## A checklist of measures for achieving AMS in wound care (Wounds UK, 2020)

## Remember that AMS is everybody's responsibility throughout the patient journey

Patient and wound	Environment	HCPs and carers	Protocol
Avoid any break in the skin and preserve overall skin integrity (i.e. keep skin clean, dry and well- hydrated) according to local policy and international guidance Implement wound bed preparation to reduce wound or skin microbial load:  - Debride the wound of necrotic tissue, debris, foreign bodies, wound dressing remnants and slough. It is essential that you have undergone appropriate training and education to establish competency in the chosen debridement method  - Cleanse the wound at each dressing change  - Use aseptic technique for acute wounds and a clean technique for chronic wounds Optimise management of comorbidities (e.g. diabetes, tissue perfusion/oxygenation) Optimise nutritional status and hydration If the patient is at considerable risk, decontamination measures should be considered (e.g. cleaning and waste disposal), and, in some cases, isolation may be considered Patient capacity for self-care should be established; in the home setting, education about hygiene may be needed (e.g. how best to apply creams without increasing infection risk, suitable bathing products, how best to dry their skin with a clean towel)  Consider antimicrobial treatment in some instances, such as suspected diabetic foot infections and suspected surgical site infections.	Clean/disinfect surfaces before use Reduce clutter (e.g. ensuring appropriate storage spaces for equipment and dressings) Use appropriate waste disposal facilities for unused antimicrobial therapy and dressings and materials that may harbour antimicrobial resistant bacteria Provide adequate lighting Consider the impact of any pets in the home environment (i.e. keeping them away from the wound and ensuring general hygiene is maintained).	Ensure hand hygiene Adhere to uniform policy, and consider that this may not provide full and up-to-date information; for example, the following should be avoided: - False nails/gel nails (dirt behind long nails is an infection risk; these nails increase the risk of accidental trauma to the patient's skin during procedures and may cause damage to gloves) - Jewellery (apart from a wedding band and stud earrings) - False eyelashes - Wearing hair down (touching or below the collar) - Watches, including fitness watches or bands Training for new staff: ensure that all staff are up-to-date with local protocols Staff with skin conditions: assess on an individual basis if they should be working or require extra PPE Staff illness: staff should be encouraged to stay at home if there is an infection risk.	Prevent cross-infection by implementing universal precautions and aseptic or clean technique, as appropriate  Work to reduce or manage exposure of dressings/ bandages to urine, faeces or other contaminants  Avoid 'double dipping' in larger pots of creams and ointments  Improve documentation of infection  Perform routine review of antibiotics and antimicrobials  Store equipment and supplies appropriately  Regularly review local policies and procedures.