

IPAC for Health Care Workers in Home Care Settings

In-Person Training Course



Trainer Guide

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Public Health Ontario

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Introduction

The purpose of the [IPAC for Health Care Workers in Home Care 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 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 working in home care who are responsible for delivering in-person IPAC training to health care workers, including but not limited to nurses, personal support workers, nurse practitioners, allied health professionals, unregulated health care providers, 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 home care 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">• Chain of Transmission and point-of-care risk assessments• Personal protective equipment (PPE)	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">• Hand hygiene• Environmental controls• Occupational health and safety programs	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">• Types of Additional Precautions	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 Home Care 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 – Clemantine & Alvin	30 minutes
Practice Activity: Applying IPAC Principles Scenario – Kai & Elvira	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 Home Care 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 Home Care 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](#)

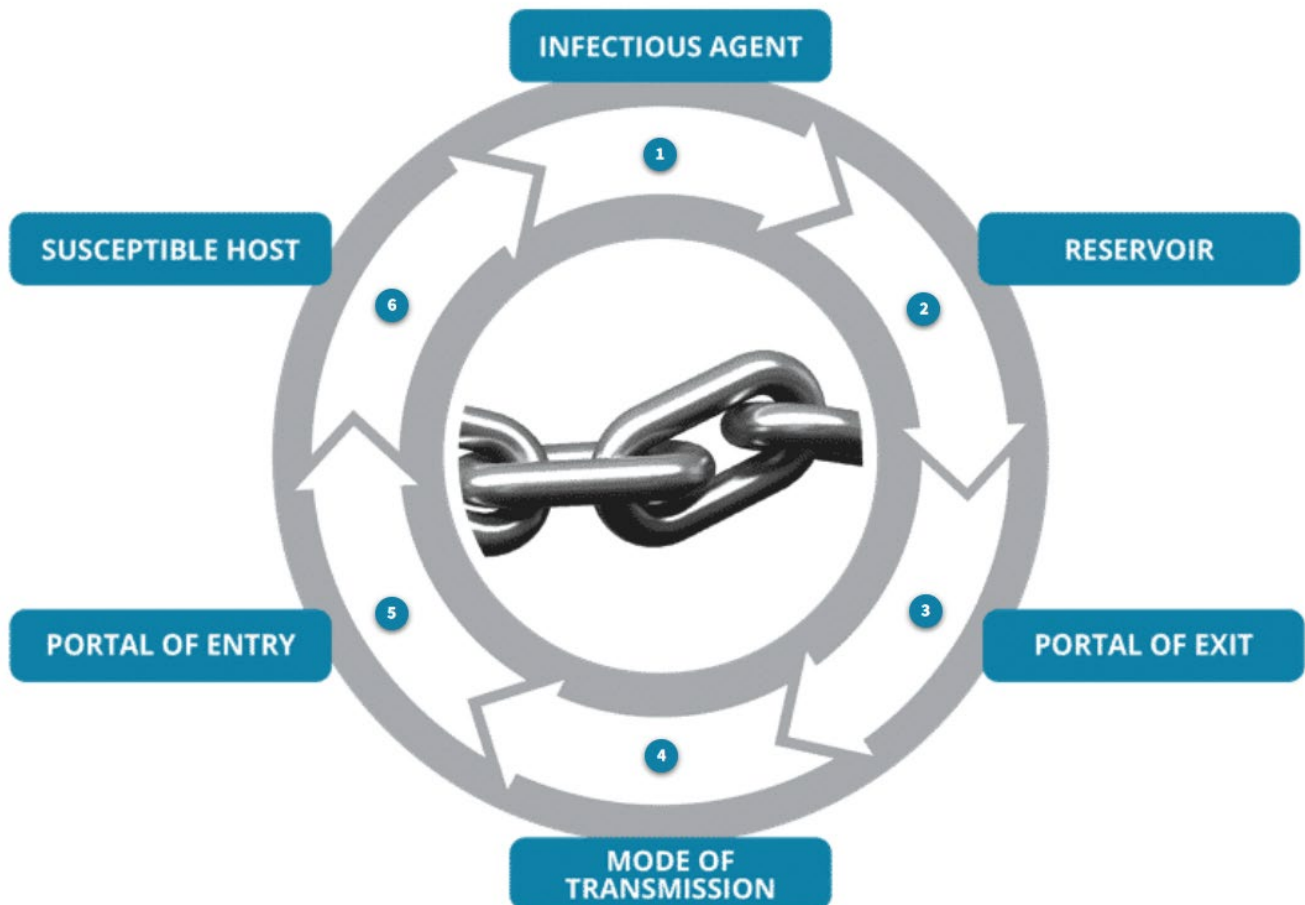


Trainer Feedback

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

Upon arrival to a home, your 71-year-old client (they/them) tells you that they feel warm and have respiratory symptoms. They are very lethargic but able to follow instructions. You are a new nurse. You call the physician and receive orders for blood work and to collect a nasopharyngeal swab.



Discussion Question 1:

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

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
Step 1	Perform hand hygiene.	Hand hygiene is completed prior to touching PPE and follows proper technique.
Step 2	Put on the gown tying at the neck and waist.	The gown fits properly and is tied at the back.
Step 3	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.
Step 4	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.
Step 5	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
Step 1	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.
Step 2	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.
Step 3	Peel the second glove off by rolling the glove inside out.	Proper technique is used that prevents contamination of the skin.
Step 4	Discard gloves immediately into a waste receptacle.	If contamination occurs during glove removal, hand hygiene is immediately performed.
Step 5	Undo ties and pull gown away from body.	The gown is removed slowly avoiding shaking or any actions that could aerosolize contamination.
Step 6	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.
Step 7	Perform hand hygiene.	Proper technique is used. Soap and water are used if hands are visibly soiled.
Step 8	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.
Step 9	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.
Step 10	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 after finishing a care task with a client	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 client or their environment and before going to another	Perform hand hygiene before removing eye protection	Remove your mask before leaving one 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 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 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 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">• Perform hand hygiene before removing eye protection.• 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.• Clean and disinfect reusable eye protection before the next use.	<ul style="list-style-type: none">• Disinfect disposable eye protection after use. Disposable eye protection is discarded after use.• 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.• Put eye protection on top of your head when not in use.• Touch eye protection while wearing it.



Gloves:

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

Gowns:

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

Masks:

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


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 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. Clients should never wear N95 respirators
- B. Gloves should never be changed between different care tasks for the same 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 your personal vehicle

Notes: All are true except: Gloves should never be changed between different care tasks for the same client. Sometimes, HCWs will need to change their gloves in between different care tasks for the same client. This is to avoid transferring infectious agents from a contaminated site to a clean site on that 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 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 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">• Keep fingernails short and clean.• Wear freshly applied and unchipped nail polish, or none at all. Some areas, like Food Services, will completely restrict wearing nail polish.• Wear rings with a smooth and flat band, or none at all.• Use ABHR unless hands are visibly soiled.• Use an ABHR product with 70% alcohol. Alcohol concentrations between 70-90% are acceptable in health care settings.• Perform hand hygiene after removing gloves. Gloves are not a substitute for hand hygiene.• Perform hand hygiene following the Four Moments.	<ul style="list-style-type: none">• 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 client sink if hands are visibly soiled.• Use bar or liquid soap and water if hands are visibly soiled. Bar soap should never be used.• Apply ABHR to gloves if they become contaminated with blood or body fluids.• Perform hand hygiene after client care task only if contact with blood or body fluids has occurred. Hand hygiene is to be performed after all client care tasks.


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
Step 1	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.
Step 2	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).
Step 3	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.
Step 4	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 sink in a client's home. Partners can mime steps or trainers can show a demonstration video if sink is not available.

Action	Steps	Demonstration Comments
Step 1	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.
Step 2	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.
Step 3	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
Scenario 1	A health care worker (HCW) puts on a pair of gloves before collecting and disposing of used bandages	✓		Based on a risk assessment, gloves would be required to protect the hands while handling used bandages in a client's home.
Scenario 2	A HCW directs the client's family to perform a double clean of the room where care is provided because a client is colonized with an antimicrobial resistant organism.		✓	Routine cleaning and disinfection practices can be used for clients colonized or infected with an antimicrobial-resistant organisms, provided the organism is killed/inactivated by the specific product used.
Scenario 3	A HCW rolls up soiled linen and places it in a hamper.	✓		Dirty linen should be gently rolled up away from the body and placed in an appropriate bag/hamper.
Scenario 4	A HCW puts a used syringe into a sharps container.	✓		All used syringes must be discarded in a puncture-resistant sharps container.
Scenario 5	A HCW double-bags waste.		✓	Double-bagging waste is not necessary.

Scenario Number	Scenario	Appropriate	Inappropriate	Feedback/Explanation
Scenario 6	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.
Scenario 7	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.
Scenario 8	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.
Scenario 9	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.
Scenario 10	A HCW removes a used brief from a client room and carries it through the house to a garbage can in the kitchen.		✓	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

Staple remover (reusable)	Commode	Blood pressure cuff
Stethoscope	Bedpan	Pulse oximeters
Ear curette	Respiratory therapy equipment	Breast pump equipment
Foot care equipment	Metal probes (for wound care)	Bandage scissors (reusable)
Cutting tray	Specula	Thermometers

 Cut along the dotted lines

Non-Critical



Semi-Critical



Critical





Trainer Feedback

Reprocessing Sorting Cards

Non-Critical:

- **Blood pressure cuff:** used on intact skin
- **Stethoscope:** used on intact skin
- **Bedpans:** only contact with intact skin
- **Pulse oximeters:** only contact with intact skin
- **Commode:** only contact with intact skin

Semi-Critical:

- **Ear cures:** may have contact with mucous membranes of the ear canal
- **Respiratory therapy equipment:** has contact with respiratory mucosa
- **Breast pump equipment:** has contact with mucous membranes
- **Specula:** has contact with mucous membranes
- **Thermometers:** has contact with mucous membranes (e.g. oral mucosa)

Critical:

- **Staple remover (reusable):** may have contact with non-intact skin and/or sterile tissues
- **Foot care equipment:** may have contact with sterile tissue
- **Metal probes (for wound care):** used to enter sterile spaces
- **Bandage scissors (reusable):** may have contact with non-intact skin and/or sterile sites
- **Cutting tray:** 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 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. Laundry from the client should be washed separately from the rest of the family
- 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. Laundry from the client does not need to be washed separately from the rest of the family.

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 bedpans or commodes
- ✓ C. **Devices that have contact with mucous membranes such as respiratory therapy equipment**
- 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., respiratory therapy equipment). 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, nurse, 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 nurse's actions and the narrator's final question "what steps should the nurse take?"
4. Lead a discussion using the provided prompts (e.g., PPE, communication, environmental cleaning, and disinfection).



Trainer Feedback

Additional Precautions Role Play – Eric & Karina

Role Play Scenario – Eric & Karina



Narrator: Eric (he/him) is a client receiving home care services. He lives with his wife, who was recently feeling unwell. A home care nurse has a schedule visit to provide wound care. During today's visit, Eric reports new gastrointestinal symptoms. Listen to their conversation.

Eric (to Nurse): I just started having stomach cramps and diarrhea. Starting yesterday, my wife Karina (she/her) has been experiencing diarrhea and was up all night vomiting.

Nurse: Thanks for letting me know. It's important that we take precautions. (Turns to Karina) How are you feeling? Have you had any more symptoms?

Karina: I'm starting to feel a bit better now. I'm worried that Eric has what I had.

Narrator: What steps should the nurse take?

Discussion Feedback:

Discussion Prompt	Feedback
Does Eric require Additional Precautions?	Yes, Eric requires Additional Precautions. Based on the signs/symptoms of infection that are suggestive of a gastrointestinal infection, Eric requires Contact Precautions.
Do you need to wear PPE to enter the room or the bed space? What PPE do you need?	Contact Precautions require use of gloves and gowns for contact with the client and/or their environment.
Where should you dispose of contaminated PPE?	PPE should be disposed of in the regular garbage after use. Waste containers should be easily accessible.
Are there any areas of the client environment that require cleaning and disinfection?	Any areas within the immediate client environment that might come into contact with clean supplies during the provision of care are to be cleaned and disinfection.
What do you need to do with equipment used when providing care for Eric?	If equipment cannot be dedicated, all equipment must be thoroughly cleaned and disinfected prior to use with another client.
With whom do you need to communicate about Eric's status?	The status of a client put on Additional Precautions needs to be communicated to everyone within the circle of care.
What can Eric and Karina do to prevent the transmission of infection to others?	Eric and Karina can be encouraged to frequently wash their hands. They can also frequently clean and disinfect their environment, paying special attention to the washrooms. They can also discourage others from visiting until their signs and symptoms of infection have resolved. If they need to seek medical attention outside of the home, they should clearly communicate their signs and symptoms ahead to their health care provider.


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; 4 volunteers to play Cormac, Jose, nurse, 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 nurse's actions and the narrator's final question "what steps should the nurse take?"
4. Lead a discussion using the provided prompts (e.g., PPE, communication, hand hygiene).



Trainer Feedback

Additional Precautions Role Play – Cormac & Jose

Role Play Scenario – Cormac & Jose



Narrator: Cormac (he/him) lives with his partner, Jose (he/him), and is receiving palliative care at home. Cormac has recently developed a fever, cough, and shortness of breath. Listen to their conversation.

Nurse (to Cormac): Hi Cormac. How are you feeling today?

Cormac: Not well today. I feel really hot, and I have a bad headache. I suddenly feel like I have a really bad cold.

Nurse: You may have a respiratory infection. Have you had any visitors recently? Anyone else in your household unwell?

Jose (to Nurse): We had some family visit a few days ago and it's possible one of them had a cold. I feel fine so far, but I would like to avoid getting sick so I can continue to care for Cormac.

Narrator: If you were the nurse, what steps should you take?

Discussion Feedback:

Discussion Prompt	Feedback
Does Cormac require Additional Precautions?	Yes, Cormac has signs and symptoms consistent with an acute respiratory infection and requires Droplet and Contact Precautions.
Do you need to wear personal protective equipment (PPE) to provide care? What PPE is needed?	Droplet and Contact Precautions require the use of facial protection (medical mask or N95 respirator depending on the point-of-care risk assessment, eye protection, gloves and gown).
Where should you dispose of contaminated PPE?	PPE should be disposed of in the regular garbage after use. Waste containers should be easily accessible.
What do you need to do with equipment used when providing care for Cormac?	If equipment cannot be dedicated to Cormac, all equipment must be thoroughly cleaned and disinfected prior to use with another client.
Are there any special considerations for cleaning and disinfection of the environment?	Routine cleaning and disinfection of the environment is sufficient. This includes keeping the area where care is provided clean and free of any clutter.
What can Cormac do to prevent getting others sick?	Cormac can perform hand hygiene and respiratory etiquette, and communicate precautions needed to any visitors. Cormac could also wear a medical mask while visitors are present, if tolerated.
What can Jose do to prevent getting sick?	Jose can perform hand hygiene before and after contact with Cormac and wear PPE while interacting with Cormac until the respiratory infection has resolved. Jose can also ensure that he is up to date on all immunizations.


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 client needs to be placed on Contact Precautions. What actions need to be taken? Select all that apply.

- ✓ A. Ensure the need for Contact Precautions is communicated to all care providers
- ✓ 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 providing care

Notes: Initiation of Additional Precautions requires appropriate communication to notify others who may also be providing care to the client. Gloves and gown are required upon room entry to the care area. 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 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 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 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 can be recommended to a client experiencing signs and symptoms of a gastrointestinal infection if they are unable to use a dedicated washroom and must share with family members? Select the best response.

- A. Recommend that the client use the shared washroom as usual since gastrointestinal infectious agents cannot be transmitted through environmental surfaces
- B. Recommend that the family members relocate for the duration of the client's illness
- ✓ **C. Recommend that the client use the shared bathroom and clean and disinfect it after use**
- D. Recommend that the client use the shared bathroom and clean it weekly

Notes: The client can continue to use the shared washroom but cleaning and disinfection after each use will reduce the risk of transmission to other family members. Hand hygiene after using the washroom will also reduce the risk of transmission. Infectious agents that cause gastrointestinal agents can usually be transmitted by both direct and indirect contact.

Question 5:

You are informed that your client requires Airborne Precautions for suspected Tuberculosis. What actions can you take to reduce the risk of transmission of Tuberculosis? Select all that apply.


- ✓ **A. Ensure that the client's medical record is updated with all relevant information related to signs and symptoms, testing and treatment (if applicable)**
- ✓ **B. Request that the client wear a medical mask during the provision of care (if tolerated)**
- ✓ **C. Wear an N95 respirator while providing care to the client**
- D. Request that the client wears an N95 respirator during the provision of care
- ✓ **E. Clean and disinfect equipment used with the client after use**

Notes: The correct actions include ensuring that the client's medical record is up to date with all current information related to their suspected Tuberculosis. This helps to ensure that other care providers are aware and can take the appropriate precautions. The client should wear a medical mask while receiving care if possible. N95 respirators are required for health care workers providing care but not recommended for clients since they are not properly fit tested. Routine cleaning and disinfection of equipment after use is required, as usual.

Module 4

Applying IPAC Principles in Home Care 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 client receiving home care.
- 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 – Clemintine & Alvin](#)

[Applying IPAC Principles Scenario – Kai & Elvira](#)

[Final Quiz](#)


Practice Activity

Applying IPAC Principles Scenario – Clemintine & Alvin

Objectives

Practice conducting a Point-of-Care Risk Assessment (PCRA) using a realistic scenario involving a client receiving home care. Perform the PCRA prior to providing care and use the findings to identify and apply appropriate IPAC practices that ensure safe and effective 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 – Clementine & Alvin

Scenario – Clementine & Alvin



Part A: Alvin (he/him) has recently been discharged from the hospital after undergoing abdominal surgery and is now receiving home care several times a week for assistance with wound care and activities of daily living. Clementine (she/her), Alvin's home health care worker, takes some time before her next visit to consider potential risks of acquiring or spreading infectious agents and the measures she can take to reduce these risks. She knows she will need to irrigate, and re-dress Alvin's incision wound, a task she is very experienced and comfortable with doing. She also knows that some of the medication that Alvin is on causes him to be nauseous and to vomit. She thinks about what she knows of Alvin's physical status, how she will need to interact with him, her own skill level and comfort in performing the planned care activities, and any behavioural issues she might expect from Alvin that could be risk factors for spreading infectious agents

Part B: Clementine enters into Alvin's bedroom and asks how he is doing. He mentions that he's noticed his wound seems to be soaking through his existing bandage but that he didn't attempt to change it and chose to wait for her assistance. Clementine clears a cluttered surface at his bedside and cleans and disinfects it with health care grade disinfectant wipes before placing her wound care supplies down. She confirms that Alvin's room is equipped with a general household waste basket and places it nearby before proceeding to provide wound care. Clementine first performs hand hygiene before donning PPE.

Part C: After completing the care task, Clementine doffs and discards her gloves using the glove-to-glove and skin-to-skin technique and then doffs and discards her gown. Both items are thrown out in the general household waste basket in Alvin's bedroom. She performs hand hygiene before removing her eye protection and mask. She gathers her supplies and then before leaving the house, she washes her hands with soap and water in the home bathroom.

Part A

Question 1:

Does Clementine's thought process illustrate an example of a point-of-care risk assessment (PCRA)?

- ✓ A. Yes
- B. No

Notes: Clementine's approach indeed demonstrates the elements of a PCRA. She considers the nature of the interaction, client risk factors like behavioural issues and Alvin's risk of vomiting, as well as her ability to perform the planned task of wound care properly. All of these elements allow Clementine to make an informed decision about how to safely proceed with the provision of care.

Question 2:

Based on the planned care activity and what we know about Alvin, how could a potential infection to or from Alvin spread? Select all that apply.

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

Notes: Contact Transmission is the most likely means of exposing Alvin to infectious agents or acquiring an infection from him, including contact with his dressing and the wound itself, as well as the potential exposure to other body fluids, such as the vomitus should he feel nauseous and exhibit such symptoms during the provision of care.

Question 3:

Which areas of Clementine's body may be at risk of exposure to potentially infectious agents while irrigating and re-dressing Alvin's wound? Select all that apply.

- ✓ A. Hands
- ✓ B. Face (eyes, nose, mouth)
- ✓ C. Uniform

Notes: Assessing the potential areas of exposure is part of the PCRA and informs the type of PPE that may be needed. We know that a dressing change will require hands-on, gloved contact with the dressing and the wound, and the procedure itself will involve irrigation, which could cause splashing that can contaminate Clementine's uniform and face. Additionally, Alvin is at risk of vomiting during the care task, contributing to the risk of exposure of infectious agent to her uniform and face.

Question 4:

Clementine needs to perform hand hygiene before entering the home and not again until she is ready to leave. Is this true or false?

- A. True
- ✓ B. False

Notes: In this example, performing hand hygiene upon entering the home is appropriate to avoid introducing infectious agents into the client's environment. Hand hygiene also needs to be performed before donning and after doffing PPE, and prior to aseptic procedures such as wound care, according to the Four Moments of Hand Hygiene.

Question 5:

As part of her PCRA, Clementine determines that although Alvin is feeling unwell, he is alert and able to follow directions. He is unlikely to display any behavioural issues that may pose additional risk factors. She also affirms her own confidence in her skill in performing wound care. Based on her PCRA, what measures should Clementine take to reduce the risk of acquiring or spreading infectious agents given that Alvin is at risk of vomiting and requires a dressing change? Select all that apply.

- ✓ A. Perform hand hygiene before donning PPE
- ✓ B. Don a medical mask
- ✓ C. Don eye protection
- ✓ D. Don gown
- ✓ E. Don gloves
- F. Ask for assistance with wound care from Alvin's spouse

Notes: Having performed a PCRA and knowing the potential areas of Clementine's body that might be exposed to infectious agents during the planned care task, gloves, gown, a medical mask and eye protection should be worn. Hand hygiene must be performed before donning gloves. For a cooperative client, there is no need to ask for assistance because Clementine is confident and experienced with this care task.

Part B

Question 6:

True or false? The cleaning and disinfection of surfaces used by Clementine to perform Alvin's dressing change will break one of the links in the Chain of Transmission?

- ✓ A. True
- B. False

Notes: By cleaning and disinfecting her work area, Clementine will ensure her work is done in a clean field, which will mitigate the risk of infecting Alvin's wound during the dressing change.

Question 7:

True or false? Used gauze and bandages that are soaked with blood and body fluids to the point where they can potentially release fluids if they were compressed should be treated as biomedical waste and disposed of accordingly.

- ✓ A. True
- B. False

Notes: Waste that contains significant amounts of biological material, as in this example which describes soaked gauze and bandages that would release liquid if compressed or squeezed, needs to be treated as biomedical waste and disposed of adhering to local waste collection requirements and in accordance with the agency's policies and procedures. If the bandages were only lightly soiled or contained streaks of body fluids or dried biological material, then disposing of them into regular household waste is acceptable.

Question 8:

When the wound care procedure is complete, what should Clementine do with used equipment, such as non-critical scissors used to cut the bandage?

- A. Place the dirty scissors in her bag for cleaning and disinfection later
- B. Clean the equipment with alcohol based hand rub and a paper towel
- ✓ C. **Clean and disinfect the equipment with disinfectant wipes following the manufacturer's instructions for use**
- D. Allow the client's spouse to clean the equipment with their own cleaning supplies

Notes: Non-critical scissors used for wound care are to be cleaned and disinfected using a low-level health care grade disinfectant (i.e. disposable wipes) as soon as possible after use and before returning them to your clean supplies travel bag.

Part C

Question 9:

True or false? Clementine used the correct order and method for doffing her PPE.

- A. True
- ✓ B. **False**

Notes: Although Clementine removed the PPE in the correct order by starting with the dirtiest pieces of equipment, she missed a hand hygiene opportunity after removing her eye protection and mask. By subsequently gathering her supplies with unclean hands, she potentially contaminated her supplies.

Question 10:

True or false? Clementine chose the correct approach to hand hygiene at the end of her visit.

- A. True
- ✓ B. **False**

Notes: Although Clementine was correct by ensuring she complied with moment 4 of the Four Moments of Hand Hygiene, the use of ABHR is preferred. If Clementine's hands are visibly soiled, the preferred approach is to use a moist towelette prior to ABHR as the client's personal sink is likely to be contaminated and may lead to transmission.


Practice Activity

Applying IPAC Principles Scenario – Kai & Elvira

Objectives

Perform a PCRA prior to providing home care to a client and apply appropriate Additional Precautions based on the 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 – Kai & Elvira

Scenario – Kai & Elvira



Kai (they/them) works as a home health care worker. They visit one of their clients, Elvira (she/her), twice a week to administer an intramuscular injection of a medication that she requires and cannot self-administer. Before their visit, they receive a call from Elvira's daughter who lives with her. She mentions that her mother has been recently experiencing a sore throat, runny nose, and is actively coughing and sneezing.

Question 1:

Based on Elvira's signs and symptoms, how might infectious agents spread? Select all that apply.

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

Notes: Elvira's signs and symptoms are consistent with an acute respiratory infection. Most respiratory infections are spread by both contact and transmission through the air. Transmission can occur through the exposure of mucous membranes (e.g., nose, eyes, mouth) to contaminated hands or by infectious respiratory particles when one is near a person who is coughing or sneezing.

Question 2:

What measures should Kai take to control and reduce risks of acquiring and spreading infectious agents? Select all that apply.

- A. Postpone the visit until Elvira is symptom-free
- B. Cancel this appointment and provide care on the next scheduled day
- ✓ C. Use Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions)
- ✓ D. Ensure that they have the appropriate PPE needed to provide care

Notes: Elvira requires care twice a week therefore postponing the visit is not possible. Use of Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions), including the required PPE, can protect Kai from exposure to any potential respiratory infectious agents.

Question 3:

True or False? Kai should not have initiated Additional Precautions until lab results have confirmed Elvira's infection.

A. True

✓ B. False

Notes: Additional Precautions must be initiated as soon as you become aware of signs and symptoms that may indicate a possible infection, in accordance with your organization's policies and procedures. Waiting for laboratory confirmation before taking IPAC measures can result in unnecessary exposures and lead to transmission, and potentially an outbreak.

Question 4:

In order to provide Elvira, the care she requires, Kai has to bring specific equipment each time they visit. Which of the following practices are correct when bringing equipment into the home of a client on Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions)? Select all that apply.

- ✓ A. Routine Practices are sufficient, including cleaning and disinfecting all shared equipment
- B. All equipment used for a client who is on Additional Precautions requires double cleaning
- C. Equipment that enters a home where the client is on Additional Precautions must be left there

Notes: Routine cleaning and disinfection with health care grade disinfectants is sufficient. To reduce contamination risk, Kai should place the equipment on cleaned and disinfected surfaces or on a clean paper towel. Double cleaning is not required, nor is dedicating the equipment by leaving it behind, as this may not be feasible.

Question 5:

What recommendations should Kai make to a client on Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) and their household members? Select all that apply.

- ✓ A. Always practice respiratory etiquette (e.g. coughing/sneezing into a tissue or elbow)
- ✓ B. Wear a mask while receiving care, if able
- ✓ C. Wash hands frequently
- ✓ D. Regularly clean and disinfect frequently touched surfaces in the home
- ✓ E. Household members exposed to the infection should physically distance from the care area, even if they are asymptomatic

Notes: Hand hygiene, respiratory etiquette, and wearing a mask for source control during care can reduce the risk of exposure of respiratory infectious agents. Regular cleaning and disinfection of the environment, following the product manufacturer's instructions for use, can create a safer environment by reducing environmental contamination with infectious agents. Spatial separation from other household members who may have been exposed is recommended, unless they are needed during care.

Question 6:

True or false? Kai should monitor the progression of symptoms of Elvira and her daughter and discontinue Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) when both household members are asymptomatic.

- A. True
- ✓ B. False

Notes: Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) are used for the client only. If family members have signs and symptoms of an infection, they should physically distance while care is being provided. Discontinuing Additional Precautions for the client should follow organizational policies and factor in considerations such as clinical improvement and date since the onset of symptoms.

Question 7:

What PPE should Kai wear to provide care to Elvira? Select all that apply.

- ✓ A. Gloves
- ✓ B. Gown
- ✓ C. Eye protection
- ✓ D. Medical mask

Notes: Gloves, a gown, and facial protection including eye protection and a medical mask (or N95 respirator based on a point-of-care risk assessment), are recommended for Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions). In situations where PPE is not required due to Additional Precautions or a point-of-care risk assessment, the practice of giving an injection does not routinely require any PPE.

Question 8:

Where should Kai discard the single-use needle and syringe used to administer Elvira's medication?

- A. A general household waste basket
- ✓ B. A puncture resistant sharps container at the point-of-care
- C. A biohazards waste bag lined with a moisture barrier
- D. A puncture resistant container stored in Kai's car

Notes: All used sharps must be disposed of in an approved puncture-proof sharps container at the point-of-care.

Question 9:

Which of the following are examples of occupational health and safety measures that can help protect Kai from acquiring respiratory infections? Select all that apply.

- ✓ A. Staying current with all recommended immunizations (e.g., annual Influenza immunization)
- ✓ B. Participating in training and education related to proper PPE use
- ✓ C. Reporting an overflowing sharps container
- ✓ D. Performing regular hand hygiene when indicated

Notes: Immunization, proper PPE selection and use, and proper hand hygiene can contribute to protecting health care workers from respiratory infections. Although ensuring sharps containers are not overflowing is an important practice, it reduces the risk of sharps injuries that can result in bloodborne infections, not respiratory infections.


Final Quiz

IPAC for Health Care Workers in Home Care

Objectives

Assess participants' overall understanding of IPAC principles and their ability to apply them in home care 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 Home Care

Final Quiz Scenario



You are a home health care worker and Mr. Machado (he/him) is one of your clients. You are responsible for assisting him with medication management, support with activities of daily living such as bathing and grooming, providing diet and nutritional support, as well as regular health monitoring.

Today, you are planning to perform a routine check of Mr. Machado's blood pressure, a procedure you are very experienced and confident performing.

Question 1:

Will you have contact with Mr. Machado and/or his environment?

- ✓ A. Yes
- B. No

Notes: Taking a blood pressure is an example of direct care and you will indeed have contact with Mr. Machado and his environment.

Question 2:

Does Mr. Machado have signs or symptoms of an infection or is he known to be a carrier of an infectious agent?

- A. Yes
- ✓ B. No

Notes: Mr. Machado has no obvious signs or symptoms of an infection, such as a fever, cough, vomiting or diarrhea and he is not known to be a carrier of an infectious agent.

Question 3:

Will your face be at risk of exposure to blood and/or body fluids (e.g., saliva, urine, feces, vomit) during the task of monitoring the blood pressure of Mr. Machado?

- A. Yes
- ✓ B. No

Notes: There is no expectation of splashes or sprays of blood or body fluids that might expose your face to infectious agents, during the task of monitoring the blood pressure of Mr. Machado.

Question 4:

Is your body or uniform at risk of exposure to blood and/or body fluids (e.g., saliva, urine, feces, vomit) during the task of monitoring the blood pressure of Mr. Machado?

- A. Yes
- ✓ B. No

Notes: There is no expectation of splashes or sprays of blood or body fluids that might expose your body or uniform to infectious agents during the task of monitoring the blood pressure of Mr. Machado.

Question 5:

Do you have the skill and confidence to perform the care task safely without assistance?

- ✓ A. Yes
- B. No

Notes: Since you are well-experienced performing this care task, it is safe to do so for Mr. Machado without asking for assistance. Asking how skilled you are at any given task is an important part of a point-of-care risk assessment. In cases where you are less skilled at performing a particular procedure you may need additional help to ensure that it is done safely.

Question 6:

Mr. Machado is alert and cooperative and displays no signs of being resistant, confused, or agitated. Is it reasonable to expect him to be able to follow instructions and to cooperate during the care task?

- ✓ A. Yes
- B. No

Notes: Yes, it is reasonable to expect Mr. Machado to be able to follow directions. Assessing your client's physical and cognitive status assists your decision-making about your need for additional help or personal protection to complete the task.

Question 7:

Based on your point-of-care risk assessment, what measures will you use to reduce and control the risk of acquiring or transmitting infectious agents when taking Mr. Machado's blood pressure? Select all that apply.

- ✓ A. Perform hand hygiene before contact with Mr. Machado
- B. Perform hand hygiene before donning PPE
- C. Don gloves
- D. Don gown
- E. Don eye protection
- F. Don mask

Notes: Since you do not anticipate any exposure to blood or body fluids while taking Mr. Machado's blood pressure, you will not require PPE. Hand hygiene must be performed before contact with Mr. Machado and his environment. Contact with intact skin does not require the use of gloves.

Question 8:

What should you do with the blood pressure cuff and monitor after you are done using it?

- A. Leave it in a drawer at the client's house for next time
- B. Rub it with ABHR using a paper tissue
- C. Spray it with all-purpose household disinfectant from Mr. Machado's kitchen
- ✓ **D. Wipe it with a healthcare grade disinfectant wipe that has a Drug Identification Number**

Notes: Blood pressures cuffs have contact with intact skin and therefore require low-level disinfection. This can be achieved using a Health Canada approved disinfectant with a DIN following the manufacturer's instructions for use.

Question 9:

The following week you receive a call that Mr. Machado has tested positive for methicillin-resistant *Staphylococcus aureus* (MRSA) upon admission to a hospital for a brief surgical procedure and was in Contact Precautions for the duration of his hospital stay. Now home, Mr. Machado needs his routine care activities to continue. What step(s) do you take? Select all that apply.

- A. Cancel all future visits until Mr. Machado tests negative for MRSA
- ✓ **B. Review the elements of Contact Precautions and ensure that you have an adequate supply of gowns and gloves**
- C. Ensure there is a bag designated for biomedical waste to dispose of all PPE used in the home to provide care to Mr. Machado
- ✓ **D. Ensure appropriate communication flags are used so other home care staff are aware of the need for Contact Precautions**

Notes: Using Contact Precautions is appropriate for having any contact with Mr. Machado and/or his environment. An important element of Contact Precautions is communication as it is necessary to ensure others are aware of the need for Contact Precautions during the provision of care. It is not necessary to cancel visits for Mr. Machado. PPE used for a client in Contact Precautions can be disposed of in the general waste stream. Biomedical waste consists of waste products such as anatomical waste or blood products.

Question 10:

Once you have completed your care activity, you doff and dispose of your PPE near the doorway before you exit the room. What is the correct order of actions to take?

- A. Remove the gown, then gloves, dispose of PPE in a waste receptacle and perform hand hygiene
- B. Perform hand hygiene, remove gloves, then remove the gown and dispose of PPE in a waste receptacle
- ✓ **C. Remove gloves, then the gown, dispose of PPE in a waste receptacle and perform hand hygiene**
- D. Remove gown, perform hand hygiene, then remove gloves and dispose of PPE in a waste receptacle

Notes: It is important to start by removing gloves which are the dirtiest piece of PPE, followed by the gown. Both should be disposed of in appropriate waste receptacle followed by performing hand hygiene.

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