

IPAC for Health Care Workers in Hospital 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 Hospital 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 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 hospitals who are responsible for delivering in-person IPAC training to health care workers, including but not limited to nurses, physicians, 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 hospital 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 Hospital 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 – Huan & Sam	30 minutes
Practice Activity: Applying IPAC Principles Scenario – Violet & Shruti	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 Hospital 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 Hospital 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](#)

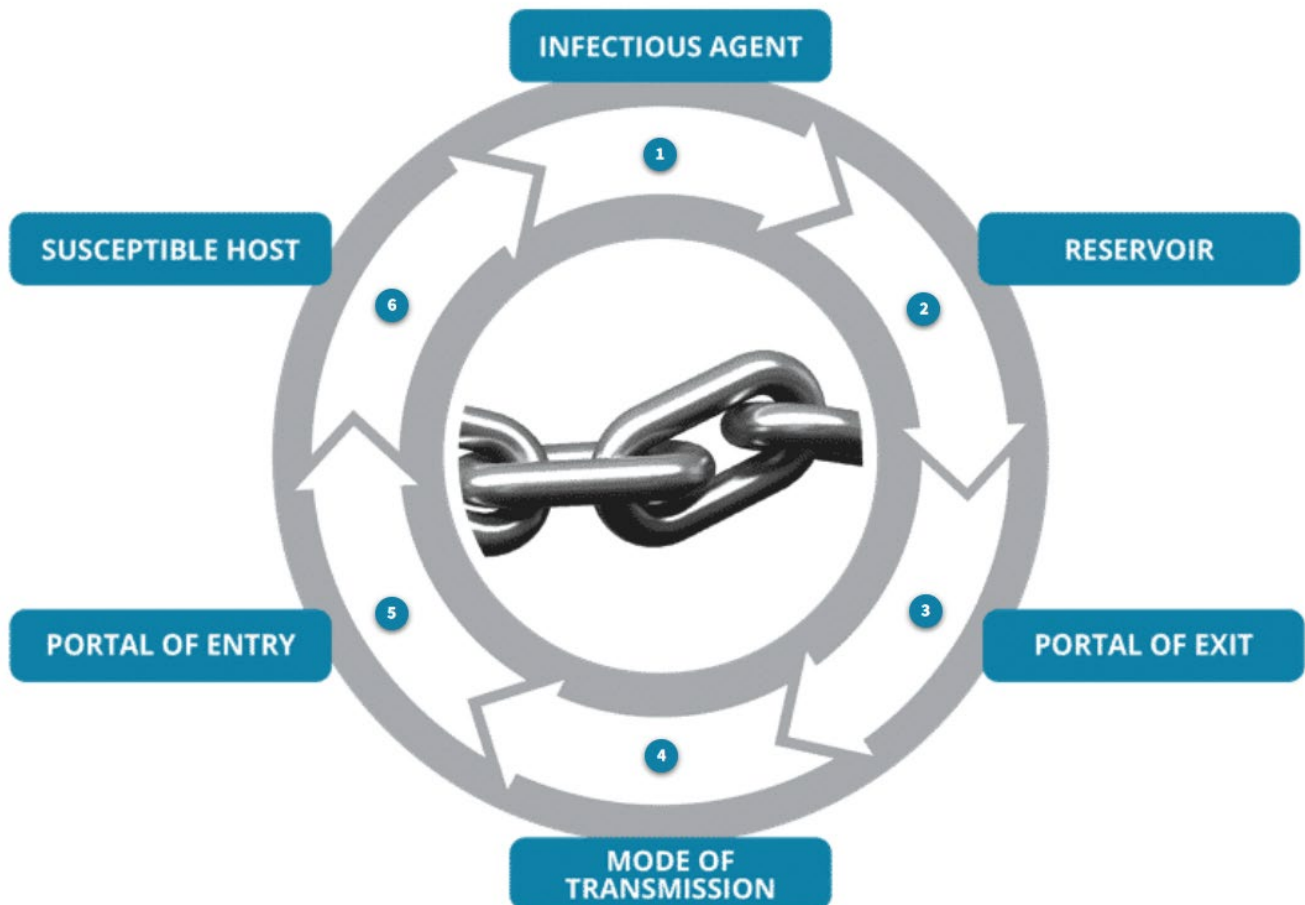


Trainer Feedback

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 presents to your Emergency Department with fever, respiratory symptoms and recent travel history. He is very lethargic but able to follow instructions. You are a new nurse, and you see 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 patient?

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 between patients	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 or their environment and before going to another	Perform hand hygiene before removing eye protection	Remove your mask before leaving one patient 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	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	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	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 between patients.• Change your gloves when you go from a "dirty" task to a "clean" task on the same patient 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 patient 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 patient.• Reuse gloves by using alcohol-based hand rub (ABHR) between patients 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 patient or their environment and before going to another. This will prevent spreading of infectious agents from one patient 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 patient 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 patient 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 patient 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 should never wear N95 respirators
- B. Gloves should never be changed between different care tasks for the same patient
- ✓ 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. Sometimes, HCWs will need to change their gloves in between different care tasks for the same patient. This is to avoid transferring infectious agents from a contaminated site to a clean site on that patient. 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 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 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 patient 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 patient care task only if contact with blood or body fluids has occurred. Hand hygiene is to be performed after all patient 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 patient sink. 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 garbage from a room.	✓		Based on a risk assessment, gloves would be required to protect the hands while handling garbage in a patient room.
Scenario 2	An Environmental Services worker starts the daily clean of a patient room by cleaning the toilet before moving on to the rest of the bathroom.		✓	Work should progress from clean to dirty areas to avoid moving dirt and microorganisms from dirty to cleaner surfaces. Toileting areas should be cleaned last.
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 patient room 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	Colonoscope	Blood pressure cuff
Stethoscope	Bedpan	Pulse oximeters
Endotracheal tubes	Anaesthesia equipment	Vaginal ultrasound probes
Foot care equipment	Laparoscopes	Electrocautery tips
Endocervical curettes	Specula	Glass 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

Semi-Critical:

- **Colonoscope:** has contact with intestinal mucosa
- **Endotracheal tube:** has contact with respiratory mucosa
- **Anaesthesia equipment:** has contact with respiratory mucosa
- **Vaginal ultrasound probes:** has contact with vaginal mucosa
- **Specula:** may have contact with mucous membranes
- **Glass thermometers:** has contact with mucous membranes (e.g. oral mucosa)

Critical:

- **Biopsy forceps:** has contact with sterile tissues
- **Foot care equipment:** may have contact with sterile tissue
- **Laparoscopes:** used to enter sterile spaces
- **Electrocautery tips:** may have contact with sterile sites
- **Endocervical curettes:** 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
- 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-savings 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 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., accommodation, signage, PPE, communication).



Trainer Feedback

Additional Precautions Role Play – Eric & Karina

Role Play Scenario – Eric & Karina



Narrator: Eric (he/him) is a patient sharing a double (two-bed) room with another patient, Karina (she/her). Listen to their conversation. Eric's nurses know his health and medical history but determines that his gastrointestinal signs and symptoms have no known cause. Eric's wife was visiting recently and wasn't feeling well. You suspect that Eric may have acquired a gastrointestinal infection from his wife.

Eric (to Nurse): I just started having diarrhea. My wife was visiting yesterday, and she left suddenly after using the bathroom because she wasn't feeling well. I talked to her this morning, and she told me she had diarrhea all night.

Nurse: Uh-oh! You better stay in your bed. Here is some alcohol-based hand rub for you to clean your hands. (Turns to Karina) How are you feeling? Have you had any episodes of diarrhea?

Karina: I'm fine right now. How can I prevent getting diarrhea, too?

Narrator: What steps should the nurse take?

Accommodation:

Discussion Prompt	Feedback
Do you need to move any of the patients in this scenario?	It is preferred that patients who are on Contact Precautions are placed in a single room with a dedicated toilet and sink.
What would the best accommodation be for Eric?	The best accommodation for Eric is a single room, if available.
What would the best accommodation be for Karina?	Karina can remain in a double room with monitoring for the development of signs and symptoms of infection.

Signs:

Discussion Prompt	Feedback
What signs do you need?	Contact Precautions sign
Where should the signs be placed?	Additional Precautions signs should be posted in a visible location, either on the curtain in affected patient's bed space or door.

Personal Protective Equipment (PPE):

Discussion Prompt	Feedback
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 patient and/or their environment.
Where should the PPE station be located?	The location of the PPE station depends on the design and policies of your facility. It should be easily accessible and stored in a manner that prevents contamination.
Where should you dispose of contaminated PPE?	The location of the PPE waste container depends on the design and policies of your facility. Waste containers should be easily accessible but located away from patients and not interfere with traffic.

Environmental Cleaning and Disinfection:

Discussion Prompt	Feedback
What area(s) in the room need to be cleaned daily?	High-touch areas need to be cleaned and disinfected daily. Curtains are to be removed and laundered when visibly soiled and on discharge/transfer.
Which surfaces are high-touch surfaces? Is special cleaning required?	The high-touch surfaces may include: the bedside table, the telephone, the call bell, the over-the-bed table, the bed rails, the foot of the bed, light switches, door handles and the ABHR dispenser. Special cleaning may be required if Eric has Vancomycin Resistant Enterococci (VRE), or <i>Clostridioides difficile</i> (<i>C. difficile</i>).

Medical Devices/ Equipment:

Discussion Prompt	Feedback
Which equipment can be dedicated?	Ideally, all equipment is dedicated to a patient on Additional Precautions.
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 patient.

Communication:

Discussion Prompt	Feedback
With whom do you need to communicate about Eric's status?	The status of a patient put on Additional Precautions needs to be communicated to the unit where the patient is accommodated, other departments, transport services and the patient's family.
What do you need to communicate about Eric?	The specific type of Additional Precautions needs to be communicated.

Visitors:

Discussion Prompt	Feedback
Can Eric have visitors?	Patients on Additional Precautions generally can continue to have visitors. Visitors are instructed to wear the PPE consistent with the Additional Precautions type.
What education needs to be provided to Eric's visitors if they are allowed to visit?	Visitors require education on hand hygiene and donning, doffing and disposing of PPE.

Transportation:

Discussion Prompt	Feedback
Can Eric leave their room? If yes, what actions need to be taken before, during and after transport?	Patients on Additional Precautions are to remain in their rooms unless it is necessary to leave (e.g. for a diagnostic test). If the patient must leave the room, the receiving department needs to have the need for Contact Precautions communicated. The patient is to perform hand hygiene. Transport staff only require PPE for direct contact or if they anticipate having to provide care during transport. After transport, any equipment used is cleaned and disinfected. Transport staff wear facial protection for transportation of patients on Droplet and Contact Precautions. Gloves and gowns are added for direct contact or if they anticipate having to provide care during transport. After transport, any equipment used is cleaned and disinfected.

Roommates:

Discussion Prompt	Feedback
What precautions can the roommates take to prevent getting sick?	Karina can reduce the risk of getting sick by consistently performing hand hygiene (e.g. prior to eating).


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., accommodation, signage, PPE, communication).



Trainer Feedback

Additional Precautions Role Play – Cormac & Jose

Role Play Scenario – Cormac & Jose



Narrator: Cormac (he/him) is in a double (two-bed) room with Jose (he/him). Listen to their conversation. Cormac has a fever, cough, and shortness of breath. His symptoms are the same as two other patients on the unit.

Nurse (to Cormac): Hello, I'm your nurse for today. How are you feeling?

Cormac: I feel horrible. I feel really hot, and I have a bad headache. This is the worst cold I've ever experienced in my life.

Nurse: You'd better stay in your bed. I will have the doctor come in to see you shortly.

Jose (to Nurse): I don't want to get that! I'm supposed to be discharged tomorrow.

Narrator: What steps should the nurse take?

Accommodation:

Discussion Prompt	Feedback
Do you need to move any of the patients in this scenario?	It is preferred that patients who are on Droplet and Contact Precautions are placed in a single room with a dedicated toilet and sink.
What would the best accommodation be for Cormac?	The best accommodation for Cormac is a single room, if available.
What would the best accommodation be for Jose?	Jose can remain in a double room with monitoring for the development of signs and symptoms of infection.

Signs:

Discussion Prompt	Feedback
What signs would you need?	Droplet and Contact Precautions sign
Where should the signs be placed?	Additional Precautions signs should be posted in a visible location, either on the curtain in affected patient's bed space or door.

Personal Protective Equipment (PPE):

Discussion Prompt	Feedback
Do you need to wear personal protective equipment (PPE) to enter the room or the bed space? What PPE do you need?	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 the PPE station be located?	The location of the PPE station depends on the design and policies of your facility. It should be easily accessible and stored in a manner that prevents contamination.
Where should you dispose of contaminated PPE?	The location of the PPE waste container depends on the design and policies of your facility. Waste containers should be easily accessible but located away from patients and not interfere with traffic.

Environmental Cleaning and Disinfection:

Discussion Prompt	Feedback
What area(s) in the room need to be cleaned daily?	High-touch areas need to be cleaned and disinfected daily. Curtains are to be removed and laundered when visibly soiled and on discharge/transfer.
Which surfaces are high-touch surfaces? Is special cleaning required?	The high-touch surfaces may include: the bedside table, the telephone, the call bell, the over-the-bed table, the bed rails, the foot of the bed, light switches, door handles and the ABHR dispenser.

Medical Devices/ Equipment:

Discussion Prompt	Feedback
Which equipment can be dedicated?	Ideally, all equipment is dedicated to a patient on Additional Precautions.
What do you need to do with equipment used when providing care for Cormac?	If equipment cannot be dedicated, all equipment must be thoroughly cleaned and disinfected prior to use with another patient.

Communication:

Discussion Prompt	Feedback
With whom do you need to communicate about Cormac's status?	The status of a patient put on Additional Precautions needs to be communicated to the unit where the patient is accommodated, other departments, transport services and the patient's family.

Discussion Prompt	Feedback
What do you need to communicate about Cormac?	The specific type of Additional Precautions needs to be communicated.

Visitors:

Discussion Prompt	Feedback
Can Cormac have visitors?	Patients on Additional Precautions generally can continue to have visitors. Visitors are instructed to wear the PPE consistent with the Additional Precautions type.
What education needs to be provided to Cormac's visitors if they are allowed to visit?	Visitors require education on hand hygiene and donning, doffing and disposing of PPE.

Transportation:

Discussion Prompt	Feedback
Can Cormac leave their room? If yes, what actions need to be taken before, during and after transport?	<p>If the patient must leave the room, the receiving department needs to have the need for Contact Precautions communicated. The patient is to perform hand hygiene. Transport staff only require PPE for direct contact or if they anticipate having to provide care during transport.</p> <p>After transport, any equipment used is cleaned and disinfected. If the patient must leave their room, the need for Droplet and Contact Precaution needs to be communicated to receiving department. The patient needs to perform hand hygiene and put on a medical mask (if tolerated). The receiving department is to be notified prior to transport. Transport staff wear facial protection for transportation of patients on Droplet and Contact Precautions. Gloves and gowns are added for direct contact or if they anticipate having to provide care during transport.</p> <p>After transport, any equipment used is cleaned and disinfected.</p>

Roommates:

Discussion Prompt	Feedback
What precautions can the roommates take to prevent getting sick?	Patients can reduce the risk of getting sick by consistently performing hand hygiene, keeping the curtain around their bed closed until Cormac is moved and by keeping up to date on seasonal 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 patient 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 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 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 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 single room accommodation is not available for a patient with symptoms of a gastrointestinal infection (e.g., vomiting, diarrhea). Select the best response.

- A. Place the patient in a two bed room with one toilet
- B. Place the patient in a three bed room with one toilet
- ✓ C. Place the patient in a two bed room with one toilet and one commode
- D. Place the patient in a three bed room with one toilet and one commode

Notes: The patient should be accommodated in a room with the fewest other patients, and the option of dedicated toileting facilities is ideal.

Question 5:

You are informed that your patient is on Airborne Precautions for suspected Tuberculosis. They need to go to the Diagnostic Imaging Department for a chest X-ray. Which of the following actions are correct? Select all that apply.

- ✓ A. Inform the Diagnostic Imaging Department that your patient is on Airborne Precautions
- ✓ B. Request that the patient wear a medical mask during transport (if tolerated)
- ✓ C. Ensure transport staff (i.e. porter) wears an N95 respirator while transporting the patient
- D. Request that the patient wears an N95 respirator during the transport
- ✓ E. Clean and disinfect transport equipment (e.g. wheelchair) after use

Notes: The correct actions include communicating to other departments whenever Additional Precautions are required and if possible, the patient should wear a medical mask during transport. While transporting the patient, the transport staff (i.e., porter) wears an N95 respirator.


It's important to routinely clean and disinfect shared equipment like a wheelchair.

N95 respirators are not recommended for patients since they are not properly fit tested.

Module 4

Applying IPAC Principles in Hospital 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 in a hospital.
- 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 – Sam & Huan](#)

[Applying IPAC Principles Scenario – Violet & Shruti](#)

[Final Quiz](#)


Practice Activity

Applying IPAC Principles Scenario – Sam & Huan

Objectives

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

Scenario – Sam & Huan



Part A: Sam (they/them) has been admitted to hospital to undergo abdominal surgery. Huan (he/him), a health care provider, is responsible for Sam's post-surgical care, and is tasked with checking and redressing Sam's surgical wound. This is a care task Huan has performed successfully many times before. Sam is on strong painkillers and is likely to be disoriented and very drowsy. Before entering Sam's bed space, he considers the patient's physical and cognitive status as well as his personal skill to perform the care task at hand.

Part B: Before Huan dons the appropriate PPE, he gathers all the supplies he will need to perform the wound care procedure. This includes medical supplies like the dressing kit and saline. He also ensures he has access to an appropriate portable receptacle for disposal of biomedical waste and a sharps container at point-of-care. Once wound care is completed, Huan disposes of all supplies and waste and then doffs (takes off) his gloves, then his face protection, and then his gown. Then, he performs hand hygiene prior to leaving the patient's environment.

Part A

Question 1:

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

- ✓ A. Yes
- B. No

Notes: Huan's thought process illustrates a PCRA. Huan's PCRA determines which interventions are required to prevent transmission during the interaction. He correctly performs his PCRA as the first step before interacting with the patient or their environment and considers patient risk factors, their ability to cooperate and his own ability to perform the care task safely.

Question 2:

Consider Sam's open and draining incision. Using the Chain of Transmission, what portal(s) of entry could an infectious agent use to enter Sam to cause an infection?

- A. Mucous membranes (e.g. eyes, nose, mouth)
- B. Gastrointestinal tract
- ✓ C. Broken skin
- D. Respiratory Tract

Notes: An infectious agent may enter Sam, a susceptible host, through broken skin. Providing care with clean hands and using aseptic technique can help stop infectious agents from entering a patient.

Question 3:

Will Huan's hands be at risk of exposure to blood and/or body fluid during the care task of assessing and redressing Sam's wound?

- ✓ A. Yes
- B. No

Notes: Wound care often involves direct contact with HCW's hands to blood and/or body fluids, emphasizing the need for glove use and the importance of hand hygiene.

Question 4:

Will Huan's uniform be at risk of exposure to blood and/or body fluid during the care task of assessing and redressing Sam's wound?

- ✓ A. Yes
- B. No

Notes: Manipulating dressings and irrigating wounds may cause clothing or skin to be exposed to blood and/or body fluids when providing care.

Question 5:

Will Huan's face be at risk of exposure to blood and/or body fluid during the care task of inspecting and redressing Sam's wound?

- ✓ A. Yes
- B. No

Notes: Facial protection may be used by HCWs when it is anticipated that a care activity like wound care is likely to generate splashes or sprays of blood and/or body fluids.

Question 6:

Should Huan expect Sam to be able to cooperate and follow instructions during this wound care task?

- A. Yes
- ✓ B. No

Notes: Knowing if a patient will be cooperative and able to follow instructions is important and may inform the type of PPE that is needed, as well as the approach that should be taken (i.e. the use of a helper/assistant may be needed). In this case, Sam is not likely to be able to follow instructions since they will be heavily medicated.

Question 7:

Based on Huan's PCRA, what IPAC measures will reduce the risk of acquiring or transmitting infectious agents in preparation for performing this aseptic task? Select all that apply.

- ✓ A. Performing hand hygiene before donning PPE
- ✓ B. Wearing gloves
- ✓ C. Wearing a gown
- ✓ D. Wearing facial protection (e.g. medical mask, eye protection)
- E. Physical distancing
- F. None of the above

Notes: Based on the PCRA for this scenario where a risk of splashing from wound irrigation is identified, performing hand hygiene before donning PPE, wearing gloves, wearing a gown, and wearing facial protection (e.g. medical mask, eye protection) is needed to protect against possible exposure to infectious agents. Protecting the wound from infection is also important. Ensure you follow protocols for aseptic procedures.

Question 8:

As another IPAC measure, should Huan ask for assistance from a colleague to perform this care task?

- A. Yes
- ✓ B. No

Notes: Asking yourself whether you have the necessary skills to perform a task safely is important. By knowing your limitations and asking for assistance, when necessary, you are better able to create a controlled environment that does not create unnecessary risk. Since Huan has performed this care task many times before, it seems he is safe to proceed without asking for assistance from a colleague.

Part B

Question 9:

Was Huan correct in disposing of supplies and waste prior to doffing (taking off) PPE?

- ✓ A. Yes
- B. No

Notes: Waste and medical equipment (e.g., sharps) used in wound care may be contaminated with blood or body fluids and must be disposed of prior to doffing PPE. If biomedical waste disposal requires Huan to leave the room, he would change into new gloves, dispose of the waste outside of the room and immediately remove the gloves and perform hand hygiene.

Question 10:

Was the order in which Huan doffed (took off) PPE correct?

- A. Yes
- ✓ B. No

Notes: The correct doffing sequence includes first removing gloves, followed by the gown, and then performing hand hygiene. Only after performing hand hygiene should Huan then remove eye protection and then mask. Hand hygiene should be performed once more before leaving the patient's environment.


Practice Activity

Applying IPAC Principles Scenario – Violet & Shruti

Objectives

Perform a PCRA prior to providing care to a patient in the emergency department and apply appropriate Additional Precautions based on the patient'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 – Violet & Shruti

Scenario – Violet & Shruti



Part A: Violet (she/her) has been admitted to the general medicine unit but remains in a curtained bed space in the emergency department with signs and symptoms consistent with an acute respiratory infection, including a cough, headache and fever. Additional Precautions have been initiated for Violet at triage; however single room accommodations are not currently available. Additional Precautions signage has been attached to Violet’s bed space privacy curtain, which has been drawn closed. Shruti (she/her), a health care worker, is tasked with preparing Violet to be transported to the Diagnostic Imaging Department for a chest X-ray.

Part B: In preparation for Violet’s chest X-ray, Shruti notifies the Diagnostic Imaging Department and the patient’s porter that Violet is on Additional Precautions for Acute Respiratory Infection (also known as Droplet and Contact Precautions). Before entering Violet’s bed space to speak with her, Shruti stops to consider potential risks of infectious disease transmission and the measures to reduce and control them. Before entering Violet’s bed space, Shruti performs hand hygiene with alcohol-based hand rub and then dons a medical mask and eye protection since she will be within two metres (six feet) of Violet when speaking with her. No direct care will be provided. Violet is expected to be able to understand and follow instructions. Shruti explains that a porter will be arriving soon to take her for a chest X-ray. Shruti confirms whether Violet can tolerate wearing a mask during transport, reminds her of respiratory etiquette and to clean her hands upon leaving the bed space.

Part C: The transport staff (i.e. porter) takes Violet to the Diagnostics Imaging Department without wearing any PPE. After dropping off Violet, the porter disinfects the wheelchair using a disinfectant wipe. A few days later, after noticing an improvement in symptoms, Shruti decides to discontinue Additional Precautions and allows Violet to leave her room without a mask.

Part A

Question 1:

What type of Additional Precautions are likely to have been initiated for Violet? Select all that apply.

- ✓ **A. Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions)**
- B. Contact Precautions
- C. Airborne and Contact Precautions
- D. None of the above

Notes: Most respiratory infections are spread by infectious respiratory particles travelling through the air and entering a susceptible host by landing on mucous membranes and/or entering by inhalation. Respiratory infection may also be spread when a susceptible host is exposed after the hands become contaminated by infectious respiratory particles. Violet therefore requires Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions).

Question 2:

Additional Precautions should not have been initiated until laboratory results have confirmed Violet'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.

Part B

Question 3:

Shruti's thought process before interacting with Violet or her environment illustrates an example of a point-of-care risk assessment.

- ✓ **A. True**
- B. False

Notes: By considering the risk of infection involved in the planned activity and whether Violet is cooperative and able to follow directions, Shruti demonstrates an example of a PCRA which informs her approach and selection of PPE.

Question 4:

It was not necessary for Shruti to perform hand hygiene before entering Violet's environment since she only had to speak with Violet and not perform direct care.

A. True

✓ B. False

Notes: HCWs should always perform hand hygiene routinely before entering a patient's environment, even when direct care is not planned. This is considered one of the Four Moments for hand hygiene. This helps avoid potentially spreading infectious agents by any unplanned touching of the patient or their environment. In this case, the hand hygiene that Shruti performs before donning PPE also helps avoid spreading infectious agents to her face. Hand hygiene should also always be performed routinely before donning PPE.

Question 5:

The PPE that Shruti chose to wear for this interaction were correct and complete.

✓ A. True

B. False

Notes: Medical mask and eye protection are indeed required for HCWs who will be within 2 metres of patients who are on Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) as is the case with Violet. However, based on Shruti's PCRA and the fact no direct care is planned, a gown and gloves are not required for this interaction.

Question 6:

The measures Shruti asks Violet to take upon leaving her bed space are appropriate and complete.

✓ A. True

B. False

Notes: Wearing a mask, following respiratory etiquette and performing hand hygiene are all appropriate/reasonable measures to take to further limit the risk of transmission during transport.

Question 7:

Communicating Violet's Additional Precautions to other departments who will interact with her is an element of Additional Precautions.

✓ A. True

B. False

Notes: Effective communication regarding the need for Additional Precautions is vital when a patient moves to another department for testing, to another unit, or to other health care settings. By making others aware of the Additional Precaution requirements for Violet, staff are better able to prepare for her arrival by ensuring appropriate accommodations, the availability of necessary PPE, and if calling upon environmental services staff is needed.

Part C

Question 8:

The patient transport staff (i.e. porter) should have worn PPE to transport Violet to another department, since she was on Additional Precautions.

A. True

✓ B. False

Notes: While pushing Violet to another department, the transport staff (i.e. porter) is not providing direct care to Violet and does not require PPE. Physically assisting Violet into and out of the wheelchair would constitute direct care and would require PPE.

Question 9:

The method used for cleaning and disinfecting the wheelchair used to transport Violet was appropriate.

✓ A. True

B. False

Notes: For shared items that are not visibly soiled, the use of a disinfectant wipe is sufficient to clean and disinfect a wheelchair before use by another patient. Requirements can vary depending on the reason for the Additional Precautions and whether the item was soiled during use; refer to your facilities policies and procedures.

Question 10:

Shruti does not have the authority to discontinue Additional Precautions.

✓ A. True

B. False

Notes: Only staff authorized to do so can discontinue precautions. This is typically the role of the IPAC professional. Review your facility's policies and protocol for guidance.


Final Quiz

IPAC for Health Care Workers in Hospitals

Objectives

Assess participants' overall understanding of IPAC principles and their ability to apply them in hospital 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 Hospitals

Final Quiz Scenario



Benita (she/her) has been admitted to hospital with gastrointestinal symptoms including vomiting and diarrhea. Though laboratory results are not yet available to confirm an infection, Additional Precautions have been initiated, and appropriate signage has been posted on the door of Benita's single room.

Benita is actively vomiting. Because of concerns of dehydration, you are tasked with performing IV insertion for Benita so that she can receive fluids. This is a procedure you are very experienced with and confident performing. Though Benita is feeling very unwell, she is alert and cooperative and able to follow instructions.

Question 1:

What type of Additional Precautions would be initiated for Benita? Select all that apply.

- ✓ **A. Contact Precautions**
- B. Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions)
- C. Airborne Precautions

Notes: Vomiting and diarrhea are examples of signs and symptoms of a gastrointestinal infection which typically spreads by contact transmission. Contact Precautions would therefore have been initiated.

Question 2:

Additional Precautions should not be initiated for Benita since laboratory confirmation of her infection is not yet available.

- A. True
- ✓ **B. False**

Notes: It is appropriate that Additional Precautions have been initiated for Benita based on her signs and symptoms that indicate a possible infection. Waiting for laboratory confirmation before taking IPAC measures can result in unnecessary exposures and lead to transmission, and potentially an outbreak.

Question 3:

Will you have contact with Benita and/or her environment?

- ✓ A. Yes
- B. No

Notes: Inserting IV is an example of performing an aseptic direct care procedure in which you will have contact with Benita and her environment.

Question 4:

Is your face at risk of exposure to blood and/or body fluids (e.g., saliva, urine, feces, vomit)?

- ✓ A. Yes
- B. No

Notes: Providing direct care to a patient who is vomiting means your face may be exposed to splashes or sprays from body fluids carrying potentially infectious agents.

Question 5:

Is your body or uniform at risk of exposure to blood and/or body fluids (e.g., saliva, urine, feces, vomit)?

- ✓ A. Yes
- B. No

Notes: Providing direct care to a patient who is vomiting means your skin and clothing may be exposed to splashes or sprays or items may become contaminated.

Question 6:

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 Benita 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 7:

Do you expect Benita to be able to follow instructions and to cooperate during the care task?

- ✓ A. Yes
- B. No

Notes: Though Benita is very unwell, she is cognitively unimpaired and can follow directions. Assessing your patient's physical and cognitive status assists your decision-making about your need for additional help or personal protection to complete the task.

Question 8:

What measures will you use to reduce the risk of acquiring or transmitting infectious agents when providing care to Benita? Select all that apply.

- ✓ **A. Select the most appropriate PPE based on the Additional Precautions measures that are in place as well as your point-of-care risk assessment**
- ✓ **B. Perform hand hygiene before and after using PPE**
- ✓ **C. Perform hand hygiene according to the Four Moments for Hand Hygiene**
 - D. Perform hand hygiene after donning gloves and before performing IV insertion
- ✓ **E. Safely dispose any sharps waste from the IV insertion into a sharps container at the point-of-care**
- ✓ **F. Dedicate shared equipment or ensure it is disinfected before use by another patient**

Notes: The Additional Precautions that are in place for Benita along with your PCRA should inform the type of PPE you will wear in this scenario. Patients on Contact Precautions, like Benita, should have dedicated equipment that requires disinfection before use by others. All standard Routine Practices also still apply when Additional Precautions are in place. This includes applying the Four Moments for Hand Hygiene, performing hand hygiene before donning and after doffing PPE, and adhering to all relevant environmental controls, including the safe disposal of sharps. Hand hygiene should never be performed after gloves have been donned.

Question 9:

Based on Additional Precautions and your point-of-care risk assessment, what PPE will you use to prevent and control the risk of acquiring or transmitting infectious agents when providing direct care to Benita?

- A. Hand hygiene is sufficient, and no PPE is needed
- ✓ **B. Gloves, since you will be performing an IV insertion**
- C. Facial protection and gown
- D. Gloves, gown and facial protection

Notes: Gloves and gown are required for interacting with a patient or a patient's environment who is on Contact Precautions, as Benita is. Based on your PCRA, you will be providing direct care to Benita who is actively vomiting which means that your hands, body and face will be exposed to splashes or sprays when performing an IV insertion and therefore facial protection (including mask and eye protection) should also be worn.

Question 10:

Benita's IV pole would be categorized as semi-critical equipment and therefore high-level disinfection would be required at minimum.

- A. True
- ✓ **B. False**

Notes: Benita's IV pole would be considered non-critical equipment as it touches only intact skin and requires cleaning followed by low-level disinfection only. Since IV poles are in frequent contact with hands, they are considered high touch surfaces and should be cleaned and disinfected regularly.

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