

CCIR#25-021.0

**CONTINUING CARE  
INFORMATION RELEASE**

**TO:** Long-Term Care Facilities

**FROM:** Katelyn Randell, Director, Long-Term Care, SLTC  
Robert Lafferty, Director, Client Services, SLTC

**CC:** Janet Lynn Huntington, Associate Deputy Minister, Continuing Care, SLTC  
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Bernadette Mitchell-McDonald, Senior Manager, Clinical Programs, HANS

**DATE:** March 18, 2025

**RE:** **Wound Care Reminders**

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Last month on the sector call, Bob Lafferty, Director, Client Services, shared some trends the Investigations and Compliance (ICO) team have noticed lately regarding wound care. This CCIR is a follow-up to that presentation with important reminders about resources and best practices for wound care and to ensure that your clinical teams are aware. It is important that your facility's continuing education, processes, and policies reflect these best practices.

**Resources**

- The HANS Provincial Wound Program is available to support facilities in all areas of wound care. For information on how to start a referral, please visit the [Provincial Wound Program website](#).
- The Provincial Wound Program produces a monthly newsletter and holds regular wound care sessions. For more information, visit the program's [What's New](#) webpage.

**Wound Care Requirements**

- The [Long-term Care Facility Program Requirements](#) (s. 8.2) state that facilities must have a Wound Management Policy that aligns with SLTC's [Wound Management Policy for Nursing Homes and Residential Care Facilities](#).
- Nursing Homes must have a Wound Care Committee or include wound care issues and practices as a standing agenda item on another appropriate committee. The committee must regularly review wound prevention and management (s. 6.2.16).

- Nursing Homes must complete a skin integrity assessment for each resident within 24h of admission, and on an ongoing basis in accordance with the resident's needs.
- RCFs must collect skin integrity information within 24h of admission, and on an ongoing basis in accordance with the resident's needs

### **Wound Care Best Practices**

- Ensure early signs of potential skin breakdown are being reported to appropriate staff (i.e. CCA's reporting to registered staff).
- Turning/repositioning schedules: It is imperative that staff strictly adhere to turning/repositioning of residents who are at high risk for skin breakdown or those with active pressure injuries.
- Ensuring consults are sent to key members of the interdisciplinary team (i.e. dietitian, occupational therapist, wound care consultants)
- Wound Care documentation is accurately completed
- Care Plans are promptly update when concerns are identified
- For facilities with electronic charting, it would be good practice to assign a health service manager to oversee the daily dashboard recap, to flag high risk areas.