

IPAC for Health Care Workers in Primary 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 Primary 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 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 primary care 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 primary care settings. It provides trainer tips and notes, feedback for practice activities and quizzes, and printable worksheets aligned with the course content to support discussions, lead activities, and enhance participant engagement throughout the training. You should use this guide alongside the participant handbook and presentations. Be sure to review this guide in advance and print any relevant practice activity worksheets before delivering the in-person training.

Planning Your Training Sessions

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

General Preparation

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

Sample Agendas

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

Module 1: Introduction to IPAC and Routine Practices

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

Total: 3.0 hours

Module 2: Foundational Elements in Routine Practices

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

Total: 2.5 hours

Module 3: Additional Precautions in IPAC

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

Total: 2.0 hours

Module 4: Applying IPAC Principles in Primary 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 – Tareq & Dr. Lasch	30 minutes
Practice Activity: Applying IPAC Principles Scenario – Mr. Sabri & Carmen	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 Primary 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 Primary 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](#)

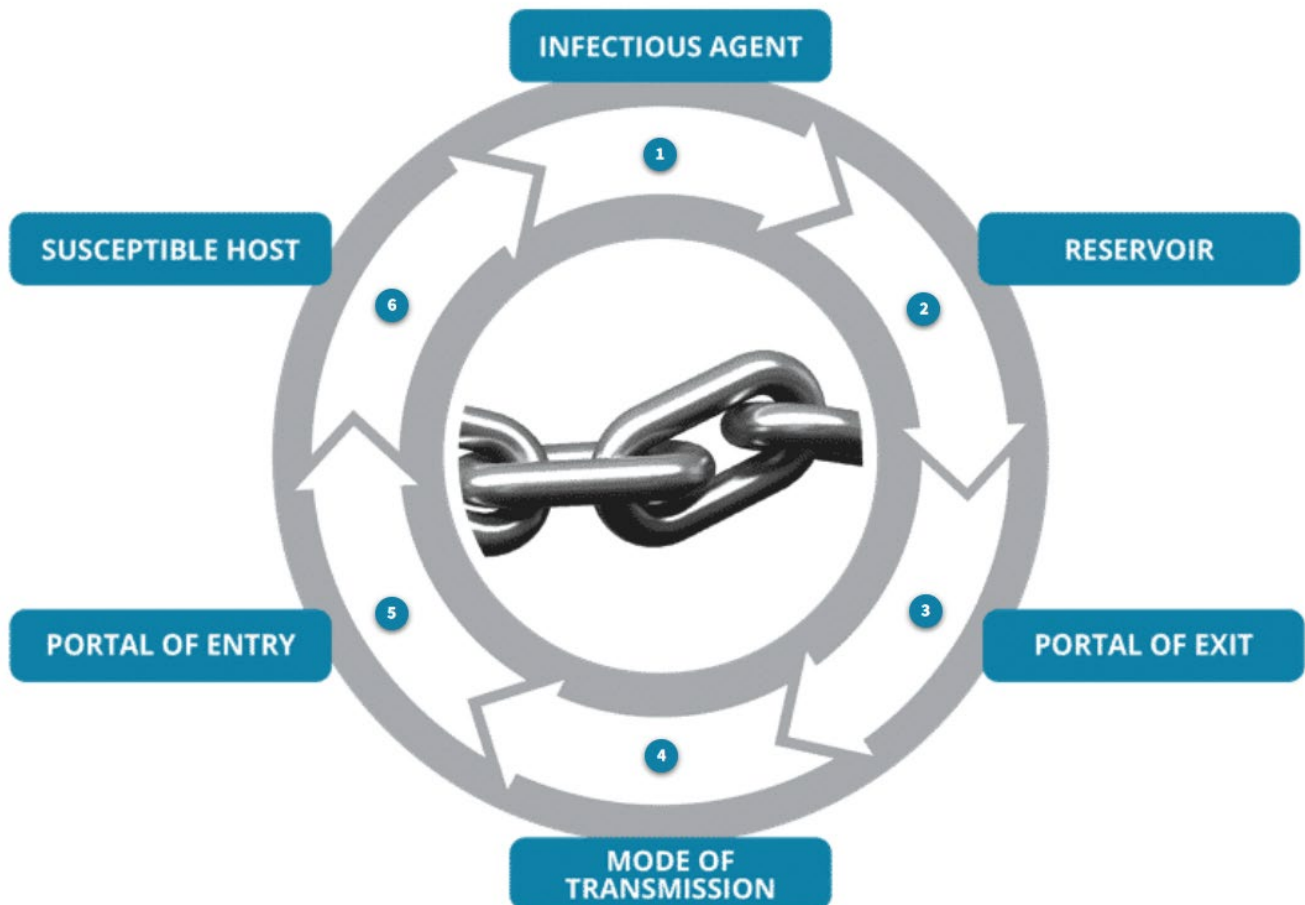


Trainer Feedback

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 man (he/him) presents to your clinical office 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	After a patient leaves an examination room, the staff member responsible for cleaning replaces the exam table paper and moves on to cleaning and disinfecting the counter and sink.		✓	Even if exam table paper is used, the exam table needs to be cleaned and disinfected once the paper has been removed. It's also important that work progresses from clean to dirty areas to avoid moving dirt and microorganisms from dirty to cleaner surfaces.
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 Number	Scenario	Appropriate	Inappropriate	Feedback/Explanation
Scenario 5	A HCW double-bags waste.		✓	Double-bagging waste is not necessary.
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 carries a used bandage out of an examination room to dispose of it in a garbage bin at the end of the hallway.		✓	The used bandage 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	Examination table	Blood pressure cuff
Stethoscope	Baby scale	Pulse oximeters
Diaphragm fitting rings	Reusable ear speculum	Vaginal ultrasound probes
Foot care equipment	Vaginal tenaculum	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
- **Baby scale:** only contact with intact skin
- **Pulse oximeters:** only contact with intact skin
- **Examination table:** only contact with intact skin

Semi-Critical:

- **Diaphragm fitting rings:** has contact with vaginal mucosa
- **Reusable ear speculum:** has contact with mucous membranes
- **Vaginal ultrasound probes:** has contact with vaginal mucosa
- **Specula:** has 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
- **Vaginal tenaculum:** has contact with vaginal mucosa and sterile tissue
- **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) arrives at his doctor's office during walk-in hours, with his wife Karina (she/her) and asks to see a doctor. Listen to their conversation. Eric has signs and symptoms of a gastrointestinal infection.

Eric (at triage desk): I have stomach pain and have been uncontrollably vomiting and experiencing diarrhea for over 24 hours. I'm worried that I'm getting dehydrated. I feel awful.

Karina: I had the same symptoms a few days ago but I'm feeling better now.

Triage Receptionist: Wait here a moment while I find you a room. Do you need an emesis bag or access to a washroom?

Eric: (nods)

Narrator: What steps should be taken?

Accommodation:

Discussion Prompt	Feedback
Can Eric wait in the waiting room?	It is preferred that patients who are on Contact Precautions do not wait in the waiting room, in close proximity to other patients.
What would the best accommodation be for Eric?	The best accommodation for Eric is to be placed in an examination room immediately. Eric should also be directed to a washroom and given an emesis bag while he waits.
Are there any accommodation considerations for Karina?	There are no accommodations or restrictions for Karina if she is no longer experiences signs/symptoms of a gastrointestinal infection. Karina may continue to accompany Eric.

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. Based on your point-of-care risk assessment, facial protection may be required if the patient is vomiting.
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 after the patient has left?	Close the examination room until it has been cleaned and disinfected. Clean and disinfect equipment and surfaces that the patient has been in contact with.
Which surfaces are high-touch surfaces? Is special cleaning required?	The high-touch surfaces may include: ABHR dispenser, doorknobs, examination table, washroom surfaces (if used).
What products are appropriate for enteric infectious agents like Norovirus or <i>Clostridioides difficile</i> ?	Use a sporicidal disinfectant if <i>C. difficile</i> suspected. For Norovirus, product need to have virucidal claim. Health care-grade disinfectants must have a Drug Identification Number (DIN).

Medical Devices/ Equipment:

Discussion Prompt	Feedback
What do you need to do with equipment used when providing care for Eric?	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 area where the patient is accommodated and to any HCW who might have contact with the patient.
What do you need to communicate about Eric?	The specific type of Additional Precautions needs to be communicated.
Do you communicate any special instructions to Eric?	Direct Eric to perform hand hygiene, to use the emesis bag if he needs to vomit and to inform a HCW if he uses the washroom.

Additional Reflection Questions:

- What barriers exist when applying Contact Precautions in your clinic?
- How can we improve signage, supplies, or communication to support staff during these scenarios?
- What, if anything, would you do differently if the patient was a child or elderly patient?


Practice Activity

Additional Precautions Role Play – Cormac & Jose

Objectives

Apply and discuss the different elements of Additional Precautions.

Estimated Time

 20 minutes

Materials

Participant worksheet, trainer feedback

Format

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

Instructions

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



Trainer Feedback

Additional Precautions Role Play – Cormac & Jose

Role Play Scenario – Cormac & Jose



Narrator: Cormac (he/him) is a patient of a family health team and calls to make an appointment for a possible acute respiratory infection. Jose (he/him) is responsible for booking and planning for the appointment. Listen to their conversation.

Jose: Good morning, this is Jose from XYZ family health team. How may I help you today?

Cormac: I'd like to make an appointment to see a doctor. I feel awful.

Jose: I'm sorry to hear that. What are your symptoms?

Cormac: I feel really hot, my throat is sore, and I have a bad cough. It just started two days ago but it's not getting better.

Jose: The doctor can see you tomorrow. Does that work for you?

Cormac: Yes. I will come in tomorrow.

Narrator: What IPAC measures should be taken for Cormac's appointment in different areas of the clinic?

Reception Area:

Discussion Prompt	Feedback
Is there anything different you would say or do if you were the receptionist?	Consider asking other screening questions such as: Have you had contact with someone sick recently? Have you travelled recently? Consider providing instructions for precautions Cormac can take upon arrival such as hand hygiene, wearing a mask and directing him where to go if he should not wait in the waiting room. Consider offering a virtual appointment if appropriate or scheduling the appointment at the beginning or end of the day when there are fewer patients in the clinic.

Discussion Prompt	Feedback
What should Cormac do when he arrives for his appointment?	Upon arrival to the clinic, Cormac should be asked to perform hand hygiene, wear a medical mask, practice respiratory etiquette and wait in an area separate from others.
Where should Cormac wait for his appointment?	If possible, Cormac should be taken directly to an examination room and immediately seen by the physician. If not possible, have him sit at a distance from other patients.
Are there steps that can be taken in the physical space or workflow to minimize risk of infection transmission in the waiting area?	<p>Provide alcohol-based hand rub and a medical masks near the entrance or reception so patients can easily access them.</p> <p>Set up chairs in the waiting area to maximize distance/separation between them.</p> <p>Post passive screening and respiratory etiquette signage in the waiting area visible to the patients.</p> <p>Ask patients to arrive close to their appointment time to minimize crowding and have separate entrance and exit pathways for the patients if possible.</p>

Procedure/Examination Room Signs:

Discussion Prompt	Feedback
What signs would you need?	Droplet and Contact Precautions are required for this patient. In order to communicate the correct precautions to HCWs, a sign can be placed in a visible location, like the door to the procedure/examination room.

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 (e.g. near the door of a procedure/examination room).

Environmental Cleaning and Disinfection:

Discussion Prompt	Feedback
What area(s) in the examination room need to be cleaned and disinfected after Cormac has left?	Clean and disinfect equipment and surfaces in the patient environment. This may include the examination table, armrests on chairs and any equipment used on the patient (e.g. blood pressure cuff, stethoscope).
Which surfaces in a doctor's office need to only be cleaned periodically, according to a fixed schedule?	Surface and items that are not considered high touch may only require periodic cleaning or when visible soiled. Some examples include appliances, ceilings, walls, and furnishings in reception areas or away from patient care-areas.

Medical Devices/ Equipment:

Discussion Prompt	Feedback
What do you need to do with equipment used when providing care for Cormac?	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 area where the patient is accommodated, and to any HCW who might have contact with the patient. family.
What do you need to communicate about Cormac?	The specific type of Additional Precautions needs to be communicated.


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 IPAC measures should be applied when an examination room is not immediately available for a patient with symptoms of a gastrointestinal infection (e.g., vomiting, diarrhea). Select the best response.

- ☐ **A. Tell the patient to go home until they are not longer vomiting and experiencing diarrhea**
- ☐ **B. Provide the patient with a medical mask to wear**
- ✓ **C. Ask the patient to perform hand hygiene and let them know where a washroom is, while prioritizing them for placement in an examination room as soon as possible**
- ☐ **D. Send the patient to the nearest hospital**

Notes: The patient should be prioritized for an examination room as soon as possible. Patients with signs and symptoms of a gastrointestinal infection can be managed with Contact Precautions. It is appropriate to ask the patient to perform hand hygiene.

Question 5:

You are informed that a patient coming in for an appointment has suspected Tuberculosis. They will 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 requires Airborne Precautions**
- ✓ **B. Request that the patient wear a medical mask (if tolerated)**
- ✓ **C. Recommend that the diagnostic imaging staff wear N95 respirators while interacting with the patient**
- ☐ **D. Request that the patient wears an N95 respirator**
- ✓ **E. Clean and disinfect equipment following Routine Practices**

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 the appointment. Diagnostic imaging staff should wear N95 respirators. 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 Primary 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 patient in a primary care setting.
- 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](#)
– Tareq & Dr. Lasch

[Applying IPAC Principles Scenario](#)
– Mr. Sabri & Carmen

[Final Quiz](#)


Practice Activity

Applying IPAC Principles Scenario – Tareq & Dr. Lasch

Objectives

Practice conducting a Point-of-Care Risk Assessment (PCRA) using a realistic scenario involving a patient with an infection. 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 – Tareq & Dr. Lasch

Scenario – Tareq & Dr. Lasch



Part A: Tareq (he/him) waits in a clinic exam room under Contact Precautions to be seen by his family doctor, Dr. Lasch (she/her), about a worsening open blister and inflammation on his arm that is oozing. Dr. Lasch reviews Tareq's medical file and is aware of Tareq's recent Methicillin Resistant *Staphylococcus aureus* (MRSA) wound infection on the same arm. Before entering the room to examine Tareq, Dr. Lasch takes a moment to consider potential risks of acquiring or spreading infection and the measures she can take to reduce these risks. She thinks about what she knows of Tareq's physical status, how she will need to interact with him during this appointment, her own skill level in doing so, and any behavioural issues she might expect from Tareq that could be risk factors for the possible transmission of infection.

Part B: During the exam, Dr. Lasch treats the inflamed site. She realizes she will need to leave the exam room to gather more supplies. She doffs her PPE, discards it in a general waste receptacle just inside the entrance of the exam room and performs hand hygiene. Once she has the supplies she needs, she re-enters the exam room, sets down her supplies, performs hand hygiene and dons new PPE once again before performing an aseptic procedure.

Part C: Before finishing with Tareq, Dr. Lasch gives him an injection using a safety-engineered needle. Immediately afterwards, she safely disposes of the needle in a sharps container at point-of-care. At the end of the appointment, she appropriately and safely doffs her PPE, performs hand hygiene with alcohol-based hand rub (ABHR) and then moves onto her next task. After Tareq leaves, Ms. Harkov (she/her), another health care worker at the clinic, prepares the room for the next patient by performing hand hygiene, donning gloves, and then cleaning and disinfecting the exam table. She then wipes down frequently touched surfaces and equipment using disinfectant wipes. She then replaces the sharps container as she notices it is full. She doffs her gloves, performs hand hygiene and replaces the exam table paper.

Part A

Question 1:

Does Dr. Lasch's thought process before her interaction with Tareq illustrate an example of a point-of-care risk assessment (PCRA)?

- ✓ **A. Yes**
- B. No

Notes: Dr. Lasch performed a PCRA and focused on three main areas: the task she is going to do, what she knows about the patient, and what she knows about the controls in place.

Question 2:

Consider the condition of Tareq's skin. What link(s) in the Chain of Transmission could Tareq's worsening blister represent? Select all that apply.

- ✓ **A. Portal of entry**
- ✓ **B. Portal of exit**
- C. Susceptible host
- D. Mode of transmission

Notes: Tareq's worsening open blister could represent the Portal of Entry as the skin barrier has been compromised. It could also represent the Portal of Exit. If Tareq's wound is infected, the oozing from the blister could be a source of infectious agents (possibly MRSA). Non-intact skin alone doesn't define susceptibility, and the Mode of Transmission refers to the mechanism the specific infectious agents can use to reach a susceptible host.

Question 3:

What areas of Dr. Lasch may be at risk of exposure to potentially infectious agents while physically examining Tareq? Select all that apply:

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

Notes: Dr. Lasch will be providing direct care such as examining Tareq's arm. Her hands and clothing may be exposed to non-intact skin.

Question 4:

As part of her PCRA, Dr. Lasch supposes that Tareq is very unlikely to display any behavioural issues that may pose additional risk factors. She also affirms her own confidence in her skill in performing a skin exam. Based on her PCRA, what measures should Dr. Lasch take to reduce the risk of acquiring or spreading infection before entering the exam room? Select all that apply:

- ☐ A. Don medical mask
- ☐ B. Don eye protection
- ☒ C. Don gown
- ☒ D. Perform hand hygiene before donning gloves
- ☐ E. Ask for assistance
- ☐ F. Plan to maintain two metres of distance from Tareq

Notes: For a cooperative patient, performing hand hygiene before donning gloves and wearing a gown are sufficient to protect you from infectious transmission in this scenario. Because of Tareq's history of MRSA, Contact Precautions would be indicated for Tareq. Dr. Lasch's use of PPE based on her PCRA is consistent with PPE requirements for Contact Precautions. There is no need to ask for assistance because she is confident in this interaction and patient behaviour will be predictable. Physical distancing is not feasible as direct care is needed here.

Part B

Question 5:

True or false? It was necessary for Dr. Lasch to doff PPE before leaving the room to gather supplies.

- ☒ A. True
- ☐ B. False

Notes: Gloves and gown must be removed and hand hygiene performed upon leaving the room to gather more supplies. Upon returning to the room, Dr. Lasch needs to again perform hand hygiene and new PPE must be donned before providing care. This will help stop the spread of infectious diseases.

Question 6:

True or false? Used PPE should not be discarded in designated biomedical waste but rather in a general waste receptacle.

- ☒ A. True
- ☐ B. False

Notes: PPE is not considered biomedical waste and should be discarded in the general waste receptacle. The waste receptacle should be located just inside the entrance of the room to facilitate PPE removal.

Part C

Question 7:

True or false? It is important to perform hand hygiene after removing gloves.

- ✓ A. True
- B. False

Notes: It is important to perform hand hygiene after removing gloves due to the risk of holes or micro tears in gloves that are not visible to the naked eye or the risk of contaminating your hands when gloves are being removed.

Question 8:

True or false? Sharps containers should be replaced when $\frac{3}{4}$ full instead of when they are completely full.

- ✓ A. True
- B. False

Notes: To prevent sharps injuries, it is important that sharp containers be sealed and replaced once contents reach the fill line (three quarters). A sharps container filled beyond the fill line creates a hazard as sharps that are deposited beyond this point may not fully go in, creating a risk of sharps protruding from the container and requiring avoidable and unnecessary contact with used sharps..

Question 9:

True or false? Ms. Harkov's approach to preparing the exam room for the next patient was appropriate.

- ✓ A. True
- B. False

Notes: Assuming that the disinfectant used was approved (i.e., has a Drug Identification Number or DIN) and manufacturer's instructions for use were followed, Ms. Harkov did follow a proper process. She disinfected all surfaces and equipment that were high touch and came into contact with the patient and replaced the sharps container as it was full. The use of exam table paper is not necessary as an IPAC measure, however, if it is used, then removing it and cleaning/disinfecting the table between patients is necessary.


Practice Activity

Applying IPAC Principles Scenario – Mr. Sabri & Carmen

Objectives

Perform a PCRA prior to providing care to a patient in a busy walk-in medical clinic.

Estimated Time

 30 minutes

Materials

Participant worksheet, trainer feedback

Format

Individual or small groups

Instructions

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



Trainer Feedback

Applying IPAC Principles Scenario – Mr. Sabri & Carmen

Scenario – Mr. Sabri & Carmen



Part A: Mr. Sabri (he/him) works at reception at a busy walk-in medical clinic. A new patient, Carmen (they/them), arrives for an urgent appointment related to a reaction they are having to new medication.

Mr. Sabri notices that Carmen is actively coughing and sneezing when they enter the clinic. Before checking them in, he considers all potential risks of acquiring or spreading infection. From behind the Plexiglass partition, he immediately instructs Carmen to perform hand hygiene using a nearby ABHR dispenser, to don a mask and to wait off to the side away from others until an exam room is available, rather than in the waiting room which is currently very full. In the meantime, Mr. Sabri places an Additional Precautions flag on Carmen's medical chart. As soon as a room is available, Mr. Sabri escorts Carmen while maintaining two meters of physical distance.

Part B: Dr. Marinucci (he/him) approaches the exam room that Carmen is in. Upon picking up their chart, he notices there is an Additional Precautions flag indicating Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) are required. He does his own PCRA, then performs hand hygiene, dons the appropriate PPE based on the Additional Precautions indicated, and enters the room. During the appointment, he asks Carmen for consent to collect a nasopharyngeal specimen to be tested. They agree and remove their mask temporarily for the procedure. Dr. Marinucci discards waste from the procedure in a general waste receptacle at the point-of-care.

Part C: Once the appointment is over, Dr. Marinucci removes and discards his PPE in the doorway of the exam room. First, he removes his facial protection, performs hand hygiene, and then removes and discards his gown, followed by his gloves using the glove-to-glove and skin-to-skin technique before once again performing hand hygiene.

Part A

Question 1:

True or false? Mr. Sabri's thought process before interacting with this new patient illustrates an example of a point-of-care risk assessment (PCRA).

✓ **A. True**

B. False

Notes: Mr. Sabri performed a PCRA by assessing the risk of infection, the need for PPE and how best to prevent transmission to himself and others. Based on this assessment he determined that maintaining a two-meter distance while escorting Carmen into the exam room was sufficient to prevent transmission as Carmen is cooperative and able to tolerate wearing a mask.

Question 2:

Consider Carmen's signs and symptoms of infection. Using the Chain of Transmission, through what portal(s) of entry could an infectious agent enter into a susceptible host to cause an infection? Select all that apply.

✓ **A. Mucous membranes (e.g., eyes, nose, mouth)**

B. Gastrointestinal tract

C. Broken skin

✓ **D. Respiratory tract through inhalation**

Notes: Carmen's signs and symptoms are consistent with an acute respiratory infection. Most respiratory infections are spread by both contact and transmission through the air with infectious agents gaining entry through either mucous membranes (e.g., nose, eyes, mouth) or the respiratory tract.

Question 3:

True or false? Based on his PCRA, the measures Mr. Sabri takes to control and reduce risks of acquiring and spreading infection are appropriate.

✓ **A. True**

B. False

Notes: Given that Carmen's visit is necessary, the measures Mr. Sabri has taken are indeed appropriate based on his PCRA. Since respiratory infections spread by contact and transmission through the air, asking them to wear a mask, perform hand hygiene, and to maintain physical distance are all measures that can be put in place to reduce the risk of infection spreading. Please note that if a visit is not urgent, consideration should be given to rescheduling.

Question 4:

True or false? Mr. Sabri should not have initiated Additional Precautions until lab results have confirmed Carmen'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. Mr. Sabri was correct in flagging Carmen's medical chart with Additional Precautions for Acute Respiratory Infections (also known as Droplet and Contact Precautions) and accommodating them away from others.

Part B

Question 5:

True or false? Dr. Marinucci did not have to do a PCRA, since Mr. Sabri, another health care worker, already did one.

- A. True
- ✓ B. False

Notes: Performing a PCRA should be every health care worker's first step before every interaction with a patient. PCRAs should be carried out before any activity regardless of if the patient is on Additional Precautions. Each interaction is a new opportunity for a PCRA as circumstances can and do change.

Question 6:

Based on the Additional Precautions indicated, as well as his PCRA, what PPE should Dr. Marinucci don before entering Carmen's exam room? Select all that apply.

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

Notes: Dr. Marinucci needs to wear eye protection and a medical mask to protect his mucous membranes when within two meters of Carmen, and gloves and a gown to protect his clothing and hands while providing direct care. Please be aware that respiratory protection may vary due to emerging pathogens. Please refer to local guidelines.

Part C

Question 7:

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

- ✓ A. True
- B. False

Notes: The correct order is: Remove gloves > Remove gown > Perform hand hygiene > Remove eye protection > Remove medical mask > Perform hand hygiene again.


Final Quiz

IPAC for Health Care Workers in Primary Care

Objectives

Assess participants' overall understanding of IPAC principles and their ability to apply them in primary 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 Primary Care

Final Quiz Scenario

After seeing his family doctor about an urgent issue, Alok (he/him) is instructed to go to the lab and get blood work down the hall. You are the experienced health care worker who will be taking Alok's blood sample. Alok communicates with you that he feels uneasy about needles and is feeling very nauseated. He states that he might vomit but remains alert and cooperative.



Question 1:

Will you have contact with Alok and/or his environment?

- ✓ A. Yes
- B. No

Notes: Providing an aseptic procedure such as administering a vaccine or drawing blood is example of direct care and you will have contact with Alok and his environment.

Question 2:

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 may vomit means your face may be exposed to splashes/sprays from body fluids.

Question 3:

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 may vomit means that your skin and clothing may be exposed to splashes/sprays or items contaminated with excretions and secretions.

Question 4:

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

- ✓ A. Yes
- B. No

Notes: Since you are experienced in performing this care task, it is safe to continue without asking for assistance. Asking how skilled you are at any given task is an important part of a point-of-care risk assessment. Cases where you are less skilled at performing a particular procedure may require you to request additional help to ensure that it is done safely.

Question 5:

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

- ✓ A. Yes
- B. No

Notes: Though Alok is unwell, he is able to 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 6:

Based on your point-of-care risk assessment, what measures will you use to reduce and control the risk of acquiring or transmitting infectious agents when performing a blood withdrawal procedure for Alok? Select all that apply.

- ✓ A. Perform hand hygiene before donning PPE
- ✓ B. Don gloves
- ✓ C. Don gown
- ✓ D. Don eye protection
- ✓ E. Don medical mask

Notes: Hand hygiene is required prior to donning PPE and before having contact with a patient as indicated by the Four Moments of Hand Hygiene. The PPE required is based on the risk of exposure to mucous membranes, clothing and hands if Alok vomits during the care task

Question 7:

If Alok vomits during the procedure, what steps should be taken?

- A. Clean up visible soiling and allow 5 minutes for paper towels to absorb contents
- ✓ B. Clean and disinfect the area immediately
- C. Once Alok leaves, close the door to the room and clean and disinfect at the end of the day

Notes: Surfaces in clinical areas need to be cleaned and disinfected immediately when there is visible soiling with blood or other body fluids, excretions or secretions. Based on your assessment of risk, ensure you put on the appropriate PPE when handling body fluids.

Question 8:

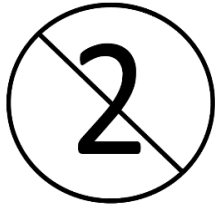
True or false? Since the needle you are using to take Alok's blood is safety-engineered, it is safe to leave it on the table while completing your paperwork.

- A. True
- ✓ B. False

Notes: All sharps, including safety-engineered needles should be disposed immediately after use.

Question 9:

You notice that the box of tourniquet's has a symbol on it that looks like a crossed-out number two in a circle. What does this symbol mean?



- A. You can reuse each tourniquet up to two times without disinfecting it
- B. It is the manufacturer's logo
- ✓ C. Each tourniquet should only be used once and disposed of immediately after use
- D. Never use two or more tourniquets at a time

Notes: It is important to remember that some medical equipment and devices are designed to be single-use and are intended to be disposed of immediately after use. This symbol indicates that the item is a single-use item.

Question 10:

When you are ready to dispose of the needle, you notice that the sharps container at the point-of-care is overfilled. What action should you take?

- A. Dispose of the needle in a general waste container
- B. Carry the needle down the hall where you know another sharps container is located
- C. Force the needle into the sharps container
- ✓ D. Call for assistance to request that a new sharps container be brought into the room

Notes: Sharps must be disposed of in appropriate sharps containers at the point-of-care. It is unsafe to force a needle into an overfilled sharps containers and the containers must be replaced when the contents reach the fill line (3/4 full). The safest option is to have a new sharps container brought to the point-of-care to allow for safe and proper disposal of the needle.

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