

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 158 – Treatment of Open Wounds

I. POLICY

Southern Highlands will insure appropriate healthcare for all consumers.

II. DISCUSSION

All wounds are contaminated; there are a certain number of germs living in the wound. Some wounds become infected. When consumers normally share a living space there exists the potential for an infected wound to cause spread of infection unless properly contained. This procedure outlines precautions to be taken in treatment of a consumer with an open wound being in residential, CPST, CRU, Intensive Supportive Setting (ISS) or day habilitation services, SUD Residential, HOPE Center. All open wounds should be considered infected. Proper hand-washing technique is the single most important step in preventing the spread of infection. See hand-washing fact sheet attached.

III. ADMISSION OF CONSUMER WITH WOUND

- A. During the referral process, residential, CPST, SUD Residential, HOPE, CRU, ISS, and day program consumers are to be asked about open wounds (boils, lesions, abscesses, rashes, draining post-surgery wounds, redness and swelling, etc.). This is to be discussed with the medical provider and the decision made if the consumer needs medical clearance before admission to the program.
- B. If during the admission process, the consumer is found to have an open wound, a medical provider is to be contacted to assess the wound at first visit to determine need for getting the area cultured.
- C. All draining wounds are to be covered with a dressing. The technique for dressing and dressing change is attached. Dressings shall be disposed of utilizing guidelines in Policy 165. Staff are to wear gloves when managing wounds.
- D. If available, the consumer should be in a private room. If this is not possible, the roommate should not have any skin breaks, weakened immune system, and not be cognitively impaired.

- E. The consumer must not share soap, razors, personal grooming items and cosmetics, towels, washcloths, clothing, bed linen, or anything else that touches the wound. Good hand-washing techniques must be taught to the consumers.
- F. Surfaces in the unit contaminated with blood, mucous, or other body fluid should be washed with soap and water. Then the surface should be cleaned with a 1:10 bleach solution or approved spray.
- G. All contaminated laundry is to be washed in hot water (>160 degrees) and bleach; then dried in the dryer. Contaminated laundry should be washed immediately and not stored with other laundry.
- H. Any consumer not able to adhere to these requirements should be discharged or referred to a different level of care.
- I. Any contaminated dishes and eating utensils are to be washed immediately in detergent and hot water.
- J. Daily cleaning of the bedroom and bathroom as well as cleaning after discharge will be done using an approved cleaner or a 1:10 bleach solution.
- K. Staff will have annual bloodborne pathogen training, and will utilize appropriate Personal Protective Equipment when in contact with the open wound, assisting with laundry, or cleaning.

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Nursing Procedure

Wound and Skin Care

Germs can be found in all areas, such as table tops, bathrooms, food preparation areas and common shared areas. Germs also can be in the air and on skin, especially the hands.

Most germs that are in the air or on your skin will not harm you but some if allowed to enter the bloodstream can cause an infection or serious illness. One of the ways that germs enter the bloodstream is through a cut or opening in the skin.

The following steps are to be used to prevent contamination and minimize the chances of infection.

Wound Care Supplies

1. Store all of your solutions and supplies away from other household items.
2. Store supplies where there is no possibility of them getting wet.
3. Make sure supply packages are sealed.
4. Do not use any item that you think may be contaminated.

Selecting a Work Area for Wound Care

1. Select an area that is clean, without dust or clutter. Avoid using the bathroom area.
2. Select a smooth table, counter top, or tray that can be cleaned thoroughly after each use.
3. Select an area with enough space and good light.
4. Have a wastebasket with plastic liner close by.

Dressing Change Procedure

1. Wash your hands.
2. Clean the work area
3. Place all needed supplies on the work area.
4. Wash your hands.
5. Put on first pair of gloves and remove soiled dressing. Dispose of the dressing in the plastic bag.
6. Remove gloves and wash hands again.
7. Apply second pair of gloves.
8. Observe the wound. Note changes in color, size, odor, or drainage.
9. Clean the wound with prescribed products.
10. Apply any medications prescribed to the wound.
11. Apply clean bandage.
12. Remove gloves.
13. Double bag all used supplies and dispose of per policy.
14. Wash hands
15. Document any changes and notify health care provider of significant changes.

HAND-WASHING FACT SHEET

Proper hand-washing is the single most important step in preventing the spread of infection. The chemical action of the soap, along with the friction of rubbing your hands together, will help rid the skin of dangerous germs and bacteria.

Steps to proper hand-washing

1. Hands should be washed using soap and warm, running water.
2. Hands should be rubbed vigorously during washing for at least 20 seconds with special attention paid to the backs of the hands, wrists, between the fingers and under the fingernails.
3. Hands should be rinsed well while leaving the water running.
4. With the water running, hands should be dried with a single-use towel.
5. Turn off the water using a paper towel, covering washed hands to prevent re-contamination.

Hands should be washed after the following activities:

- After touching bare human body parts.
- After using the toilet.
- After coughing, sneezing, using a handkerchief for disposable tissue.
- After handling soiled equipment or utensils.
- Before and after food preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks.
- After switching between working with raw food and working with ready-to-eat food.
- After engaging in other activities that contaminate the hands.

Note: Southern Highlands does not endorse the use of hand sanitizers in lieu of hand-washing with soap and warm, running water. Hand sanitizers containing 60-90% ethyl alcohol or isopropanol in concentration with equivalent sanitizing strength, may be used as an adjunct to proper hand-washing.

Nursing staff are to wash hands prior to administering medications prior to putting on gloves. Gloves are changed between consumers and the use of hand sanitizer is permitted during this change. At the end of medication pass, gloves are removed and hands are again washed with soap and water. If gloves become soiled, then soap and water instead of hand sanitizer should be used before putting on new gloves.

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