APPENDIX 7: GENERAL INFECTION PREVENTION AND CONTROL INFORMATION

Infection Prevention and Control

The following infection prevention and control procedures should be implemented when carrying out wound care.

<table>
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<th>Handwashing</th>
<th>• All personnel must wash hands with soap and water, for 10 seconds, or as an alternative, an antiseptic, waterless hand rub product, prior to and after any contact with the patient, and after the removal of gloves.</th>
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| Clean Technique | • Clean technique involves strategies used in patient care to reduce the risk of transmission of microorganisms from one person to another or from one place to another.  
• Clean technique means no touch dressing technique, clean supplies and sterile normal saline or recommended wound cleanser. Whether an individual is allowed to shower or bathe depends on the clinical situation and the decision must be approved by the attending physician.  
• No touch dressing technique is a method of changing surface dressings without directly touching the wound or any surface that might come in contact with the wound.  
• The accepted practice in continuing care centres and the community is clean technique. |
| Aseptic Technique | • Aseptic technique is the purposeful prevention of the transfer of germs from one person to another by keeping the microbial count to an irreducible minimum, and includes the application of principles for assuring that cross-contamination does not occur.  
• Aseptic technique must be used during dressing changes, wound irrigation and debridement procedures to avoid introduction of microorganisms into the wound.  
• Sterile gloves must be worn when hands touch the wound. |
| Wound Cleansing Agents | • Before any wound cleansing agent is used, it should be inspected for any evidence of damage to the bottle, leaking, foreign material, mold or fungus.  
• The wound cleansing agent should be handled in a manner to avoid contamination of the fluid itself, the inside of the neck of the bottle and the inside of the top of the cap.  
• Containers of sterile normal saline, if not contaminated, may be resealed and labeled with a 24-hour expiration time.  
• Solutions used for wound cleansing should never be “topped up” from bulk containers into small ones.  
• Unused contents of single use non-resealable containers of normal saline should be discarded following use.  
• Wound cleansing agents dispensed from a spray applicator (e.g. Sea-Clens) must be used according to the manufacturer’s directions and be dedicated to single patient use. When cleansing a wound with a spray applicator product, the container must be held 15-20 centimetres from the wound bed to prevent contamination of the bottle and its contents. |
| Dressings, Pastes, Gels | • Opened dressings, pastes or gels should be labeled, dedicated to single patient use and stored in a clean area between use.  
• Outer packaging and containers of pastes and gels must be handled with clean hands. Care must be taken not to contaminate the contents of the packages or containers.  
• Manufacturer’s written recommendations for shelf life and storage conditions should be followed. |
### Waste Disposal
- All used dressings and disposable supplies should be contained in plastic bags and placed in the general waste.
- *Irrigation* solution and wound drainage may be disposed of by carefully pouring (to prevent splashing) into the hopper or toilet.
- Silver nitrate solution should be disposed of in a sealed container.
- All used disposable sharp instruments (e.g. needles, lancets, scalpel blades, broken or easily broken glass items) should be placed at the point of use, in a puncture-resistant, leak-proof, impervious container for disposal.

### Personal Protective Equipment
- Gloves should be worn for contact with the wound or wound drainage.
- Cover gowns or aprons, masks and eye protection should be worn by caregivers when splash or spray from wound drainage is anticipated.
- These measures will assist in prevention of transmission of infection to the caregivers and to other patients/residents.

### Antibiotic Resistant Organisms
- If the individual is known to be colonized or infected with a significant antibiotic-resistant organism (e.g. methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant *Enterococcus* (VRE), this should be communicated to personnel responsible for Infection Prevention and Control in the health care facility or home care program.
- When the patient is transferred between facilities, Infection Prevention and Control personnel in the receiving health care facility or home care program must be notified in advance of the time of transfer.