

# Clean Dressing Change Competency

## Adhering to POC

- Verifies Orders for wound treatment.
- Determines need to pre-medicate for pain.
- Verifies pain medication order, administers at least 30 min before dressing change.

## Preparation for Dressing Change

- Identifies resident, knocks on door, waits for response.
- Introduces self, explains procedure, provides privacy- closes door, draws blinds/ curtain.
- Washes hands, applies clean gloves.
- Sets up clean disposable field for dressing change supplies.
- Provides disposable container for soiled dressings.
- Checks expiration dates on all applicable supplies.
- Checks that ointments and creams are appropriately labeled for prescribed resident.
- Dispenses ointment/cream/liquid into clean, disposable container, ie, medication cup.
- Gathers all dressing change supplies and positions on clean field.
- Opens and labels dressings with date of change and initials.
- Locks treatment cart when left unattended in hallway.

## Removing the Old Dressing

- Washes hands, applies clean gloves.
- Positions resident for dressing change. Places barrier pad next to resident or under the wound area to protect bed linens or other body sites.
- Gently removes soiled dressing and discards in disposable container. Removes gloves. Washes hands and reapplies clean gloves.

## Dressing Application (Clean Technique)

- Continually monitors resident for tolerance of procedure.
- Cleanses wound, as ordered, cleaning from center of wound & outward. Pat dry.
- If due, measures & evaluates wound. Notes any significant changes.
- Washes hands, applies clean gloves.
- Applies topical ointment to wound with clean cotton tip applicator. Uses a new clean applicator each time it is introduced back into disposable, multiuse container.
- Applies dressings, per MD order.
- Washes hands, applies clean gloves and repeats procedure for each wound.
- Washes hands, changes gloves before repositioning resident.

## Treatment Completion

- Ensures resident comfort and safety. Call light within reach & blinds, curtains opened.
- Discards trash, cleans procedure area and scissors and washes hands.
- Documents procedure per facility policy.

Facility \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name/Title: \_\_\_\_\_

Observer Name/Title: \_\_\_\_\_

This skill has been demonstrated to show competency: YES \_\_\_\_\_ NO \_\_\_\_\_

# Clean Dressing Change Technique (How To - Facility)

## Helpful Tips for Nurses

What is a clean dressing change? By definition a clean dressing change involves techniques to reduce the overall number of microorganisms during a dressing change. This helps to prevent or reduce the risk of transmission of microorganisms from person to person and/or surface. This technique utilizes hand-washing, maintaining a clean surface, and using gloves and sterile instruments to prevent direct contamination of supplies and materials. Clean technique is considered most appropriate for long term care, chronic wounds, and wounds not at high risk for infection.

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## State Survey Tips

**During the survey process, State surveyors assess many items when observing a dressing change. Surveyors will observe a dressing change(s), review the POC, documentation and the progression or decline of the wound. Some general tips to remember include:**

- All dressings need an order from the physician, and the dressing applied needs to be exactly what is written in the order. It is good practice to use general product categories and not specific brand names when writing orders for wounds, such as bordered foam, not **Gentell** Low Profile Foam dressing.
- Dressings should be dated.
- Wounds should be measured at least every 7 days.
- The treatment should be documented in the TAR.
- If the wound is not progressing the treatment should be changed after 14 days.
- As a rule, anything that enters the room must be cleaned with an antibacterial when leaving the resident's room, this includes spray bottles, tubes/bottles of ointments, scissors, etc.
- No expired dressings are acceptable. Ointments should be labeled for the resident. EX., a tube of medication for the wound should be labeled for the resident receiving the order.
- The dressing cart should not enter the resident's room.
- No open dressings should be on the cart. Dispose of unused supplies.
- Use a clean barrier in the room to place dressing supplies needed for the change. Some simple barriers are waxed paper, foam plates, foil sheets or a commercially packaged dressing barrier can be used.

**During the observation of the dressing change, some of the most important points for staff to concentrate on are:**

- Order verification- Is the nurse applying and adhering to the treatment plan ordered?
- POC- Is the nurse following the policy for dressing changes established by the facility?
- Is privacy and concern for the resident's comfort addressed?
- Did the nurse knock and ask permission before entering the room?
- Infection control- Are infection control techniques followed throughout the change?
- Is proper hand-washing demonstrated?
- Is proper dressing disposal demonstrated?
- Are the dressings beyond the expiration date?
- Did the resident experience pain? If so what interventions were used to alleviate pain?
- Is the change documented appropriately?