

# IPAC for Health Care Workers in Dental Clinic Settings

## In-Person Training Course



**Trainer Guide**

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## Public Health Ontario

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# Introduction

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The purpose of the [IPAC for Health Care Workers in Dental Clinic Settings In-Person Training Course](#) is to support trainers in delivering in-person Infection Prevention and Control (IPAC) training to health care workers (HCWs) within their organizations. This four-module course focuses on core IPAC principles essential for protecting HCWs and their patients/clients from health care-associated infections. It covers key IPAC topics and provides opportunities for practical application, aligning with Public Health Ontario's (PHOs), [IPAC for Health Care Workers Online Learning Course](#).

## Target Audience

Individuals (i.e., IPAC trainers) in dental settings who are responsible for delivering in-person IPAC training to health care workers, including but not limited to dentists, dental hygienists, dental assistants, students and volunteers in their organization. The course resources are intended for use in staff orientation and/or refresher sessions.

## Course Overview

This course consists of four modules covering essential IPAC topics, with opportunities for practical application. Modules 1–3 include presentations with speaker notes and optional, adaptable practice activities to meet specific learning needs, and Module 4 includes practice activities with multiple-choice questions and a final quiz.

## How to Use This Guide

This guide is designed to help you confidently deliver in-person IPAC training to health care workers in dental settings. It provides trainer tips and notes, feedback for practice activities and quizzes, and printable worksheets aligned with the course content to support discussions, lead activities, and enhance participant engagement throughout the training. You should use this guide alongside the participant handbook and presentations. Be sure to review this guide in advance and print any relevant practice activity worksheets before delivering the in-person training.

# Planning Your Training Sessions

The in-person course training package includes this trainer guide, three content presentations with speaker notes, and a participant handbook. You are encouraged to plan flexible training sessions using these resources, which can be adapted to meet participants' learning needs and accommodate available time and space. To enhance engagement, consider incorporating interactive tools (i.e., polling applications).

## General Preparation

1. **Review Materials:** Sample agendas, trainer guide, participant handbook, presentations.
2. **Prepare Resources and Supplies:** Print copies or email participant handbooks to participants for digital use. Print the activity worksheets, sorting cards, and answer keys required to facilitate your selected practice activities. Gather the supplies listed in each practice activity (e.g. personal protective equipment, videos).
3. **Set Up the Room:** Arrange seating for group work and set up AV equipment for videos and slides.

## Sample Agendas

This in-person training course can be delivered as individual sessions spread over several days or as multiple sessions condensed into one or two days. The sample agendas below outline the estimated time required to complete each module. You are encouraged to adapt these agendas to suit your schedule and to meet participants' learning needs, as well as any time, space, or accessibility considerations.

### Module 1: Introduction to IPAC and Routine Practices

Topic	Estimated Time
Presentation: Introduction to IPAC and Routine Practices <ul style="list-style-type: none"><li>• Chain of Transmission and point-of-care risk assessments</li><li>• Personal protective equipment (PPE)</li></ul>	1 hour
Practice Activity: Chain of Transmission Discussion	20 minutes
Practice Activity: Point-of-Care Risk Assessment Scenario	20 minutes
Practice Activity: Personal Protective Equipment Demonstration	30 minutes
Practice Activity: Personal Protective Equipment Sorting Cards	30 minutes
Practice Quiz: Introduction to IPAC and Routine Practices	15 minutes
Wrap-up	5 minutes

**Total: 3.0 hours**

## Module 2: Foundational Elements in Routine Practices

Topic	Estimated Time
Presentation: Foundational Elements in Routine Practices <ul style="list-style-type: none"><li>• Hand hygiene</li><li>• Environmental controls</li><li>• Occupational health and safety programs</li></ul>	40 minutes
Practice Activity: Hand Hygiene Sorting Cards	20 minutes
Practice Activity: Hand Hygiene Demonstration	20 minutes
Practice Activity: Environmental Cleaning and Disinfection Scenario	20 minutes
Practice Activity: Reprocessing Sorting Cards	20 minutes
Practice Quiz: Foundational Elements in Routine Practices	15 minutes
Wrap-up	5 minutes

**Total: 2.5 hours**

## Module 3: Additional Precautions in IPAC

Topic	Estimated Time
Presentation: Additional Precautions in IPAC <ul style="list-style-type: none"><li>• Types of Additional Precautions</li></ul>	40 minutes
Practice Activity: Additional Precautions Role Play – Eric & Karina	30 minutes
Practice Activity: Additional Precautions Role Play – Cormac & Jose	30 minutes
Practice Quiz: Additional Precautions in IPAC	15 minutes
Wrap-up	5 minutes

**Total: 2.0 hours**

## Module 4: Applying IPAC Principles in Dental Clinic Settings

**Note:** Module 4 is scenario and quiz-based and does not include a presentation or speaker notes. It should be completed only after Modules 1–3. Use this guide along with the participant handbook to facilitate the practice activities and administer the final quiz.

Topic	Estimated Time
Practice Activity: Applying IPAC Principles Scenario – Dr. Kozik & Marcus	30 minutes
Practice Activity: Applying IPAC Principles Scenario – Mr. Lysenko & Ms. Hashemi	30 minutes
Final Quiz	30 minutes
Wrap-up	5 minutes

**Total: 1.5 hours**

# Participant Handbook

To support participant learning, the [IPAC for Health Care Workers in Dental Clinic Settings In-Person Training Course – Participant Handbook](#) includes worksheets aligned with the practice activities and quizzes throughout the training course. Provide the handbook to participants, either digitally (e.g., by email if they have access to a computer during in-person training) or as printed copies, before starting Module 1. Participants will use the handbook to actively engage in discussions and activities, and to record notes during the training.

## Presentations

This course includes three content presentations, each covering key IPAC topics aligned with PHO's [IPAC for Health Care Workers Online Learning Course](#). Each includes training content and embedded trainer notes in the slide notes section to support consistent and effective delivery. You are encouraged to customize the slide decks by adding your own slides (e.g., to include local examples or to insert placeholders for interactive learning activities). The presentations for Modules 1–3 are linked below and are available for download on PHO's [IPAC for Health Care Workers – Resources for Trainers](#) webpage.

- [Module 1 – Presentation: Introduction to IPAC and Routine Practices](#)
- [Module 2 – Presentation: Foundational Elements in Routine Practices](#)
- [Module 3 – Presentation: Additional Precautions in IPAC](#)

## Practice Activities

Each training module includes optional, adaptable practice activities designed to reflect real-world healthcare scenarios and reinforce key IPAC principles through hands-on learning. These activities may include demonstrations, group discussions, role-play exercises, case-based scenarios, sorting tasks, and quizzes. They are intended to promote active engagement through practice, reflection, and critical thinking. As a trainer, you should select the activities that best suit your participants' learning styles, needs, time constraints, and accessibility considerations. At a minimum, the Practice Quiz should be completed in each module.

## Final Quiz

The [IPAC for Health Care Workers in Dental Clinic Settings In-Person Training Course – Final Quiz](#) is in Module 4 of this guide. To successfully complete the course and receive a [Certificate of Completion](#), participants must achieve a minimum score of 80% after completing all four in-person training modules. The certificate is available for download on the [IPAC for Health Care Workers – Resources for Trainers](#) webpage.



# Module 1

## Introduction to IPAC and Routine Practices



 Total Estimated Time: 3.0 hours

### Learning Objectives

By the end of the first module, participants will be able to:

- Describe the six links in the Chain of Transmission (COT) and how to use IPAC strategies to break the links in the chain to prevent infections.
- Perform a risk assessment as a Routine Practice to evaluate the potential risk of infection.
- Use a risk assessment to determine the need for personal protective equipment (PPE).

### Presentation

[Introduction to IPAC and Routine Practices](#)

### Practice Activities

[Chain of Transmission Discussion](#)

[Point-of-Care Risk Assessment Scenario](#)

[Personal Protective Equipment Demonstration](#)

[Personal Protective Equipment Sorting Cards](#)

[Practice Quiz](#)




# Practice Activity

## Chain of Transmission Discussion

### Objectives

Facilitate the transfer of learning to workplace practices and discuss how infections can be transmitted and prevented.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Small groups, pairs, or large group

### Instructions

1. Organize participants into small groups, pairs, or a large group.
2. Provide the worksheet.
3. Ask participants to explain how Norovirus is transmitted and how it can be prevented using the worksheet.
4. Facilitate a group discussion to share findings.

If time allows, repeat the activity using other infectious agents (e.g., Influenza, Tuberculosis).

### Resources

[PIDAC Best Practices: Routine Practices and Additional Precautions for All Health Care Settings](#)

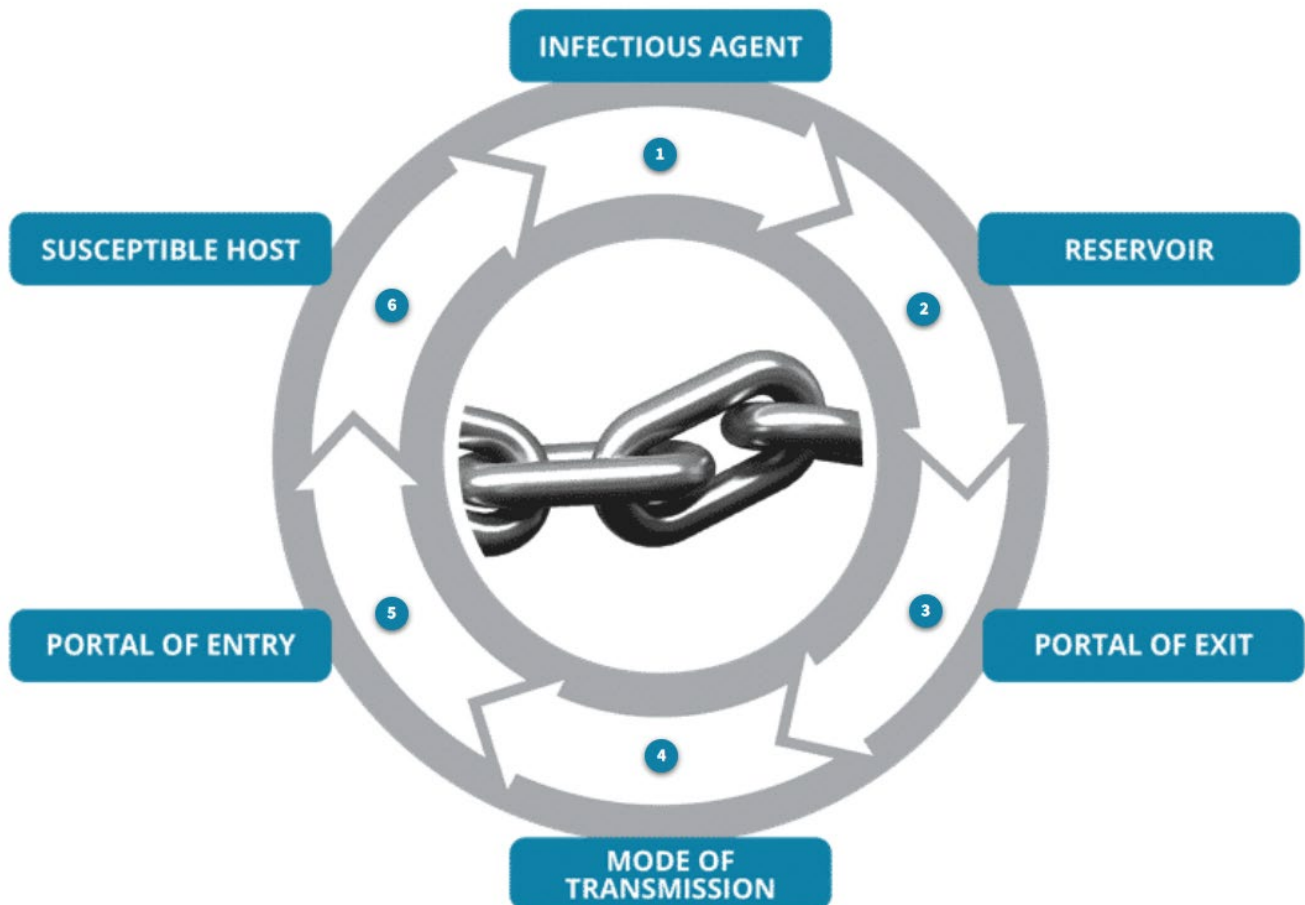


# Trainer Feedback

## Chain of Transmission Discussion

### Discussion Question:

Using the Chain of Transmission, explain how Norovirus can be transmitted and prevented.



## Discussion Feedback:

### How Norovirus Causes Infections Based on the Chain of Transmission:

Infections cannot develop unless all six links in the Chain are present and connected.

1. To start the Chain of Transmission, there needs to be an infectious agent that can invade body tissues and multiply. In this example, Norovirus is the infectious agent.
2. Norovirus needs a place to infect cells and multiply. The second link in the Chain is the Reservoir. People, water, food are some examples of reservoirs.
3. The third link is the Portal of exit. In order to spread, Norovirus needs a way to leave the reservoir through the portal of exit.
4. Norovirus also needs a way to move from one place to another. The fourth link is the Mode of Transmission
5. The fifth link is the Portal of Entry. This is where Norovirus enters a new host (e.g. ingestion of the virus).
6. The sixth link is the susceptible host. In order to cause an infection, Norovirus needs to be transmitted to another host who is at risk of becoming infected.

### How to Break the Chain of Transmission:

- Hand hygiene can remove Norovirus from the hands preventing ingestion of the virus when contaminated hands touch the mouth. The mode of transmission of norovirus is through contact so hand hygiene can prevent transmission between individuals and surfaces through contaminated hands (target links: portal of entry, mode of transmission)
- Cleaning and disinfecting the environment can remove or kill Norovirus, eliminating reservoirs where cells may become infected and multiply, and by preventing Norovirus from spreading to other susceptible hosts (target links: Infectious agent, reservoir).
- Wearing personal protective equipment (PPE) such as gloves can disrupt the mode of transmission when donned, doffed and disposed of properly. Gloves can also protect the portals of entry of a healthcare worker by preventing contamination of the hands reducing the likelihood the virus might be ingested (target links: mode of transmission, portal of entry).
- Avoiding direct contact with symptomatic individuals can interrupt transmission (target link: mode of transmission).
- Proper waste disposal reduces environmental contamination, reducing the risk of transmission through indirect contact (target links: portal of exit, mode of transmission).
- Surveillance for other cases of Norovirus can help with the timely implementation of IPAC measures to prevent transmission (target links: mode of transmission, infectious agent).


# Practice Activity

## Point-of-Care Risk Assessment Scenario

### Objectives

Practice conducting a point-of-care risk assessment using a realistic scenario to identify potential risks and determine appropriate IPAC measures.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Small groups, pairs, or large group

### Instructions

1. Read the scenario aloud to the group.
2. Ask participants to identify the first step before providing care.
3. Have them discuss and record key questions in the worksheet to assess risk.
4. Encourage a debrief discussion between groups to reinforce correct reasoning.



# Trainer Feedback

## Point-of-Care Risk Assessment Scenario

### Scenario

A 71-year-old man (he/him) arrives for a dental appointment stating that he has a fever, respiratory symptoms and a cough. He seems tired but is able to follow instructions. You are a new dental hygienist assigned to this patient/client.



### Discussion Question 1:

**What is the first thing you need to do before you provide care for this patient/client?**

If the dental appointment cannot be rescheduled, performing a point-of-care risk assessment (PCRA) should always be the first step before you carry out any other activity in a health care environment. Only once you determine what risks are involved and how you will protect yourself and others, can you then gather specifically what you need to complete the job at hand.

### Discussion Question 2:

**What questions should you ask yourself to assess the risk of exposure to infectious agents, and the risk of spreading agents to others?**

PCRAs involve asking yourself questions about the nature of the interaction you will have and what infectious agents you may be exposed to, the physical and cognitive status of the person you will be interacting with, what PPE you should use, your own skill performing the required task, and any environmental and administrative controls that may already be in place to protect yourself and others.


# Practice Activity

## Personal Protective Equipment Demonstration

### Objectives

Practice proper technique for putting on (donning) and removing (doffing) personal protective equipment (PPE).

### Estimated Time

 30 minutes

### Materials

Participant worksheet, trainer feedback, and PPE supplies:

- Alcohol based hand rub
- Disposable gloves and disposable gowns
- Medical masks
- Eye protection
- Garbage bag/container

### Format

Pairs or small groups

### Instructions

1. Demonstrate or show a video of proper donning and doffing of PPE.
2. Provide each participant with a full set of PPE.
3. Pair participants to practice donning and doffing.
4. Instruct participants to use the checklist to observe and give feedback on their partner's techniques in the worksheet.
  - Note: Participants will put a checkmark (✓) in the action column for each checklist if the step is completed properly.
5. Discuss common errors and repeat the activity if needed.

### Resources

[Putting on Gloves](#)

[Putting on Gown and Gloves](#)

[Putting on Mask and Eye Protection](#)

[Taking off Gloves](#)

[Taking off Gown and Gloves](#)

[Taking off Mask and Eye Protection](#)



# Trainer Feedback

## Personal Protective Equipment Demonstration

### Personal Protective Equipment (PPE) Donning Checklist:

Action	Steps	Demonstration Comments
<b>Step 1</b>	Perform hand hygiene.	Hand hygiene is completed prior to touching PPE and follows proper technique.
<b>Step 2</b>	Put on the gown tying at the neck and waist.	The gown fits properly and is tied at the back.
<b>Step 3</b>	Put on the medical mask, securing ties or loops and mould metal piece over nose.	The ties/loops are secured in a comfortable position that maintain the proper position of the mask.
<b>Step 4</b>	Place eye protection over face and adjust to fit.	Appropriate eye protection is used (e.g. reading glasses are not sufficient). If eye protection is not disposable (e.g. reusable goggles), process for reprocessing is acknowledged.
<b>Step 5</b>	Pull on each glove over the cuff of the gown.	The gloves chosen are the correct size and the cuff of the gloves fits over the cuff of the gown.



## Personal Protective Equipment (PPE) Doffing Checklist:

Action	Steps	Demonstration Comments
<b>Step 1</b>	Remove the first glove with the other gloved hand. Grasp the outside edge near your wrist and peel away. Avoid touching skin with glove.	Proper technique is used that prevents contamination of the skin.
<b>Step 2</b>	Remove the second glove, slip ungloved fingers inside the other glove. Avoid touching the outside of the glove with bare skin.	Proper technique is used that prevents contamination of the skin.
<b>Step 3</b>	Peel the second glove off by rolling the glove inside out.	Proper technique is used that prevents contamination of the skin.
<b>Step 4</b>	Discard gloves immediately into a waste receptacle.	If contamination occurs during glove removal, hand hygiene is immediately performed.
<b>Step 5</b>	Undo ties and pull gown away from body.	The gown is removed slowly avoiding shaking or any actions that could aerosolize contamination.
<b>Step 6</b>	Carefully roll gown inside out and dispose in waste container/bag.	Rolling ensures that the contaminated side of the gown is confined to the inside.
<b>Step 7</b>	Perform hand hygiene.	Proper technique is used. Soap and water are used if hands are visibly soiled.
<b>Step 8</b>	Without touching the front, remove eye protection by pulling up and away from the face and dispose into waste container/bag.	While leaning forward, eye protection is slowly removed, touching the sides only.
<b>Step 9</b>	Remove using ear loops/straps, pulling forward away from face and dispose into waste container/bag.	While leaning forward, the mask is carefully removed, avoiding contact with the front of the mask.
<b>Step 10</b>	Perform hand hygiene.	Proper technique is used.


# Practice Activity

## Personal Protective Equipment Sorting Cards

### Objectives

Reinforce the appropriate use of personal protective equipment (PPE) and identify proper practices and practices to avoid when using PPE.

### Estimated Time

 30 minutes

### Materials

Sorting cards and sorting worksheet, participant worksheet, trainer feedback

### Format

Small groups or teams

### Instructions

1. Distribute a full set of sorting cards and sorting worksheet to each group.
2. Instruct groups to sort PPE cards into “Dos” and “Don’ts” and to call-out done once finished.
3. Once all groups have finished sorting, review answers as a group or provide the trainer feedback notes for self-review.
4. Encourage discussion and note-taking.



## PPE Sorting Cards

Change gloves between patients/clients	Remove a mask immediately after the task for which it was used and discard into the garbage	Wear a gown with the opening at the back
Remove your gown before leaving one patient/client or their environment and before going to another	Perform hand hygiene before removing eye protection	Remove your mask before leaving one patient/client or their area and before going to another
Wear a mask around your neck or hanging from your ear or on your forehead	Put gloves on over wet hands if in a rush	Wear a mask that fits your face (no gapping at the sides)
Disinfect disposable eye protection after use	Wear prescription eyeglasses if unable to find eye protection	Wear gown into hallway if returning to the room quickly
Re-use gloves by using ABHR between patients/clients	Tie/fasten a gown both at the neck and waist	Put eye protection on top of your head when not in use
Remove your eye protection immediately after the task for which it was used	Change your gloves when you go from a "dirty" task to a "clean" task on the same patient/client	Clean and disinfect reusable eye protection before the next use
Conduct a risk assessment to determine what type of mask is appropriate	Change your gloves when you go from a "clean" task to a "dirty" task on the same patient/client	Re-use gowns that are not visibly soiled
"Double glove" or "triple glove" for additional protection	Wear a gown to keep warm	Touch eye protection while wearing it
Choose a gown that fits you well	Perform hand hygiene every time you remove gloves	Wear a lab coat or jacket instead of a gown
Remove gloves as soon as your task is done	Make sure your hands are dry before putting on gloves	Store a mask in your pocket



Cut along the dotted lines

**Dos**



**Don'ts**





# Trainer Feedback

## Personal Protective Equipment Sorting Cards



### Eye Protection:

Dos	Don'ts
<ul style="list-style-type: none"><li>• Perform hand hygiene before removing eye protection.</li><li>• Remove your eye protection immediately after the task for which it was used and discard or place in an appropriate receptacle for cleaning and disinfection.</li><li>• Clean and disinfect reusable eye protection before the next use.</li></ul>	<ul style="list-style-type: none"><li>• Disinfect disposable eye protection after use. Disposable eye protection is discarded after use.</li><li>• Wear prescription eyeglasses in place of eye protection. It will not protect you from infectious agents. Eye protection needs to be worn over prescription eyeglasses.</li><li>• Put eye protection on top of your head when not in use.</li><li>• Touch eye protection while wearing it.</li></ul>



### Gloves:

Dos	Don'ts
<ul style="list-style-type: none"><li>• Change your gloves between patients/clients.</li><li>• Change your gloves when you go from a "dirty" task to a "clean" task on the same patient/client to prevent transfer of infectious agents from a dirty to clean site.</li><li>• Perform hand hygiene every time you remove gloves.</li><li>• Remove gloves as soon as your task is done and when you are outside the immediate patient/client care area to prevent contamination.</li><li>• Make sure your hands are dry before putting on gloves. This prevents skin irritation.</li></ul>	<ul style="list-style-type: none"><li>• Put gloves on over wet hands if in a rush as this contributes to skin irritation.</li><li>• Change your gloves when you go from a "clean" task to a "dirty" task on the same patient/client.</li><li>• Reuse gloves by using alcohol-based hand rub (ABHR) between patients/clients as this can impact the integrity of gloves.</li><li>• "Double glove" or "triple glove" as this can make glove removal harder, leading to the contamination of the gloves and your hands.</li></ul>

## Gowns:

Dos 	Don'ts 
<ul style="list-style-type: none"><li>• Wear a gown with the opening at the back which prevents contamination of uniform or clothing beneath.</li><li>• Tie/fasten a gown both at the neck and waist or the gown may loosen and contaminate your uniform or clothing.</li><li>• Choose a gown that fits you well to ensure it provides adequate coverage and will not interfere with your work.</li><li>• Remove your gown before leaving one patient/client or their environment and before going to another. This will prevent spreading of infectious agents from one patient/client to another.</li></ul>	<ul style="list-style-type: none"><li>• Wear a gown in the hallway if returning to the room quickly. PPE must be doffed and disposed of properly when leaving the patient/client room.</li><li>• Re-use gowns that are not visibly soiled. Used gowns, even without visible soiling are to be disposed of or laundered as appropriate.</li><li>• Wear a lab coat or jacket instead of a gown as they do not provide adequate protection.</li><li>• Wear a gown just to keep warm as they are used strictly for IPAC purposes.</li></ul>

## Masks:

Dos 	Don'ts 
<ul style="list-style-type: none"><li>• Remove a mask immediately after the task for which it was used and discard into the garbage to avoid contamination.</li><li>• Remove your mask before leaving one patient/client or their area and before going to another to prevent contamination.</li><li>• Wear a mask that fits your face (no gapping at the sides) to provide adequate protection for your nose and mouth.</li><li>• Conduct a risk assessment to determine what type of mask is appropriate.</li></ul>	<ul style="list-style-type: none"><li>• Store a mask in your pocket as it may become damaged and not work properly.</li><li>• Wear a mask around your neck or hanging from your ear or on your forehead.</li></ul>


# Practice Quiz

## Introduction to IPAC and Routine Practices

### Objectives

Reinforce concepts and informally assess understanding of the Chain of Transmission and Routine Practices.

### Estimated Time

 15 minutes

### Materials

Participant worksheet, trainer answer key

### Format

Individual or small groups

### Instructions

1. Let participants know the quiz is a self-assessment and will not be graded.
2. Ask participants to complete the quiz individually or in small groups.
3. Encourage them to note any questions they find challenging.
4. After completion, review the answers using the trainer answer key.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓). You are encouraged to facilitate a group discussion using the notes for each question.
5. Facilitate a group discussion to explain the rationale behind each correct answer or offer a peer review option where participants exchange quizzes and mark them using the answer key.
6. Encourage participants to revisit content if they struggled with any questions





# Trainer Answer Key

## Practice Quiz: Introduction to IPAC and Routine Practices

### Question 1:

A person's lungs and respiratory tract can be a place where an influenza virus infects cells and multiplies. Which link in the Chain of Transmission does this describe?

- A. Infectious Agent
- ✓ B. Reservoir
- C. Portal of Exit
- D. Mode of Transmission
- E. Portal of Entry
- F. Susceptible Host

**Notes:** In the Chain of Transmission model, the place where an infectious agent infects cells and multiplies is known as the Reservoir. This is one of the conditions (links) that must be present for an infection to be transmitted. In this example, the Reservoir where the infectious agent (the influenza virus) infects cells and multiplies, is in a person's lungs and respiratory tract. The infectious agent exits the lungs and respiratory tract through coughing and sneezing (the Portal of Exit) and travels via contact with hands and surfaces and in droplets (Mode of Transmission). It then gains entry through the eyes, nose, and mouth (Portal of Entry) into another person (Susceptible Host). All these links in the Chain must be present for an infection to be transmitted.

### Question 2:

Select the statement(s) below which best describe how hand hygiene can break the Chain of Transmission if performed correctly and consistently.

- A. By killing or removing infectious agents from contaminated surfaces in the environment thereby preventing them from entering susceptible hosts
- B. By reducing the susceptibility of potential hosts from acquiring an infection
- ✓ C. By killing or removing infectious agents from hands to prevent them from contaminating surfaces in the environment or people, thereby reducing the likelihood that they may infect other susceptible hosts
- D. By creating a physical barrier between the portals of entry (e.g., mucous membranes) of susceptible hosts and environments that may be contaminated with infectious agents

**Notes:** Hand hygiene works to break the Chain of Transmission by killing or removing infectious agents from hands to prevent them from contaminating surfaces in the environment or people, thereby reducing the likelihood that they may infect other susceptible hosts.

### Question 3:

Which of the following are considered Routine Practices? Select all that apply.

- ✓ A. Performing a point-of-care risk assessment
- ✓ B. Performing hand hygiene
- ✓ C. Wearing the appropriate PPE for the given situation
- ✓ D. Disinfecting surfaces and equipment in the clinical environment
- ✓ E. Participating in administrative controls such as vaccine programs and regular IPAC training
- F. Putting Additional Precautions in place in situations that call for it

**Notes:** All options except Putting Additional Precautions in place in situations that call for them. Point-of-care risk assessment, hand hygiene, PPE, environmental controls (e.g., environmental cleaning), and administrative controls (e.g., vaccine programs, IPAC training), are all examples of Routine Practices because they are practiced regularly in all situations in all health care settings. Additional Precautions are IPAC measures that are put in place above and beyond Routine Practices, but they are not considered Routine Practices themselves.

### Question 4:

As a health care worker, which of the following are examples of questions you should ask yourself as part of your point-of-care risk assessment? Select all that apply.

- ✓ A. During the required care task, will I likely come into contact with surfaces, equipment, or body fluids that may be contaminated with infectious agents?
- ✓ B. Does the person I will be interacting with, have signs or symptoms of infection?
- ✓ C. What PPE should I wear for this interaction?
- D. What medical supplies do I need to collect for performing the required care procedure (e.g., gauze wound dressings, scissors, etc.)?
- ✓ E. Is the patient/client likely able to follow instructions during the required care task?
- ✓ F. What administrative and environmental controls are already in place to protect myself and others from acquiring an infection?
- ✓ G. Am I confident and skilled enough at performing the required care task safely without assistance?

**Notes:** Point-of-care risks assessments involve asking yourself questions about the nature of the interaction you will be having and what infectious agents you may be exposed to, the physical and cognitive status of the person you will be interacting with, what PPE you should use, your own skill performing the required task, and any environmental and administrative controls that may already be in place to protect yourself and others. Performing a point-of-care risk assessment should always be the first step before you carry out any other activity in a health care environment. Only once you determine what risks are involved and how you will protect yourself and others, can you then gather specifically what you need to complete the job at hand.

### Question 5:

When it comes to PPE, which of the following statements are true? Select all that apply.

- ✓ A. Patients/clients should never wear N95 respirators
- B. Gloves should never be changed between different care tasks for the same patient/client
- ✓ C. Lab coats should never be worn as a substitute for a gown
- ✓ D. Prescription eyeglasses should never be worn as a substitute for proper eye protection
- ✓ E. Gloves should never be used as substitute for hand hygiene
- ✓ F. Medical masks should never be stored in your pocket
- ✓ G. Skin should never contact the outside of your gloves during glove removal
- ✓ H. Gowns should never be worn in cafeterias

**Notes:** All are true except: Gloves should never be changed between different care tasks for the same patient/client. Sometimes, HCWs will need to change their gloves in between different care tasks for the same patient/client. This is to avoid transferring infectious agents from a contaminated site to a clean site on that patient/client. Therefore, the second statement is false. The rest of the statements are true and should be followed as best practices for IPAC.

# Module 2

## Foundational Elements in Routine Practices



🕒 Total Estimated Time: 2.5 hours

### Learning Objectives

By the end of the second module, participants will be able to:

- Identify when and how to perform hand hygiene.
- Use appropriate environmental cleaning, linen and waste management strategies.
- Describe appropriate cleaning, disinfecting and sterilizing processes for health care equipment.
- Explain the occupational health and safety responsibilities of the health care worker.

### Presentation

[Foundational Elements in Routine Practices](#)

### Practice Activities

[Hand Hygiene Sorting Cards](#)

[Hand Hygiene Demonstration](#)

[Environmental Cleaning and Disinfection Scenario](#)

[Reprocessing Sorting Cards](#)

[Practice Quiz](#)


# Practice Activity

## Hand Hygiene Sorting Cards

### Objectives

Reinforce hand hygiene best practices.

### Estimated Time

 20 minutes

### Materials

Sorting cards and sorting worksheet, participant worksheet, trainer feedback

### Format

Small groups or teams

### Instructions

1. Distribute a full set of sorting cards and sorting worksheet to each group.
2. Instruct them to sort hand hygiene cards into “Dos” and “Don’ts” and to call-out done once finished.
3. Once all groups have finished sorting, review answers as a group or provide the trainer feedback notes for self-review.
4. Encourage discussion and note-taking.



## Hand Hygiene Sorting Cards

Keep fingernails short and clean	Wear freshly applied and unchipped nail polish, or none at all	Wear rings with a smooth and flat band, or none at all
Wear artificial nails or nail enhancements	Wear rings with projections or stones	Wear wrist jewelry such as bracelets and watches
Use ABHR when hands are visibly soiled	Use a patient/client sink if hands are visibly soiled	Use bar or liquid soap and water if hands are visibly soiled
Use ABHR unless hands are visibly soiled	Apply ABHR to gloves if they become contaminated with blood or body fluids	Use an ABHR product with 70% alcohol
Perform hand hygiene after patient/client care task only if contact with blood or body fluids has occurred	Perform hand hygiene after removing gloves	Perform hand hygiene following the Four Moments



Cut along the dotted lines

**Dos**



**Don'ts**









# Trainer Feedback

## Hand Hygiene Sorting Cards

### Hand Hygiene:

Dos 	Don'ts 
<ul style="list-style-type: none"><li>• Keep fingernails short and clean.</li><li>• Wear freshly applied and unchipped nail polish, or none at all. Some areas, like Food Services, will completely restrict wearing nail polish.</li><li>• Wear rings with a smooth and flat band, or none at all.</li><li>• Use ABHR unless hands are visibly soiled.</li><li>• Use an ABHR product with 70% alcohol. Alcohol concentrations between 70-90% are acceptable in health care settings.</li><li>• Perform hand hygiene after removing gloves. Gloves are not a substitute for hand hygiene.</li><li>• Perform hand hygiene following the Four Moments.</li></ul>	<ul style="list-style-type: none"><li>• Wear artificial nails or nail enhancements.</li><li>• Wear rings with projections or stones.</li><li>• Wear wrist jewelry such as bracelets and watches.</li><li>• Use ABHR when hands are visibly soiled.</li><li>• Use a patient/client sink if hands are visibly soiled.</li><li>• Use bar or liquid soap and water if hands are visibly soiled. Bar soap should never be used.</li><li>• Apply ABHR to gloves if they become contaminated with blood or body fluids.</li><li>• Perform hand hygiene after patient/client care task only if contact with blood or body fluids has occurred. Hand hygiene is to be performed after all patient/client care tasks.</li></ul>


# Practice Activity

## Hand Hygiene Demonstration

### Objectives

Practice the proper technique for performing hand hygiene.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback, alcohol-based hand rub (ABHR) dispensers, hand hygiene sink (if available), soap and paper towels

### Format

Pairs or small groups

### Instructions

1. Show a video or demonstrate hand hygiene using ABHR and soap and water.
2. Have participants practice each technique in pairs or small groups (mime steps during demonstration if sink is not available).
3. Instruct they use the checklist to observe and provide feedback.
  - Note: Participants will put a checkmark (✓) in the action column for each checklist if the step is completed properly.
4. Discuss common mistakes and reinforce correct techniques.

### Resources

[How to Hand Rub](#)

[How to Hand Wash](#)

[Recommendations for the Prevention, Detection and Management of Occupational Contact Dermatitis in Health Care Settings](#)

[How to Protect Your Skin: A Self-Assessment Checklist](#)



# Trainer Feedback

## Hand Hygiene Demonstration

### Hand Hygiene ABHR Checklist:

Action	Steps	Demonstration Comments
<b>Step 1</b>	Ensure that hands have no visible soiling. If hands are visibly soiled, wash hands with soap and water instead.	ABHR is not effective in the presence of visible soiling. Soap and water are required to remove soiling.
<b>Step 2</b>	Apply one to two pumps of the product onto one palm.	Ensure there is enough product to last for recommended length of time (15 seconds).
<b>Step 3</b>	Rub your hands together, ensuring that the ABHR is applied to all surfaces including between and around the fingers, the back of the hands, the fingertips and thumbs.	Between the fingers, the back of the hands, fingertips and thumbs are often missed so pay close attention to these areas.
<b>Step 4</b>	Rub your hands until the product is dry. This will take approximately 15 seconds. Use more product if less than 15 seconds is needed for hands to become dry.	It's important to rub your hands for the recommended time to ensure the ABHR is effective.

### Hand Hygiene Soap and Water Checklist:

Use a sink dedicated to hand hygiene for HCWs. Avoid using a patient/client sink. Partners can mime steps or trainers can show a demonstration video if sink is not available.

Action	Steps	Demonstration Comments
<b>Step 1</b>	Wet your hands with warm water and apply liquid or foam soap. Bar soap should not be used in health care settings.	Bar soap can become contaminated with microorganisms and interfere with effective hand hygiene.
<b>Step 2</b>	Rub in between and around your fingers, the back of the hands, the fingertips and thumbs. Continue to rub for at least 15 seconds before rinsing thoroughly with running water.	Between the fingers, the back of the hands, fingertips and thumbs are often missed so pay close attention to these areas.
<b>Step 3</b>	Pat hands dry with a paper towel. Turn off water with a paper towel to avoid re-contaminating your hands.	Dispose of paper towels as soon as water is turned off.


# Practice Activity

## Environmental Cleaning and Disinfection Scenarios

### Objectives

Identify appropriate and inappropriate environmental cleaning and disinfection practices which includes waste and linen management.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Individual or pairs

### Instructions

1. Instruct participants to review each scenario.
2. Ask them to mark the action taken in each scenario as appropriate or inappropriate and to provide their rationale in the worksheet. Note: Correct answers are marked with a checkmark (✓).
3. Facilitate a group discussion to review answers and rationale.

### Resources

[Infection Prevention and Control \(IPAC\) Standard for Long-Term Care Homes](#)



## Trainer Feedback

### Environmental Cleaning and Disinfection Scenarios

Scenario Number	Scenario	Appropriate	Inappropriate	Feedback/Explanation
<b>Scenario 1</b>	A health care worker (HCW) puts on a pair of gloves before collecting garbage from a room.	✓		Based on a risk assessment, gloves would be required to protect the hands while handling garbage in a patient/client room.
<b>Scenario 2</b>	An operatory is being cleaned after a patient/client has left. The HCW starts by cleaning the sink, followed by the chair and then the light arms.		✓	Work should progress from clean to dirty areas to avoid moving dirt and microorganisms from dirty to cleaner surfaces. Sink areas should be cleaned last.
<b>Scenario 3</b>	A HCW rolls up a soiled gown and places it in a hamper.	✓		Dirty linen should be gently rolled up away from the body and placed in an appropriate bag/hamper.
<b>Scenario 4</b>	A HCW puts a used syringe into a sharps container.	✓		All used syringes must be discarded in a puncture-resistant sharps container.
<b>Scenario 5</b>	A HCW double-bags waste.		✓	Double-bagging waste is not necessary.

Scenario Number	Scenario	Appropriate	Inappropriate	Feedback/Explanation
<b>Scenario 6</b>	A HCW drops a glass vial. The broken glass is put in the general waste bag.		✓	Broken glass must be discarded in a puncture-resistant sharps container.
<b>Scenario 7</b>	A HCW fills a garbage bag full before tying it.		✓	Linen and garbage bags should never be overfilled. Bags should be tied when $\frac{3}{4}$ full and never compressed.
<b>Scenario 8</b>	A HCW reads the manufacturer's instructions for use before using a new disinfectant wipe they are unfamiliar with.	✓		Cleaning and disinfection products are to be used according to the manufacturer's instructions for use include contact time.
<b>Scenario 9</b>	A HCW disposes of used gloves in a bag used for biomedical waste.		✓	Used gloves can be disposed of in the general waste bags. Biomedical waste includes anatomical waste or items saturated with blood or blood products.
<b>Scenario 10</b>	A HCW removes bloody gauze from an operatory and carries it to the dirty utility room at the end of the hallway.		✓	The used brief should be placed in a general waste bag at point-of-care.


# Practice Activity

## Reprocessing Sorting Cards

### Objectives

Practice identifying the level of reprocessing required for various medical devices and equipment

### Estimated Time

 20 minutes

### Materials

Sorting cards and sorting worksheet, participant worksheet, trainer feedback

### Format

Small groups or teams

### Instructions

1. Distribute sorting cards and sorting worksheet to each group or team. Consider adding additional items to the blank cards.
2. Ask groups or teams to sort the items into “Non-Critical,” “Semi-Critical,” and “Critical” reprocessing piles using the worksheet, and to call-out done once finished.
3. Once all groups have finished sorting, review the correct answers and discuss what reprocessing level is required for each card or provide the trainer feedback notes for self-review.
4. Encourage discussion and note-taking.

### Resources

[Reprocessing Decision Chart](#)





## Reprocessing Sorting Cards

Biopsy forceps	Mouth mirror	Blood pressure cuff
Facebow	Radiograph cone	Bib chain
Handpieces	Amalgam condensers	Reusable impression trays
Periodontal scalers	Ultrasonic scaler tips	Dental burs
Surgical equipment	Bite block	Tongue and cheek retractors



Cut along the dotted lines

**Non-Critical**



**Semi-Critical**



**Critical**





# Trainer Feedback

## Reprocessing Sorting Cards

### Non-Critical:

- **Blood pressure cuff:** used on intact skin
- **Facebow:** used on intact skin
- **Radiograph cone:** only contact with intact skin
- **Bib chain:** only contact with intact skin

### Semi-Critical:

- **Mouth mirror:** has contact with oral mucosa
- **Handpieces:** has contact with oral mucosa
- **Amalgam condensers:** has contact with oral mucosa
- **Reusable impression trays:** has contact with oral mucosa
- **Bite block:** has contact with oral mucosa
- **Tongue and cheek retractors:** has contact with mucous membranes (e.g. oral mucosa)

### Critical:

- **Biopsy forceps:** has contact with sterile tissues
- **Periodontal scalers:** may have contact with sterile tissue
- **Ultrasonic scaler tips:** may have contact with sterile tissue
- **Dental burs:** may have contact with sterile sites
- **Surgical equipment:** has contact with mucosa and sterile tissue


# Practice Quiz

## Foundational Elements in Routine Practices

### Objectives

Reinforce concepts and informally assess understanding of elements of Routine Practices, such as hand hygiene indications and technique, waste management, reprocessing and occupational health and safety.

### Estimated Time

 15 minutes

### Materials

Participant worksheet, trainer answer key

### Format

Individual or small groups

### Instructions

1. Let participants know the quiz is a self-assessment and will not be graded.
2. Ask participants to complete the quiz individually or in small groups.
3. Encourage them to note any questions they find challenging.
4. After completion, review the answers using the trainer answer key.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓). You are encouraged to facilitate a group discussion using the notes for each question.
5. Facilitate a group discussion to explain the rationale behind each correct answer or offer a peer review option where participants exchange quizzes and mark them using the trainer answer key.
6. Encourage participants to revisit content if they struggled with any questions.



# Trainer Answer Key

## Practice Quiz: Foundational Elements in Routine Practices

### Question 1:

**When performing hand hygiene, when is the use of soap and water preferred over the use of alcohol-based hand rub (ABHR)?**

- A. When hand hygiene is performed after glove removal
- ✓ B. **When hands are visibly dirty**
- C. When there is direct contact with a patient/client
- D. Soap and water are always preferred over ABHR

**Notes:** The use of alcohol-based hand rub (ABHR) is the preferred method for performing hand hygiene under most circumstances, but it is not effective in the presence of organic material. Soap and water should be used for hand hygiene when hands are visibly dirty or when there is potential contact with a spore-forming bacterium such as *C. difficile*.

### Question 2:

**Which process for performing hand hygiene with alcohol-based hand rub (ABHR) is correct?**

- ✓ A. **Apply ABHR to hand, rub into all surfaces of hands for 15 seconds until dry**
- B. Apply ABHR to hand, rub into all surfaces of hands for 10 seconds.  
Dry thoroughly with a paper towel.
- C. Apply ABHR to hand, rub into fingertips and thumbs for 15 seconds
- D. Apply ABHR to hand, rub into all surfaces and then rinse for 10 seconds.  
Dry thoroughly with a paper towel.

**Notes:** The correct use of ABHR involves rubbing into all surfaces of the hand, including fingertips, palms, between fingers and the backs of hands for a minimum of 15 seconds and until it dries. Recall that ABHR effectiveness depends on the volume dispensed, the time spent rubbing, and the surface of the hands rubbed. ABHR does not need to be rinsed off or dried with a paper towel.

### Question 3:

**Consider how we maintain a clean and safe health care environment. Which of the following statements is true?**

- A. Cleaning of surfaces is only required if there is visible soiling
- B. As a cost-saving measure, laundry bags should be filled as full as possible before starting a new bag
- C. Work should flow from dirty to clean to ensure the dirtiest areas are cleaned first
- ✓ D. **Biomedical waste requires special measures for disposal that differ from general waste management requirements**

**Notes:** It is true that biomedical waste, which includes anatomical, blood product and microbiological waste, must be treated prior to disposal or incinerated. These measures differ from general waste management requirements. The rest of the statements are false. Environmental cleaning and disinfection best practices include cleaning and disinfection of all surfaces even in the absence of visible soiling and working in a manner that prevents the spread of microorganisms from dirtier to cleaner areas. All bags, including laundry and waste, should be emptied before becoming overfilled.

#### Question 4:

Think about reprocessing of shared medical equipment and devices. What type of equipment or devices require cleaning followed by high-level disinfection at a minimum?

- A. Surgical equipment that penetrates into sterile tissues
- B. Equipment that touches intact skin only such as facebows
- ✓ C. **Devices that have contact with mucous membranes such as mouth mirrors**
- D. Imaging equipment such as X-ray scanners

**Notes:** Cleaning followed by high-level disinfection is required for semi-critical equipment or devices that have contact with non-intact skin or mucous membranes (e.g., mouth mirrors). Sterilization is preferred if possible. The level of reprocessing is based on the intended use of the equipment. If it enters sterile tissue, it is critical. If it has contact with mucous membranes or non-intact skin, it is semi-critical. If it has contact with intact skin or no direct contact, it is non-critical.

#### Question 5:

A health care worker is injured after having contact with a sharp instrument that was not disposed of properly. The injury is a small cut that has broken the skin. What should a health care worker do when there is a sharp injury?

- A. Leave work and go home
- B. Inform their co-workers
- ✓ C. **Notify their supervisor and occupational health and safety representatives and seek medical attention if necessary**
- D. Monitor for any signs or symptoms of infection to develop before taking action

**Notes:** The HCWs should notify their supervisor and occupational health and safety representatives of their sharps injury to determine if any action, such as administration of post-exposure prophylaxis, is needed. Healthy workplace policies should include sharps injury prevention programs. These programs should outline the immediate actions to take after an injury has occurred which includes appropriate notification and assessment and determination of the need for prophylaxis.

# Module 3

## Additional Precautions in IPAC



🕒 Total Estimated Time: 2.0 hours

### Learning Objectives

By the end of the third module, participants will be able to:

- Explain what Additional Precautions are and why they may need to be used in health care settings.
- Describe various modes of transmission of infectious agents and how these relate to different categories of Additional Precautions.
- Apply Additional Precautions appropriately based on the situation.

### Presentation

[Additional Precautions in IPAC](#)

### Practice Activities

[Additional Precautions Role Play – Eric & Karina](#)

[Additional Precaution Role Play – Cormac & Jose](#)

[Practice Quiz](#)


# Practice Activity

## Additional Precautions Role Play – Eric & Karina

### Objectives

Apply and discuss the different elements of Additional Precautions.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Small or large groups; 4 volunteers to play Eric, Karina, the receptionist, and narrator roles

### Instructions

1. Assign roles and distribute role-play cards.
2. Have participants act out the scenario.
3. Guide them through completing the worksheet, reflecting on the receptionist's actions and the narrator's final question "what steps should the receptionist take?"
4. Lead a discussion using the provided prompts (e.g., accommodation, signage, PPE, communication).





## Trainer Feedback

### Additional Precautions Role Play – Eric & Karina

#### Role Play Scenario – Eric & Karina



**Narrator:** Eric (he/him) is a patient/client of your dental clinic and arrives for his appointment for a dental filling with his mother, Karina (she/her). When he is checking in with the receptionist, Karina shares that Eric has a rash. Listen to their conversations.

**Karina (to the receptionist):** Hello. Eric has an appointment to have a cavity filled today.

**Receptionist:** How are you feeling today, Eric?

**Eric:** I feel ok, but I have a funny rash on my hands.

**Narrator:** The receptionist notices that Eric has a rash on the back of his hands and a few small blisters on his palms.

**Receptionist:** Is the rash anywhere else?

**Karina:** He has the same rash on his feet, but it doesn't seem to be itchy.

**Narrator:** What steps should the receptionist take?

## Discussion Feedback:

Discussion Prompt	Feedback
Would you continue with Eric's appointment?	Eric has signs and symptoms suggestive of an infection like Hand, Foot and Mouth Disease (Coxsackie virus). Routine appointments can be rescheduled for a later date when the signs and symptoms of infection have resolved.
What IPAC measures would you immediately recommend to Eric?	Coxsackie virus is transmitted by direct and indirect contact. Eric can avoid contact with other patients/clients and the environment and perform hand hygiene (if tolerated) while his appointment is being rescheduled.
How would you handle the situation if Eric had a dental emergency that could not be rescheduled?	In the case of a dental emergency or an appointment that cannot be rescheduled, Eric would require Contact Precautions. Gloves, a gown, a medical mask and eye protection would be required for dental procedures. Ideally, Eric would be accommodated at the end of the day with robust environmental cleaning and disinfection practices occurring after he has left.
What environmental cleaning and disinfection steps are required for a patient/client requiring Droplet and Contact Precautions?	Routine cleaning and disinfection is sufficient for most patients/clients requiring Contact Precautions. Surfaces and items that come into contact with the patient/client and/or their body fluids (e.g. saliva, respiratory secretions) are cleaned and disinfected between patients/clients.

## Additional Discussion Questions:

- How does your clinic handle patients/clients who need dental care but have active infections?
- What are some of the barriers to using Contact Precautions or other Additional Precautions in your clinic?


# Practice Activity

## Additional Precautions Role Play – Cormac & Jose

### Objectives

Apply and discuss the different elements of Additional Precautions.

### Estimated Time

 20 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Small or large groups; 3 volunteers to play Cormac, Jose, and narrator roles

### Instructions

1. Assign roles and distribute role-play cards.
2. Have participants act out the scenario.
3. Guide them through completing the worksheet, reflecting on Jose's actions and the narrator's final question "what steps should the Jose take?"
4. Lead a discussion using the provided prompts (e.g., accommodation, signage, PPE, communication).



## Trainer Feedback

### Additional Precautions Role Play – Cormac & Jose

#### Role Play Scenario – Cormac & Jose



**Narrator:** Cormac (he/him) is new to your dental clinic and arrives for his first appointment. Jose (he/him) is a dental hygienist. While Jose is discussing Cormac’s relevant medical history, he discloses that he has a history of signs and symptoms of a possible respiratory infection.

**Jose:** It’s nice to meet you Cormac. Let’s discuss your medical history including anything you are currently experiencing.

**Cormac:** I don’t have a significant medical history other than a cough that I have been experiencing for a couple of months. I noticed a small amount of blood in my tissue recently. I have also recently started having terrible episodes of sweating at night.

**Narrator:** What steps should Jose take?

#### Discussion Feedback:

Discussion Prompt	Feedback
Would you continue with Cormac’s appointment?	Cormac has signs and symptoms consistent with a respiratory infection and are concerning for pulmonary tuberculosis. If the appointment is not urgent, it can be rescheduled until after Cormac has been tested and treated, if necessary. Recommend Cormac seek medical attention through his family physician.
What IPAC measures would you immediately recommend to Cormac?	Recommend a medical mask to Cormac to wear immediately.
Does Cormac require Additional Precautions?	Tuberculosis is transmitted by the airborne mode of transmission. Cormac would require Airborne Precautions. Patients/clients requiring urgent dental care that cannot be postponed require accommodation in airborne infection isolation rooms which have negative pressure.
What PPE do you need?	All health care workers providing care are required to wear seal-checked, fit-tested N95 respirators. Additional PPE is selected based on a point-of-care risk assessment and anticipated exposure to the patient/client’s blood and/or body fluids.
Would special reprocessing procedures needed for equipment used on Cormac?	No special reprocessing procedures would be required for dental instruments used on Cormac.


# Practice Quiz

## Additional Precautions in IPAC

### Objectives

Reinforce concepts and informally assess understanding of indications for and application of Additional Precautions.

### Estimated Time

 15 minutes

### Materials

Participant worksheet, trainer answer key

### Format

Individual or small groups

### Instructions

1. Let participants know the quiz is a self-assessment and will not be graded.
2. Ask participants to complete the quiz individually or in small groups.
3. Encourage them to note any questions they find challenging.
4. After completion, review the answers using the trainer answer key.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓). You are encouraged to facilitate a group discussion using the notes for each question.
5. Facilitate a group discussion to explain the rationale behind each correct answer or offer a peer review option where participants exchange quizzes and mark them using the trainer answer key.
6. Encourage participants to revisit content if they struggled with any questions.



# Trainer Answer Key

## Practice Quiz: Additional Precautions in IPAC

### Question 1:

You are informed that your patient/client needs to be placed on Contact Precautions. What actions need to be taken? Select all that apply.

- ✓ A. Put a Contact Precautions sign on the door
- ✓ B. Put on a gown as required
- C. Keep a dedicated mobile workstation (e.g. portable computer) for charting in the room
- D. Wear an N95 respirator when entering the room
- ✓ E. Wear gloves when entering the room

**Notes:** Initiation of Additional Precautions requires appropriate signage to notify others entering the room. Gloves and gown are required upon room entry. Other personal protective equipment, such as respiratory protection, is not required for Contact Precautions unless indicated by the point-of-care risk assessment. Dedicating a mobile workstation is also not necessary but equipment entering the room must be cleaned and disinfected after use.

### Question 2:

Your patient/client is showing signs of a potential respiratory infection (e.g., sore throat, runny nose). What actions need to be taken? Select all that apply.

- A. Wait until you receive confirmation of positive laboratory results before initiating Additional Precautions for Acute Respiratory Infections
- ✓ B. Begin applying Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) as soon as symptoms of a respiratory infection are observed
- C. Apply Contact Precautions as soon as symptoms are observed
- D. Stop applying Additional Precautions when lab results confirm that your patient/client does not have a respiratory infection

**Notes:** Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) should be initiated by the HCW as soon as symptoms of a potential respiratory infection are identified. Since most respiratory infections spread through the air and by contact transmission, Additional Precautions for Acute Respiratory Infections will need to be applied. HCWs should only stop applying Additional Precautions when instructed by those authorized to formally discontinue the precautions.

### Question 3:

**What PPE is needed to perform a care task requiring direct contact for a patient/client who is on Additional Precautions for Acute Respiratory Infections? Select all that apply.**

- ✓ **A. Gown**
- ✓ **B. Gloves**
- ✓ **C. Medical mask or N95 Respirator, based on point-of-care risk assessment**
- ✓ **D. Eye protection**

**Notes:** Since this task will require direct contact with the individual, PPE that protects the face, clothing and hands is needed.

### Question 4:

**What precautions should be applied when a patient/client with signs and symptoms of an acute respiratory infection arrives for an urgent appointment, and an operatory is not immediately available to accommodate them? Select the best response.**

- A. Send the patient/client to the nearest hospital
- B. Ask the patient/client to wear an N95 respirator and perform hand hygiene
- ✓ **C. Ask the patient/client to wear a medical mask, perform hand hygiene and to maintain physical separation from other patients/clients in the waiting room**
- D. Ask the patient/client if they have had their seasonal influenza immunization. If they say yes, direct them to wait in the waiting room with the rest of the patients/clients

**Notes:** If the patient/client cannot be immediately accommodated in an operatory away from other patients/clients and staff, they can reduce the risk of transmitting their infection to others by wearing a medical mask, performing hand hygiene and maintaining some physical separation. Patients/clients should not wear N95 respirators and having had the season influenza vaccine does not provide all respiratory infections.

### Question 5:

**You are informed that your patient/client has an active cold sore (i.e. Herpes Simplex). Select all that apply.**

- ✓ **A. Initiate Contact Precautions and notify other staff that your patient/client is on Additional Precautions.**
- ✓ **B. Request that the patient/client wear a medical mask to contain the oozing cold sore (if tolerated)**
- ✓ **C. Escort the patient/client directly to an available operatory to limit time spent in the waiting room**
- D. Request that the patient/client wears an N95 respirator
- ✓ **E. Wear appropriate PPE prior to contact with the patient/client**

**Notes:** The correct actions include initiating and communicating to other departments the need for Additional Precautions. If possible, the patient/client should wear a medical mask to contain the cold sore and to prevent the patient/client from touching it while in the clinic. If available, the patient/client Health care workers are to wear appropriate PPE consistent with Contact Precautions such as gowns and gloves.

# Module 4

## Applying IPAC Principles in Dental Clinic Settings



 Total Estimated Time: 1.5 hours

### Learning Objectives

By the end of the fourth module, participants will be able to:

- Perform a point-of-care risk assessment (PCRA) prior to providing care to a patient/client in a dental clinic.
- Apply principles of Routine Practices such as hand hygiene, use of personal protective equipment, environmental cleaning and disinfection and waste management.
- Apply Additional Precautions appropriately.

### Presentation

Module 4 is scenario and quiz-based and **does not** include a presentation or speaker notes. Complete this module only after finishing Modules 1–3.

### Practice Activities

[Applying IPAC Principles Scenario](#)

– Dr. Kozik & Marcus

[Applying IPAC Principles Scenario](#)

– Mr. Lysenko & Ms. Hashemi

[Final Quiz](#)




# Practice Activity

## Applying IPAC Principles Scenario – Dr. Kozik & Marcus

### Objectives

Practice conducting a Point-of-Care Risk Assessment (PCRA) using a realistic scenario involving a dental patient/client with a risk of vomiting during a procedure. Perform the PCRA prior to providing care and use the findings to identify and apply appropriate IPAC practices that ensure safe and effective patient/client care.

### Estimated Time

 30 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Individual or small groups

### Instructions

1. Provide worksheet and instruct participants to read the scenario.
2. Ask participants to work individually or in small groups to answer guided questions.
3. Facilitate group discussion to review answers using the trainer feedback.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓). You are encouraged to facilitate a group discussion using the notes for each question.
4. Emphasize key practices like PPE use, communication, and authorized discontinuation of precautions.



## Trainer Feedback

### Applying IPAC Principles Scenario – Dr. Kozik & Marcus

#### Scenario – Dr. Kozik & Marcus



**Part A:** Dr. Kozik (he/him) is reviewing his charts and sees that his first appointment of the day is Marcus (they/them), a long-time patient/client who is scheduled for a dental procedure involving a tooth extraction. Dr. Kozik has performed this procedure many times before and knows his face, hands and clothes are likely to be exposed to blood and body fluids. In reviewing Marcus' chart, Dr. Kozik is aware that Marcus also suffers from gastroesophageal reflux, and he recalls that Marcus has vomited during dental treatments in the past. Before entering the operatory to greet Marcus, Dr. Kozik considers potential risks of acquiring or spreading infection and the measures he can take to reduce these risks. He thinks about what he knows of Marcus' physical status and the likelihood of exposure to potentially infectious agents. He also considers his own skills and confidence in performing this particular procedure as well as any possible patient/client behavioural concerns that may pose additional risk factors.

**Part B:** During the tooth extraction procedure, the following items are among the waste that is generated: used patient/client bib, a disposable paper cup, used PPE, blood soaked gauze, single-use needles, lancet, and the extracted tooth. Additionally, there are items that need to be cleaned and disinfected between clients, such as reusable eye protection, while other items need to be sterilized.

**Part C:** At the end of the appointment, Dr. Kozik doffs and discards his eye protection, medical mask, gown, and gloves using the glove-to-glove and skin-to-skin technique. He then washes his hands with soap and water before moving onto his next task.

**Part D:** At the end of the appointment, Ms. Wong (she/her), the dental assistant, carefully takes the metal tray with reusable dental instruments to the reprocessing area to be immediately cleaned and sterilized. She is also aware that Marcus has a bloodborne infection (BBI) and communicates this to the staff responsible for reprocessing. She then returns to clean and disinfect the dental chair and the work surfaces with low-grade disinfectant that has a Drug Identification Number (DIN). She prioritizes high touch surfaces since they likely have the highest level of contamination. She ensures the disinfected areas are visibly wet and reads the MIFU (Manufacturer's Instructions for Use) for the disinfectant product to ensure it remains on the surface for the appropriate contact time. Once the disinfectant has dried, she prepares for the next patient/client by placing a plastic cover on the headrest of the dental chair, and assembles items needed for the next patient/client.

## Part A

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### Question 1:

**Does Dr. Kozik's thought process illustrate an example of a point-of-care risk assessment (PCRA)?**

- ✓ **A. Yes**
- B. No

**Notes:** Dr. Kozik's thought process demonstrates a PCRA as a standard initial step before interacting with any patient/client. Despite knowing Marcus well, Dr. Kozik considered three main areas: the task he is going to do, what he knows about the patient/client, and what he knows about the controls in place.

### Question 2:

**Based on the PCRA, what PPE should Dr. Kozik choose? Select all that apply.**

- ✓ **A. Eye protection**
- ✓ **B. Medical mask**
- C. N95 Respirator
- D. Laboratory coat
- ✓ **E. Gloves**
- F. Double Gloves
- ✓ **G. Gown**

**Notes:** Dr. Kozik's PCRA informs the type of PPE required, which includes eye protection, medical mask, gloves and gown due to the risk of body fluid exposure and the patient/client vomiting. Laboratory coats cannot provide adequate coverage as sleeves are not tight enough and the neck is open, while double gloving can potentially contaminate the gloves or hands during doffing.

### Question 3:

**True or false? Ms. Wong, Dr. Kozik's dental assistant, does not need to perform her own PCRA. She should just wear the same PPE as Dr. Kozik.**

- A. True
- ✓ **B. False**

**Notes:** A PCRA needs to be performed by all health care workers before each interaction with a patient/client or their environment in order to determine which interventions are required to prevent transmission during the interaction as the patient/client's status can change.

### Question 4:

**True or false? Dr. Kozik does not need to perform hand hygiene before donning PPE since he will be wearing gloves for the entire procedure.**

- A. True
- ✓ **B. False**

**Notes:** Always remember to perform hand hygiene as per the "Four Moments of Hand Hygiene", which include before contact with the patient/client or their environment (Moment 1), before an aseptic procedure (Moment 2), after exposure to blood and body fluids (Moment 3) and after contact with the patient/client or their environment (Moment 4). Hand hygiene must always be performed before you don or after you doff PPE.

## Part B

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### Question 5:

Where should the needle and lancet be disposed of?

- A. General waste bin
- ✓ B. Puncture-resistant sharps container at the point-of-care
- C. Biohazard waste bag lined with moisture barrier

**Notes:** Prevention of sharps injuries may be achieved by the provision of puncture-resistant sharps containers at point-of-care. Sharps containers must not be filled beyond the full line (i.e., usually  $\frac{3}{4}$  full), must be sealed when at capacity and replaced.

### Question 6:

True or false? Any item that may be contaminated with a patient's/client's blood or other body fluids, including a used paper cup, bib, and PPE, should be disposed of in the biomedical waste receptacle.

- A. True
- ✓ B. False

**Notes:** Items mentioned can be disposed in the general waste, unless they are soaked to the point that they are likely to release fluids if compressed. Only in this case would items be required to be treated as biomedical waste. PPE that is reusable (e.g., cloth gowns) must be laundered after each use in accordance with manufacturer's instructions with respect to laundering requirements for health care settings.

## Part C

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### Question 7:

True or false? Dr. Kozik doffed his PPE in the correct order.

- A. True
- ✓ B. False

**Notes:** It is important to safely remove PPE without contaminating your clothing, skin or mucous membranes with infectious agents. The correct doffing sequence is: Remove gloves > Remove gown > Perform hand hygiene > Remove eye protection > Remove mask > Perform hand hygiene.

### Question 8:

True or false? Given that there was no visible soiling on Dr. Kozik's hands, the hand hygiene method he used (soap and water) was preferred.

- A. True
- ✓ B. False

**Notes:** Alcohol-based hand rub (ABHR) is the preferred method of hand hygiene since Dr. Kozik's hands are not visibly soiled. ABHR should be located at point-of care, as well as near the entrance to each operatory to facilitate hand hygiene during donning and doffing of PPE. ABHR placement should ensure compliance with the Four Moments for hand hygiene is supported.

### Question 9:

**True or false? The level of reprocessing is determined by the type of material that the equipment/device is made of (e.g., metal or plastic).**

A. True

✓ B. False

**Notes:** The level of reprocessing is determined by the intended use of the equipment/device. The required level of reprocessing is divided into three categories: critical, semi-critical, and non-critical.

### Question 10:

**True or false? Specialized reprocessing methods for sterilizing used dental instruments should be followed since it was communicated that Marcus is positive for a BBI.**

A. True

✓ B. False

**Notes:** Routine Practices refer to IPAC practices that are to be used with all patients/clients to prevent and control the transmission of infectious agents in all health care settings. The procedure for reprocessing equipment shared between patients/clients is based on the intended use of the instrument and does not vary based on the patient's/client's health status (e.g., the presence or absence of a BBI). It is unnecessary to disclose the BBI status to those responsible for reprocessing.

### Question 11:

**True or false? The cleaning and disinfection practices of shared environmental surfaces and furnishings by Ms. Wong described are appropriate and complete.**

✓ A. True

B. False

**Notes:** She used an appropriate disinfectant with a DIN and followed the MIFU. She also cleaned and disinfected additional surfaces that may have been exposed to body fluids, which could include countertops, computer keyboards and monitors.


# Practice Activity

## Applying IPAC Principles Scenario – Mr. Lysenko & Ms. Hashemi

### Objectives

Perform a PCRA prior to providing care to a patient/client with signs and symptoms of an acute respiratory infection and apply appropriate Additional Precautions based on the patient/client's signs and symptoms of infection.

### Estimated Time

 30 minutes

### Materials

Participant worksheet, trainer feedback

### Format

Individual or small groups

### Instructions

1. Provide worksheet and instruct participants to read the scenario.
2. Ask participants to work individually or in small groups to answer guided questions.
3. Facilitate group discussion to review answers using the trainer feedback.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓). You are encouraged to facilitate a group discussion using the notes for each question.
4. Emphasize key practices like PPE use, communication, and authorized discontinuation of precautions.



## Trainer Feedback

### Applying IPAC Principles Scenario – Mr. Lysenko & Ms. Hashemi

#### Scenario – Mr. Lysenko & Ms. Hashemi

Mr. Lysenko (he/him) works as a receptionist at a busy dental clinic. He receives a call from Ms. Hashemi (she/her) the morning she is scheduled to come in for a routine dental check-up. Ms. Hashemi reports that she has a worsening cough, feels congested, and has a runny nose.



#### Question 1:

**Which of the following is the preferred action Mr. Lysenko should take to handle this situation?**

- ✓ **A. Ask Ms. Hashemi to reschedule since the appointment is not urgent**
- B. Request that Ms. Hashemi wear a medical mask when she comes in
- C. Remind Ms. Hashemi to perform hand hygiene with ABHR often and to observe respiratory etiquette while she is in the dental office
- D. Instruct Ms. Hashemi to maintain 2 metres of physical distance from others until she seated in the dental chair
- E. Instruct Ms. Hashemi to wait in her car instead of the waiting room and let her know she will be notified when the dentist is ready for her

**Notes:** Since Ms. Hashemi's appointment is for a routine check-up, rescheduling to a time when her signs and symptoms of a respiratory infection have resolved is preferred. If the appointment was urgent and couldn't be rescheduled, measures such as having her wear a medical mask while outside the operatory, performing hand hygiene and respiratory etiquette and maintaining 2 metre distance from others would be appropriate.


# Final Quiz

## IPAC for Health Care Workers in Dental Clinics

### Objectives

Assess participants' overall understanding of IPAC principles and their ability to apply them in dental settings. A passing score of 80% is required for course completion.

### Estimated Time

 30 minutes

### Materials

Participant worksheet, trainer answer key, certificate of completion

### Format

Independent

### Instructions

1. Explain that this is a graded assessment.
2. Distribute the final quiz and instruct participants to complete it independently.
3. Collect the completed quizzes and grade them using the trainer answer key.
  - Note: Correct answers are **bolded** and marked with a checkmark (✓).
4. If time permits, review commonly missed questions as a group.
5. Provide individual feedback to each participant.
6. Award a Certificate of Completion to participants who score 80% or higher.
7. For those who do not pass:
  - Encourage them to review the course content.
  - Offer a retake opportunity at your discretion.





# Trainer Answer Key

## Final Quiz - IPAC for Health Care Workers in Dental Clinics

### Final Quiz Scenario



A patient/client (they/them) arrives at your dental clinic without a scheduled appointment and indicates that they are experiencing severe tooth pain. They appear to have signs and symptoms consistent with an acute respiratory infection including a cough, sneezing, and runny nose.

#### Question 1:

**What immediate actions should be taken? Select all that apply.**

- A. Ask the patient/client to reschedule
- ✓ B. **Provide a medical mask and ask them to wear it right away**
- C. Instruct them to wait in the waiting room as usual
- ✓ D. **Place them in an empty operator**
- ✓ E. **Instruct them to perform hand hygiene with ABHR right away**
- ✓ F. **Remind them to practice respiratory etiquette**
- G. Ask the patient/client to provide proof of influenza and COVID-19 vaccination

**Notes:** If urgent care is needed, steps to reduce the risk of spreading infection can be taken. These can include providing a mask for the patient/client to wear as source control, encouraging hand hygiene and respiratory etiquette, and ensuring physical distancing from others.

#### Question 2:

**Considering the patient/client's respiratory symptoms, what is/are the most likely mode(s) of transmission of the infectious agents? Select all that apply.**

- A. Contact transmission
- ✓ B. **Transmission through the air**

**Notes:** Most common infectious agents that cause respiratory infections can be transmitted by both contact mode of transmission and through the air.

### Question 3:

You are one of the dental health care workers who will be providing direct care to this patient/client. As part of your point-of-care risk assessment and based on the need for Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions), you determine that your face, clothes, and hands will be exposed to the patient/client's blood and body fluids. You expect this patient/client to be able to cooperate and follow instructions. You also affirm your own confidence and skill level in providing the specific dental treatment needed. Considering all this, what PPE should you wear to provide care to this patient/client? Select all that apply.

- ✓ A. Eye protection
- ✓ B. Medical Mask
  - C. N95 respirator
  - D. Lab coat
- ✓ E. Gown
- ✓ F. 1 pair of gloves
  - G. 2 pairs of gloves

**Notes:** A medical mask and eye protection will protect your face and a gown, and gloves will protect your hands and clothes from exposure to the patient/client's oral and respiratory secretions. Laboratory coats cannot provide adequate coverage as sleeves are not tight enough and the neck is open, while double gloving can potentially contaminate the gloves or hands during doffing.

### Question 4:

Select the correct moments when hand hygiene should be performed in this scenario. Select all that apply.

- ✓ A. Before donning gloves
- ✓ B. After doffing gloves and gown
- ✓ C. After doffing mask, and eye protection
  - D. Only if hands appear visibly soiled
  - E. After donning gloves

**Notes:** Hand hygiene is to be performed according to the Four Moments, which includes before and after contact with the patient/client and/or their environment, regardless of visible soiling. Additionally, hand hygiene should be performed immediately prior to donning gloves and after doffing gloves and gown. Hand hygiene should never be performed on gloved hands.

### Question 5:

Where should you discard the following used items? Disposable plastic dental chair head rest cover, PPE, single-use suction tips, dental bib, paper drinking cups, used paper cover on dental work tray.

- ✓ A. General waste
  - B. Sharps disposal unit
  - C. Biohazard waste unit

**Notes:** All of these items can be disposed in the general waste given that these items don't release liquid when compressed.

### Question 6:

Which of the following should be sterilized after use? Select all that apply.

- ✓ A. Mouth mirrors
- B. Needles
- C. Extract teeth
- ✓ D. Explorers
- ✓ E. Drill heads
- F. Metal dental trays

**Notes:** Critical (penetrating soft tissue or contacting bone) and semi-critical (having contact with mucous membranes or non-intact skin) dental devices are either disposable or sterilized using an approved sterilization process. All single-use items like needles must be disposed of following use.

### Question 7:

Which of the following are considered high touch surfaces and should be cleaned and disinfected with healthcare grade low-level disinfectant? Select all that apply.

- ✓ A. Dental chair
- ✓ B. All work surfaces
- ✓ C. Controls for the dental chair
- ✓ D. Light switches
- ✓ E. Computer keyboards, mouse and monitor
- F. Floors and walls of the operatory
- ✓ G. Radiography equipment

**Notes:** All the surfaces listed except for the floors and walls of the operatory are considered high touch surfaces since they have frequent contact with hands. Items that come in contact with only intact skin and NOT mucous membranes can be cleaned and disinfected with a healthcare grade low-level disinfectant between patients/clients. Floors and walls are not considered high touch surfaces since they do not have frequent contact with hands.

### Question 8:

Which of the following illustrates the correct order for doffing PPE?

- A. Eye protection, mask, gloves, gown
- B. Mask, gown, eye protection, gloves
- C. Gloves, gown, mask, eye protection
- D. Gloves, eye protection, mask, gown
- ✓ E. None of the above

**Notes:** Remove the most contaminated piece of PPE first (gloves), followed by the gown. Perform hand hygiene before removing the eye protection followed by the removal of the mask then perform hand hygiene.

**Question 9:**

**True or false? All critical medical equipment and devices are designed to be single use and are disposed of immediately after use.**

- A. True
- ✓ B. False

**Notes:** Some critical and semi-critical medical equipment/devices are designed to be single-use and are disposed of immediately after use. Single-use medical equipment and devices are labelled as single-use.

**Question 10:**

**What are the responsibilities of all health care workers when it comes to IPAC health and safety? Select all that apply.**

- ✓ A. Following organizational policies and procedures
- ✓ B. Reporting missing or broken equipment or devices, or other hazards
- ✓ C. Performing self-assessments for signs and symptoms of infections prior to work and staying home when ill
- ✓ D. Participating in education and training related to the use of PPE and/or medical equipment devices and ensuring their proper and appropriate use

**Notes:** When it comes to occupational health and safety, it is important that all health care workers know what their duties are. This includes all the responsibilities listed here.

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