

# Infection Prevention & Control Audit Tool: Wound Care



**INFECTION CONTROL  
ASSESSMENT &  
RESPONSE**

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 <sup>1</sup>	Yes	No										
2. All supplies gathered in a way to prevent contamination <sup>2,3</sup>	Yes	No										
3. Hand hygiene performed prior to wound care	Yes	No										
4. Appropriate PPE donned <sup>4</sup>	Yes	No										
5. The old dressing removed and discarded in a waste receptacle bag	Yes	No										
6. Dirty gloves discarded <sup>5</sup>	Yes	No										
7. Hand hygiene performed	Yes	No										
8. Clean gloves donned	Yes	No										
9. Wound care performed in a manner to prevent cross- contamination <sup>6</sup>	Yes	No										
10. Gloves doffed after wound care completed	Yes	No										
11. Hand hygiene performed	Yes	No										
12. Clean, unused supplies dedicated to the patient/resident or discarded <sup>7</sup>	Yes	No										
13. Reusable equipment and surfaces cleaned and disinfected <sup>8</sup>	Yes	No										
14. The wound care supply cart accessed and stored properly <sup>9</sup>	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"> <li>• Prior to entering a patient/resident care area or room</li> <li>• Prior to contact with a patient/resident</li> <li>• Prior to assisting a patient/resident</li> </ul>	
	Before clean/aseptic procedures	<ul style="list-style-type: none"> <li>• Prior to examining the wound site including prior to taking wound samples</li> <li>• Prior to removing any stitches or clips</li> <li>• Prior to gathering wound care supplies or prior to wound care</li> </ul>	
	After body fluid exposure/risk	<ul style="list-style-type: none"> <li>• After performing wound care or dressing changes</li> <li>• After removing any stitches or clips</li> <li>• After removing gloves</li> </ul>	
	After touching a patient/resident	<ul style="list-style-type: none"> <li>• After transferring a patient/resident</li> <li>• After assisting a patient/resident</li> </ul>	
	After touching patient/resident surroundings	<ul style="list-style-type: none"> <li>• After assisting a patient/resident</li> <li>• After touching items in the patient/resident room (e.g., privacy curtain, call bell)</li> </ul>	

<sup>1</sup>Alcohol-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).

<sup>2,3</sup>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).

<sup>4</sup>PPE (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](#).

<sup>5</sup>Gloves 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).

<sup>6</sup>Debridement 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](#)).

<sup>7</sup>Any 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](#).

<sup>8</sup>Reusable 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.

<sup>9</sup>Wound 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.