprocesses devices and equipment and maintaining a sterile field. 

Refer to facility/program specific procedures where aseptic technique is required.

**Clean Technique:**

- Practices, which reduce the numbers of microorganisms and minimize the risk of transmission from personnel or the environment to the patient/resident/client.
- The “sterile to sterile” rule does not apply.
- Specific practices for wound care management include healthcare worker meticulous hand hygiene, single use devices and equipment or appropriately cleaned and reprocessed devices and equipment, barriers, using no-touch technique, sterile materials and supplies and maintaining a clean field.
- Refer to facility/program specific procedures where clean technique is required.

**Wound Cleansing Agents/Equipment:**

- Before any wound-cleansing agent is used, it should be inspected for any evidence of damage to the bottle, leaking, foreign material, mold, or fungus.
- The wound-cleansing agent should be handled in a manner to avoid contamination of the fluid from the inside of the neck of the bottle, and the inside of the top of the cap.
- Irrigating solutions and equipment for use in personal care homes/long term care and acute care sites must be discarded after every use.
- Irrigating solution and equipment for use in the community, other than client’s home must be discarded after every use.
- Irrigating solution and irrigating syringe for use in client’s home in the community must be labeled with the healthcare worker’s name, date of issue and date of discard and then discarded within a week. Needle and syringe used for wound irrigation must be discarded after every use.
- Irrigating solution for use in Community Clinics must be labeled with the date and discarded everyday. Discard the needle and syringe used for irrigating after every use.
- If the irrigating solution is to be reused in the client’s home and in community clinics, and the container has a re-sealable cap, put the cap back on. It is not acceptable to use tape to seal or secure the container.
- Unused contents of single use non re-sealable containers of normal saline should be discarded following use.
- Solutions used for wound cleansing should never be “decanted” or “topped up” from bulk containers into smaller ones.
• Wound cleansing agents dispensed from a spray applicator must be used according to the manufacturer’s directions and be dedicated to single patient/resident/client use. When cleansing a wound with a spray applicator product, the container must be held 16 to 21 cm (six to eight inches) from the wound bed to prevent contamination of the bottle and its contents.

**Dressing, Pastes and Gels:**
• Opened dressings should be stored in a clean & separate area and be introduced only when required.
• Gels should be managed according to the WRHA Use of Ultrasound and Medical Gels Policy, No 90.00.07.
• Pastes should be single use for patient/resident/client.
• Outer packaging and containers of pastes must be handled with clean hands/clean gloves. Care must be taken not to contaminate the contents of the packages or containers.
• Manufacturer’s written recommendations for shelf life and storage conditions should be followed.

**Antibiotic Resistant Organisms:**
• If the individual is known to be colonized or infected with an ARO, e.g. Methicillin resistant *Staphlococcus aureus* (MRSA), Vancomycin resistant *Enterococcus* (VRE), it should be communicated in advance to personnel responsible for their care. This may include reporting to receiving health care facility in advance of the time of admission/transfer.
• Contact Precautions must be followed in the acute care hospitals for all patients/residents/clients who have a wound positive for an ARO.
• Routine Practices and if indicated, Contact Precautions, must be followed for all residents who have a wound positive for an ARO. The need for Contact Precautions will be determined in discussion with site Infection Prevention and Control.
• Routine Practices will be followed for all clients in the community who have a wound positive for an ARO.

**References:**


5. Adapted from Capital Health (Edmonton) Regional Wound Care Guidelines (October 2000) and Vancouver Coastal Health Community