

Wound Care Insider

An educational resource from Gentell

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Infection Prevention and Control (IPC)

In skilled nursing facilities and long-term care, we see residents with pressure injuries, diabetic wounds, vascular ulcers, and surgical wounds that require treatment. It's crucial to implement strong infection prevention practices while caring for all these types of wounds. This promotes healing and minimizes the spread of pathogens and infections to others.



The Purpose of IPC and Wound Care

Wounds can serve as entry points for bacteria and provide an ideal surface for biofilm formation, allowing bacteria to thrive, multiply, and share resistance. Patients with wounds are therefore at increased risk of colonization by multidrug-resistant organisms (MDROs). Because wounds can harbor these pathogens, any lapse in infection prevention during wound care may lead to the spread of infection.

Steps for IPC and Wound Care Procedures

Wound care procedures to prevent infection depend on the type of intervention being performed, such as dressing changes, irrigation, debridement, or negative pressure wound therapy (NPWT). The following best practices should be integrated into all wound care procedures:

- Perform hand hygiene:
 - Before, during and after wound care procedures.
 - Before applying PPE and after removing PPE.
- Use the appropriate PPE:
 - Gloves must be worn during wound care procedures. Change gloves and perform hand hygiene:
 1. Before initiating wound care.
 2. Before applying new wound care dressings.
 3. After removing soiled dressings.
 4. After cleansing wound.
 5. After procedure is done.
 - Gowns should be worn when wound care requires significant contact with the residents or their immediate environment.
 - Goggles and facemask or a face shield must be worn during procedures that may create splashes or aerosols.
- If more than one wound is present change dressing on cleanest wound first moving to the dirtiest wound last.
- The treatment cart should never enter the resident's room:
 - Wound care supplies should be selected and gathered prior to entering the resident's room.
 - Place supplies on clean surface in the resident room.
 - Avoid multiple trips to the treatment cart during wound care procedure.
 - Always maintain separation between clean and dirty supplies.
 - Clean, unused disposable supplies that enter the resident's room should be discarded after procedure.
Do not place disposable supplies back on the treatment cart!
- How to handle topical medications:
 - Topical prescription medications must be dated and labeled with resident information and stored in a manner to prevent cross contamination or use on another resident.
 - Dispense topical medication into medication cups prior to entering resident room to prevent cross contamination.
 - If container is used for more than one resident, dispense appropriate amount for single resident use into medicine cup prior to procedure. The dispensing container should be properly stored in the treatment cart and container should never enter a resident's room.
- Clean and disinfect reusable wound care equipment after each use in accordance with facility policy.
- Clean and disinfect any surface in the treatment area that could be contaminated during wound care immediately after the procedure in accordance with facility protocol.
- Never keep wound care scissors in your pockets. Disinfect according to facility policy before and after use and return them to the designated area in the treatment cart.



References:

<https://www.woundsource.com/blog/chronic-wound-management-types-wound-tissue>; <https://blog.wcei.net/eschar-what-it-is-how-treat>;
<https://www.sharedhealthservices.com/post/scab-versus-eschar>