

CareCertify LLC

Adult Day Services Training Series

ADS-09

Infection Prevention & Health Monitoring

Participant Guide

Adult Day Services Training Series · Audience: Direct-Contact Staff · Volunteers · Subcontractors · Aides · CE Hours: 1.0

Prevent Illness, Notice Changes

Two everyday responsibilities protect participants' health. First, stopping the spread of infection — important because participants are often older or medically fragile and gather together daily. Second, noticing changes in a participant's condition early, since you see them regularly and may be the first to spot a problem.

This guide covers infection prevention — hand hygiene, precautions, PPE, cleaning — and health monitoring — recognizing and reporting changes. Both are simple in principle and powerful in effect.

Learning Objectives — by the end of this module you will be able to:

- Explain how infections spread and apply standard precautions
- Perform hand hygiene and use PPE correctly
- Maintain a clean, healthy environment
- Apply illness policies for participants and staff
- Recognize and report changes in participants' condition

Section 1: How Infections Spread and Standard Precautions

Infections spread through contact (hands and surfaces), droplets, and sometimes air. Hands are the top route, and participants gathering together daily means illness can spread quickly. Use standard precautions with every participant — treat all body fluids as potentially infectious, perform hand hygiene, use PPE when needed, and clean. Every break in the chain prevents an infection.

Section 2: Hand Hygiene

Hand hygiene is the single most important infection-control practice. Wash with soap and water for at least 20 seconds when hands are visibly soiled, after the bathroom, and before handling food; use sanitizer when hands aren't visibly soiled. Perform hand hygiene before and after participant contact and before and after gloves. Gloves are not a substitute for clean hands.

Clean hands, every time

Hand hygiene before and after every participant, before food, and after the bathroom — every time — prevents most spread in a group setting.

Section 3: Personal Protective Equipment

Use PPE — gloves, and gowns, masks, or eye protection as the task requires — to create a barrier against exposure, especially during personal care or when participants are ill. Choose PPE for the task and risk, put it on and remove it correctly to avoid contaminating yourself, discard single-use PPE after each use, and perform hand hygiene afterward.

Section 4: Cleaning and a Healthy Environment

A clean environment supports every other precaution. Clean and disinfect high-touch surfaces and shared items (tables, activity supplies, restrooms) regularly, using the right product and contact time. Clean shared equipment between participants. Good ventilation and safe food handling in the kitchen also protect participants' health.

Section 5: Illness Policies for Participants and Staff

Follow the center's policies for illness. An ill participant may need to stay home or be separated from others to prevent spread. As staff, report your own illness and stay home when required rather than bringing infection to vulnerable participants. Cover coughs and sneezes, perform hand hygiene, and keep vaccinations current per center and public-health guidance.

Section 6: Recognizing Changes in Condition

Because you see participants regularly, you're often the first to notice when something changes. Watch appearance, mood, behavior, eating and drinking, mobility, and alertness, and compare to the participant's normal baseline. In older adults, infection or dehydration often shows up as new confusion, weakness, or a sudden change rather than an obvious fever. Report changes promptly so care can respond.

Section 7: Signs to Report and Emergencies

Report signs that may indicate illness: fever, new cough, vomiting or diarrhea, wounds that look infected, poor eating or drinking, and new confusion or weakness. For medical emergencies — chest pain, difficulty breathing, stroke signs, severe bleeding, choking, or unconsciousness — call 911 immediately (covered in ADS-05). When in doubt, report; it's always better to flag a concern than to miss something serious.

Section 8: Reporting and Monitoring

Observation only helps participants if it leads to action. Report changes to the nurse or supervisor per policy, document what you observed objectively, and follow up. Health monitoring connects your front-line observations to the care decisions that follow — which is how a small change gets caught before it becomes a crisis.

Key Terms

Term	What it means
Standard precautions	Infection-control practices used with every participant, every time.
Hand hygiene	Washing or sanitizing — the top infection-control practice.

PPE	Personal protective equipment: gloves, gowns, masks, eye protection.
Baseline	A participant's normal condition, against which changes are noticed.
Change in condition	A new or worsening sign that should be reported.
Dehydration	Inadequate fluid, which in older adults may show as confusion or weakness.

Check Your Understanding

1. What is the single most important infection-control practice?
2. Are gloves a substitute for hand hygiene?
3. Why might infection in an older adult show up as confusion?
4. Name three changes in condition you should report.
5. When do you call 911 versus report to the nurse?

What's Next

Looking ahead

Next, ADS-10: Documentation & Reporting covers the records that keep the center accountable and participants safe.