

MODULE 04

# Infection Control & PPE

Standard Precautions, Hand Hygiene & Personal Protective Equipment

WHAT YOU'LL LEARN

# Learning Objectives

- 01 Perform correct hand hygiene using the WHO 5 Moments technique
- 02 Select and use appropriate PPE for different care situations
- 03 Correctly don and doff PPE without self-contamination
- 04 Describe the correct response to a bloodborne pathogen exposure
- 05 Identify when to exclude yourself from patient care due to illness

THE FOUNDATION

# Standard *Precautions*

Treat **every patient** as if they could be infectious — even if they appear healthy. Standard Precautions apply to blood, all body fluids, non-intact skin, and mucous membranes.

This is not about judgment of patients. It's about **consistently protecting everyone** — the patient and you.

THE SINGLE MOST IMPORTANT MEASURE

# Hand Hygiene — WHO 5 Moments

Hand hygiene is the **single most effective** way to prevent the spread of infection. Use the WHO 5 Moments framework every time.

- 1** Before touching a patient
- 2** Before a clean/aseptic procedure
- 3** After body fluid exposure risk
- 4** After touching a patient
- 5** After touching a patient's environment

## TECHNIQUE MATTERS

# Soap vs. Sanitizer

### SOAP & WATER REQUIRED

- Hands are **visibly dirty** or soiled
- After using the restroom
- When *C. difficile* is suspected or confirmed
- Before preparing food for a patient

**Technique:** Wet hands, apply soap, scrub all surfaces for **at least 20 seconds**, rinse thoroughly, dry with clean paper towel, use towel to turn off faucet

### ALCOHOL-BASED SANITIZER OK

- Hands are **not visibly soiled**
- Between tasks during a visit
- When soap and water not immediately available
- Routine hand hygiene moments

**Technique:** Apply to palm, rub hands together covering all surfaces for **20-30 seconds** until completely dry

*Alcohol-based products do NOT kill C. diff spores. When in doubt, use soap and water.*

REMEMBER THIS

# Clean Hands Save Lives

Hand hygiene is not a suggestion or a shortcut. It is the **single most important thing** you do to protect your patients and yourself.

KNOW WHAT TO WEAR

# PPE Selection Guide

SITUATION	MINIMUM PPE REQUIRED
Personal care with exposure risk	<b>Gloves</b>
Splash/spray risk (wound care, bathing, oral care)	<b>Gloves + Mask + Eye Protection</b>
Contact precautions (MRSA, VRE, C. diff)	<b>Gloves + Gown</b>
Droplet precautions (flu, COVID-19)	<b>Gloves + Surgical Mask</b>
Airborne precautions (TB, chickenpox)	<b>Gloves + N95 Respirator + Gown</b>

Always check the patient's Care Plan for specific precaution requirements. When in doubt, call the office.

## PUTTING ON PPE

# Donning Sequence

Always don PPE in the correct order. Putting on gloves **last** ensures they cover the gown cuffs and remain the outermost barrier.

1

### Gown

Tie at neck and waist. Cover torso completely.

2

### Mask / Respirator

Secure ties/straps. Fit snugly over nose and mouth.

3

### Eye Protection

Goggles or face shield. Position securely.

4

### Gloves Last

Extend over gown cuffs. Most contaminated = last on.

THE MOST CRITICAL STEP

# Doffing Sequence — Removing PPE

Improper removal is where most contamination occurs. The order is **reversed** from donning.

- 01 **Gloves FIRST** — peel inside-out, avoid touching outer surface. Hand hygiene.
- 02 **Eye protection** — remove by headband or earpieces only. Hand hygiene.
- 03 **Gown** — unfasten ties, roll inward away from body. Hand hygiene.
- 04 **Mask LAST** — remove by ties/straps only. Do not touch the front. Hand hygiene.

Hand hygiene **AFTER EVERY** removal step — not just at the end.

## COMMON MISTAKES

# Glove Use — Do It Right

### ✓ CORRECT GLOVE PRACTICES

- Change gloves between tasks (e.g., toileting and meal prep)
- Change gloves if they tear during use
- Hand hygiene before putting on new gloves
- Select correct size — too loose or tight reduces protection
- Remove by peeling inside-out from the cuff

### × COMMON MISTAKES

- Using the same gloves for multiple tasks
- Washing and reusing disposable gloves
- Touching your face, phone, or doorknobs with gloves on
- Skipping hand hygiene after glove removal
- Snapping gloves off — this can fling contaminants

## EMERGENCY PROTOCOL

# Bloodborne Pathogen Exposure

If you have a needlestick, cut with a contaminated sharp, or splash of blood/body fluids to eyes, mouth, or broken skin:

- 01 **Immediately wash the wound** with soap and water. For eyes: flush with water for **15 minutes**.
- 02 **Call your supervisor within 1 hour** — (740) 262-9845
- 03 **An incident report must be completed** — document everything
- 04 **Medical evaluation and possible PEP** — you will be referred immediately

**Time is critical:** Post-exposure prophylaxis (PEP) for HIV must begin within **72 hours**, ideally within **2 hours**. Do not delay reporting.

PROTECT YOUR PATIENTS

# When to Stay Home

Do not report to a patient's home if you have any of the following symptoms. Call your supervisor **immediately** — do not leave a patient without care.

## FEVER

Temperature of 100°F (37.8°C) or higher

## GI SYMPTOMS

Vomiting or diarrhea

## RESPIRATORY

Productive cough or suspected COVID-19

## SKIN / EYES

New rash or conjunctivitis (pink eye)

**Always call the office first so coverage can be arranged: (740) 262-9845**

## ENVIRONMENTAL SAFETY

# Infection Control *in the Home*

### CLEANING & DISINFECTION

- Clean frequently touched surfaces during each visit
- Use patient-provided cleaning supplies when available
- Clean **before** disinfecting — cleaning removes debris
- Allow disinfectant to air dry for full effectiveness

### WASTE & LAUNDRY

- Bag soiled linens immediately — don't carry against your body
- Dispose of gloves and single-use items in a lined waste container
- Sharps go in a sharps container — **never** in regular trash
- Wash hands after handling any waste

## CROSS-CONTAMINATION PREVENTION

# Between Patients

If you visit multiple patients in a day, you are a potential vector for transmitting infections between homes. These steps prevent that.

- 01 **Remove all PPE** before leaving the patient's home — never wear PPE between homes
- 02 **Hand hygiene** before getting into your car
- 03 **Clean your supplies** — stethoscope, blood pressure cuff, bag handles
- 04 **Change scrubs** if visibly soiled — carry a spare set in your car
- 05 **Hand hygiene again** upon entering the next patient's home

BEYOND STANDARD PRECAUTIONS

# Transmission-Based Precautions

## Contact Precautions

MRSA, VRE, C. difficile — Gloves + gown for all contact. Dedicate equipment when possible.

## Droplet Precautions

Influenza, COVID-19, pertussis — Surgical mask within 6 feet of patient. Gloves for direct contact.

## Airborne Precautions

TB, chickenpox, measles — N95 respirator required (must be fit-tested). Gloves + gown. Contact office before entering home.

*Always check the Care Plan for specific precaution orders. If unsure, call the office before providing care.*

## BE PREPARED

# Your PPE Kit

NobleCare provides all required PPE. You are responsible for **carrying adequate supplies** and notifying the office when you need more — **before** you run out.

### ALWAYS CARRY

- Disposable gloves (multiple sizes)
- Surgical masks
- Hand sanitizer (60%+ alcohol)
- Disposable gowns (2-3 minimum)
- Trash bags for soiled items

### RUNNING LOW?

- Request supplies from the office **before** you run out
- Never reuse single-use PPE
- Never skip PPE because you don't have supplies
- If out of PPE, **call the office** before starting care

## WHAT WOULD YOU DO?

# Scenario

### SITUATION

Rosa is providing morning care for Mrs. D, who has a known history of **MRSA**. Rosa dons gloves and a gown. During the bed bath, Rosa's glove tears. She quickly replaces the glove but does not remove the gown. She finishes care, removes PPE, then goes to the kitchen to prepare breakfast **without washing her hands**.

- A) Rosa handled it correctly — she replaced the torn glove promptly
- B) Rosa should have removed the gown too when the glove tore
- C) Rosa failed to perform hand hygiene after removing the torn glove AND after removing all PPE**
- D) Rosa should not have been doing the bed bath at all with MRSA

✓ CORRECT ANSWER: C

## Hand Hygiene After Every PPE Change

### WHAT ROSA DID WRONG

- Failed to perform **hand hygiene** after removing the torn glove — before putting on a new one
- After removing all PPE, went straight to **food preparation** without washing hands
- MRSA could have been transmitted to kitchen surfaces and food

### CORRECT STEPS

- 01 Remove torn glove carefully
- 02 **Hand hygiene immediately**
- 03 Put on new glove
- 04 Complete care
- 05 Remove all PPE in correct doffing order
- 06 **Hand hygiene** before touching anything else

## WHAT WOULD YOU DO?

# Scenario

### SITUATION

You wake up on a scheduled workday with a **101°F fever** and a productive cough. You have two patients today and don't want to leave them without care.

- A) Go to work and wear a mask to protect patients
- B) Call your supervisor immediately before your shift starts so coverage can be arranged**
- C) Work the morning shift then go home if you feel worse
- D) Only stay home if you have a positive COVID test

✓ CORRECT ANSWER: B

## Call Your Supervisor — Never Leave Patients Uncovered

### WHY THE OTHERS ARE WRONG

- **A — A mask alone** is not sufficient. You are infectious and should not provide direct care with a fever.
- **C — Working "half a day"** exposes patients to infection and worsens your condition.
- **D — Multiple symptoms** require exclusion regardless of COVID status. Fever + cough = stay home.

### THE RIGHT APPROACH

- 01 Call your supervisor **before** your shift
- 02 The office will arrange replacement coverage
- 03 Never leave a patient without care by no-showing
- 04 Return to work only when symptom-free for 24 hours

REVIEW

# Knowledge Check

**1. When should you perform hand hygiene during personal care?**

Before touching the patient and after touching the patient (WHO 5 Moments)

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**2. When is soap and water required instead of hand sanitizer?**

When caring for a patient with suspected *C. difficile* (alcohol doesn't kill *C. diff* spores)

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**3. What is the correct order for removing (doffing) PPE?**

Gloves first, then eye protection, then gown, then mask last

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**4. You experience a needlestick. What is your immediate first action?**

Immediately wash the wound with soap and water, then call your supervisor

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**5. You wake up with a 101°F fever and productive cough. What do you do?**

Call your supervisor immediately before your shift so coverage can be arranged

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# Infection Control & PPE

## KEY TAKEAWAYS

- Standard Precautions apply to every patient, every time
- Hand hygiene is the #1 infection control measure — WHO 5 Moments
- Don: Gown, Mask, Eyes, Gloves. Doff: Gloves, Eyes, Gown, Mask.
- Hand hygiene after every PPE removal step
- Bloodborne exposure: wash immediately, call supervisor within 1 hour
- Sick? Call the office before your shift — never go to a patient's home

Next → [Module 5: Safety & Emergency Procedures](#)