

**Utah Infection Prevention Solutions**

# Infection Prevention Learning Collaborative

## Cycle 2 – Session 6: Patching Things Up: IP During Wound Care

**Presented on Wednesday, March 20, 2024, by:**

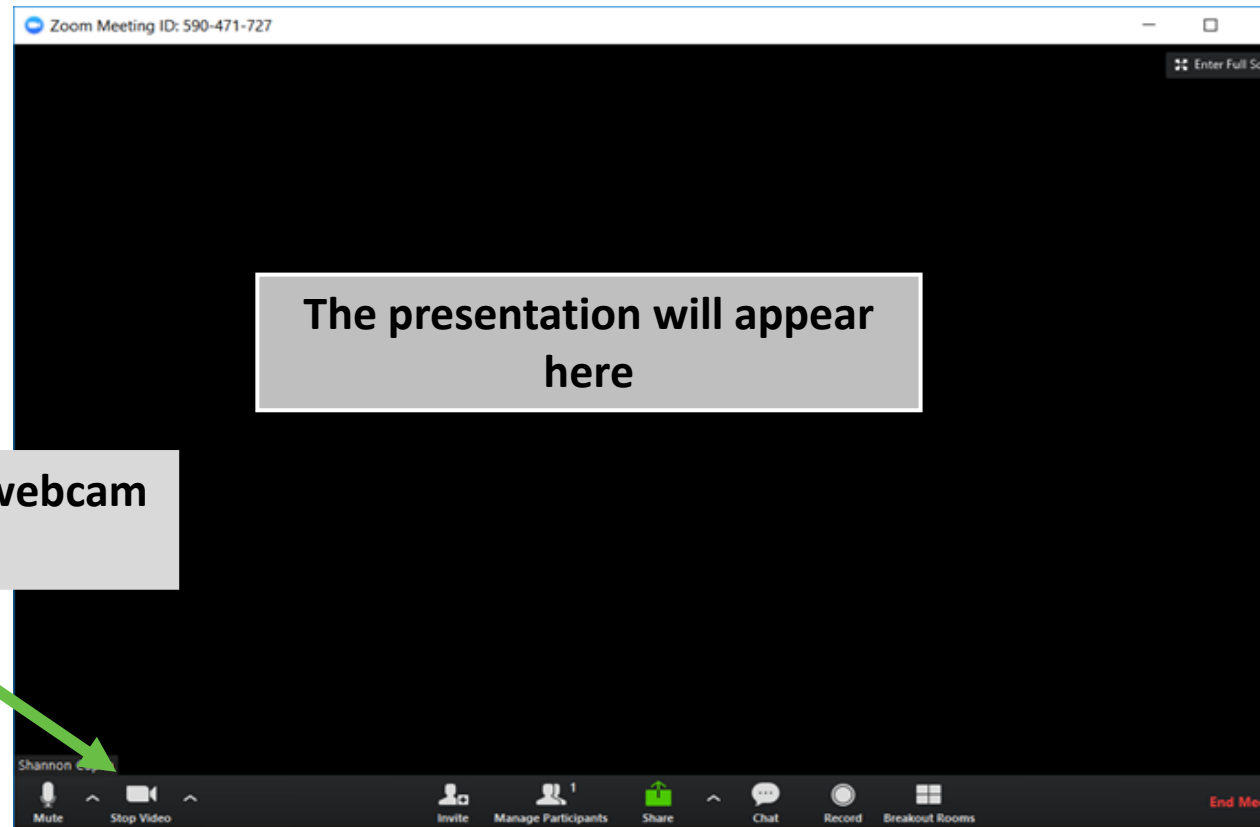
Jen Roeder, RN, MSN, CIC; Nurse Infection Prevention Consultant

Violet Brown, BS, CHES; Improvement Advisor

Kaylie Pickup; Associate Improvement Advisor



# Zoom Attendee Controls



Please turn on your webcam if accessible

Mute here when not speaking

For comments or questions, use chat or raise your hand

For phone participants:  
\*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:  
*#[Participant ID]#*  
*Example: #49#*

Please download the latest Zoom update

# UT ECHO Resource Sharing via Padlet

- What is Padlet?
  - A virtual post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
  - ECHO Infection Prevention resources will be shared bi-monthly
  - Access roundtable case submission form
  - No log-in required!



# Agenda

Announcements  
and community-  
building exercises  
(10 min)

Flash talk on  
infection prevention  
and control  
(15 min)

Roundtable  
discussion  
(15 min)

Q&A, wrap-up  
(10 min)

# Introductions



Name, pronouns, location, role

# Announcements

IP Coaching and Consultation  
Last chance to request services

**March 29**

Registration now open!

**April 23-25**

APIC LTC-CIP Certification Prep  
Course  
Salt Lake City, UT

# Extension for Community Health Care Outcomes (ECHO®)



# Flash Talk





# Purpose of Flash Talk



Short 10-15 min presentations



Provide real-life insight, ideas, resources and tools



Summarize and/or simplify current recommendations

# Utah Infection Prevention Learning Collaborative (ECHO) 2024 Curriculum



Duties & Responsibilities of an Infection Preventionist

Facts About ABHR Placement

Hand Hygiene Data Tool

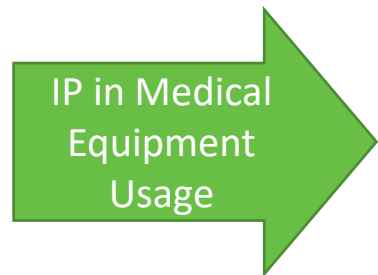


Interfacility Communication

Outbreak Management

IP During Wound Care

IP During Construction



IP in Therapy

CAUTI Prevention

# Learning Objectives

Upon completion of this session, participants will be able to:



Identify the infection prevention practices during wound care



Describe the proper storage of wound care supplies to prevent contamination



Describe the safe handling of topical medications



Implement wound care performance monitoring utilizing an observation tool

# IPC Practices During Wound Care



Hand Hygiene



PPE



Handling of  
Supplies/Medications



Environmental Cleaning  
& Disinfection



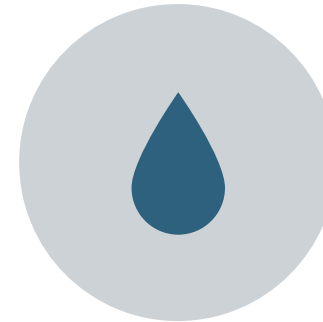
Reprocessing of  
Reusable Resident Care  
Equipment/Devices

# Hand Hygiene and PPE During Wound Care

## When to perform hand hygiene:

- Before and after wound care
- Between glove changes
- After removal of PPE

## Selection of PPE:



BASED ON ANTICIPATED  
EXPOSURE TO BLOOD/BODY  
FLUID



GLOVE CHANGES WHEN  
MOVING FROM DIRTY TO  
CLEAN TASKS

# Preventing Contamination of Wound Care Supplies

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Clean storage – wound care cart

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Handle clean supplies with clean hands

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Clean cart does not enter resident's immediate care area

---

Select and gather supplies prior to entering resident care area

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Only materials needed for an individual resident are brought into the care area

---

Place materials on a clean surface

---

Separation of clean and dirty supplies during procedure

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Immediately discard dirty supplies

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Clean, unused disposable supplies that enter resident's care area are to remain dedicated to individual resident or discarded and not returned to clean supply cart

# Handling of Topical Medications

Dedicate multi-dose topical medication to individual resident

- Whenever possible
- Label and store dedicated containers properly

Cannot dedicate multi-dose topical medication to individual resident

- Small amount of medication allocated for single-resident use prior to procedure
- Remainder of multi-dose container should be properly stored in a dedicated clean area

Containers entering resident care areas should be dedicated for single-use

# The Spaulding Classification

Category (Spaulding Class)	Definition	Examples	Minimum reprocessing requirements*
Noncritical equipment	Objects that touch only intact skin	Blood pressure cuffs, stethoscopes, high-touch environmental surfaces	Low level disinfection
Semi-critical equipment	Objects that touch mucous membranes or non-intact skin	Endoscopes, laryngoscopes, respiratory therapy equipment, vaginal specula	High level disinfection (HLD)
Critical equipment	Objects which enter normally sterile tissue or vascular system	Implants, surgical instruments	Sterilization



# Cleaning and Disinfection of Surfaces & Equipment

## Reusable wound care equipment

- Level of cleaning and disinfection depends on type of equipment and degree of risk for infection involved in its use

## Surfaces in treatment area

Scenario	Good Infection Prevention Practice?	Poor Infection Prevention Practice?
Kim, RN is performing a wound care procedure. She has forgotten a supply that she needs from the wound care cart. She removes her gloves, discards them and goes to the cart and removes the supply that she needs.		
Joe, RN is performing a wound care procedure. He is wearing gloves and removes the soiled dressing, he then removes his gloves, performs hand hygiene, puts on a new pair of gloves and then proceeds to cleanse the wound.		
Mary, RN is preparing materials to perform a wound care procedure. She gathers her supplies from the wound care cart, including a multi-dose container of a topical medication that is used among multiple residents and takes these items into the room. After the procedure, she returns the multi-dose container of topical medication to the wound care cart.		
Dr. Jones performs wound debridement with disposable instruments. After the procedure, the instruments used during the procedure are disposed of in the appropriate waste receptacles.		

# Implementation of IPC Practices During Wound Care



DEVELOP  
POLICIES AND  
PROCEDURES



PROVIDE  
STAFF  
EDUCATION



ASSESS  
COMPETENCY



ENSURE  
ACCESSIBILITY,  
PROPER  
STORAGE AND  
MAINTENANCE  
OF SUPPLIES



CONDUCT  
PERFORMANCE  
MONITORING  
AND FEEDBACK

# Performance Monitoring Tool

- CDC ICAR Tool: Wound Care
  - Part A – Wound care interview questions
  - Part B – Wound care observations

**Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings**

**Module 8. Wound Care Facilitator Guide**

**Wound Care:** This form is intended to aid an ICAR facilitator in the review of wound care practices at the healthcare facility (Part A) and guide observations (Part B). For the purposes of this tool, wound care refers to local care (e.g., debridement, dressing changes) to facilitate healing of breaks in the skin (e.g., ulcers, surgical wounds). While the practices being assessed (e.g., prevention of cross-transmission) apply wherever wound care is performed, the level of detail included in the tool is likely not sufficient to fully assess practices in specialty areas like burn units.

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**Part A. Wound Care Interview Questions**

1. What type(s) of wound care activities are performed at the facility? (select all that apply)

<input type="checkbox"/> Dressing changes	<input type="checkbox"/> Unknown
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Not Assessed
<input type="checkbox"/> Sharp debridement	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Wound care	

2. Which of the following are dedicated to wound care?

<input type="checkbox"/> Dedicated to wound care	If YES
<input type="checkbox"/> Dedicated to wound care	If YES
<input type="checkbox"/> Nursing unit	If YES

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**Part B. Wound Care Facility Observations:**

***Ideally, at least two observations of different staff within the facility are observed.  
If direct observations cannot be gathered, then information can be obtained by asking staff.***

**Observation 1**

1. Prior to the start of the procedure, are clean supplies gathered and placed on a clean surface in the room?

<input type="radio"/> Yes	<input type="radio"/> Not observed but endorsed by frontline staff
<input type="radio"/> No	<input type="radio"/> Not observed and not endorsed by frontline staff

"Maintain separation between clean and soiled equipment to prevent cross-contamination."  
**Source:** <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

Wound care supplies such as dressing materials and equipment should be selected and gathered prior to entering the patient/resident care area to avoid accessing the supply cart/clean storage area during the procedure. Only the materials needed for an individual patient/resident should be brought into the patient/resident's room or treatment area and placed on a clean surface and away from potential sources of contamination (e.g., away from splash zones of sinks) prior to beginning wound care activities.

2. Is topical medication either dedicated to an individual patient/resident or aliquoted for individual patient/resident use prior to entering the patient/resident room?

<input type="radio"/> N/A – topical medication not used	<input type="radio"/> Not observed but endorsed by frontline staff
<input type="radio"/> Yes	<input type="radio"/> Not observed and not endorsed by frontline staff
<input type="radio"/> No	

# Knowledge Check



# Roundtable Discussion



# Round Table Discussion Format



SHARE  
BACKGROUND



SHARE  
SPECIFIC  
QUESTION



ASK  
CLARIFYING  
QUESTIONS



GROUP  
DISCUSSION



SUMMARY OF  
RECOMMENDATIONS

# Case Presentation



## Background:

Individual admitted for wound care. Wound was positive for an MDRO. Had a drain that required emptying several times per day. Designated collection container was kept in bathroom on back of toilet. Witnessed on multiple occasions, staff would place collection container on the overbed table (next to patient's personal items). Container was not rinsed out or discarded after emptying the drain. Also witnessed soiled brief being placed on overbed table. Overbed tables would be expected to be considered “clean” areas where dirty items would not be placed.



## Question:

1. Is this a common issue in facilities?
2. How can this be addressed in the beginning in CNA education programs?



# Wrap-Up



# Nursing Continuing Education (CE) Credits

## To receive CEs:

- Complete the session evaluation survey
- Provide your name and license number

## What you'll receive:

- 1 credit hour, per session you meet the listed criteria
- Credit is awarded by the NV Board of Nursing

## When you'll receive it:

- In your post session email

# Coaching and Consultations

- Virtual and on-site 1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing: [InfectionPreventionAdvisor@comagine.org](mailto:InfectionPreventionAdvisor@comagine.org)

Core components include:

## Introduction and program assessment

- Assess current IPC capacity, prioritize needs, set calendar for visitation

## Environmental assessment and walkthrough

- Evaluate IPC infrastructure, identify resources and supply needs

## Performance Improvement Plans

- Provide recommendations, PIP templates, and support

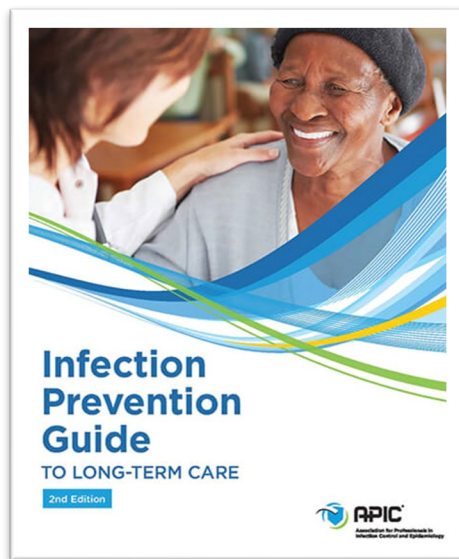
## Monitoring, follow up and performance improvement

- Assess progress, provide support on continued PIP implementation

## Quality assurance

- Assess uptake and sustainability of recommendations

# Resources



## 1 Session

- APIC Memberships, national and local chapter (\$230 value)
- APIC Infection Prevention Guide to Long-term Care (\$110 value)



## 3 Sessions

Medify Air MA-50 Air Purifier  
with filters (\$700 value)



## 5+ Sessions

Mobile Training  
Center  
(\$1,500 value)

# Next Steps

1

Join us for our next session

- Session April 3rd: IP during construction

2

Reach out to Comagine Health staff for any questions or assistance

3

Check out the [Learning Collaborative Padlet](#) page

4

[Submit](#) more Roundtable cases

5

Fill out this session's evaluation survey

- Provide your name and license number for CEs

# Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: [infectionpreventionadvisor@comagine.org](mailto:infectionpreventionadvisor@comagine.org)
- Jen Roeder: [jroeder@comagine.org](mailto:jroeder@comagine.org)
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- Kaylie Pickup: [kpickup@comagine.org](mailto:kpickup@comagine.org)



*Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.*