Wound Ostomy Continence (WOC) Nursing

Purpose: To reduce the risk of nosocomial infection of the patient requiring ostomy or special skin care, and reduce the risk of nosocomial infection of hospital personnel.

A. Standard precautions are used for all patients.
B. The principles of confinement and containment are utilized for all patient care procedures.
C. Masks, goggles and impermeable gowns are available and used when indicated.
D. When contact with secretions or excretions of a patient receiving chemotherapy is anticipated Nitrile gloves are worn.
E. If a patient has been placed in isolation, instructions on the transmission-based precautions sign on the door or foot of the bed are carefully followed.
F. The WOC Nurse follows the infection control guidelines in the Nursing Policy and Procedure Manual and the Hospital Manual for all nursing procedures. Occupational Health guidelines are known and practiced.
G. IC guideline 2.0, Hand Hygiene, is followed by WOC nurses. A thorough hand washing with soap and water for 15 seconds or alcohol sanitizer may be used before and after contact with each patient. Hand washing with an antisepic soap is especially important after handling the patient’s body fluids. Hands are washed after removal of gloves. Alcohol hand sanitizer may be used when hands are not visibly soiled.
H. Personnel with non-intact skin or open draining lesions that cannot be completely covered by an impervious dressing do not have direct contact with patients.
I. Clean gloves are worn when in direct contact with the patient’s secretions or excretions. This includes pouching or emptying contents of the patient’s pouch, and when working with pressure ulcers.
J. Patients are taught appropriate handwashing techniques when self-care is begun. The skin care regimen is determined on an individual basis.
K. Infection Control Guideline 6.0, “Waste Policy, Contaminated/Regular,” is followed. Dressings or appliances that are contaminated with blood or body fluids which may be expressed when touched are placed in a plastic bag or container for transport to the medical waste container if it is located outside of the patient’s room.
L. Single use items are not reused.
M. When there are questions about asepsis, the Infection Control department is consulted.

Specialty Care/Beds and Mattresses:
A. Specialty care beds are inspected for cleanliness and proper functioning prior to receiving a patient.
B. Specialty care beds are cleaned and disinfected by the manufacturer prior to delivery to the hospital.
C. When bed delivery personnel are in direct contact with patients, standard precautions and transmission precautions as applicable are followed. Personal protective equipment is provided as needed.
D. Occupied specialty beds are cleaned after 60 days of patient use.
E. Replacement sheets for soiled units are available from the manufacturer upon request. Replacement requests are made through Hospital Central Medical Supply (CMS).
F. Bed linen is made of 100% barrier material. If body fluids penetrate the barrier, the bed is sent back to the manufacturer immediately.
G. CMS is notified immediately when the patient no longer requires the specialty bed/mattress. CMS notifies the company to pick up the bed and beds are picked up are picked up in a timely manner. The bed is removed from the patient room if the patient is still in the room. The bed
is covered with a plastic cover provided by the company. Covers may be obtained from the WOCN office if cover is not provided by the company.

H. Specialty bed equipment is decontaminated by company personnel before being returned to the company.

Written: 1975
Revised: 87, 88, 89, 92, 94, 96, 98, 00
02, 4/04, 3/06, 4/08, 04/10, 2/13