

AT A GLANCE

Infection Prevention and Control for Home and Community Care: Quick Reference

1st Revision: November 2025

Introduction

This quick reference was created for staff working in home and community care to provide key information on infection prevention and control (IPAC) practices. Content for this guide was developed based on best practice documents from the Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC).

For additional information, please refer to the IPAC for Home and Community Care and the IPAC Core Competencies course.

Routine Practices

Routine Practices are important to help prevent and reduce the spread of infectious germs.

Routine Practices are used:

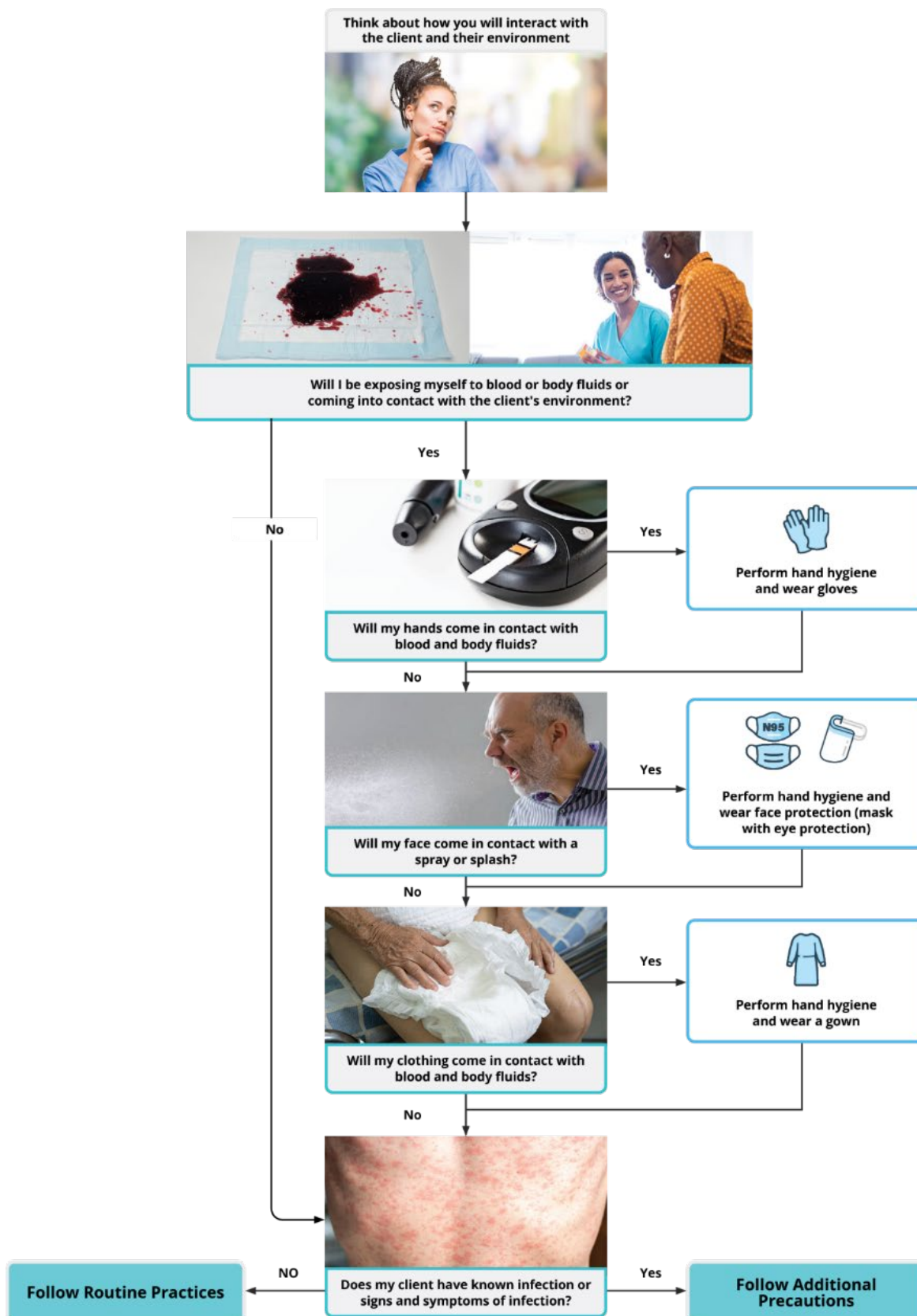
- During all activities
- For all people
- In all settings

As part of Routine Practices it is important to conduct screening for signs and symptoms of infectious illness prior to your visit (e.g., 24 hours prior to the visit) and during your visit.

Point of Care Risk Assessment (PCRA)

Performing a PCRA is the first step to identify what IPAC practices you need to use to keep yourself and others safe. See [Figure 1](#).

Figure 1: How to Identify What IPAC Practices You Need to Keep Yourself and Others Safe

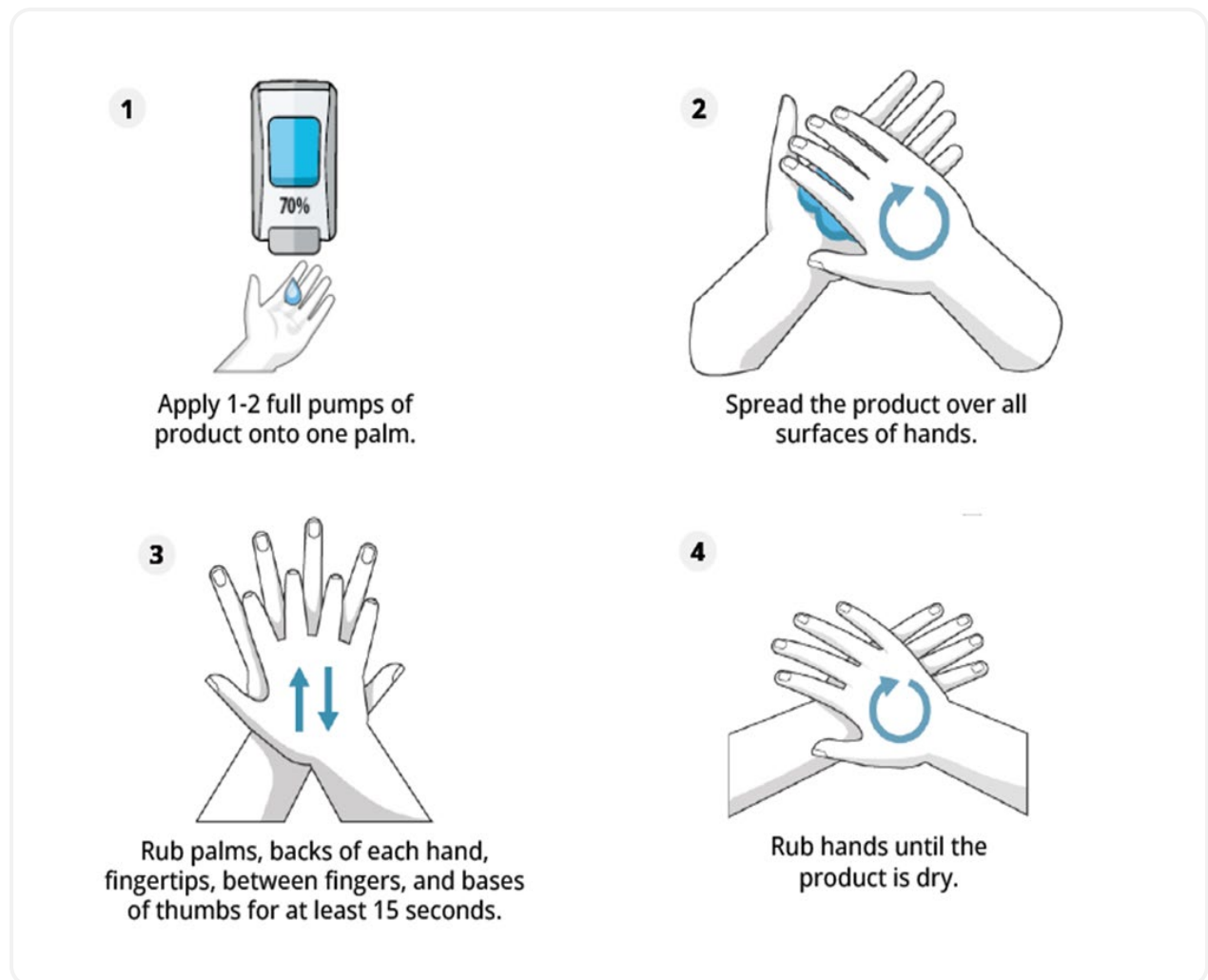


Hand Hygiene

- Clean hands keep you safe from infection, and prevents the spread of germs to others
- Hand hygiene can be performed using alcohol-based hand rub (ABHR) or using soap and water
- ABHR is the first choice for hand hygiene when hands are not visibly soiled

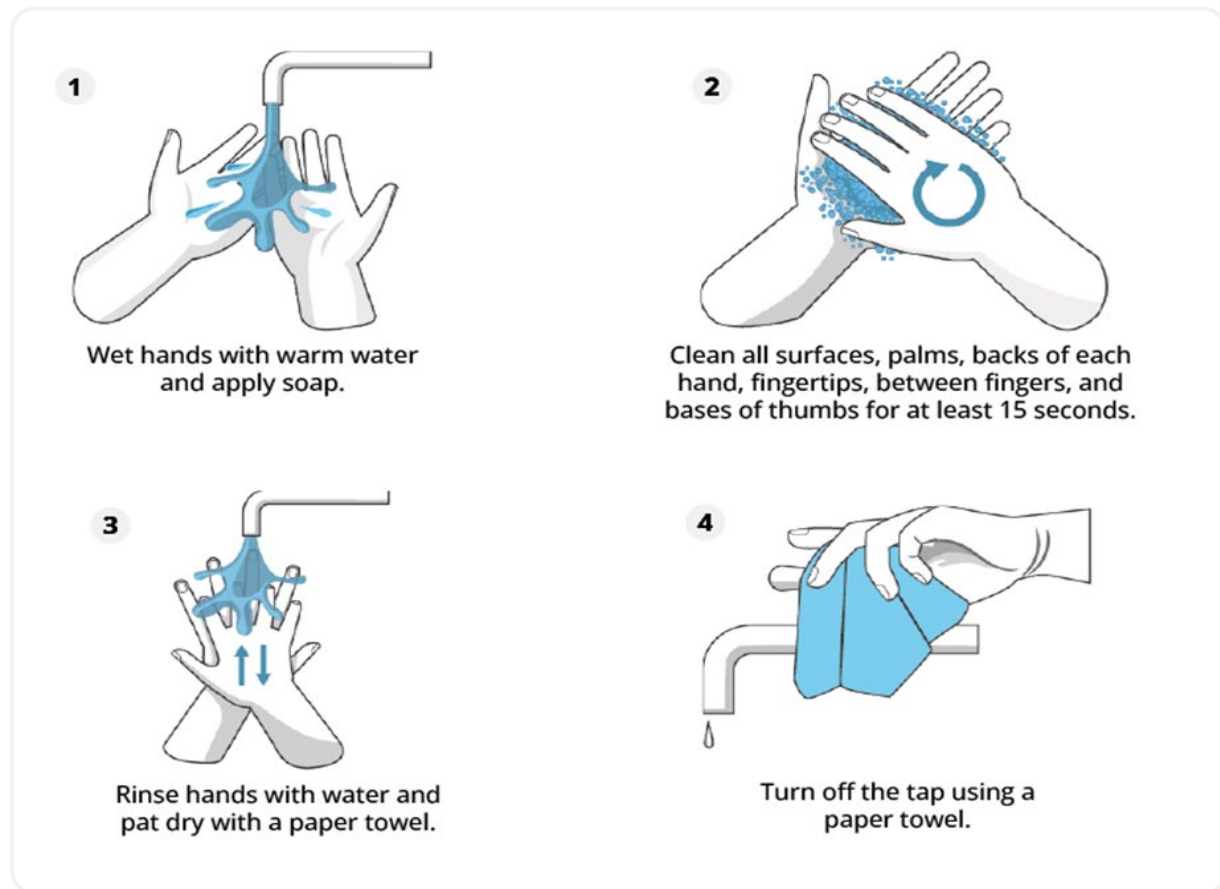
How to Perform Hand Hygiene Using ABHR

If hands are not visibly soiled:



How to Perform Hand Hygiene Using Soap and Water

If hands are visibly soiled:



How Do You Protect Your Hands While Keeping Them Clean?

✓ Do's

- Wash hands using soap and lukewarm water and rinse thoroughly.
- Pat your hands with a good quality paper towel or clean hand towel after hand washing until dry.
- Use moisturizing lotions often. Select alcohol-based hand sanitizer formulated with moisturizers or skin conditioners, if possible.

✗ Don'ts

- Do not use alcohol-based hand rub immediately after washing hands with soap and water, as it will dry your skin.
- Do not apply soap without wetting hands first.
- Do not put gloves on until your hands are dry.

When to Perform Hand Hygiene

There are important moments when hand hygiene should be performed when providing care to clients. These are called the 4 Moments of Hand Hygiene.

Moment

1

Before first touching the client or their environment.

Example: Before assisting a client with personal care, grooming and getting dressed, and assisting with transfers.

Moment

2

Before aseptic procedures.

Example: Before giving eye drops, before assisting/providing oral hygiene.

Moment

3

After body fluid exposure risk.

Example: After assisting client with toileting, after providing oral hygiene or feeding.

Moment

4

After touching the client or their environments.

Example: After assisting client with personal care, grooming and getting dressed, after assisting with transfers.

Personal Protective Equipment (PPE)

Gloves



- Gloves are used when there is a risk that your hands may come into contact with a client's mucous membranes, broken skin, blood or body fluids, and/or unclean surfaces.
- Do not double glove.

Gown



- Gowns are worn when there is a risk that your arms or clothing may come into contact with splashes or sprays from, or contact with blood or body fluids, and/or unclean surfaces.
- Gowns are only used once and then disposed of or laundered (if applicable).

Masks



- Masks are used to protect staff's nose and mouth during interactions where they may be exposed to splashes or sprays of body fluids or within 2 metres of a client who is coughing.
- Do not double mask.

Eye protection



- Eye protection is used when there is a potential for splashes or sprays of body fluids or within two metres of a coughing client.
- Prescription eye glasses are not acceptable as eye protection.

N95 respirator



- Wear a fit tested seal-checked N95 respirator for aerosol generating medical procedures (AGMP) and infections spread via airborne route.
- Do not wear a mask over a fit-tested seal checked N95 respirator.

How to Put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Gown

Tie at neck and waist.



3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

4 Put on Protective Eyewear

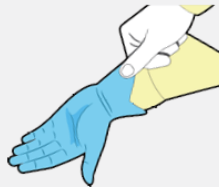


Place eye protection over face and eyes and adjust to fit.



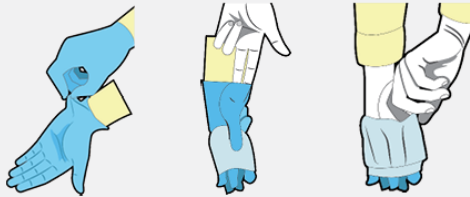
5 Put on Gloves

Pull glove over the cuff of the gown.



How to Take Off PPE

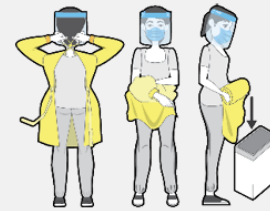
1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown

Undo ties and pull gown away from body.
Carefully roll gown inside out, dispose into waste container.



3 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



4 Remove Protective Eyewear

Do not touch the front.
Carefully remove eyewear by pulling up and away from face and dispose into waste container.



5 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



6 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



Environmental Cleaning

Routine and effective cleaning and disinfection of surfaces, items and equipment is important to protect you and your clients from infection.

Things to Remember

- Wear personal protective equipment (PPE) when needed, as required by point of care risk assessment e.g., use gloves when there is risk of contact with blood, body fluids or dirty equipment and surfaces.
- In the home setting, routine household cleaning is sufficient.
- Apply disinfectant for the required contact time (e.g., for a 3 minute contact time, the surface stays wet for 3 minutes).
- Use Health Canada approved disinfectants and use according to manufacturers' instructions.

Handling Laundry

- Laundry and bedding should be handled carefully to avoid spreading germs in the environment.
- Bag soiled laundry at the area where care is provided (point of care).
- Routine practices is sufficient for handling soiled laundry.

Handling Waste

- General waste such as used PPE, does not require special handling for disposal and may be placed in household garbage.
- Carry waste away from your body, to avoid contamination of skin and clothes.
- Do not compressed garbage bags with your hands.

Additional Precautions

Additional Precautions are infection control measures used in addition to Routine Practices to protect staff and clients.

Most germs cannot travel by themselves. They need a way to move from one place to another. This is called mode of transmission. Additional Precautions are based on the mode of transmission e.g., Contact and transmission through the air.

There are four categories of Additional Precautions:



Contact Precautions



Droplet Precautions



Airborne Precautions



**Additional Precautions for Acute
Respiratory Illness (ARI)**

Continue the use of Additional Precautions until there is no longer a risk of transmission of the germs or illness.

Contact Precautions

Germs: MRSA, VRE, C. diff, C. auris, CPE, ESBL, diarrhea, rash, Scabies.

How to Put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



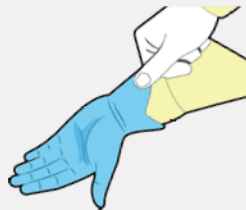
2 Put on Gown

Tie at neck and waist.



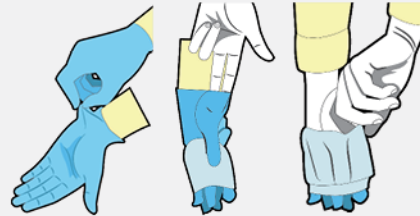
3 Put on Gloves

Pull glove over the cuff of the gown.



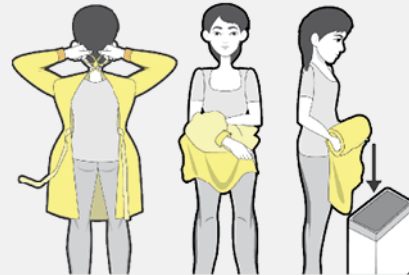
How to Take Off PPE

1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown



Undo ties and pull gown away from body. Carefully roll gown inside out, dispose into waste container.

3 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



Droplet Precautions

Germs: Pertussis, mumps, rubella

How to Put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Mask



Secure ties, loops or straps and mould metal piece over nose.

3 Put on Protective Eyewear



Place eye protection over face and eyes and adjust to fit.

How to Take Off PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Remove Protective Eyewear

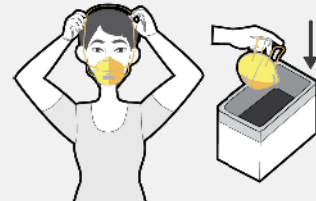
Do not touch the front.

Carefully remove eyewear by pulling up and away from face and dispose into waste container.



3 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



4 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



Airborne Precautions

Germs: Measles*, Chicken Pox**, Disseminated zoster**, Tuberculosis

How to Put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

How to Take Off PPE

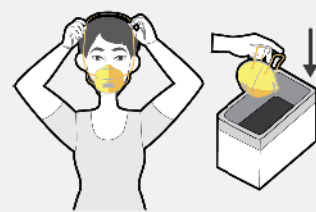
1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



3 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



*Measles requires Airborne, Droplet and Contact Precautions. All health care providers must wear N95 regardless of immune status against measles. Additional personal protective equipment such as gloves, gown and eye protection may be added as required based on a point of care risk assessment.

** Chicken pox (Varicella) and Disseminated zoster requires Contact and Airborne Precautions

See Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed, 4th revision. Toronto, ON: King's Printer for Ontario; 2025. **Appendix N: Clinical Syndromes/Conditions with Required Level or Precautions.** Available from:

<https://www.publichealthontario.ca/-/media/Documents/R/2012/rpap-clinical-syndromes.pdf>

Additional Precautions for ARI also known as Droplet and Contact Precautions

Germs: Influenza, Respiratory Syncytial Virus (RSV), other respiratory virus, COVID-19

How to Put on PPE

1 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



2 Put on Gown

Tie at neck and waist.



3 Put on Mask / N95 Respirator



Secure ties, loops or straps and mould metal piece over nose.



Perform a seal check for N95 respirators.

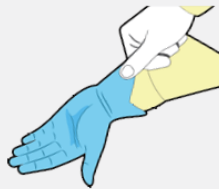
4 Put on Protective Eyewear



Place eye protection over face and eyes and adjust to fit.

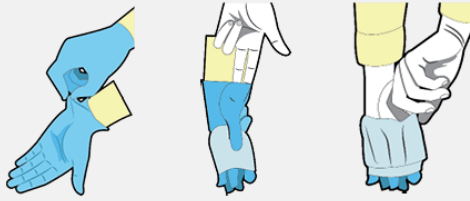
5 Put on Gloves

Pull glove over the cuff of the gown.



How to Take off PPE

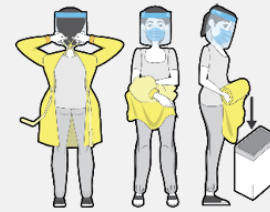
1 Remove Gloves



Take care not to touch your bare skin to the outside of the glove.

2 Remove Gown

Undo ties and pull gown away from body.
Carefully roll gown inside out, dispose into waste container.



3 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



4 Remove Protective Eyewear

Do not touch the front.
Carefully remove eyewear by pulling up and away from face and dispose into waste container.



5 Remove Mask / N95 Respirator

Take off using the ear loops/straps, pull forward away from face and dispose into waste container.



6 Perform Hand Hygiene

Use alcohol-based hand rub, or soap and water if hands are visibly soiled.



Additional Precautions Requirements

Germ / Disease	Droplet Mask with eye protection	Contact Gown and Gloves	Additional Precautions for ARI Gown, gloves, mask with eye protection	Airborne Fit tested seal checked N95 respirator
Meningococcal (<i>N. meningitidis</i>)	X			
Mumps, Rubella	X			
Pertussis (whooping cough)	X			
MRSA, VRE, ESBL		X		
<i>Clostridioides difficile</i>		X		
CPE		X		
<i>C. auris</i>		X		
Norovirus		X		
Influenza			X	
RSV, Parainfluenza			X	
GAS (skin, wound, invasive)			X	
COVID-19			X	
Measles			X	X
Tuberculosis (pulmonary)				X
Chicken Pox		X		X
Shingles (disseminated)		X		X
Shingles (localized)				
Routine Practices				

Summary of Revisions

Changes in this revision are summarized in the table below.

Revision Number	Date of Implementation	Description of Major Changes	Page
1	November 2025	Added use of Contact Precautions in addition to Airborne Precautions for Chicken Pox and Disseminated zoster	13, 16
1	November 2025	Added use of Droplet and Contact Precautions in addition to Airborne Precautions for Measles	13,16
1	November 2025	Added Pertussis (whooping cough)	16
1	November 2025	Added GAS (skin, wound, invasive)	16

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