

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 3: Observation Form - Wound Care

Wound Care: This form is intended to guide observations of wound care practices at the healthcare facility. For the purposes of this tool, wound care refers to local care (e.g., debridement, dressing changes) to facilitate healing of breaks in the skin (e.g., ulcers, surgical wounds). While the practices being assessed (e.g., prevention of cross-transmission) apply wherever wound care is performed, the level of detail included in the tool is likely not sufficient to fully assess practices in specialty areas like burn units.

Wound Care ICAR Interview Questions (Section 2 Module 8) and Observation Forms for other IPC topics (Section 3) are available on the ICAR web page: <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Wound Care Facility Observations:

***Ideally, at least two observations of different staff within the facility are observed.
If direct observations cannot be gathered, then information can be obtained by asking staff.***

Observation 1

1. Prior to the start of the procedure, are clean supplies gathered and placed on a clean surface in the room?

Yes	Not observed but endorsed by frontline staff
No	Not observed and not endorsed by frontline staff

“Maintain separation between clean and soiled equipment to prevent cross-contamination.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

Wound care supplies such as dressing materials and equipment should be selected and gathered prior to entering the patient/resident care area to avoid accessing the supply cart/clean storage area during the procedure. Only the materials needed for an individual patient/resident should be brought into the patient/resident’s room or treatment area and placed on a clean surface and away from potential sources of contamination (e.g., away from splash zones of sinks) prior to beginning wound care activities.

2. Is topical medication either dedicated to an individual patient/resident or aliquoted for individual patient/resident use prior to entering the patient/resident room?

N/A – topical medication not used	Not observed but endorsed by frontline staff
Yes	Not observed and not endorsed by frontline staff
No	

“Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (e.g., operating room, patient room/cubicle).”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

Multidose topical wound care medications, such as creams, sprays and ointments, should be dedicated to an individual patient/resident, whenever possible. Dedicated containers should be properly labeled and stored in a manner to prevent cross-contamination or use on another patient/resident. If it is not possible to dedicate an entire tube or container of wound care cream or ointment to an individual patient/resident, then a small amount of medication should be allocated (e.g. into a medication cup) for single-patient/resident use prior to the procedure. The remainder of the multidose container should be properly stored in a dedicated clean area. Containers entering patient/resident care areas should be dedicated for single-patient/resident use or discarded after use.

3. Does the wound care clean supply cart remain outside the patient/resident room?

N/A – wound care clean supply cart not used	Not observed but endorsed by frontline staff
Yes	Not observed and not endorsed by frontline staff
No	

“Maintain separation between clean and soiled equipment to prevent cross contamination.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

The clean supply cart should not enter the patient/ resident’s room/immediate care area.

4. Are alcohol-based hand sanitizer dispensers easily accessible to HCP while performing wound care activities?

Yes	Not observed but endorsed by frontline staff
No	Not observed and not endorsed by frontline staff

The 2002 Guideline for Hand Hygiene in Healthcare Settings states, “Easy access to hand hygiene supplies...is essential for optimal adherence to hand hygiene recommendations.” Easy access should include placement within the HCP workflow and proximity to point of use. “To improve hand-hygiene adherence among personnel who work in areas in which high workloads and high intensity of patient care are anticipated, make an alcohol-based hand rub available at the entrance to the patient’s room or at the bedside, in other convenient locations, and in individual pocket-sized containers to be carried by HCWs.”

Sources:

[Core Practices | HICPAC | CDC](#)

[Hand Hygiene | Guidelines Library | Infection Control | CDC](#)

Information about fire safety requirements is available at: [Fire Safety and ABS | Hand Hygiene | CDC](#)

5. Do HCP perform hand hygiene before performing wound care activities?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- a. Immediately before touching a patient
- b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- c. Before moving from work on a soiled body site to a clean body site on the same patient
- d. After touching a patient or the patient’s immediate environment
- e. After contact with blood, body fluids or contaminated surfaces
- f. Immediately after glove removal”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

6. Do HCP don clean gloves and other recommended PPE?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

- “a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.
- b. Wear a gown that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.
- c. Use protective eyewear and a mask, or a face shield, to protect the mucous membranes of the eyes, nose and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions and excretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

Gloves should be worn during wound care procedures.

Gowns should be worn when wound care requires significant contact with the resident or their immediate environment, such as when turning or positioning a resident for wound care, or if the procedure could generate splashes or sprays (e.g., during irrigation)

Face protection such as goggles and a facemask, or a face shield should be worn during wound care procedures that may generate splashes or aerosols such as irrigation, pulse lavage, and handling of equipment such as vacuum-assisted closure devices.

Additional PPE may be warranted if the patient/resident is on Transmission-Based Precautions.

7. Are gloves changed and hand hygiene performed when moving from dirty to clean tasks?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“Use an alcohol-based hand rub or wash with soap and water for the following clinical indications....

- e. Before moving from work on a soiled body site to a clean body site on the same patient
- f. Immediately after glove removal”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

8. Do HCP maintain separation between clean and dirty supplies?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“Maintain separation between clean and soiled equipment to prevent cross contamination.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

During the procedure, separation should be maintained between clean and dirty supplies. For example, used bandages should be immediately discarded and not placed on a surface next to clean bandages.

Notes

9. Is PPE discarded and hand hygiene performed after completing wound care activities?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“Use an alcohol-based hand rub or wash with soap and water for the following clinical indications...

- d. After touching a patient or the patient’s immediate environment
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10. Is reusable equipment (including equipment supplied by consultant personnel) cleaned and disinfected after use?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“Clean and reprocess (disinfect or sterilize) reusable medical equipment...prior to use on another patient and when soiled.

a. Consult and adhere to manufacturers’ instructions for reprocessing.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

While non-critical equipment can typically be cleaned and disinfected using disinfectant wipes, a more complex process is required for semi-critical and critical equipment. Refer to ICAR Module 5: High-level Disinfection and Sterilization Facilitator Guide for a detailed assessment of reprocessing semi-critical and critical medical devices.

If device reprocessing is performed elsewhere, verify that the device is contained and transported to the reprocessing area in a manner to prevent cross-contamination (e.g., soaking in detergent/cleaner in a biohazard container)

11. What happens to any unused disposable supplies that entered the patient/resident care area

- | | |
|--|--|
| Discarded | Not observed but endorsed by frontline staff |
| Returned to clean supply cart or storage for use on other patient/residents | Not observed and not endorsed by frontline staff |
| Labeled and dedicated to the patient/resident and stored in a manner to prevent cross-contamination (e.g., in the patient/resident room) | Other (please specify): |
-

“Maintain separation between clean and soiled equipment to prevent cross contamination.”

Source: <https://www.cdc.gov/hicpac/recommendations/core-practices.html>

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).

12. Are potentially contaminated surfaces cleaned and disinfected after wound care activities are completed?

- Yes Not observed but endorsed by frontline staff
- No Not observed and not endorsed by frontline staff

“1. Require routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.

- a. Clean and disinfect surfaces in close proximity to the patient and frequently touched surfaces in the patient care environment on a more frequent schedule compared to other surfaces.
 - b. Promptly clean and decontaminate spills of blood or other potentially infectious materials.
2. Select EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment.
 3. Follow manufacturers’ instructions for proper use of cleaning and disinfecting products (e.g., dilution, contact time, material compatibility, storage, shelf-life, safe use and disposal).”

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Observation 2

1. Prior to the start of the procedure, are clean supplies gathered and placed on a clean surface in the room?

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