

IPAC for Health Care Workers in Long-Term 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 Long-Term 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 residents 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 long-term care homes 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 long-term 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 & Mario	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 Long-Term 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 – Dahlia & Ralph	30 minutes
Practice Activity: Applying IPAC Principles Scenario – Tamir & Mrs. Tiu	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 Long-Term 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 Long-Term 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](#)

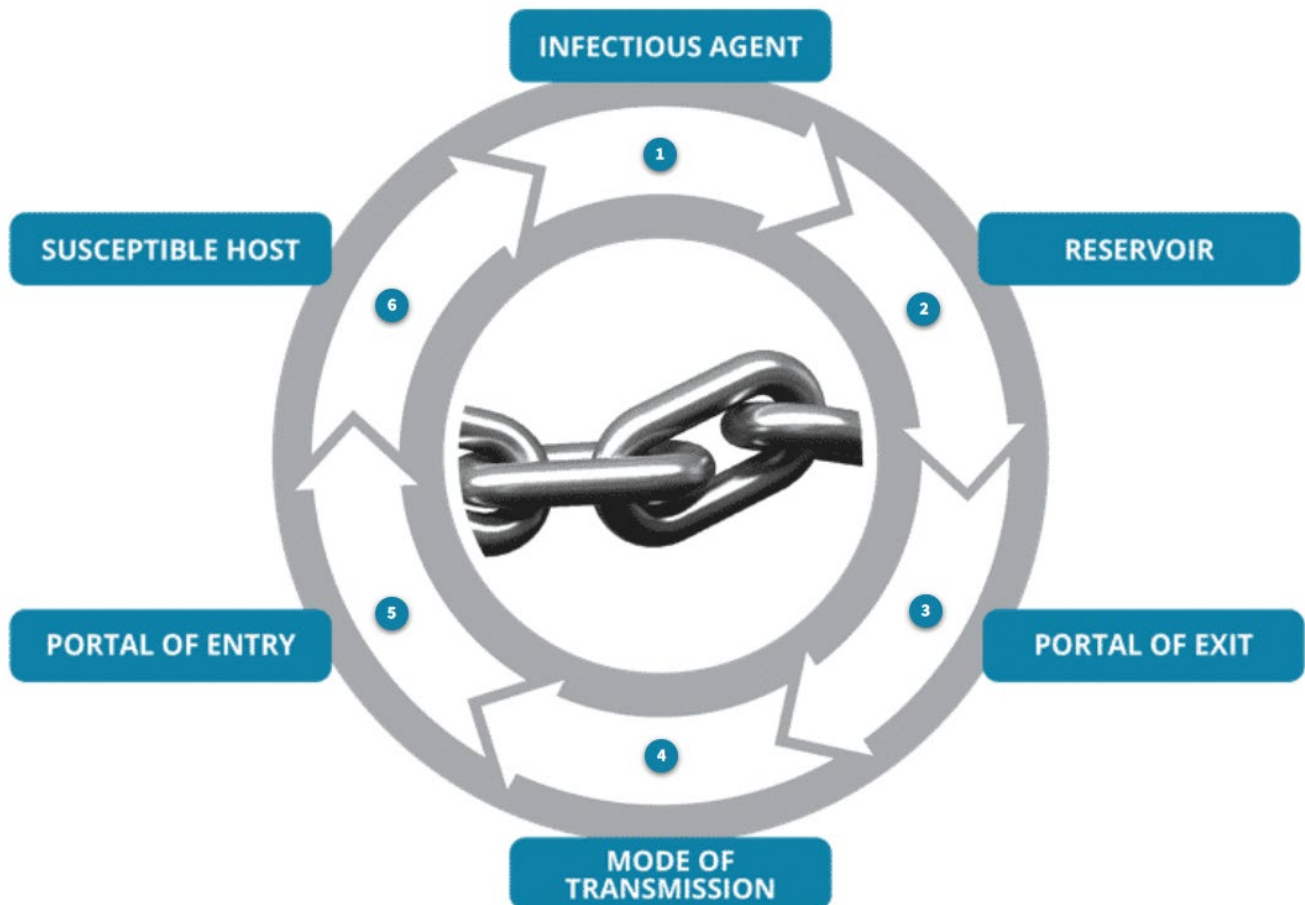


Trainer Feedback

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

A 71-year-old resident (he/him) of your long-term care home develops a fever, respiratory symptoms and sore throat. 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 resident?

Performing a point-of-care risk assessment (PCRA) should always be the first step before you carry out any 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 residents	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 resident or their environment and before going to another	Perform hand hygiene before removing eye protection	Remove your mask before leaving one resident 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 residents	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 resident	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 resident	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 residents.• Change your gloves when you go from a "dirty" task to a "clean" task on the same resident 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 resident 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 resident.• Reuse gloves by using alcohol-based hand rub (ABHR) between residents 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 resident or their environment and before going to another. This will prevent spreading of infectious agents from one resident 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 resident 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 resident 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 resident 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. Residents should never wear N95 respirators**
- B. Gloves should never be changed between different care tasks for the same resident**
- ✓ **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 resident. Sometimes, HCWs will need to change their gloves in between different care tasks for the same resident. This is to avoid transferring infectious agents from a contaminated site to a clean site on that resident. 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 resident 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 resident 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 resident 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 resident care task only if contact with blood or body fluids has occurred. Hand hygiene is to be performed after all resident 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 resident 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 resident room.
Scenario 2	An Environmental Services worker starts the daily clean of a resident 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 resident 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	Nebulizer	Blood pressure cuff
Stethoscope	Bedpan	Pulse oximeters
Ear curette	Anaesthesia equipment	Bladder scanner
Foot care equipment	Laparoscopes	Eye equipment
Catheters	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
- **Bladder scanner:** only contact with intact skin

Semi-Critical:

- **Nebulizer:** has contact with mucous membranes
- **Ear curette:** may have contact with mucous membranes
- **Anaesthesia equipment:** has contact with respiratory 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
- **Eye equipment:** may have contact with sterile tissue
- **Catheters:** 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 resident
- 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 & Mario](#)

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

[Practice Quiz](#)


Practice Activity

Additional Precautions Role Play – Eric & Mario

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, Mario, 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 & Mario

Role Play Scenario – Eric & Mario



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

Eric (to Nurse): I just started having diarrhea. My daughter 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 Mario) How are you feeling? Have you had any episodes of diarrhea?

Mario: 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 residents in this scenario?	It is preferred that residents who are on Contact Precautions are placed in a single room with a dedicated toilet and sink. If not possible, dedicate the toilet to one resident while the other uses a commode.
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 Mario?	Mario 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 resident'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 resident 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 residents 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 resident 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 resident.

Communication:

Discussion Prompt	Feedback
With whom do you need to communicate about Eric's status?	The status of a resident put on Additional Precautions needs to be communicated to the unit where the resident is accommodated, other departments, transport services and the resident'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?	Residents 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?	Residents on Additional Precautions are to remain in their rooms unless it is necessary to leave (e.g. for a diagnostic test). If the resident must leave the room, the receiving department needs to have the need for Contact Precautions communicated. The resident 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 residents 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?	Mario 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.

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 residents in this scenario?	It is preferred that residents 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 resident'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 residents 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 resident 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 resident.

Communication:

Discussion Prompt	Feedback
With whom do you need to communicate about Cormac's status?	The status of a resident put on Additional Precautions needs to be communicated to the unit where the resident is accommodated, other departments, transport services and the resident'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?	Residents 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 resident must leave the room, the receiving department needs to have the need for Contact Precautions communicated. The resident 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 resident must leave their room, the need for Droplet and Contact Precaution needs to be communicated to receiving department. The resident 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 residents 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?	Residents 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 resident 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 resident 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 resident 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 resident 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 resident with symptoms of a gastrointestinal infection (e.g., vomiting, diarrhea). Select the best response.

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

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

Question 5:

You are informed that your resident is on Airborne Precautions for suspected Tuberculosis. They need to go to the local hospital's 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 the resident is on Airborne Precautions**
- ✓ **B. Request that the resident wear a medical mask during transport (if tolerated)**
- ✓ **C. Ensure transport staff wear an N95 respirator while transporting the resident**
- D. Request that the resident 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 health care facilities whenever Additional Precautions are required and if possible, the resident should wear a medical mask during transport. While transporting the resident, the transport staff wears an N95 respirator. It's important to routinely clean and disinfect shared equipment like a wheelchair. N95 respirators are not recommended for residents since they are not properly fit tested.

Module 4

Applying IPAC Principles in Long-Term 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 resident in a long-term care home.
- 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 – Dahlia & Ralph](#)

[Applying IPAC Principles Scenario – Tamir & Mrs. Tiu](#)

[Final Quiz](#)


Practice Activity

Applying IPAC Principles Scenario – Dahlia & Ralph

Objectives

Practice conducting a Point-of-Care Risk Assessment (PCRA) using a realistic scenario involving a resident who feels unwell. Perform the PCRA prior to providing care and use the findings to identify and apply appropriate IPAC practices that ensure safe and effective resident 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 – Dahlia & Ralph

Scenario – Dahlia & Ralph



Part A: Ralph (he/him) lives in a single room in a long-term care home. For the most part, he enjoys good physical, mental, and cognitive health. Dahlia (she/her), one of Ralph's health care workers at the home, learns that Ralph has been complaining that he isn't feeling well. Dahlia decides to assess Ralph and take his vital signs, which will involve having direct contact with him. From the doorway to Ralph's room, Dahlia asks Ralph how he is feeling. Ralph greets Dahlia as usual and responds that he has a headache, a sore throat and a new cough.

Part B: As part of the care task, Dahlia decides to take Ralph's temperature to determine if he has a fever. Dahlia uses an ear thermometer with a disposable ear probe cover. She has successfully done this task many times before and Ralph agrees to have his temperature checked. Dahlia proceeds to take Ralph's temperature with an ear thermometer. It reads 39.5 degrees Celsius indicating a fever. She discards the disposable probe cover in the regular waste and immediately disinfects the thermometer with a disposable disinfectant wipe. She tells Ralph that in order to protect others from possible infection, he should only leave his room when necessary and to mask when doing so. She also instructs him to clean his hands often and that he should keep at least two meters distance from others when possible.

Part C: Dahlia says goodbye to Ralph and proceeds to doff her PPE near the doorway to his room. She removes her gloves, her eye protection, her mask and then her disposable gown and discards them right away in the regular waste before moving on to her next task.

Part A

Question 1:

Does Ralph have signs or symptoms of infection?

- ✓ A. Yes
- B. No

Notes: Ralph reports having a headache, a sore throat and a cough which could be consistent with a respiratory infection.

Question 2:

Is Dahlia's face and/or uniform at risk of exposure to blood and/or body fluids (e.g., saliva, urine, respiratory secretions, vomit?) while providing care to Ralph?

- ✓ A. Yes
- B. No

Notes: Ralph complains of having a new cough which could expose Dahlia's face and/or uniform to potentially infectious respiratory secretions while she is assessing Ralph and taking his vital signs.

Question 3:

Should Dahlia expect Ralph to be able to follow instructions and to cooperate during the care task?

- ✓ A. Yes
- B. No

Notes: Ralph has shown no signs that he is agitated or uncooperative. It is reasonable to assume that Ralph will be able to follow Dahlia's instructions during the care task.

Question 4:

Based on Dahlia's point-of-care risk assessment (PCRA), what IPAC measures will reduce the risk of acquiring or spreading infectious agents during the care task? Select all that apply.

- ✓ A. Perform hand hygiene before donning PPE
- ✓ B. Wear gloves
- ✓ C. Wear gown
- ✓ D. Wear eye protection
- ✓ E. Wear respiratory protection
- F. No measures needed since there is no confirmation of infection

Notes: Hand hygiene is always needed before donning PPE. Since Ralph has a new cough, Dahlia needs facial protection (eye protection and respiratory protection) to avoid being exposed to respiratory secretions. Since many respiratory infections are transmitted by both the contact and through the air modes of transmission, gloves and gown are needed as well.

Question 5:

Dahlia makes a note to arrange for testing for respiratory viruses and decides to wait until the laboratory results are available before initiating Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions). Is this the correct action to take?

- A. Yes
- ✓ B. No

Notes: Waiting until testing is available can put other residents and staff at risk of exposure to respiratory infectious agents. It is important to initiate Additional Precautions as soon as a respiratory infection is suspected.

Part B

Question 6:

Should Dahlia dispose of the ear probe cover in the regular waste?

- ✓ A. Yes
- B. No

Notes: The ear probe cover can be disposed of in the regular waste stream. Ear probe covers do not fit the criteria for biomedical waste.

Question 7:

Dahlia cleaned and disinfected shared equipment, in this case the ear thermometer, with an appropriate level of disinfection and she did so at the appropriate time.

- ✓ A. True
- B. False

Notes: Dahlia was correct in disposing of the single-use ear probe cover and performing low-level disinfection on the thermometer as soon as she was finished with it. Even though the thermometer had a disposable probe cover, it still requires low-level disinfection due to contact with Dahlia's hands and potential contact with Ralph.

Question 8:

Dahlia communicated appropriate IPAC measures for Ralph to take.

- ✓ A. Yes
- B. No

Notes: Dahlia was correct in her recommendation to Ralph to wear a mask when leaving his room as source control to prevent transmission of an infectious agent, to maintain physical distance from others, and to clean his hands often as measures to reduce the spread of infection.

Part C

Question 9:

It is acceptable that Dahlia did not perform hand hygiene after doffing PPE since she wore gloves through her entire interaction with the resident who may have a respiratory infection?

- A. Yes
- ✓ B. No

Notes: Performing hand hygiene is required before donning and after doffing PPE. Gloves are not a substitute for hand hygiene. Hands can become contaminated during the process of removing the gloves, even if removed carefully following the glove-to-glove and skin-to-skin technique.

Question 10:

Dahlia has doffed her PPE in the correct order.

- A. Yes
- ✓ B. No

Notes: The correct order for doffing PPE is to: Remove gloves > Remove gown > Perform hand hygiene > Remove eye protection > Remove mask > Perform hand hygiene once more


Practice Activity

Applying IPAC Principles Scenario – Tamir & Mrs. Tiu

Objectives

Perform a PCRA prior to providing care to a resident with a possible gastrointestinal infection and apply appropriate Additional Precautions based on the resident'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 – Tamir & Mrs. Tiu

Scenario – Tamir & Mrs. Tiu



Part A: Mrs. Tiu (she/her) shares a double room with Ms. Cohen (she/her) in a long-term care home. Mrs. Tiu has been suffering from signs of a possible gastrointestinal infection including vomiting and diarrhea. Contact Precautions have been initiated, and Mrs. Tiu is later confirmed to have a norovirus infection after testing. Appropriate signage has been posted on the door of the shared room.

Because separate rooms could not be arranged for the roommates, Mrs. Tiu has been instructed by staff to use a commode and an emesis bag instead of the shared washroom with Ms. Cohen. She's also been asked to avoid dining or socializing in communal areas of the residence until Additional Precautions are formally discontinued.

Part B: There are concerns of Mrs. Tiu becoming dehydrated. Tamir (he/him), one of the health care workers at the residence, has been tasked with performing an IV insertion for Mrs. Tiu so she can receive fluids. Tamir has only performed this type of procedure once before, and he is nervous about it. Tamir considers Mrs. Tiu's cognitive status. Despite her physical symptoms, she remains alert, cooperative, and able to follow directions. He decides to push past his nerves and goes ahead with the procedure on his own because he doesn't want to disappoint his new supervisor. Tamir gathers all the supplies he needs to perform the procedure. He performs hand hygiene with ABHR and then dons a gown and then gloves. He double checks that there is sharps disposal at the point-of-care.

Part C: Tamir is pleased that the procedure goes well. He discards the used needle in the sharps disposal. Mrs. Tiu asks for help putting her soiled clothing in the nearest laundry bin. Though Tamir does so carefully, he notices a splash of body fluid above the cuff of his glove on the skin of his wrist. After exiting the room, Tamir doffs and discards his gloves using the glove-to-glove, and skin-to-skin technique, performs hand hygiene using ABHR, doffs and discards his gown and then performs hand hygiene once more.

Part D: A few days later, Mrs. Tiu reports a significant improvement of her symptoms. Tamir decides that she can resume using shared spaces, including the washroom, dining room, and social areas. He knows that the commode needs to be cleaned and disinfected using a low-level disinfectant before removing it from the room.

Part A

Question 1:

The Additional Precautions measures required of Mrs. Tiu in this scenario were appropriate.

- ✓ A. True
- B. False

Notes: Contact Precautions is correct because norovirus is transmitted through direct or indirect contact with the virus. Contact Precautions includes placing signage on Mrs. Tiu's room or bed space, ensuring staff wear proper PPE when having contact with her or her environment, providing her with a commode and emesis bag and restricting participation in communal activities until Additional Precautions have been discontinued. Mrs. Tiu has been instructed by staff to use a commode and an emesis bag instead of the shared washroom with Ms. Cohen. She's also been asked to avoid dining or socializing in communal areas of the residence until Additional Precautions are formally discontinued.

Part B

Question 2:

Tamir conducted a PCRA at the appropriate time.

- ✓ A. True
- B. False

Notes: Tamir correctly reflected on the anticipated interaction with Mrs. Tiu and performed a PCRA before his interaction with her.

Question 3:

Based on Tamir's PCRA it was appropriate not to seek any help with the procedure.

- A. True
- ✓ B. False

Notes: Asking an experienced co-worker for support in situations where there may be a lack of experience and/or confidence would be recommended

Part C

Question 4:

Tamir doffs his PPE in the correct prescribed order.

- ✓ A. True
- B. False

Notes: Gloves are to be removed first because they are the dirtiest piece of PPE, followed by the gown.

Question 5:

Tamir uses the correct hand hygiene method after doffing gloves.

- A. True
- ✓ B. False

Notes: ABHR is appropriate to use when hands are not visibly soiled. Tamir noticed visible body fluid on his skin therefore using soap and water is a more appropriate hand hygiene method.

Question 6:

Using a sharps container at the point-of-care, is an example of an IPAC Routine Practice.

- ✓ A. True
- B. False

Notes: The use of sharps containers at point-of-care helps reduce the risk of sharps injuries from sharps that may not have been disposed of correctly. This is a key component of Routine Practices.

Question 7:

Mrs. Tiu's laundry should have been discarded in a special designated laundry bin because she is on Additional Precautions for contact transmission.

- A. True
- ✓ B. False

Notes: Soiled linen and laundry should be handled the same regardless of whether or not the resident is on Additional Precautions.

Part D

Question 8:

Tamir does not have the authority to discontinue Additional Precautions.

- ✓ A. True
- B. False

Notes: Decisions about discontinuing Additional Precaution should be made in consultation with the IPAC professional or designate and in accordance to organizational policies.

Question 9:

Tamir reprocessed the commode with the appropriate level and method of disinfection.

- ✓ A. True
- B. False

Notes: Commodes are considered non-critical because they only have contact with intact skin. Non-critical equipment requires low-level disinfection.


Final Quiz

IPAC for Health Care Workers in Long-Term Care

Objectives

Assess participants' overall understanding of IPAC principles and their ability to apply them in long-term 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 Long-Term Care

Final Quiz Scenario



Edna (she/her), one of the residents in the long-term care home you work in, lives with dementia. It is common for Edna to display confusion and trouble orienting to person, place and time. Edna has an infected wound on her leg with a small amount of drainage. You plan to perform basic wound care and replace the bandage, a care task that you are very experienced providing for residents like Edna. Based on your previous experience working with Edna, you know that she can at times, become unpredictably agitated and uncooperative.

Question 1:

Based on what you know about the Chain of Transmission, what is the likely mode of transmission of the infectious agent causing the leg wound infection? Select all that apply.

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

Notes: Infectious agents that can cause wound infections often use direct or indirect contact as the mode of transmission.

Question 2:

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

- ✓ **A. Yes**
- B. No

Notes: Based on the nature of the interaction, you will have direct contact with both Edna and her environment during the provision of care.

Question 3:

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

- A. Yes
- ✓ **B. No**

Notes: A basic wound care task such as changing a bandage would not expose the face to blood and/or body fluids.

Question 4:

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: Edna has an open wound with a small amount of drainage so there is a risk of exposure of your body or uniform to blood or body fluids.

Question 5:

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

✓ **A. Yes**

B. No

Notes: You are experienced in this care task. It is reasonable to assume that you can safely perform basic wound care without assistance.

Question 6:

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

A. Yes

✓ **B. No**

Notes: Based on Edna's history, you know that she can become agitated and uncooperative. Given the possibility that she may not be able to follow instructions during the care task, you should consider taking additional safety measures.

Question 7:

Based on your risk assessment, what PPE would you select to wear?

✓ **A. Gloves**

✓ **B. Gown**

C. Medical mask

D. Eye protection

E. None of the above

Notes: Based on your PCRA, PPE that protects the skin and clothing should be chosen.

Question 8:

Which statement(s) about hand hygiene is/are true in this situation? Select all that apply.

- ☐ A. Hand hygiene is not necessary because wearing gloves eliminates the need for hand hygiene
- ☒ B. Hand hygiene must be performed before donning the appropriate PPE
- ☒ C. Hand hygiene must be performed after doffing the appropriate PPE
- ☐ D. Hand hygiene using soap and water is the preferred method in the absence of visible soiling

Notes: Hand hygiene is essential before donning and after doffing PPE. Gloves do not eliminate the need for hand hygiene, and the use of alcohol-based hand rub is the preferred method for hand hygiene in the absence of visible soiling.

Question 9:

After changing the bandage on Edna's wound, you notice the bandage is slightly wet and dispose of it in a bag designated for biomedical waste. Is this the correct action to take?

- ☐ A. Yes
- ☒ B. No

Notes: Only bandages soaked with blood to the point that it can be released when compressed or squeezed are considered biomedical waste and require special handling. Bandages with a small amount of wound drainage can be disposed of in the general waste stream.

Question 10:

If a culture of Edna's wound indicates that it is infected with Methicillin-Resistant Staphylococcus aureus (MRSA), an infectious agent that requires Contact Precautions, what steps should be taken to prevent transmission?

- ☒ A. Dedicate equipment to Edna, if possible
- ☒ B. Determine if Edna can be accommodated in a single room and relocate her, if possible
- ☐ C. Restrict visitors for as long as Edna test positive for MRSA
- ☒ D. Place a contact precautions sign on Edna's door or bed space

Notes: Elements of Contact Precautions include placing appropriate signage on the door and dedicating medical equipment if possible. Accommodation in a single room is preferred but if not possible, separation within a multi-bed room can be created by using privacy curtains and dedicating toileting facilities. Communication through signage is important and visitors need not be restricted from visiting. They are to wear appropriate PPE and perform hand hygiene when indicated.

Public Health Ontario

661 University Avenue, Suite 1701

Toronto, Ontario

M5G 1M1

416-235-6556

communications@oahpp.ca

publichealthontario.ca

