

IMPROVING WOUND CARE PRACTICE

to reduce the potential for cross contamination



The dressing procedure is a common nursing task. Unfortunately if not attended correctly it has the potential to increase the risk of cross contamination from patient to patient &/or contaminated items to patient with a worst case scenario leading to infection with multiresistant strains of bacteria eg MRSA, VRE etc. It is the responsibility of all health care professionals to take active measures to prevent cross contamination during dressing procedures as per the following:

- All modern and traditional dressings used for patients/residents eg moist wound healing products, gauze, combine, and non adherent primary wound contact layers are to be single use only and should not be reused for other patients/residents eg leaving unused, opened/cut dressings in dressing trolleys
- Multi packs of gauze, vaseline gauze or unsterile combine rolls should not be used due to the risk of cross contamination
- Disposable sterile scissors should always be used for cutting of sterile dressings
- Fully stocked dressing trolleys should not be used for attending to dressing procedures in residents/patients rooms as there is a risk of cross contamination of the sterile stock – therefore only the dressings required for each procedure should be taken to the bedside
- Dressing trolleys or plastic baskets used to carry dressings to patients/resident's rooms should be cleaned with neutral detergent before and after each use
- Ensure adequate supply of appropriately diluted neutral detergent is available for this purpose in the treatment room for staff to clean trolleys before and after use as per Australian Government Department Health and Ageing (AGDHA) Infection Control Guidelines 2004 & NSW Health Infection Control Policy Directive 2007-036
- Waterless antiseptic handrubs (with residual) should be available to increase compliance with frequent hand decontamination during a dressing procedure eg as many as four times ie before gathering equipment, after positioning a patient/resident or removing patient's/residents shoes, before removing soiled dressings, after the removal of gloves (enclosing dirty dressings) and before cleansing/dressing the wound with sterile dressings
- All reusable instruments and equipment such as scissors, forceps and nail clippers must be reprocessed before re-use in accordance with NSW Health Infection Control Policy Directive 2007-036. All reusable instruments and equipment must be thoroughly cleaned with neutral detergent and water before any further sterilization reprocessing is undertaken.
Note: soaking in disinfection solution is not a sterilization process and is not recommended
- The Therapeutic Goods Administration advises that 'single use devices' (SUDs) eg sterile dressings and cleansing solutions cannot be reused if the manufacturer does not recommend so and the following is a statement from the TGA website: <http://www.tga.gov.au/devices/fs-sudguid.htm>

Healthcare professionals who give advice to their patients about the reuse of the SUDs are not manufacturers under the Act... but are providing advice on how the device may be cleaned for reuse.

The healthcare professional providing this advice may be professionally liable for any harm visited on the patient as a result of the advice given with respect to cleaning and reuse etc. In a negligence case the nurse may be required to provide the evidence on which his/her recommendations for cleaning were based.

- Single use devices (dressings and cleansing solutions) must be used as per the manufacturers instructions
Australian Wound Management Association (AWMA)
Standards for Wound Management Second Addition 4.10. AWMA website www.awma.com.au

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The following is a sequence for performing a dressing procedure using the principles of non-contamination. The sequence itself is not important – rather whether hand decontamination has occurred between each task to prevent the potential for cross infection.



Decontaminate hands to reduce potential for cross contamination



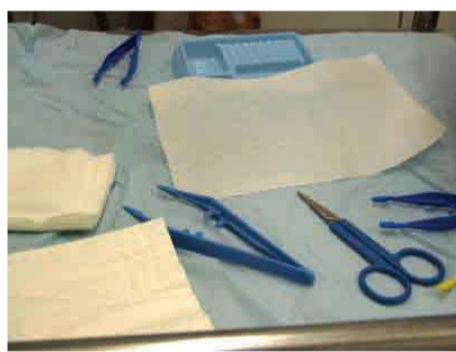
Decontaminate dressing trolley



Decontaminate hands to reduce potential for cross contamination



Decontaminate hands prior to collecting equipment



Decontaminate hands prior to organising equipment



Decontaminate hands after repositioning the patient



Decontaminate hands to reduce potential for cross contamination



Remove and dispose of old dressing



Remove and dispose of contaminate gloves



Decontaminate hands before applying gloves to apply new dressings



Apply new dressing



Decontaminate hands at the end of the procedure

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