Harm Reduction Center Wound Care Policy and Procedure Template

Purpose. To reduce morbidity from wounds associated with substance use.

Target Audience. Licensed and non-licensed staff and volunteers of harm reduction centers (HRCs)[1] [2] operating in New Jersey.

Policy. This document is intended to serve as a template for harm reduction centers (HRCs) in New Jersey to provide wound care information, low threshold wound care services, and wound care supplies to people who use drugs (PWUD). Information provided by outreach staff and other non-licensed staff does not constitute medical advice and does not replace any medical care that the participant may need. This policy and procedure template is intended to provide parameters for these settings with respect to wound care information. This policy and procedure template should be modified individually by each HRC based on its setting, model, staffing, and resources. Each HRC should have referral sources for wound care/management and a clear mechanism for participants to be assessed by medical personnel either within the organization or by referral.

Background. Skin and soft tissue infections are common among PWUD, particularly via injection drug use (IDU). It is estimated that up to one-third of people who inject drugs (PWID) experience wounds and other adverse subcutaneous (under the skin) effects, including:

- Abscesses: a confined pocket of pus that collects in tissues, organs, or spaces inside the body; treatment for abscesses includes draining the abscess and antibiotics;
- Cellulitis: a deep infection of the skin caused by bacteria, usually affecting the arms and legs;
- Thrombophlebitis: a blood clot in a vein;
- Venous sclerosis: injury to a vein wall due to injection of a substance;
- Lymphedema: tissue swelling due to an accumulation of lymphatic fluid, superficial scarring, and discoloration;
- Chronic venous insufficiency: when the valves in the veins don't work well and blood pools in the lower extremities rather than flowing back to the heart; and
- Ulcers: skin ulcers are open wounds or sores that typically form due to poor circulation.

IDU also can result in additional medical complications, such as:

- Endocarditis: a potentially life-threatening inflammation of the lining of the heart's chambers and valves caused by a pathogen or organism;
- Osteomyelitis: inflammation or swelling that occurs in the bone caused by a pathogen or organism;
- Bacteremia: a condition when bacteria are present in the bloodstream; and
- Sepsis: a potentially life-threatening condition in which the body is responding ineffectively to an infection and organ systems in the body are working poorly.

Special Considerations for PWUD. Injection-related wounds are an important clinical and public health complication of IDU. Participants with conditions that may cause compromised immune systems, such as HIV and diabetes, may have decreased immune responses to their wounds that

[1] NJ Department of Health: HIV, STD, TB Services. Harm Reduction Centers website. Accessed February 20, 2025.
[2] Harm Reduction Services Adopted Special Repeals and New Rules and Concurrent Proposed Readoption of Specially Adopted Repeals and New Rules: N.J.A.C. 8:63

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may result in more difficulty healing their wounds. Wound care has become more complex with the addition of xylazine to the unregulated fentanyl supply and may result in wounds regardless of the route of administration. PWUD may have other challenges that contribute to their increased likelihood of having wounds and difficulties with healing them, such as unsheltered status, exposure to the elements, poor nutrition, lack of access to clean water, etc.

Under New Jersey law, **certain services such as giving medical advice, diagnosing medical conditions, and recommending or furnishing medical treatment must be provided by a health care professional acting within the scope of practice of a valid credential issued pursuant to Title 45 of the New Jersey Revised Statutes**.[3] A health care professional's applicable scope of practice depends on their specific credential(s); only certain health care professionals can diagnose medical conditions, for example.[4]

This means that **wound care, including diagnosis of a wound and treatment advice, can only be provided by a credentialed health care professional acting within their applicable scope of practice**.[5] Wound care involves every stage of wound management, including wound prevention, prevention of wound progression, and an attempt to minimize morbidity associated with the wound. This may include diagnosing the type of wound, considering factors that affect wound healing, and the proper treatments for wound management.[6] Once the wound is diagnosed and all factors are considered, wound care may require a multidisciplinary team to determine the best treatment options.

In contrast, **non-credentialed staff may provide wound care *information*.** New Jersey law does not explicitly define the exact boundary between providing medical *information* and providing medical *advice* (or otherwise engaging in the practice of medicine). Generally speaking, however, medical information is understood as generalized and objective facts and information that is non-directive and does not relate to the clinical management or care of a specific individual.[7] In the context of wound

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[3] *See, e.g.,* N.J. Stat. §§ 45:9-5.1 (defining "the practice of medicine and surgery" and "physician and surgeon"); 45:9-6 (requiring licensure to practice medicine or surgery); 45:9-18 (providing that a person is regarded as practicing medicine and surgery if they "either offer or undertake by any means or methods to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition"); 2C:21-20 (criminalizing the unlicensed practice of medicine or surgery or podiatric medicine). *But see* N.J. Stat. § 45:9-21(l) (providing that the physician and surgeon licensure statute does not apply to "[a] person while giving aid, assistance or relief in emergency or accident cases pending the arrival of a regularly licensed physician, or surgeon or under the direction thereof"). *See also* State v. Jeannotte-Rodriguez, 469 N.J. Super. 69 (N.J. Super. Ct. App. Div. 2021) (noting that other state laws authorize "[o]ther allied medical professionals, such as advanced practice nurses and physician assistants, … to engage in activities that obviously also fall within the practice of medicine"); State v. Arrington, 480 N.J. Super. 428 (N.J. Super. Ct. App. Div. 2024) ("Under professional licensing standards in Title 45 and associated New Jersey regulations, laypersons generally are not qualified to make diagnoses of diseases, whether they be physical or mental").

[4] *Compare, e.g.,* N.J. Stat. § 45:11-23(b) (defining "the practice of nursing as a registered professional nurse" as excluding making "a medical diagnosis") *with* N.J. Stat. § 45:11-49(a) (providing that "an advanced practice nurse may … diagnose and manage deviations from wellness and long-term illnesses, consistent with the needs of the patient and within the scope of practice of the advanced practice nurse").

[5] *See, e.g.,* N.J. Stat. § 45:9-27.16(a)(2) (providing that a physician assistant may "[s]utur[e] and car[e] for wounds including removing sutures and clips and changing dressings, except for facial wounds, traumatic wounds requiring suturing in layers, and infected wounds").

[6] *See, e.g.,* proposed N.J.A.C. 8:43K-1.3 (defining "wound care" as "services to clean and treat breaks in the skin, such as an abscess, cellulitis, and necrosis, and includes basic first-aid skin treatment and office-based procedures to treat skin wounds and infections using incision and drainage"). 57 N.J.R. 743(a) (April 21, 2025) (proposed New Jersey Department of Health regulation on the licensure and standards for outpatient and integrated care facilities).

[7] *See generally* State v. Womack, 145 N.J. 576 (1996) (providing a contrasting example that "even suggesting taking vitamins and dietary supplements can, in certain circumstances, constitute the practice of medicine").

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care, this means the provision of facts and objective information regarding wound care such as general information on wound prevention, warning signs for infection, safer injection practices, and wound supplies. Participants should be informed verbally and in writing that wound care information from non-credentialed staff is not medical advice, and that the participant should consult with an appropriate health care professional for medical advice and/or treatment.[8]

The information in this document does not constitute legal advice or representation. An HRC should consult with an attorney licensed to practice in New Jersey for additional guidance about how the laws described in this document apply to the HRC and its services.

Wound Care Information and Referral Procedures

1. **Ask participants if they have any wounds that they are concerned about.** Participants are less likely to seek medical care for wounds, so staff should be proactive and ask participants directly.
2. **Discuss warning signs of infection with the participant.** Inform them regarding the signs and symptoms of an advancing infection and when a wound may require further evaluation or whether a wound requires immediate evaluation in the nearest emergency department.
    a. Fever
    b. Swelling
    c. Redness, progressing or widespread
    d. Tenderness or pain at the wound site
    e. Heat at the wound site
    f. Malodorous (unpleasant smelling) discharge from the wound site
    g. Firm or hard feel of the subcutaneous tissue (tissue layer just below the skin)
    h. Location of the wound (if an abscess or other wound is near an artery, such as the femoral artery or carotid artery) (see Appendix A)
    i. Skin sloughing (Slough is a specific type of nonviable tissue that occurs as a byproduct of the inflammatory process. It is more common in chronic wounds and presents as a yellowish, moist, stringy substance. It can delay healing and increase the risk of infection.) or crepitus (Crepitus in the skin is a crackling or popping sound that occurs when pressure is applied to an area of the skin with trapped air. It also can be described as a sensation similar to touching warm Rice Krispies. Crepitus can be a sign of subcutaneous emphysema, which is air in the subcutaneous tissue beneath the dermis.)

Signs and symptoms of sepsis, wound botulism, and cellulitis:

- **Sepsis** is a life-threatening complication of an infection. Sepsis occurs when chemicals released in the bloodstream to fight an infection trigger inflammation throughout the body. This can cause a cascade of changes that damage multiple organ systems, leading them to fail, sometimes even resulting in death. Symptoms include fever, difficulty breathing, low blood pressure, fast heart rate, and mental confusion.

[8] Although best practice, providing participants with a disclaimer does not preclude liability if non-credentialed staff engage in conduct that constitutes the practice of medicine. *See, e.g.,* State v. Womack, 145 N.J. 576 (1996) ("The fact that defendant may have informed the investigator through the authorization forms that he was not a medical doctor does not refute any element of the offense of engaging in the practice of medicine. If defendant was engaging in the practice of medicine, the fact that he may have told the investigator that he was not a medical doctor is simply immaterial").

- **Wound botulism** is a rare but serious illness caused by a toxin that attacks the body's nerves. Botulism causes difficulty breathing, muscle paralysis, and even death. The toxin is most commonly made by *Clostridium botulinum*.
- **Cellulitis signs and symptoms that should prompt a recommendation for immediate assessment at the nearest emergency department include but are not limited to:**
    - High fever, over 102.5 degrees Fahrenheit
    - Difficulty breathing
    - Difficulty swallowing or talking
    - Changes in vision
    - Altered mental status
    - Redness, swelling, tenderness or pain at the wound site

3. **Provide wound care supplies, wound care information, and general instructions on wound care dressings to participants** (how to apply and change dressings)**.** Encourage patients to be seen by medical personnel for assessment even if they don't have any warning signs of infection. Participants can be seen in person (at your brick-and-mortar site, on a mobile unit, on the street) or via telehealth by your staff or community-based partners [(federally qualified health centers/FQHC, urgent care, primary care setting, emergency departments/ED).
4. **Provide participant education:**
    a. **Wound Prevention/Safer Injection Practices**
        i. Avoid injection sites near arteries, like in the neck or groin, and avoid fingers and toes that have less circulation (see Appendix A)
        ii. Always clean the injection site with alcohol or soap and water prior to injecting; however, alcohol should not be used for cleaning wound sites
        iii. Rotate injection sites that have less circulation (see Appendix A)
        iv. Provide resources for safer injection including:
            1. Getting Off Right: A Safe Manual for Injection Drug Users (National Harm Reduction Coalition)
            2. Safe Injecting Resource: Injection Safety
            3. Preventable Harms Injection Drug Use Related Infections in NJ (NJ Harm Reduction Coalition)
    b. **Basic Wound Care**
        i. Keep the area clean and dry
        ii. Avoid injecting into wounds
        iii. Treatment and Care for Patients With Wounds
    c. **Xylazine-related Wound Care**
        i. Recommendations for Caring for Individuals with Xylazine-Associated Wounds (City of Philadelphia Department of Public Health)
        ii. Xylazine Wound Care: A Guide! — NEXT Distro
        iii. NJ DOH Xylazine Trifold Pamphlet
    d. **Components of a Wound Kit**
        i. See Appendix B

When to Seek Medical Care

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- **With the participant's permission, record an image of the wound, including its boundary, and share with medical personnel.** Record delivery of wound care information and wound care supply provision, and/or wound care in your program's reporting form.
- Provide general information on the frequency of wound dressing changes (daily, every other day) and provide enough wound care supplies to accommodate those dressing changes until the participant plans to see program staff again.
- **Provide the participant with written materials on wound care and safer injecting either created by your organization or pulled from another source.** There are myriad wound care resources that are publicly available. Below are a few good examples. HRC staff also can inform participants regarding available harm reduction supplies (e.g., smoking kits) that are available for different routes of administration if participants are wanting to utilize other routes.

Resources:

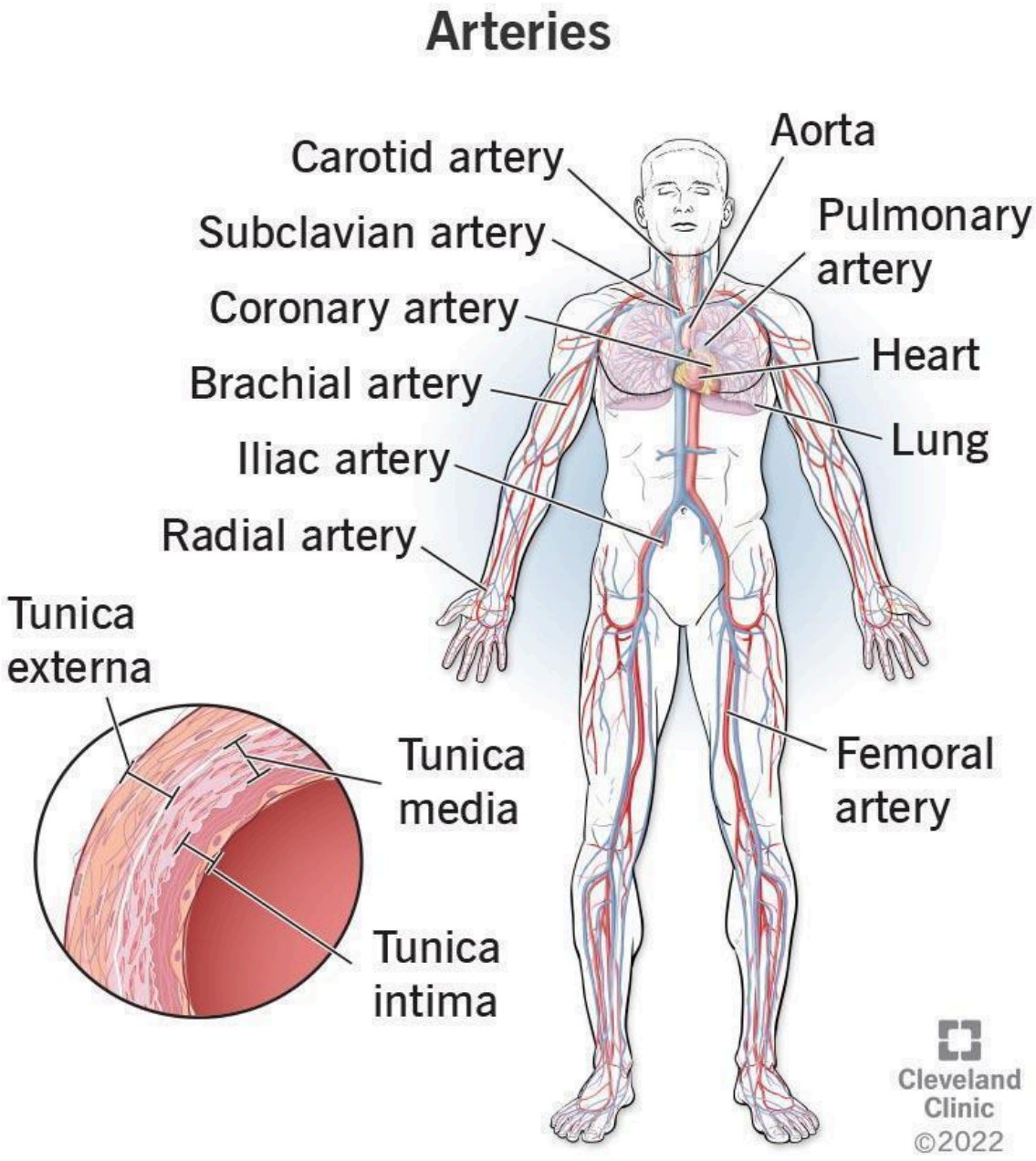
- **Sample** Patient Handout (CATIE)
- National Wound Care Guide PWID (Scottish Drugs Forum)
- Wound Care Resources Page (NEXT Distro)
- Assessing and Understanding Common Wounds (NEXT Distro)
- Wound Care and Medical Triage for People Who Use Drugs (NASTAD)

To receive training or technical assistance (completely free of charge) regarding the provision of wound care, you can submit a request via the Opioid Response Network (ORN):

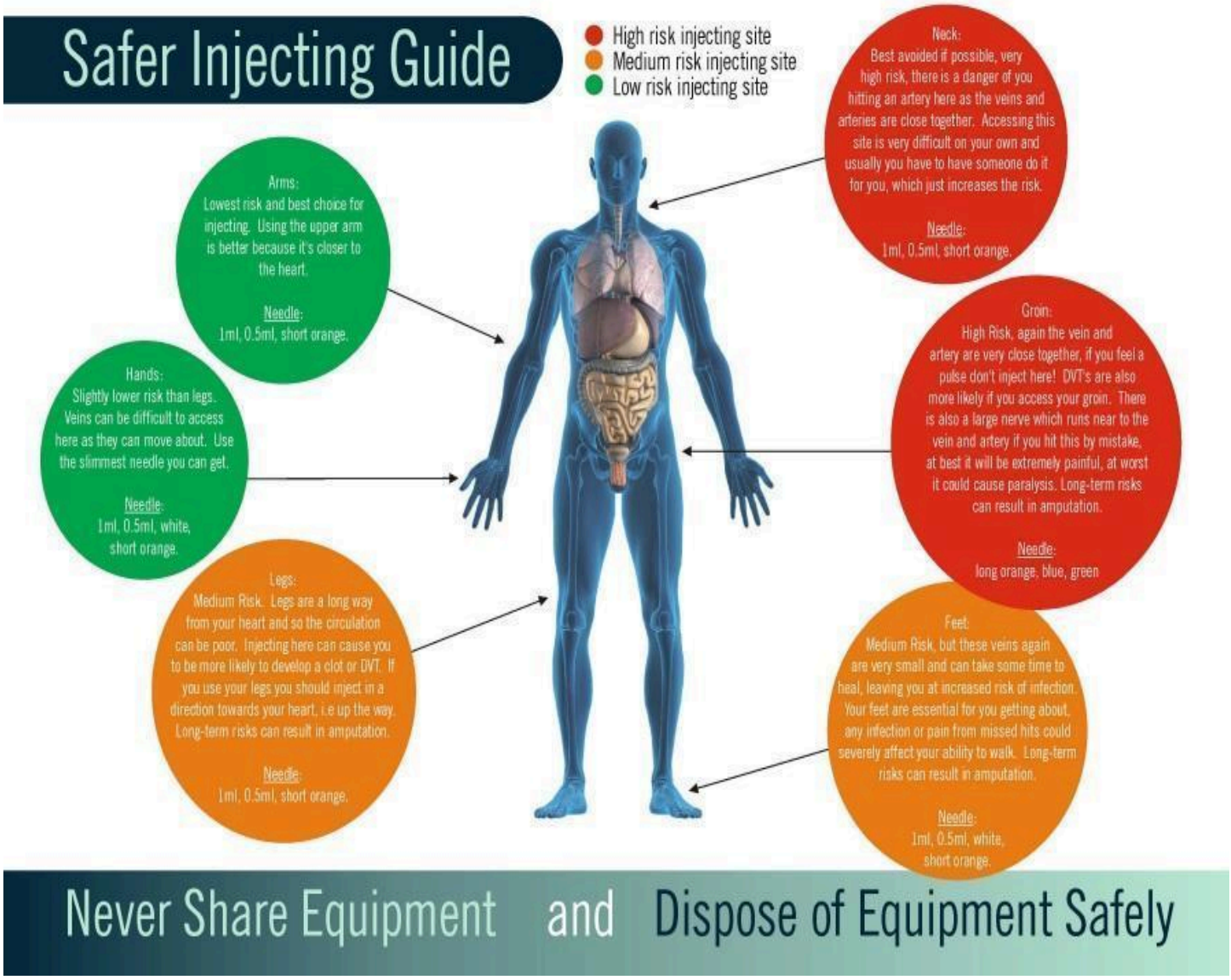
- Submit a request for training for your organization

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Appendix A - Anatomy References



Source: [Arteries: What They Are, Anatomy & Function (clevelandclinic.org)]



Source: Harm Reduction - NHS Sexual Health Tayside

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Appendix B - Wound Care Kit & Care Items

Components of a Wound Kit[9]:

Harm reduction kits and program wound care supplies may include the following:

- **Saline:** Soak dressings in normal saline before removing them. Saline also can be used for wound cleansing.

- **Vashe:** A cleansing solution that is nontoxic to human cells. It reduces bioburden and odor. It is expensive.
- **Quarter strength Dakin's Solution (0.125%):** A cleansing solution that is diluted sodium hypochlorite (e.g., bleach). It reduces bioburden and odor. Its application may sting and it has limited toxicity to human cells. Do not mix it with ammonia.
- **Gauze:** Can be used as a bandage to cover and protect wounds, especially when used with tape.
- **Triple antibiotic ointment:** Triple antibiotic ointment can be used to prevent further infection and should be used only if the abscess is still contained, not if it has started to ooze pus or has been opened up. Apply the thinnest layer possible. Distribute triple antibiotic ointment with a caveat: it should only be used in select circumstances with wounds, specifically when there is slough. Participants should be counseled not to use triple antibiotic ointment routinely and when not indicated as this contributes to antibiotic resistance and a not insignificant proportion of individuals may have an allergic response to components of the triple antibiotic ointment.
- **Bacitracin:** Is an antibiotic ointment option that does not include antibiotics that kill existing bacteria, instead it only prevents the growth of bacteria. This means that there is no chance of antibiotic resistance. Apply the thinnest layer possible.
- **Petrolatum based ointment (e.g., A&D, Vaseline, and Aquaphor):** A topical which is not antimicrobial but helps prevent bacterial colonization. It keeps the wound moist, promotes autolytic debridement, and is inexpensive. It can protect wounds and periwound skin, especially for people who can't change their dressings frequently.
- **Zinc:** Is a periwound barrier. Sometimes zinc is mixed with other ingredients. Zinc improves tissue repair and has some antimicrobial properties. It adds minimal moisture.
- **Silver sulfadiazine (e.g. Silvadene):** It is an antimicrobial topical agent used in burn wounds to prevent infection. It is a broad spectrum antimicrobial (including against MRSA, E. coli, and Pseudomonas) and is nontoxic to human cells. A petrolatum base can aid debridement, stays active for several days, and should not be used with collagenase or on patients who have a sulfa allergy.
- **Collagenase (e.g. Santyl):** Is an enzymatic debriding agent. It breaks down dead tissue and doesn't harm healthy tissue. It requires daily dressing changes, has a short duration of activity, is very expensive, and inactive at low pH (e.g., acidic environments) that can be caused by other products (e.g., Medihoney).
- **Nonadherent pads (e.g., Telfa):** These are used for dressing wounds. They are nonwoven cotton/polyester with a nonstick layer (contact and/or absorbent). There is limited sticking to the wound bed. They absorb light drainage and are inexpensive.
- **Occlusive Petrolatum Dressings (e.g., Xeroform or Adaptic):** These are occlusive (not permeable by air and liquid) fine-woven fabrics embedded with petrolatum and bismuth. There

[9] St. Ann's Corner of Harm Reduction. (n.d.). Retrieved From: https://www.sachr.org/.

is limited sticking to the wound bed, they provide some antimicrobial properties, and promote autolytic debridement. Use caution with maceration* and don't use it in individuals with an iodine allergy. *Maceration: skin softened by persistent exposure to fluids (e.g., wound drainage)

- **Abdominal pads:** Gauze pads with an absorbent layer. Recommended to use with contact dressings. They add a layer to the dressing. They absorb moderate to heavy drainage, provide cushioning, and are inexpensive.
- **Rolled gauze:** A supportive, breathable dressing. Kerlix is one brand.
- **Self-adhesive wrap:** Self-adhering wrap protects the bandage from the environment, protects clothes from drainage, and can seal in moisture. Use with caution as it can cause a tourniquet effect with tight wrapping. Coban is one brand.
- **Medical-grade honey:** Can be used for autolytic or enzymatic debridement.
- **Antiseptic wipes (or BZK wipes):** Are wipes used to clean the area around an abscess, and keep it clean, especially if someone doesn't have consistent access to soap and running water. A combination of soap, water, antiseptic wipes, and alcohol wipes can be used to thoroughly clean skin before injection.
- **Non-latex gloves:** For people who may be assisting with treating an abscess for someone else or who has inconsistent access to soap and running water. Use gloves when removing gauze and Band-Aids, cleaning the area, and placing on new gauze or Band-Aids.
- **Gauze:** Is used after injection to create a breathable but covered injection site to promote healing. Gauze can be used with Band-Aids or medical tape to create a breathable, soft surface for healing. Gauze also may be helpful if the injection site becomes infected to offer coverage while promoting air circulation. Gauze should be changed at least once a day or when it becomes moist. Gauze also is used after an abscess is drained to pack the wound.
- **Medical tape:** can be very useful for abscesses and wounds that are larger, using medical tape to fasten the sides of a large gauze or cotton pad so it is breathable but protected.
- **Band-Aids:** Can be useful for early stages of an abscess to cover the area and keep it protected from bacteria and other particles that may irritate the infection. Since Band-Aids are less breathable than gauze, it's important to change them frequently as they accumulate moisture quickly.
- **Pen:** To monitor the spread of an abscess, marking a circle around the edges of the wound every 24 hours to keep track of how far the infection has spread. Some abscesses or wounds may not heal on their own and may require medical attention.[10]

[10] In the Works. (n.d.). *Training the Harm Reduction Workforce*. Retrieved From: https://www.intheworkshub.com/.