

Infection Prevention & Control Audit Tool: Wound Care



Facility name: _____

Unit: _____

Date: _____

Observer/auditor: _____

Start time: _____

End time: _____

Directions: Observe wound care from start to finish. Record if steps were performed as 'Yes' or 'No.' Refer to the *Hand Hygiene Opportunities* section to record additional opportunities for hand hygiene during the wound care observations. Refer to page two for the footnotes. Utilize the *Notes* section to record relevant information. ***Role/Discipline Key:** **C** = Wound Care Consultant/Contractor, **N** = Facility Nurse, **P**= Facility Physician/Independent Practitioner.

Practices	Role/Discipline*			Role/Discipline*			Role/Discipline*			Role/Discipline*		
	C	N	P	C	N	P	C	N	P	C	N	P
	Observation 1			Observation 2			Observation 3			Observation 4		
1. Hand hygiene performed before gathering supplies ¹	Yes	No		Yes	No		Yes	No		Yes	No	
2. All supplies gathered in a way to prevent contamination ^{2,3}	Yes	No		Yes	No		Yes	No		Yes	No	
3. Hand hygiene performed prior to wound care	Yes	No		Yes	No		Yes	No		Yes	No	
4. Appropriate PPE donned ⁴	Yes	No		Yes	No		Yes	No		Yes	No	
5. The old dressing removed and discarded in a waste receptacle bag	Yes	No		Yes	No		Yes	No		Yes	No	
6. Dirty gloves discarded ⁵	Yes	No		Yes	No		Yes	No		Yes	No	
7. Hand hygiene performed	Yes	No		Yes	No		Yes	No		Yes	No	
8. Clean gloves donned	Yes	No		Yes	No		Yes	No		Yes	No	
9. Wound care performed in a manner to prevent cross- contamination ⁶	Yes	No		Yes	No		Yes	No		Yes	No	
10. Gloves doffed after wound care completed	Yes	No		Yes	No		Yes	No		Yes	No	
11. Hand hygiene performed	Yes	No		Yes	No		Yes	No		Yes	No	
12. Clean, unused supplies dedicated to the patient/resident or discarded ⁷	Yes	No		Yes	No		Yes	No		Yes	No	
13. Reusable equipment and surfaces cleaned and disinfected ⁸	Yes	No		Yes	No		Yes	No		Yes	No	
14. The wound care supply cart accessed and stored properly ⁹	Yes	No		Yes	No		Yes	No		Yes	No	

NOTES

Hand Hygiene Opportunities

(based on World Health Organization's "My 5 Moments for Hand Hygiene")

Directions: Note the corresponding wound care 'Observation #' 1-5 associated with the additional hand hygiene observations. Place a single tally mark "|" for each 'Hand Hygiene Opportunity' observed. Under 'Opportunity Successful,' place a single tally mark "|" if successful and leave blank if not successful. Record relevant information (if applicable) in the 'Hand Hygiene Notes' column.

Observation #	Hand Hygiene Opportunity	Opportunity Successful	Hand Hygiene Notes
Type of opportunity		Examples	
	Before touching a patient/resident	<ul style="list-style-type: none"> • Prior to entering a patient/resident care area or room • Prior to contact with a patient/resident • Prior to assisting a patient/resident 	
	Before clean/aseptic procedures	<ul style="list-style-type: none"> • Prior to examining the wound site including prior to taking wound samples • Prior to removing any stitches or clips • Prior to gathering wound care supplies or prior to wound care 	
	After body fluid exposure/risk	<ul style="list-style-type: none"> • After performing wound care or dressing changes • After removing any stitches or clips • After removing gloves 	
	After touching a patient/resident	<ul style="list-style-type: none"> • After transferring a patient/resident • After assisting a patient/resident 	
	After touching patient/resident surroundings	<ul style="list-style-type: none"> • After assisting a patient/resident • After touching items in the patient/resident room (e.g., privacy curtain, call bell) 	

¹Alcohol-based hand rub is the preferred method of hand hygiene in healthcare settings and should always be used during routine patient/resident care, except (1) When hands are visibly soiled; (2) After caring for a person with known or suspected infectious diarrhea; (3) After known or suspected exposure to spores (e.g., *B. anthracis*, *C. difficile* outbreaks).

^{2,3}Supplies and medications are maintained according to nursing and pharmacy policies and procedures. Multi-dose wound medications should be dedicated to a single patient/resident whenever possible, or the necessary amount of medication should be aliquoted into a clean container for single patient/resident use. Multi-dose medications should be appropriately stored in a centralized location and never enter a treatment area. Supplies (e.g., gauze, applicators) should be limited to what is needed and placed on a clean field or surface barrier in an aseptic manner. Refer to CDC [Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](#). Clean field can be prepared by cleaning and disinfecting the surface with an EPA-registered disinfectant, following the manufacturer's instructions (e.g., contact time), or placing a surface barrier (e.g., chux pad).

⁴PPE (e.g., gloves, facemask, face shield, goggles, gown) should be worn based on anticipated risk to prevent body fluid exposure per Standard Precautions, for Transmission-Based Precautions, and based on facility policy. Nursing homes should implement Enhanced Barrier Precautions, which refers to using gloves and gowns during high-contact resident care activities and applies to residents with wounds, indwelling medical devices, infection, or colonization with multidrug-resistant organisms (MDROs). Refer to CMS [QSO-24-08-NH](#) and CDC [Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs](#).

⁵Gloves should be changed and hand hygiene performed when moving from dirty to clean wound care activities (e.g. after removal of soiled dressings, before handling clean supplies).

⁶Debridement and irrigation should be performed in a way that minimizes cross-contamination of surrounding surfaces from aerosolized irrigation solutions. Sterile/clean applicators should be used to apply medications. Dressings should be handled using non-touch technique. Refer to Nursing Skills Chapter 4. Aseptic Technique ([Open RN, 2021](#)).

⁷Any unused disposable supplies that enter the patient/resident's care area should remain dedicated to that patient/resident or be discarded. They should not be returned to the clean supply area. If supplies are dedicated to an individual patient/resident, they should be properly labeled and stored in a manner to prevent cross-contamination or use on another patient/resident (e.g., in a designated cabinet in the patient/resident's room). Refer to CDC [ICAR Tool for General Infection and Control \(IPC\) Across Settings - Module 8. Wound Care Facilitator Guide](#).

⁸Reusable medical equipment and any surface in the area contaminated during a dressing change should be cleaned and disinfected. Any visible soil (e.g., blood, body fluids) should be cleaned first then disinfected with an EPA-registered disinfectant per manufacturer's instructions and facility policy.

⁹Wound care cart should never enter the immediate care area nor be accessed while wearing gloves or without performing hand hygiene. These are important for preventing cross-contamination of clean supplies and reiterate the importance of collecting all supplies before beginning wound care.