



Wound up for Wounds

Issue 8 | June 2020

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Wound up for Wounds

Wound up (verb. To be excited) for Wounds (noun. Injuries to living tissue)

How are you holding up in this new reality? I hope that you are able to find time to take care of yourself, and have found creative ways to connect with your loved ones these last few months.

I am thrilled about the fact that we can host video meetings and webinars as part of the COVID-19 resources.

We have used them to connect Martina Reddick, the Lymphedema Specialist from Newfoundland, to CRN Nicole Greenwood and her fantastic team in Flin Flon to treat Lymphedema. We've also connected Occupational Health and Regional Wound Care Committee colleagues as we roll out the process for Prevention & Management of Skin Injury from personal protective equipment (PPE).

On that note, a huge thank you to Alison Kokocinski, CNS, VGH for bringing the issue to our attention, and a big shout out to all who were involved in this project:

- Kari Mann, Skin and Wound CNS, HSC, Shared Health
- Darren Nowakowski, Safety and Health Coordinator, OESH
- Kimberly Malo, Regional Respirator Fit Tester, OESH
- Taras Stecy, Safety Coordinator and Biosafety Officer, OESH
- Shaun Haas Regional Director, OESH
- Tracy Thiele, Manager Nursing Initiatives, WRHA

Jane McSwiggan, MSc., OT Reg. (MB), IIWCC, Education and Research Coordinator, Wound Care



Did you know?

- In Manitoba, stages 3, 4 and unstageable pressure injuries are critical incidents if they meet the criteria.
- Please report using RL6 or call the Critical Incident Reporting and Support Line (24 hours) at 204-788-8222.
- Further information: <http://home.wrha.mb.ca/quality/afterreported.php>

From the desk of Mariam Botros, CEO Wounds Canada

I hope this message finds you well and sheltering safely as much as possible.

The COVID-19 pandemic has affected all of us both professionally and personally, and at Wounds Canada, we are continually looking for ways to use our significant resources to support our community.

We are aware of the wound management challenges faced by patients and their caregivers without the regular visits by their health-care providers. Changing a dressing can be very intimidating to a novice. To support these individuals, Wounds Canada has developed a tool Caring for Your Wound at Home that gives easy, concise directions for a dressing change. This one-page resource is supported by more detailed back-up information with clear photos to help further explain the process.

Please feel free to offer this to anyone who may benefit from it, simply click the links below:

- <https://www.woundscanada.ca/patient-or-caregiver/overview-patient-or-caregiver>
- <https://www.woundscanada.ca/docman/public/1680-care-at-home-series-changing-a-dressing>

Wound Care Resources

Did you know,? The Evidence Informed Practice Tools-Clinical Practice Guidelines for Wound Care can be found on the WRHA website at:

- <https://professionals.wrha.mb.ca/old/extranet/eipt/EIPT-013.php>

We are aware that some need updating, so other great resources are:

- **Skin and Wound Community of Practice (BC)**
<https://www.clwk.ca/communities-of-practice/skin-wound-community-of-practice/>
- **Wounds Canada**
- https://www.woundscanada.ca/index.php?option=com_content&view=article&id=110&catid=12&Itemid=724
- <https://www.woundscanada.ca/health-care-professional/education-health-care-professional/webinars>

Prevention & Management of Skin Injury from PPE

This **Quick Reference Guide** (link below) was developed by Kari Mann, CNS for Skin and Wound at HSC Winnipeg, and Jane McSwiggan Education and Research Coordinator, WRHA, in response to the development of staff skin injuries from the use of personal protective equipment (PPE) being worn on the face and irritation to hands from gloves.

<https://sharedhealthmb.ca/files/covid-19-ppe-skin-injury-qrg.pdf>

In consultation with Occupational Health and Safety, it was determined that N95 respirators should be fit tested with thin and flexible interface dressings which easily conform to the face. dressings to see if a seal can be achieved. Please review the **Quick Reference Guide** carefully for the list of N95 respirators have been fit tested quantitatively using Portacount Pro Plus model 8038. It is important to note that a respirator which did not seal with a dressing also did not seal without a dressing therefore a different model of respirator had to be fitted. **Note:** At time of publication further testing of N95 respirators not listed is planned so there may be updates to this document.. Please click the link below to view the poster **PPE - Tips for Prevention of Skin Injury**. <https://sharedhealthmb.ca/files/covid-19-ppe-skin-injury-poster.pdf>




Quick Reference Guide
Prevention & Management of Skin Injury from Personal Protective Equipment (PPE)

Prevention of Skin Injury (See product examples on Page 2)

PPE selection: Use the PPE appropriate to Zone (Red, Orange, or Green)

Skin Care at Home:
Hands: Apply moisturizer or barrier cream with Dimethicone, silicone, ceramides or ointment with petrolatum.*
 *Avoid use of petrolatum based hand lotion when using latex gloves
Face: Prevent/treat acne breakouts by washing face with pH balanced soap & moisturizing. Avoid application of make-up over affected areas.

Skin Care at Work:
Pressure relief: Remove PPE to relieve pressure on the skin appropriate to Zone. If a dressing is used, leave in place if intact until end of shift. Consider a holding device or dressing to relieve pressure behind ears.
Skin inspection: end of shift. Upon removal of PPE, & protective dressing if in place, inspect skin for injury or irritation. **Close at home** after proper hand washing, face & neck should be thoroughly cleansed using pH balanced soap & water. Dry face & neck, moisturize hands & face.
Surgical Masks: Do not apply undue pressure when applying PPE (press but don't pinch for a tight seal).
N95 Respirators: Consider a dressing, if indicated in chart below.

Management of Skin Injury

- Report skin injury or irritation as per site work related injury/illness process to Occupational Health or designate.
- Do not rub any areas which may have been under pressure, as this may increase damage.
- Do not apply moisturizer over areas of skin breakdown, consider a dressing.

Hands at home	Hands at work: Moisture & Irritation from Gloves	Irritation from Gloves
Prevention & Treatment	Prevention	Treatment
Use mild pH balanced soap Regular & frequent application of moisturizer	Dry hands thoroughly Avoid jewelry & wrist watches Barrier wipe Moisturizer	Barrier wipe Moisturizer

Face: Surgical Masks, Goggles, Eye & Face Shields, N95 Respirators		
Level of Skin Injury	Surgical mask, goggles, eye & face shield	N95 Respirator
Intact skin - Redness prevention	Barrier wipe	Barrier wipe
Intact skin - Non blanchable redness persists (Stage 1 Pressure Injury)	See page 3 for dressing placement Thin hydrocolloid sheet or Thin non-bordered silicone foam	Barrier wipe See list of mask types on Page 2 for dressing compatibility See page 3 for dressing placement
Skin breakdown - Blister open or intact (Stage 2 Pressure Injury)	Bordered thin silicone foam dressing	Contact Occupational Health or Designate

May 14, 2020 Prevention and Management of Skin Injury from PPE

Important

- Contact Occupational Health Designate for work related skin conditions
- Check the seal each time an N95 respirator is applied by performing a user seal check.

Haïti – when circumstances require innovative approaches

Patricia Akerley, Pierre Plourde, Janèle G. Fréchette, Vanessa Hrynchuk, Jane McSwiggan

I recently went on a health care mission to Haiti with Dr. Pierre Plourde, to work in partnership with local health care providers and to teach nursing students from a Haitian university, within a community primary care clinic setting. Needless to say, it was a life changing experience.

My role was to oversee patient triage, and ensure that the nursing students were keeping up with performing initial assessments and vital signs on roughly 80 patients per day. The nursing students were an invaluable addition to the team, as not only did they provide more hands to get the work done, but they also served as interpreters for our patients 90% of whom only spoke Creole.

One patient in particular stands out for me as a memorable encounter. She is an 8-year-old student at the school where we were holding our first mobile teaching clinic. Her mother brought her in to show us an old (> 4 weeks) burn wound on the dorsum of her right foot. Although the mother said that boiling water had caused the burn, the wound looked more like a direct burn from a burning ember from a charcoal fire (found in every poor Haitian home), as dark burnt flesh covered the wound edge preventing epithelialization of the healthy granulation tissue in the wound bed. There was no clinical evidence of infection which was good news for this girl (Image 1).

> Continued on next page...

Haïti Cont.

In order to clean the wound I went to the Pharmacy to get the irrigation supplies (18 gauge blunt tipped catheters and 30 cc syringes) and dressing trays that we had brought with us from donations received in Winnipeg. I mentioned the wound to one member of our team, an occupational therapist by training (Jane McSwiggan), who has advanced training in wound care, to ask her if she thought we could do anything for this girl.

Although we were not running a surgical clinic, we did have a Haitian dentist operating a mobile dental clinic alongside our primary care clinic. So Jane approached him to see what tools he had at his disposal. We found #15 scalpels (which are perfect for wound debridement) and topical anaesthetic gel.

These supplies were all that Jane needed to perform conservative sharp wound debridement (Image 2). I irrigated the wound with potable water (which we had access to) with Jane reassuring me that plain potable water was all that was necessary to perform initial mechanical wound debridement 1-3 (8-12psi provided by the 30 cc syringe and 18 gauge Cathlon). Jane applied anaesthetic gel to the wound and let it sit for a few minutes. The gel served to soften the burnt skin facilitating further debridement. Then Jane went to work with her skilful use of the scalpel, as I watched in awe at what she was doing to provide this little girl relief.

Removal of the burned skin revealed a ring of hyperkeratosis on the wound edge which was gently removed with the scalpel and serial irrigation. Once the hyperkeratosis was removed there was a healthy wound edge with minor bleeding.



Image 1. Anesthetic gel applied to wound. Burned skin noted on periwound.



Image 2. Debridement of burned skin using a scalpel

Our little patient was so happy and her mother was thrilled to have had access to such advanced wound care services in a very poor neighbourhood of Port-au-Prince.

The health care team were very pleased to know that this wound would now be able to heal much more rapidly, given the absence of infection and the presence of epithelial tissue which had already begun to migrate from the wound edge below the ring of burnt skin and hyperkeratosis. We sent her on her way with a clean dry non-stick dressing and supplies for her mother to do dressing changes.

> Continued on next page...

Haïti Cont.

It is remarkable what one can do to produce such positive outcomes with such limited resources, but with a willing and creative team.

About the authors

Patricia Akerley RN, BScN, is a primary care nurse, working in a bilingual (French and English) health care centre. Her work focuses on providing direct client care in clinic as well as facilitating classes focused on prevention and health promotion within the larger community area. Tricia is also involved in community development within St. Boniface/St. Vital.

Pierre Plourde MD FRCPC, is a Medical Officer of Health with the Winnipeg Regional Health Authority and Professor in the Departments of Community Health Sciences and Medical Microbiology and Infectious Diseases with the Max Rady College of Medicine at the University of Manitoba. He leads an annual EMAS Canada international interprofessional healthcare teaching team in collaboration with Université Lumière in Port-au-Prince, Haiti

Janèle G. Fréchette BA MD is a new Family Medicine resident, who will be continuing to work in rural/semi-rural locations and hopes to return to Haiti one day.

Vanessa Hrynchuk is a second year Bachelor of Arts student majoring in Psychology at the University of Winnipeg.

Jane McSwiggan M.Sc., OT Reg. (MB), IIWCC is the Education and Research Coordinator- Wound Care, Winnipeg Regional Health Authority. This 2020 mission to Haiti with Dr. Plourde was her third as part of the EMAS Canada Team.

References

- Chan, M.C., Cheung, K., & Leung, P. (2016). *Tap water versus sterile normal saline in wound swabbing: A double-blind randomized controlled trial*. *Journal of Wound Ostomy Continence Nursing*, 43(2), 140-147.
- Fernandez, R., & Griffiths, R. (2012). *Water for wound cleansing*. *Cochrane Database Systematic Review*, 15 (2), doi:10.1002/14651858.CD003861.pub3.
- Lippincott Williams & Wilkins, Inc. (2007). *A fount of wound irrigation tips*. *Nursing Made Incredibly Easy!*, 5 (1), 14-15.



Image 3. Debrided wound showing healthy granulation and epithelial tissue

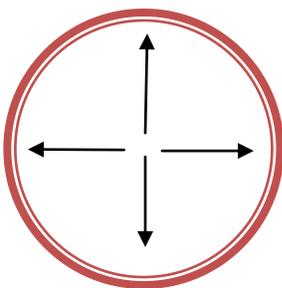
Practice Corner: Lower Leg Compression and Sub-bandage Pressure

Question: Do wound dressings applied under compression wrapping increase the amount of pressure applied to the limb?

Answer: The answer is **NO**. Sub-bandage pressure or interface pressure (IP) is influenced by the position and activity of the person. If the systems are applied correctly there will be no increase in IP. Compression therapy other than tubular compression has two systems:

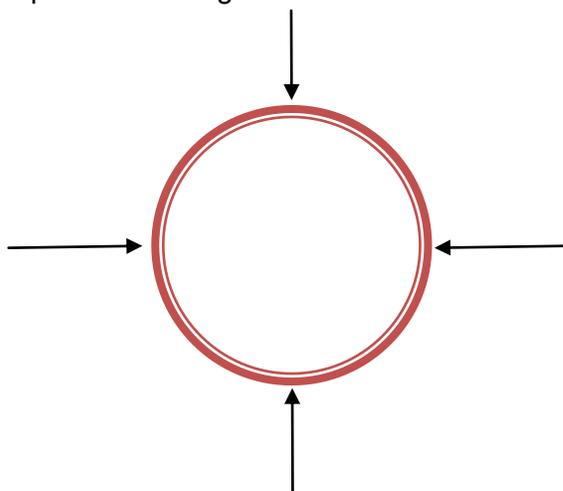
Short stretch or inelastic (Coban 2™ or Comprilan®)

- In supine the IP is low, called the resting pressure but it changes with muscle activation leg movement and walking is known as working pressure.
- The layers of wrapping form an enclosed cast like cylinder allowing internal pressures in the leg and foot to be evenly distributed.
- This inelastic wrap resists the expansion of the calf muscle creating an inward force compressing the deep veins which increases the velocity of the blood flow



Long stretch or elastic (Three Flex® and Four Flex® or Sure Press®)

- Interface pressure can vary according to limb shape and tension of bandage applied.
- Sub-bandage pressure is constant maintaining a therapeutic compression at rest but with less marked changes in pressure during muscle activation.



References:

Bjork, R., & Ehmann, S. (2019) *S.T.R.I.D.E. Professional guide to garment selection for the lower extremity. Journal of Wound Care*, 28 (6 suppl. 1), 1-44.

Wounds International. (2013). *Principles of compression in venous disease: A practitioner's guide to treatment and prevention of venous leg ulcers.*

Angie Libbrecht BN, ET, Coordinator, Enterostomal Therapy and Skin & Wound Program, St. Boniface Hospital and her team developed these two educational sheets on use of barrier cream vs. Triad™, the hydrophilic dressing. Please feel free to use them. Many thanks Angie for sharing.

Triad™



WHEN



INTACT Skin with Incontinence
Instead use Critic Aid Clear Barrier Cream



OPEN Skin Caused by Incontinence



Pressure Injury with Incontinence

HOW



Apply 3mm thick to wound including 3-4cm of intact periwound skin



Allow to Air Dry 5 minutes if possible

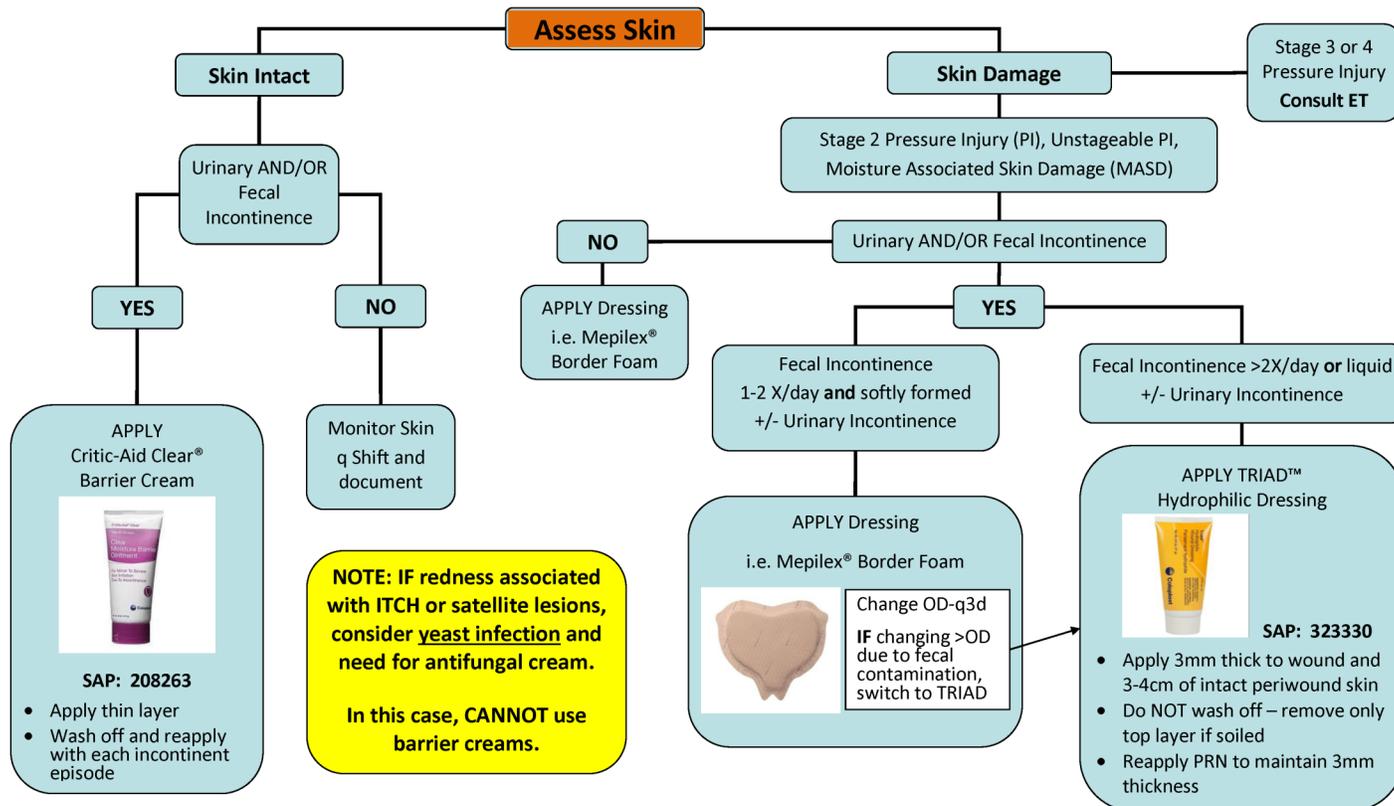


Do Not wash off – remove only top layer if soiled



Reapply PRN to maintain 3mm thickness

Criteria for Barrier use in Coccyx/Sacral Area



Additional Information

Having trouble signing up for wound care courses?

Staff with LMS access

Log into the Learning Management System (LMS) from any computer or device at <https://sharedhealthmb.learnflex.net>.

If needed, create a new account by clicking “new User”.

Enter “**WOUND CARE**” in the global search bar.

- Level 1 is a bundle of 8 modules available online;
- Level 2 and other courses are delivered in the classroom setting.

Staff without LMS access

Contact Cindy Hoff at choff@wrha.mb.ca or 204-926-7047 to register.

Have a question?

Contact Jane McSwiggan, Education and Research Coordinator-Wound Care at jmcswiggan@wrha.mb.ca.

Lanyard card for wound assessment

(Print, cut out and laminate)

Wound Assessment		NERDS
	Identify/Treat the cause	(≥3 antimicrobial dressing, no swab)
	Person-centred concerns & pain	Non healing wound
	Healable, Maintenance, Non-Healable?	Exudative wound
T/D:	Type of tissue?	Red, friable granulation tissue
	Need for debridement?	Debris (slough/eschar)
		Smell or unpleasant odour
I:	Infection/Inflammation	STONEES
	NERDS or STONEES?	(≥3 antimicrobial dressing, swab, abx)
M:	Moisture Balance, not too wet, not too dry	Size is bigger
		Temperature is Increased
E:	Edge of wound & peri-wound skin	Os (probes to bone)
		New or satellite areas of breakdown
		Exudate,
		Erythema, edema
		Smell or unpleasant odour

Wound Care Courses, Fall 2020

I am working to develop a fall slate of courses with provision for social distancing . Please consult LMS or contact me for further information.

Jane McSwiggan, Education and Research Coordinator-Wound Care at jmcswiggan@wrha.mb.ca.

WRHA Advanced Wound Care Scholarship 2020

Are you a health care professional seeking continuing education that will prepare you to work as an advanced wound care clinician? To apply for this scholarship, visit:

<https://professionals.wrha.mb.ca/wp-content/uploads/WoundCareScholarship2020.doc>

Correction

In the February edition, Lynne Perron should have read Lynn Perron.