

Infection Prevention & Control Competency Checklist: Wound Care



INFECTION CONTROL
ASSESSMENT &
RESPONSE

Observed: _____

Job Title: _____

Date: _____ Competency Validation: **Orientation** **Annual** **Other:**

Directions: This document was developed as a resource to assess infection prevention and control-related wound care competency* via return demonstration of techniques. Observe wound care procedures from start to finish. Record if steps were performed as 'Yes' or 'No.' Refer to page two for the footnotes.

Practices	Yes	No
1. Hand Hygiene performed before gathering supplies ¹		
2. Supplies gathered and handled in a way to prevent contamination ²		
3. Hand hygiene performed before preparing clean field		
4. Clean field prepared per facility policy ³		
5. Supplies placed on clean field		
6. Hand hygiene performed		
7. Clean gloves and PPE donned ⁴		
8. Barrier positioned under wound		
9. Old dressing removed and discarded in waste receptacle		
10. Dirty gloves doffed and discarded ⁵		
11. Hand hygiene performed		
12. Clean gloves donned		
13. Wound assessed and treatment performed in a manner to prevent cross-contamination ⁶		
14. Dirty supplies discarded in waste receptacle		
15. Gloves doffed, PPE discarded and hand hygiene performed after dressing change is complete		
16. Clean, unused supplies dedicated to the patient/resident or discarded ⁷		
17. Reusable equipment and surfaces cleaned and disinfected appropriately per manufacturer's IFU ⁸		
18. Wound cart is cleaned, disinfected, and stored properly ⁹		

Comments and Follow-up Actions

Observer Name: _____

Signature: _____

Observed Signature: _____

*Competency assessment is completed to meet education and regulatory compliance for your facility and is used to demonstrate staff knowledge of proper task performance. Refer to [NJDOH Infection Prevention & Control: Observational Audit vs. Competency Assessment](#) for more information.

Footnotes

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).

²Supplies 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](#).

³ 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.