Best Practice Statement - Principles for Performing a Wound Care Dressing in Patients Own Home

Produced by Hampshire Community Health Care Tissue Viability Group and Infection Prevention Team

## Aseptic (sterile) Technique

**Aim** - every effort is taken to keep the patient as free from contamination by micro – organisms as possible during the procedure. Aseptic technique involves methods to reduce exposure to micro-organisms, including hand washing, and using a sterile field, sterile fluid for irrigation, sterile instruments, sterile gloves, and sterile dressing. See Aseptic Technique Policy is available on Trust Internet site : www.hchc.nhs.uk

### Indications for Aseptic Technique

- Any surgical wound that has been created in the last 48 hours or less
- Any wound connecting to a deep body cavity
- If you have identified that the patient is severely immunocompromised  eg neutropenic

## Clean Technique

**Aim** –To prevent harmful contamination to the wound. This is a modified technique that can be used for dressing chronic wounds healing by secondary intention, e.g. pressure sores, leg ulcers, dehisced wounds, which will already be heavily colonised with environmental microorganisms. It can also be used for simple grazes; when removing sutures; and for endotracheal suction. Clean, non-sterile gloves should be worn and a disposable plastic apron. In addition chronic wounds may be irrigated or cleansed using potable/drinking tap water rather than sterile fluids.

### Indications Clean Technique – Any wound care dressing in the home if the

- Wound has not been created surgically in the last 48hours
- The wound does not connect to a deep body cavity
- If the patient is not neutropenic
Infection Prevention Principles of Clean Technique (Wound Care)

1) Storage of Equipment
If more than one visit planned you may need to store equipment within the home. To store equipment free from dust and soil, ask for the patient to provide a box with a lid (preferably one that can be wiped clean as required with a Clinell Sanitising Wipe).

2) Dressing packs
The Trust recommends that you use a procedure pack for each dressing as this provides: a disposable apron, disposable gloves, waste bag and sterile field in a clean manner. Sterile gloves are not required for clean technique but using a pack system ensures products are easy to store and transport in a hygienic manner. These are available on FP10.

3) Protective Clothing
A plastic disposable apron must be worn to protect your uniform from microbial contamination and skin scales. Disposable gloves are required for body fluid contact as part of standard precautions. Eye protection is only required if splashing of body fluid to the eye is likely.

4) Working from a clean surface
Identity an area to perform the dressing within the home free from obvious soiling, place a sterile towel from your dressing pack place under the area you are performing the dressing on. Clinell sanitising wipes may be used to clean surfaces prior to dressing procedures if concerned. If you are likely to perform a dressing on a patient with a heavily exuding wound or patient is neutropenic, consider extra protection eg MedMat®.

5) Scissors
Re-usable scissors can be used for all procedures unless: a) Cutting a sterile primary dressing b) Dressing a surgical wound within first 48 hours. If performing a) or b) use single-use sterile scissors.

Re-usable scissors must be single-patient use only. After use wipe these scissors after use with a Clinell sanitisng wipe and store the scissors in the patient’s equipment box if safe to do so.
NB Use a pre manufactured key hole dressing around drains, supra -pubic catheter

6) Hand Hygiene
Ask the patient or their carers to provide liquid soap and disposable paper towels for your visit. Carry your own supply of alcohol hand rub with you into the home (or leave a bottle in the patient’s equipment box if safe to do so) to supplement facilities in the home. Clinell Sanitising wipes can be used for hand hygiene

Minimum hand cleaning standard = decontaminate before starting the dressing and on finishing the dressing.

NB Remove old dressing using disposable bag in your dressing pack. Wash hands after removing dressing.

7) Irrigation of wounds
Use tap water for irrigation of wounds if using clean technique.
Mix hot and cold tap water to achieve water of correct temperature for irrigation. Collect the tap water in a clean container eg new specimen container. After use wash out the clean container with detergent and hot water, dry and return to the storage box for dressings that the patient has provided.

If concerned about the quality of the tap water (eg discoloured) use sterile saline for irrigation.