

# Infection Prevention and Control for Home and Community Care



Manual

1<sup>st</sup> Revision: November 2025

## Public Health Ontario

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## 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 <i>Candidozyma auris</i> (C. auris) formerly known as Candida auris	15, 18
1	November 2025	Added use of Contact Precautions in addition to Airborne Precautions for Chicken Pox and Disseminated zoster	30
1	November 2025	Added use of Droplet and Contact Precautions in addition to Airborne Precautions for Measles	31

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# Introduction

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Many individuals living with chronic conditions and diseases require complex care in their homes and in the community. Home and community support services play an important role in ensuring the well-being and safety of clients by preventing and controlling the spread of infections.

As health care providers in the community, there are important infection prevention and control measures you need to know to prevent and control the spread of infections.

Health care providers in the community need to know the following facts:

- **Your clients are at risk for infections.** Clients who have chronic illnesses that compromise their immune systems are at high risk for infections. Clients who have urinary catheters or other lines entering their bodies are also at high risk for infections.
- **You can spread microorganisms from client to client that could cause infections.** If you do not clean your hands, or do not clean and disinfect the equipment you use for multiple clients, microorganisms can easily spread.
- **There are some simple ways to prevent the spread of infections.** Key concepts in prevention include cleaning your hands, wearing personal protective equipment and cleaning and disinfecting equipment properly.

## Who Is This Document For?

This document outlines key Infection Prevention and Control (IPAC) practices that are to be followed by health care providers working in home and community care settings. It can be used by administrators, managers, supervisors, educators and IPAC Specialists.

## When To Use This Document?

- Orientation and training
- Coaching tool to reinforce practices
- Reference
- Provide information to support clients and families

It can be used and printed as a full document or by section according to staff and organizational needs. Clients, patients and residents will be referred to as 'clients' throughout the document. The IPAC content of this manual was developed based on the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice documents.<sup>1-8</sup>

# Routine Practices

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Routine Practices are used for all clients during all types of care to control the spread of infections.



# Elements of Routine Practices

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## **Risk Assessment**

- Before every interaction with the client
- Only bring essential items required for care into the home



## **Hand Hygiene**

- According to the 4 Moments



## **Environmental Controls**

- Clean equipment between use
- Clean the immediate care area
- Handle soiled laundry and waste safely
- Access to alcohol-based hand rub (ABHR) and sharps containers at the point of care to prevent exposure to infections



## **Administrative Controls**

- Policies and procedures
- Staff education
- Healthy workplace policies
- Respiratory etiquette for both staff and clients
- Monitoring of compliance with feedback



## **Personal Protective Equipment (PPE)**

- Ensure PPE is easily accessible and in sufficient supply

# Risk Assessment

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Risk assessment is the first step to perform prior to every client interaction. Performing a risk assessment can reduce potential exposure to microorganisms and other health and safety hazards.

## Ways to Conduct a Risk Assessment

### 1. Initial admission to the home and community care service

✓ **Gather the following information:**

- Immunization history
- Recent exposure to infectious diseases such as chickenpox, measles, tuberculosis, COVID-19 or history of chronic infections
- Recent travel history including travel outside of Canada
- Any colonization or infection with antibiotic resistant organisms (ARO) e.g., Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin-resistant *Enterococcus* (VRE), Carbapenemase Producing *Enterobacteriaceae* (CPE)
- Presence of rash that has not been diagnosed
- Incontinence

### 2. While booking a visit

✓ **In the last 24 hours before the visit, was there:**

- New exposures to infection(s)?
- Recent diagnosis of infection(s)?
- Presence of signs and symptoms indicative of infection? Examples: cough, fever, diarrhea, nausea, vomiting, or draining/uncontained drainage of wounds

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Consider postponing non-urgent appointments when the client has infectious signs and symptoms. Virtual visits may also be an option.

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### 3. Before each client interaction

✓ **Assess the following by asking yourself these questions:**

#### **The Client/Household**

- Does the client have any symptoms of infection (e.g., coughing, sneezing, fever, vomiting, diarrhea, rash, draining wounds, confusion, general malaise, body aches)?
- Has the client been diagnosed with an infection?
- Does the client appear unwell?
- Are there any family members that you may have contact with during the visit that appear unwell or are showing symptoms of infection?
- Is the client able to follow instructions and cooperate as you carry out the task?
- Is the client or family member able to follow recommended infection control practices?

#### **The Environment**

- Is the client's immediate environment soiled, crowded or cluttered?
- Are there any other safety concerns – poor lighting, temperature extremes, unsanitary conditions, unrestrained animals or pets?

#### **The Task**

- Will you have prolonged close contact with the client?
- Is this the first time you will be doing the task?
- Are you likely to be exposed to body fluids, secretions, excretions, open skin conditions, sprays or splashes or contaminated environment/ equipment?

### Did you answer YES?

**If you answered YES to any of the questions above, you will need to take additional measures to protect yourself.**

- ✓ If you will have contact with body fluids or contaminated environment, perform hand hygiene and put on gloves.
- ✓ If there is potential for spray or splash of body fluids, perform hand hygiene and put on mask with eye protection, gloves and gown.
- ✓ If the client is coughing, sneezing or have other respiratory signs and symptoms, put on mask with face protection when within 2 metres (6 feet) of the client.
- ✓ If the client has a known infection or symptoms of an infection, follow specific Additional Precautions required for the infection.

# Hand Hygiene

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Hand hygiene is the single most important way to prevent infections. Hand hygiene is the responsibility of all individuals involved in the care of clients. There are important moments when hand hygiene is to be performed when providing care to clients. These are called the 4 Moments of Hand Hygiene.

## The 4 Moments of Hand Hygiene

**Moment**

**1**

**Before** first touching the client or their environment.

**Moment**

**2**

**Before** aseptic procedures.

**Moment**

**3**

**After** body fluid exposure risk.

**Moment**

**4**

**After** touching the client or their environment.

## Alcohol-Based Hand Rub (ABHR)



**Preferred method of hand hygiene when hands are not visibly soiled.**

- ABHR with 70-90% alcohol containing emollients is recommended
- ABHR is less time consuming than soap and water and kills most viruses and bacteria
- Care providers carry ABHR

## Soap and Water



**Preferred method when hands are visibly soiled.**

- Mechanical action of washing, rinsing and drying contribute to the removal of microorganisms that might be present
- If soap and water is not available, clean soiled hands with moist towelette followed by ABHR. Do not use the client's sink.
- Do not use the client's bar soap or any hand hygiene products from the client's home.



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For either method, use enough product to cover all surfaces of hands and perform hand hygiene for 15 seconds.

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# When to Perform Hand Hygiene

Everything in the client's home is considered the client's care environment.

Hand hygiene is required for the following:

- ✓ Before entry to and exit from client's home. (Moment 1 and 4)
- ✓ Before touching the client or the items and surfaces in the client's home where care will be provided e.g., medical equipment, bed, table. (Moment 1)
- ✓ Before performing any aseptic or clean procedure e.g., IV insertion or maintenance, oral care, wound care. (Moment 2)
- ✓ After contact with body fluid e.g., blood, saliva, open wound and skin lesions, urinal, bedpans, dressings. (Moment 3)
- ✓ After touching the client or items and surfaces around the client during care. (Moment 4)
- ✓ After disposing of waste or after touching soiled/dirty equipment.
- ✓ Before putting on PPE and after removing PPE such as mask, gown and gloves.
- ✓ Before contact with clean equipment and supply bag.
- ✓ Before preparing or giving medications or food.
- ✓ After personal hygiene.

# Caring for Your Hands

Hand care is a key component of a hand hygiene program to maintain and promote healthy, intact skin. Intact skin is the body's first line of defence against colonization and infection. For more information see Public Health Ontario's [Hand Hygiene resources](#).

## Alcohol-based Hand Rub

Use ABHR to clean your hands because it is less drying than soap and water.

Soap and water is only required when your hands are visibly dirty.

## Gloves

Wearing gloves for longer than needed can be damaging to your skin.

## Hand Lotion

Use lotion provided by your workplace regularly to keep hands moisturized and healthy.

## Getting Help

If your hands are dry, red or cracked, it's time to ask your supervisor for help.



# Using Personal Protective Equipment (PPE)

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Personal protective equipment includes eye protection, medical mask, gown, and gloves. The selection of PPE is based on risk assessment and presence of signs and symptoms of an infection or diagnosis of an infection.

## General guide when using PPE

- ✓ Put on PPE just prior to the interaction or procedure with the client.
- ✓ Remove and dispose of PPE immediately after completion of the task and before moving on to another activity.
- ✓ Perform proper donning and doffing of PPE (putting on and taking off PPE).
- ✓ Perform hand hygiene before and after using PPE.
- ✓ Remove PPE when soiled or wet and do not reuse.

## Glove Use



- ✓ Hands with gloves Double-gloving is not recommended when providing care.
- ✓ Gloves are not required for routine health care activities when there is contact with intact skin.
- ✓ Gloves are worn if hands will come in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.
- ✓ Gloves are not a substitute for hand hygiene. Clean hands before putting on and after taking off gloves.
- ✓ Change or remove gloves if moving from a contaminated body site to a clean body site on the same client or environment.



## Gown Use



- ✓ Gowns are used to protect clothing and skin during client care activities.
- ✓ Gowns are to be worn when the anticipated interaction generates splashes or sprays of bodily fluids.
- ✓ Gowns are only used once and then disposed or laundered (if applicable).

## Use of Facial Protection (medical mask and eye protection)



- ✓ To protect the mucous membranes of the face (eyes, nose and mouth) during client care activities that are likely to generate splashes, or sprays of body fluids, secretions or excretions.
- ✓ Do not double mask.
- ✓ Perform hand hygiene before and after removal of medical mask and eye protection.
- ✓ Prescription eye glasses are not acceptable as eye protection.

## Use of N95 Respirators



- ✓ Use to prevent inhalation of respiratory particles that may contain infectious agents transmitted via the airborne route. (e.g., TB or measles).
- ✓ Wear either a fit-tested seal-checked N95 respirator or well-fitted medical mask for aerosol generating medical procedures.
- ✓ Change N95 respirator or well-fitted medical mask if wet or soiled.
- ✓ Perform hand hygiene before donning and after removal.
- ✓ Do not wear a medical mask together with a respirator.

# Recommended Steps

## Putting on personal protective equipment



1. Perform Hand Hygiene
2. Put on Gown
3. Put on Mask or N95 Respirator
4. Put on Eye Protection
5. Put on Gloves

## Taking off personal protective equipment



1. Remove Gloves
2. Remove Gown
3. Perform Hand Hygiene
4. Remove Eye Protection
5. Remove Mask or N95 Respirator
6. Perform Hand Hygiene

# Additional Precautions

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Additional Precautions refer to IPAC measures (e.g., PPE, additional environmental cleaning) to be used in addition to Routine Practices to protect staff and clients by interrupting transmission of suspected or identified microorganisms. Communicate Additional Precautions to care providers within the circle of care.

Please note that updates have been made to language related to transmission of infectious agents and Additional Precautions reflecting information provided in newer guidance documents.

# Categories of Additional Precautions

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Most microorganisms 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



Airborne Precautions



Droplet Precautions



Additional Precautions for Acute Respiratory Illness (ARI)

Continue Additional Precautions until there is no longer a risk of transmission of most microorganisms or illness. Ongoing assessment of the risk of transmission is to be performed and in some instances additional expert consultation may be required. Each one of these categories will be discussed in the following sections with examples of diseases and conditions including infection control measures required under each category.

# Contact Precautions

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Contact Precautions are used **in addition** to Routine Practices such as hand hygiene to stop the spread of organisms that can spread through direct contact with the infected person (shaking hands) or indirect contact with contaminated objects (stethoscope) or surfaces in the environment.

## Common Microorganisms that Require Contact Precautions:

1. Antibiotic resistant organisms (AROs)
  - Methicillin Resistant *Staphylococcus aureus* (MRSA)
  - Vancomycin Resistant *Enterococci* (VRE)
  - Extended Spectrum Beta-Lactamases (ESBL)
  - Carbapenemase-producing *Enterobacteriaceae* (CPE)
2. *Clostridioides difficile* (*C. diff*)
3. *Candidozyma auris* (*C. auris*) - formerly known as *Candida auris*
4. Scabies

## Antibiotic Resistant Organisms

### Facts

#### MRSA

- Is a bacteria that is resistant to some antibiotics
- Can live on skin and in the nose without making people sick, but can also cause serious infections

#### ESBL

- Is a bacteria that has become resistant to specific types of antibiotics. (When an ESBL is found it is most commonly *Escherichia coli* [*E. coli*] and *Klebsiella pneumoniae*)
- Commonly found in the gut. Most people do not show signs or symptoms of infection, but ESBL are capable of causing serious infections, such as urinary tract infections

#### VRE

- Is a bacteria that is resistant to many antibiotics and can live outside of the body (e.g., on surfaces) for long periods of time
- Lives in the bowel and fecal matter of a person who is colonized or infected with it

#### CPE

- Is a bacteria that can cause infections in any part of the body (e.g., lungs, bloodstream, abdomen, urinary tract, and central venous catheters) that are hard to treat because the antibiotics we normally use are no longer effective against CPE bacteria
- Report new cases of CPE to the local public health unit

## What you need to do if you have a client with MRSA, VRE, ESBL and CPE?



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear gown and gloves when providing direct care to the client. Dispose in regular garbage after use.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

### **Additional Information**



Refer to IPAC lead / supervisor to discontinue Additional Precautions.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.

# *Clostridioides difficile (C. diff)*

## Facts

- A bacteria that lives in the bowel and can cause severe diarrhea
- In the home setting, routine household cleaning is sufficient. The use of household cleaners or diluted bleach solutions may be used to disinfect the bathroom
- No need to send follow-up (test for cure) specimen if client has returned to normal bowel function

## What you need to do with *C. diff*:



Perform hand hygiene following the 4 Moments of Hand Hygiene. Do not perform hand hygiene at a client's sink, as this may re-contaminate your hands. If soap and water is not available, clean soiled hands with moist towelette followed by ABHR.



Wear gown and gloves and dispose in regular garbage after use. Use Contact Precautions until stools are back to normal for at least 48 hours.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

### **Additional Information**



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.

# Candidozyma auris (C.auris)

## Facts

- A fungus that can cause serious infections especially in critically ill clients
- Can infect any body part (blood or wound) and is often resistant to drugs that treat these infections
- Can survive on surfaces and equipment for a long time, even with routine cleaning and disinfection. This is believed to play a role in transmission within health care settings

## What you need to do with C. auris:



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear gown and gloves and dispose in regular garbage after use.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care. Quaternary disinfectants are not effective against *C. auris*.

### Additional Information



Refer to IPAC lead / supervisor to discontinue Additional Precautions.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



# Scabies

## Facts

- Is caused by mites that burrow into skin and lay eggs, and cause an itchy rash
- Does not survive away from the human body for more than three days
- Areas between fingers, folds of wrists, elbows, and knees, genitalia, breasts and shoulder blades are most commonly infested
- Mites are usually spread by direct, prolonged, skin-to-skin contact with a person who has scabies
- Mites can sometimes spread indirectly by sharing clothing, towels, or bedding from a person who has scabies
- Is spread easily to sexual partners and household members

## What you need to do with Scabies:



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear gown and gloves and dispose in regular garbage after use. Use Contact Precautions for contact with client and their environment until 24 hours after prescribed treatment has been applied.



Clean the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Schedule the home visit at the end of the day.



Treat scabies as soon as possible to avoid transmission. Treat all household members and other potentially exposed persons at the same time as the infested person to prevent possible re-exposure and re-infestation. Apply scabies treatment as prescribed.



Encourage clients to clean their environment thoroughly following application of treatment.



Wash fabrics in hot soapy water and dry on hot dryer cycle.



Store items that cannot be laundered or cleaned and keep in a sealed plastic bag for at least three days.

# Droplet Precautions

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Droplet Precautions are used **in addition** to Routine Practices when infectious particles exit the respiratory tract and enter into the eyes, nose or mouth or the respiratory tract of a susceptible host.

# Common Microorganisms that Require Droplet Precautions

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1. Pertussis (Whooping Cough)
2. Mumps
3. Rubella

## Pertussis (Whooping Cough)

### Facts

- Is an acute infection of the respiratory tract caused by the bacteria *Bordetella pertussis*.
- The disease gets its common name from the “whoop” sound people often make as they try to catch their breath after coughing spells.
- Infectious respiratory particles travel through the air from an infected person. Symptoms begin with a mild respiratory illness, which progresses to prolonged coughing episodes, which often last for more than 2 weeks
- Report cases of pertussis to the local public health unit

### What you need to do with Pertussis:



Ensure vaccinations are up-to-date.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear a medical mask and eye protection when within 2 metres of client.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

### Additional Information



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Provide the client with a medical mask (if able to tolerate use).



A person receiving antibiotic treatment is normally no longer contagious after five days of treatment.

# Mumps

## Facts

- Is a contagious viral infection caused by the mumps virus. The virus travels through the air by infectious respiratory particles from an infected person. It can also spread by contact with items used by an infected person such as cups and utensils.
- Can be contagious from seven days before and up to five days after the salivary glands begin to swell
- Report cases of mumps to the local public health unit

## What you need to do with Mumps:



Ensure vaccinations are up-to-date.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear a medical mask and eye protection when within 2 metres of client.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Provide the client with a medical mask (if able to tolerate use).



Continue precautions for five days after onset of swelling.

# Rubella

## Facts

- Is a contagious viral infection caused by rubella virus and spreads via infectious respiratory particles from an infected person through coughing and sneezing
- Is contagious one week before and at least four days after the appearance of the rash
- Women who acquire rubella during pregnancy can transmit the virus to their fetus, causing miscarriage, stillbirth or birth defects (congenital rubella syndrome)
- Report cases of rubella to the local public health unit

## What you need to do with Rubella:



Ensure vaccinations are up-to-date. Only immune staff are permitted to provide care.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Wear a medical mask and eye protection when within 2 metres of client.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Continue precautions for seven days after onset of rash.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Provide the client with a medical mask (if able to tolerate use).



Pregnant care providers are not to provide care to clients with rubella regardless of immune status.

# Additional Precautions for Acute Respiratory Infections

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Additional Precautions for Acute Respiratory Infection (**also known as Droplet and Contact Precautions**) are used when infectious respiratory particles are known to spread through the air most frequently over short distances with direct deposition on mucous membranes. It is used in addition to Routine Practices such as hand hygiene.

# Common Microorganisms that Require Additional Precautions for ARI

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1. Influenza
2. COVID-19
3. Respiratory Syncytial Virus (RSV)

## Influenza

### Facts

- The influenza virus or the "flu" is a respiratory virus that circulates most frequently in the fall and winter. It can cause mild to severe respiratory disease
- Novel and non-seasonal influenza are to be reported to the public health unit
- Infectious respiratory particles spread through the air when an infected person coughs, sneezes or talks and it can be transmitted by touching contaminated surfaces

### What you need to do with Influenza:



Obtain annual influenza vaccination.



Wear a medical mask, eye protection, gloves and gown when providing direct care.  
A non-fit tested N95 respirator (or equivalent) is considered an alternative to a medical mask.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

### Additional Information



Staff are to stay home when ill.



Continue precautions for 5 days after onset of illness.



Provide the client with a medical mask (if able to tolerate use).



Encourage clients to practice respiratory etiquette (Cover your cough and sneeze).



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.

# COVID-19

## Facts

- Is an infectious disease caused by the SARS-CoV-2 virus
- Is a disease that causes respiratory signs and symptoms similar to the flu or the common cold. It may also affect other parts of the body
- Infectious respiratory particles spread through the air when an infected person coughs, sneezes or talks and it can be transmitted by touching contaminated surfaces
- Report cases of COVID-19 to the local public health unit

## What you need to do with COVID-19:



Stay up to date with COVID-19 vaccination



Wear a medical mask, eye protection, gloves and gown when providing direct care. A non-fit tested N95 respirator (or equivalent) is considered an alternative to a medical mask.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Staff are to stay home when ill.



Provide the client with a medical mask (if able to tolerate use).



Encourage clients to practice respiratory etiquette (Cover your cough and sneeze).



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Refer to IPAC lead / supervisor to discontinue Additional Precautions.



# Respiratory Syncytial Virus (RSV)

## Facts

- Is a common respiratory virus that causes mild, cold-like symptoms but can be more severe in certain populations (e.g., infants and elderly)
- Is most active during fall and peaks in the winter similar to influenza virus
- Infectious respiratory particles spread through the air when an infected person coughs, sneezes or talks and it can be transmitted by touching contaminated surfaces

## What you need to do with Respiratory Syncytial Virus (RSV):



Ensure vaccinations are up to date (if eligible).



Wear a medical mask, eye protection, gloves and gown when providing direct care.  
A non-fit tested N95 respirator (or equivalent) is considered an alternative to a medical mask.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Staff are to stay home when ill.



Continue precautions for duration of illness.



Provide the client with a medical mask (if able to tolerate use).



Encourage clients to practice respiratory etiquette (Cover your cough and sneeze).



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.

# Airborne Practices

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Airborne Precautions are used in addition to Routine Practices such as hand hygiene for clients known or suspected of having an illness transmitted by the airborne route.

Airborne transmission occurs by infectious respiratory particles that are able to remain suspended in the air for longer periods of time and can travel on air currents for longer distances.

# Common microorganisms that require Airborne Precautions

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1. Tuberculosis
2. Varicella (Chickenpox)
3. Measles

## Tuberculosis (TB)

### Facts

- Active pulmonary or extrapulmonary TB is caused by the bacteria *Mycobacterium tuberculosis*
- Transmission requires prolonged close contact with an individual who has an active tuberculosis
- Persons with latent TB infection who do not have any symptoms, are not infectious and cannot spread TB infection to others
- Preventable, treatable and curable with antibiotics
- Report cases of TB to the local public health unit

### What you need to do with Tuberculosis:



Wear a fit-tested, seal checked N95 respirator when in the environment of a client with suspected or active pulmonary or laryngeal tuberculosis.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

### Additional Information



Routine Practices are adequate for care of clients with latent tuberculosis infection.



Clients suspected or confirmed to have an active infection are to wear a medical mask during provision of care or during transport if tolerated.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Household contacts of clients with TB are not required to wear an N95 respirator as they will already have been exposed.

# Varicella (Chickenpox) and Shingles (herpes zoster)

## Facts

- Is caused by varicella-zoster virus (VZV)
- Once a person has chickenpox, they will not get chickenpox again but could develop shingles (herpes zoster) later in life
- Chickenpox and disseminated shingles require Airborne and Contact Precautions and localized shingles require Routine Practices
- A person who has never had chickenpox or is not immune to chickenpox could get the disease if they provide care to someone who has chickenpox or shingles
- Report cases of chickenpox to the local public health unit

## What you need to do with Chickenpox and Disseminated Shingles:



Ensure vaccinations are up to date.



A fit-tested, seal-checked N95 respirator, gown and gloves are required to be worn by non-immune staff who enter the home. Immune staff may enter the home without an N95 respirator.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Continue precautions until all lesions have crusted and dried.



Clients with active chickenpox or disseminated shingles infection are encouraged to wear a medical mask during provision of care or during transport if tolerated.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Household contacts of clients with chickenpox are not required to wear an N95 respirator, as they have already been exposed.

# Measles

## Facts

- Is a highly contagious viral infection and immunization is the best way to protect against measles
- Is spread through infectious respiratory particles that are able to remain suspended in air for longer periods of time. Measles is also spread through direct and indirect contact with infectious respiratory particles onto the mucosal surfaces of a person's face, as well as through indirect contact when a person touches a contaminated surface, then touches their eyes, nose, or mouth.
- Symptoms of measles include fever and a red blotchy rash, red watery eyes and cough. The rash starts at the head and spreads to the rest of the body
- Report cases of measles to the local public health unit

## What you need to do with Measles:



Ensure vaccinations are up to date.



Requires Airborne, Droplet + Contact Precautions. All staff regardless of presumptive immunity to measles are to wear a fit-tested, seal-checked N95 respirator, gown, gloves and eye protection when providing care to a client with suspect or confirmed measles.



Perform hand hygiene following the 4 Moments of Hand Hygiene.



Clean and disinfect the immediate client environment that will come in contact with clean supplies during the provision of care.

## Additional Information



Continue precautions for four days after start of rash and for duration of illness in immunocompromised clients.



Clients with active measles infection are encouraged to wear medical mask during provision of care or during transport if tolerated.



Clean and disinfect re-usable equipment after use including equipment dedicated to the client.



Household contacts of clients with measles are not required to wear an N95 respirator as they will already have been exposed.

# Aseptic Technique

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Asepsis is an important infection prevention and control measure and includes hand hygiene, skin antisepsis, use of sterile or clean supplies and devices, and cleaning and disinfection.

# Important Reminders When Using Aseptic Technique

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- Use aseptic technique as part of safe medication administration
- Needles and syringes are **SINGLE-USE ONLY**
- **DO NOT** use intravenous solution bags as a common source of supply for multiple clients
- **DO NOT** pool leftover content of vials
- Barriers such as disposable drapes can be used to cover working areas
- Use aseptic technique when performing procedures or using medical devices that will penetrate the skin, mucous membranes or body cavity

## Examples:

- Placing a drain or urinary catheter
- Preparing and administering injectable medications
- Wound care
- Glucose monitoring procedures

## Multidose Vials

- ✓ Single-dose vials are ALWAYS preferred. The use of multidose vials increases the risk of transmission of blood-borne pathogens and bacterial contamination.
- ✓ If a multidose vial is used, it is used for a single client, labelled with the client's name and date it was first used.
- ✓ Multidose vials are never entered with a used needle or used syringe. Scrub the top of the vial using friction and 70% alcohol.
- ✓ Discard opened multidose vials according to the manufacturer's instructions or within 28 days, whichever is shorter.
- ✓ Discard the multidose vial immediately if sterility is questioned or compromised or if the vial is not marked with the client's name and original entry date.

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**Exception** can be considered for multidose vials used for a single client (e.g., allergy shots) if the manufacturer's instructions state that the vial can be used for longer than 28 days.

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# Aerosol-Generating Medical Procedure (AGMP)

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A medical procedure with increased likelihood of generating infectious respiratory particles which may increase risk of infections to the staff and others.

A well-fitted medical mask and eye protection (protective eyewear or face shield) are recommended to be used by staff when they are within two metres of procedures or encounters, on any client, with or without symptoms of an acute respiratory infection.



# Procedures Considered AGMPs

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For these AGMP all staff will need to conduct a point-of-care risk assessment (PCRA) before all interactions. Individuals and organizations may determine additional measures based on risk assessment.

It is strongly recommended that organizations and health care settings adhere to the latest legislative requirements/ recommendations applicable to their setting.

The following are commonly performed medical procedures that are often considered AGMPs.

- ✓ Intubation, extubation and related procedures. (e.g., manual ventilation and open deep suctioning).
- ✓ Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal).
- ✓ Non-invasive ventilation (NIV) (e.g., Bi-level Positive Airway Pressure (BiPAP).
- ✓ Continuous Positive Airway Pressure ventilation (CPAP).

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The collection of a nasopharyngeal swab or throat swab is not considered a procedure with increased risk of transmission.

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## AGMP for Personal Support Services and Homemaking Staff

Although personal support staff are not directly involved in performing AGMP, they can be present to assist clients or other care providers.

**Here are some reminders to stay safe:**

- ✓ Perform point-of-care risk assessment for every interaction.
- ✓ Be aware of the procedures being performed by other care providers.
- ✓ Consult with other care providers or supervisor if unsure of what to do.
- ✓ What can Support Staff do when AGMP is being performed?
  - Leave the room while procedure is being performed if it is safe to do so or
  - Wear required PPE to prevent exposure

# Cleaning and Disinfection

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Maintaining a clean and safe home care environment is essential for the safety of clients and staff.

Routine and effective cleaning and disinfection of surfaces, items and equipment is an essential activity that protects clients and staff from infection.

# Cleaning and Disinfection Reminders

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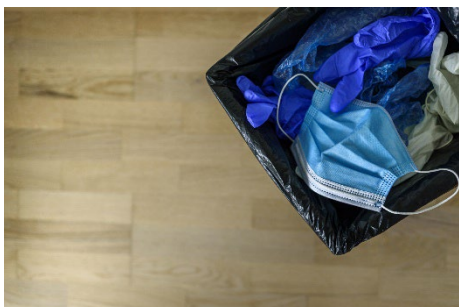
- ✓ Ensure the area where you will provide care is clean and free of any clutter.
- ✓ Use healthcare grade disinfectant and follow manufacturer's instructions for use (MIFU), the product's Safety Data Sheet (SDS) and your organizational policies on how to safely use disinfectants.
- ✓ Choose one-step cleaning and disinfection products where possible.
- ✓ Use disinfectant products chosen by your workplace.
- ✓ Do not use a spray bottle for cleaning and disinfection.
- ✓ Wipes are to remain wet (by keeping lid closed) and discarded if they become dry.
- ✓ Wear required PPE as indicated by product instructions and/or organizational policy and procedures. (e.g., gloves may be recommended).
- ✓ Ensure the contact time for the disinfectant, indicated in the MIFU, is being used. The surface should remain wet for the required contact time (e.g., for a 3 minute contact time, the surface stays wet for 3 minutes). Reapply disinfectant to the surface if contact time is not met.
- ✓ Let disinfectants air dry.

## Handling Soiled Laundry



- ✓ Bag soiled laundry at the point-of-care.
- ✓ Routine Practices are sufficient for handling soiled laundry.
- ✓ Special handling of linen is not routinely required for clients on Additional Precautions.
- ✓ Do not shake soiled laundry and carry away from your body.
- ✓ Use caution when handling laundry in case of unexpected contact with sharps or other hazards.

## Handling Waste



- ✓ General waste such as used PPE, does not require special handling for disposal.
- ✓ Do not overfill garbage bags.
- ✓ Do not compress garbage bags with your hands.
- ✓ Carry waste away from your body, to avoid contamination of skin and clothes. Transport waste in a leak-proof container to minimize the manual handling of waste.

## How to Clean Spills of Blood and Body Fluids



- ✓ Gather all cleaning supplies.
- ✓ Put on gloves.
- ✓ If there is a possibility of splashing, a gown and facial protection are also recommended.
- ✓ Wipe up blood and body fluids. Apply disinfectant. Take care to avoid splashing or spraying.
- ✓ Dispose of materials by placing them in regular waste container.
- ✓ Remove PPE and perform hand hygiene immediately.

## How to Clean Electronic Equipment



- ✓ Electronic equipment can become contaminated with microorganisms. These can be transferred between clients unless cleaned and disinfected after use.
- ✓ Clean and disinfect electronic equipment after use. Consider protecting electronic equipment with screen protectors and cases that can be cleaned and disinfected.
- ✓ Electronic equipment where possible are designed for use in health care and come with manufacturer's instructions on cleaning and disinfection.

# Equipment and Device Reprocessing Practices

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Follow IPAC best practices for handling, cleaning, reprocessing, transport and storage of equipment and supplies used for client care.

Please refer to your workplace policies and procedures for specific instructions.

# Equipment and Device Classification

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## Non-critical

**Equipment comes in contact with intact skin and not the mucous membrane.**

- Blood pressure cuff
  - Stethoscope
  - Urinals
- Use low-level disinfectants e.g., accelerated hydrogen peroxide, quaternary ammonium.
  - Follow manufacturer's instructions for use.

## Semi-critical

**Equipment comes in contact with non-intact skin or mucous membrane but does not penetrate these areas.**

- Respiratory therapy equipment
  - Nebulizer cups
  - Breast pump accessories
- Cleaning followed by high-level disinfection as a minimum. Sterilization is preferred.
  - High-level disinfection may be achieved with chemicals or pasteurization, timing of process is critical to effectiveness.

## Critical

**Equipment that enters sterile area of the body (e.g., vascular system, internal organs, joints).**

- Foot care equipment
- Cleaning followed by sterilization is required.
  - Autoclave or other sterilization methods.
  - Monitor and verify sterilization process.

# Clean and Sterile Equipment Handling

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- Carry equipment in bags or containers that are wipeable, and made of non-porous material.
- Perform hand hygiene before accessing clean and sterile equipment from supply bag.
- Limit the amount of equipment carried into the home.
- Dedicate equipment to clients on Additional Precautions whenever possible.
- Clean and disinfect equipment after each use and when shared between clients.
- Inform clients how to clean and store equipment and supplies left in their home, including keeping it safe from pets and children.
- Use single-use or single-client use equipment and supplies whenever possible. Do not reprocess single-use or disposable equipment designated by the manufacturer as single-use device.
- Single-use medical equipment/devices are usually labelled by the manufacturer with a symbol



# Cleaning, Disinfection and Sterilization of Re-usable Equipment

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- Establish and monitor procedures for reprocessing of multi-use devices.
- Clean reusable medical equipment prior to disinfection and sterilization. Follow manufacturer's instructions for use (MIFU).
- Disinfection and sterilization of medical equipment is based on what the equipment is used for and the potential risk of infection.
- Non-critical and semi-critical medical equipment/devices that are owned by the client; re-used by that client and used only by that client in their home; and not used for another purpose, do not require disinfection between uses, provided that they are cleaned and stored dry between uses.





# Transport and Handling of Dirty Equipment

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- ✓ Do not put dirty items back in supply bag or container until they have been properly cleaned, disinfected or sterilized per the equipment/device MIFU.
- ✓ Pre-clean dirty medical devices at point-of-use prior to transport.
- ✓ Separate clean from dirty equipment until it can be cleaned, disinfected, and/or sterilized.
- ✓ Transport dirty equipment / devices in covered containers designed to prevent the spill of liquids.
- ✓ Clean transport containers after each use.
- ✓ Dispose of sharps in a puncture-resistant, leak-proof container at point-of-use, prior to transportation.

# Clean Supply Storage

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- ✓ Do not store supplies left in client's homes on the floor, on a shelf where liquids are stored, on window sills, or under sinks.
- ✓ Keep away from debris, drains, moisture, and vermin to prevent contamination and maintain sterility until the time of use.
- ✓ Store and transport supplies in a manner that keeps them clean, dry, and prevents contamination.
- ✓ Store supplies within the temperature and relative humidity ranges specified on the manufacturer's label (typically relative humidity maintained between 30% and 60%; temperature maintained between 18°C and 23°C).
- ✓ Avoid extremes of temperature.
- ✓ Avoid storing supplies in cars and garages overnight or for prolonged periods of time.
- ✓ Do not use products beyond expiration date.

# Occupational Health and Safety

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# Background

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Providers of home and community care are responsible to have policies, procedures, education and training in place to protect the health and safety of workers. Similarly, staff are responsible to follow workplace health and safety policies and procedures, for example wearing the PPE required by the employer in accordance with the Occupational Health and Safety Act (OHSA).<sup>9</sup>

## Healthy Workplace<sup>8</sup>

- All staff are to self-monitor for infectious symptoms (e.g., acute respiratory illness symptoms, gastrointestinal symptoms) while at work or at home
- Staff are to stay home when ill, inform their supervisor and if at work return home.
- Staff who develop a communicable disease may be subject to some work restrictions as per organizational policies and procedures

## Staff Immunizations<sup>9</sup>

**Recommended immunizations for health care providers include:**

- Measles, Mumps, Rubella (MMR)
- Varicella
- Hepatitis B
- Diphtheria, Tetanus, Acellular Pertussis and Polio
- Annual Influenza
- COVID-19

# Prevention and Control of Tuberculosis<sup>10</sup>

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**Tuberculosis prevention should include policies and procedures on:**

- ✓ Protection of staff through use of required personal protective equipment, education and screening for TB disease and infection.
- ✓ Contact tracing after potential exposure to TB.
  - Exposed staff are required to have a baseline negative tuberculin skin test taken as soon as possible after exposure.
  - Another TB skin test taken 8 weeks after exposure is required for those with a negative test.
- ✓ Pre-placement TB screening:
  - Baseline 2-step tuberculin skin test (TST).
  - If there is a record of a prior negative 2-step TST, only a single-step test is required.
  - Assess staff with a positive TB skin test for TB disease, and consider for tuberculosis preventative treatment.
  - Provide education on the signs and symptoms of TB and refer for further medical assessment.
  - Report to the local public health unit.

# Exposure to Communicable Diseases<sup>11</sup>

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Occupational health policies and procedures are easily accessible and address the management of staff exposure to communicable diseases which includes:

- Education
- Reporting requirements
- Identification and assessment of staff
- Immunization status
- Sharps injury prevention program including use of safety-engineered needles and devices
- Post-exposure prophylaxis
- Work restrictions and follow-up actions

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