



<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	Care of Wound		
<b>Applies To:</b>	Nurses and Technician		
<b>Preparation Date:</b>	December 15, 2024	<b>Index No:</b>	IPC-MPP-049
<b>Approval Date:</b>	December 29, 2024	<b>Version :</b>	2
<b>Effective Date:</b>	January 29, 2025	<b>Replacement No.:</b>	IPC-MPP-118(1)
<b>Review Date:</b>	January 29, 2028	<b>No. of Pages:</b>	3

## 1. PURPOSE:

- 1.1 To provide guideline for removing of dressings, examining and cleansing the wound and re-dressing the wound utilizing principles of asepsis.

## 2. DEFINITONS:

- 2.1 Wound Care: A procedure where a wound (e.g. incision, pressure ulcer, trauma etc.) is assessed, cleaned with antiseptic, dressing is changed, medication (e.g. Antimicrobials) are added and culture is taken to provide good care.

## 3. POLICY:

- 3.1 Standard precautions shall be observed during wound care.
- 3.2 Transmission-based precautions or Enhanced Barrier Precautions (EBP) are implemented. Door or curtain shall be closed during dressing to reduce air current.
- 3.3 Local antibiotics shall not be used over wounds when there is no sign of wound infection(e.g. pus, purulent drainage, redness, hotness, etc.).

## 4. PROCEDURE:

- 4.1 Physician orders shall be followed for the frequency and type of dressing changes.
- 4.2 Wound Care Infection Prevention Recommendations
  - 4.2.1 Hand hygiene: Perform hand hygiene prior to starting wound care for each resident: This includes before retrieving wound care supplies, before donning gloves, and after doffing gloves.
  - 4.2.2 Personal protective equipment (PPE)
    - 4.2.2.1 Keep PPE available in all sizes for staff and providers.
    - 4.2.2.2 Wear gloves during all stages of wound care including when applying new dressings. Don gloves after performing hand hygiene. During an individual resident's wound care, doff gloves every time when going from dirty to clean surfaces or supplies. Perform hand hygiene after doffing gloves and before reapplying clean gloves.
    - 4.2.2.3 Wear a mask and eye protection if there is any chance of splashes or sprays (e.g., wounds with drainage, especially during debridement and irrigation).
    - 4.2.2.4 Wear a clean gown to cover arms and clothing that may come in contact with the resident or the resident's care environment for each dressing change.
    - 4.2.2.5 Doffing PPE in correct order to decrease spread of infection and cross contamination. Place used PPE in appropriate receptacle (waste or covered soiled laundry).
  - 4.2.3 Wound care equipment and supplies
    - 4.2.3.1 Any reusable equipment (e.g., bandage scissor, flashlight, mirror) and supplies that come 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. Either: Perform high-level disinfection (HLD) before use on another resident  
 OR  
 Discard wound care equipment or products when no longer needed for an individual resident.

4.2.3.2 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.

4.2.3.3 Dedicate tape, sprays, creams, and all wound care products to an individual resident and do not store used sprays with clean wound care supplies.

4.2.3.4 If fresh bandages are cut for the resident, it should be done with clean scissors, not with scissors used to cut off soiled bandages.

4.2.3.5 Wound care dressings can be disposed of in the regular trash unless they are dripping or saturated with blood or other regulated body fluids.

4.2.4 Strict adherence to aseptic technique is necessary during dressing:

4.2.4.1 All sterile items necessary for the wound care and dressing changes shall be collected on cart or tray before starting the procedure to eliminate trips to and from patient's bedside.

4.2.4.2 Gloves shall be worn or a non touch technique shall be followed.

4.2.4.3 Sterile instruments, equipment, and drapes shall be used for applying dressing.

4.2.4.4 Dressing changes for multiple wounds, invasive devices and decubiti shall be done as separate procedures.

4.2.4.5 A waterproof pad shall be placed under patient where dressing is to be changed to prevent contaminating the bed linen.

4.2.4.6 Assessment of the wound condition (appearance, colour, presence and characteristic of exudates) and type of dressing applied shall be documented in the nurses notes.

4.2.4.7 Separate Swab Shall Be Used For Each Cleansing Stroke.

4.2.4.8 Cleansing Shall Be Done From Clean Or Least Contaminated To Most Contaminated Area.

4.2.4.9 Sterile Solution Shall Be Used For Irrigating Wounds. Irrigation Solutions Shall Be Discarded 24 Hours After Opening (Small Volume Solution Bottles Are Preferred).

4.2.4.10 A Sterile Syringe Shall Be Used To Instill Irrigation Into Wound.

4.2.4.11 Solution Flow Shall Be Directed From Clean To Contaminated. Patient Shall Be Positioned In A Way That Helps Directing The Flow Of The Solution In The Desired Direction.

4.2.4.12 Soiled Dressing Must Be Regulated As Infectious Waste Whether Or Not There Is Evidence Of Infection.

4.2.4.13 It Shall Be Placed In A Yellow Plastic Bag, Closed Securely And Disposed In The Infectious Waste Container.

4.2.4.14 Closed Drainage System Shall Be Used And Maintained.

4.2.4.15 Aseptic Care Of The Drain Shall Be Performed.

4.2.4.16 Routine Cultures From Wound (E.G. Pressure Ulcer) Are Not Recommended.

4.2.4.17 Wound swab shall be taken for culture when there is evidence of infection or as recommended by physician or infection control personnel.

4.2.4.18 Sterile technique shall be observed when taking a swab to avoid contamination of the specimen (wound shall be cleaned once with normal saline before taking the swab culture to remove the colonizer contaminating micro organism .

## 5. MATERIALS AND EQUIPMENT:

- 5.1 **Forms and Records:**
  - 5.1.1 N/A
- 5.2 **Materials and Equipment**
  - 5.2.1 N/A

## 6. RESPONSIBILITIES:

- 6.1 Physicians and nurses shall adhere to the guidelines for wound care. 6.3 Infection control personnel shall monitor adherence to the guidelines.

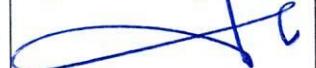
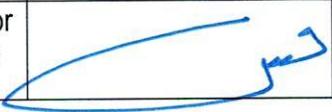
## 7. APPENDICES:

7.1

## 8. REFERENCES:

- 8.1 Wound Care Infection Prevention Recommendations for Long-Term Care Facilities.  
<https://www.web.health.state.mn.us/facilities/patientsafety/infectioncontrol/woundcare.pdf>  
11/30/2022
- 8.2 GCC Infection Prevention and Control Manual 3rd Edition 2018, Aseptic Technique

## 9. APPROVALS:

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