

### Wound Dressing Change Observations

All supplies are gathered before dressing change <sup>1</sup>	HH performed before dressing change	Clean gloves donned before dressing change <sup>2</sup>	Multi-dose wound care meds are used appropriately <sup>3</sup>	Dressing change performed in manner to prevent cross-contamination <sup>4</sup>	Gloves removed after dressing change completed	HH performed after dressing change completed	Reusable equipment cleaned and/or disinfected appropriately <sup>5</sup>	Clean, unused supplies discarded or dedicated to one resident	Wound care performed /assessed regularly <sup>6</sup>	Wound care supply cart is clean <sup>7</sup>
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\*NA = Not assessed

<sup>1</sup> Dedicated wound dressing change supplies and equipment should be gathered and accessible on a clean surface at resident's bedside before starting procedure

<sup>2</sup> Additional PPE (e.g., face mask/face shield, gown) should be worn to prevent body fluids exposure per facility policy

<sup>3</sup> Multi-dose wound care medications (e.g., ointments, creams) should be dedicated to a single resident whenever possible or a small amount of medication should be aliquoted into clean container for single-resident use; Meds should be stored properly in centralized location and never enter a resident treatment area

<sup>4</sup> Gloves should be changed and HH performed when moving from dirty to clean wound care activities (e.g., after removal of soiled dressings, before handling clean supplies); Debridement or irrigation should be performed in a way to minimize cross-contamination of surrounding surfaces from aerosolized irrigation solution; All soiled dressing supplies should be discarded immediately

<sup>5</sup> In addition to reusable medical equipment, any surface in the resident's immediate care area contaminated during a dressing change should be cleaned and disinfected; Any visible blood or body fluid should be removed first with a wet, soapy cloth then disinfected with an EPA-registered disinfectant per manufacturer instructions and facility policy; Surfaces/equipment should be visibly saturated with solution and allowed to dry for proper disinfection before reuse

<sup>6</sup> Wound care documentation should include wound characteristics (e.g., size, stage), dressing assessment (e.g., clean, dry), and date and frequency of dressing changes; Wound care is documented in medical records per facility policy

<sup>7</sup> Wound care supply cart should never enter the resident's immediate care area nor be accessed while wearing gloves or without performing HH first. These are important to preventing cross-contamination of clean supplies and reiterates the importance of collecting all supplies prior to beginning wound care.

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