

CareCertify LLC

Assisted Living Training Series

AL-07

Infection Prevention & Control

Participant Guide

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

Clean Hands, Consistent Precautions

Infection prevention is one of the most effective things you do all day. Older adults are more vulnerable to infection and to serious complications, and assisted living settings can spread illness quickly. Minnesota requires infection-control training as part of annual training (Minn. Stat. 144G.63).

This guide covers the everyday practices — hand hygiene, standard precautions, PPE, safe disposal, and cleaning — that stop the spread. None of it is complicated; all of it depends on doing it every time.

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

- Explain how infections spread and who is most at risk
- Apply standard precautions with every resident
- Perform hand hygiene correctly
- Select and use PPE appropriately
- Safely handle and dispose of contaminated materials
- Recognize and report communicable disease and outbreaks

Section 1: How Infections Spread

Infections spread through contact (hands and contaminated surfaces), droplets (coughing, sneezing, talking), and sometimes through the air. Hands are the single most common way germs travel between residents.

Older adults are more vulnerable to infection and to serious complications. Every place you break the chain of transmission — clean hands, gloves, cleaning a surface — prevents harm.

Section 2: Standard Precautions

Standard precautions are the baseline you use with every resident, every time, because you cannot always tell who carries an infection. They include hand hygiene, using PPE when there's a risk of exposure, safe handling of body fluids and sharps, safe disposal, and environmental cleaning. Treat all blood and body fluids as potentially infectious.

Section 3: 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 using the bathroom, and before handling food; use an alcohol-based hand sanitizer when hands are not visibly soiled.

Perform hand hygiene before and after every resident contact, before putting on gloves, and after removing them — gloves are not a substitute for clean hands.

Gloves are not a substitute

Wearing gloves does not replace hand hygiene. Clean your hands before gloving and again after removing gloves, every time.

Section 4: Personal Protective Equipment (PPE)

PPE — gloves, gowns, masks, and eye protection — creates a barrier against exposure to blood, body fluids, and respiratory germs. Choose PPE based on the task and the level of risk.

The order you put on and remove PPE matters: don and doff in the correct sequence to avoid contaminating yourself. Single-use PPE is discarded after each use, and you perform hand hygiene after removing it.

Section 5: Safe Handling and Disposal

Dispose of contaminated dressings, gloves, and materials in the proper waste containers. Never recap needles; place sharps directly into approved sharps containers. Handle soiled linens carefully to avoid shaking germs into the air, and follow facility policy.

If you experience a needlestick or other exposure, report it immediately so you can get prompt evaluation and care.

Section 6: Environmental Cleaning and Disinfection

Regular cleaning and disinfection of high-touch surfaces — handrails, doorknobs, call buttons, shared equipment — breaks the contact chain. Use the correct product and observe its required contact (wet) time. Disinfect reusable equipment between residents. A clean environment supports every other precaution you take.

Section 7: When Staff Are Ill

Protecting residents includes managing your own health. Report your illness per facility policy and stay home when required, rather than bringing an infection to vulnerable residents. Cover coughs and sneezes, perform hand hygiene, and keep vaccinations current per facility and public-health guidance.

Section 8: Communicable Disease and Outbreaks

Report communicable diseases as part of standard infection control. Watch for clusters — several residents with fever, gastrointestinal, or respiratory symptoms — and report suspected outbreaks promptly so the facility and public health can respond. During an outbreak, follow added precautions such as isolation, extra PPE, and cohorting as directed.

Early reporting saves residents

An outbreak caught early can be contained. When you notice a pattern of illness, report it right away — don't wait to be sure.

Key Terms

Term	What it means
Standard precautions	Infection-control practices used with every resident, every time.
Hand hygiene	Washing with soap and water or using sanitizer — the top infection-control practice.
PPE	Personal protective equipment: gloves, gowns, masks, eye protection.
Don / doff	Putting on / taking off PPE in the correct order.
Sharps container	Approved container for safe disposal of needles and sharps.
Outbreak	A cluster of illness signaling possible spread, requiring prompt reporting.

Check Your Understanding

1. Name the main ways infections spread.
2. What is the single most important infection-control practice, and when do you do it?
3. Are gloves a substitute for hand hygiene? Explain.
4. How should needles be disposed of?
5. What should you watch for and report that may indicate an outbreak?

What's Next

Looking ahead

Next, AL-08: Safe Transfers, Mobility & Fall Prevention covers body mechanics, safe transfers, and keeping residents on their feet safely.