



Nursing Student Orientation

Infection Prevention and Control (IPC)

September 2025



Overview

- Healthy and safe workplace
- Refresher on microorganism transmission
- Introduction to measures used to prevent and control infections
 - Infection prevention and control risk assessment (IPC RA)
 - Hand hygiene
 - Personal protective equipment (PPE)
 - Waste and sharps
- IPC in everyday nursing practice
- IPC training for nursing students

Healthy and Safe Workplace

- Many of the patients that you will encounter as a student are vulnerable to infections. Hospital-acquired infections can lead to increased morbidity and mortality.
- Reporting to clinical practice while sick increases the risk of transmitting infection. It puts patients, staff, and visitors at risk of infection or illness.
- Please **do not report for clinical practice if you are not feeling well and experiencing any one (1) of the following symptoms that are new or worsening and not related to a pre-existing illness or health condition:** fever or chills, cough, runny or stuffy nose, sore throat, shortness of breath, loss altered sense of taste/smell, or gastrointestinal symptoms such as nausea, diarrhea, vomiting.
 - **Inform your clinical instructor if you are unable to report to duty**

Microorganism Transmission - Refresher

- **DIRECT CONTACT** with a person who is colonized or infected.
- **INDIRECT CONTACT** with a contaminated inanimate object.
- Large **DROPLETS** propelled up to 2 meters (6 feet) from the respiratory tract when a person coughs/sneezes/etc., but do not remain in the air for long periods.
- Tiny **AIRBORNE** particles suspended in the air when a person breathes/talks/coughs/sneezes/etc. Particles can remain suspended in the air for long periods of time (minutes to hours) and travel distances > 6 feet.

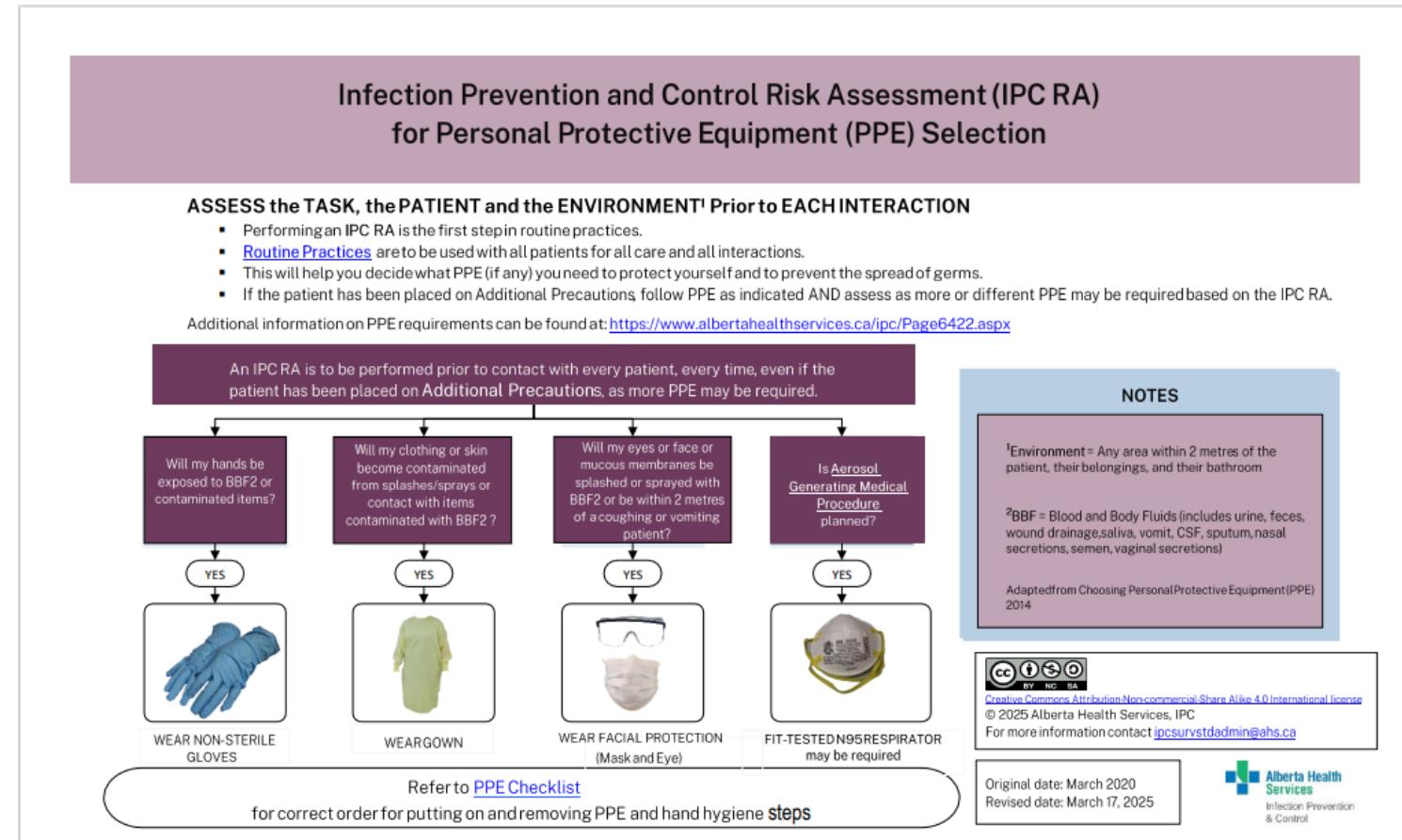
Routine Practices

- The foundational IPC practices/measures used to prevent transmission of microorganisms
- Implemented by staff for every patient encounter, regardless of the patient's diagnosis, infectious status, or environment
- Routine practices include (but are not limited to):
 - Performing an IPC RA
 - Performing effective hand hygiene at key moments
 - Using appropriate PPE
 - Safe handling of patient care items/equipment
 - Environmental and equipment cleaning
 - Safely managing waste and sharps
 - Appropriate patient placement/accommodation

Infection Prevention and Control Risk Assessment (IPC RA)

What is the IPC RA and why is it important to me?

- The **IPC RA Algorithm** outlines the appropriate PPE required for specific tasks or duties to help prevent exposure to blood and body fluids
- The IPC RA should be used prior to every encounter with a person, task, and the environment, any time exposure to germs might be possible
- Ask your clinical instructor or the nurses you are working with for guidance when needed





Hand Hygiene

Hand hygiene is the act of removing/killing microorganisms on the hands and when performed correctly is the **single most effective way to prevent the spread of microorganisms capable of causing infections**

Ways to Perform Hand Hygiene

Alcohol-Based Hand Rub (ABHR):

- ✓ Ensure hands are dry and not visibly soiled
- ✓ Dispense 1-2 pumps of the ABHR onto the palm of your hand
- ✓ Cover all surfaces of your hands and wrists: back, front, between fingers, and under nails
- ✓ Rub for a minimum of 20 seconds and continue until hands are dry!

[How to use Alcohol Based Hand Rub](#)

(Video - 1 minute)

Liquid Soap & Water: when hands are visibly soiled or after providing care to a patient with vomiting and/or diarrhea.

- ✓ Wet hands and apply liquid soap
- ✓ Vigorously wash all surfaces of your hands and wrists: back, front, between fingers, under nails for 15-30 seconds
- ✓ Rinse hands with warm (not hot) water
- ✓ Dry hands with paper towel, then use paper towel to turn off taps

[How to Handwash with Soap and Water](#)

(Video in article - 1 minute)

[More information](#) can be found at covenanthealth.ca >> Guide to clean hands

Hand Hygiene

When to clean your hands (but not limited to):

- **Before** starting your shift and **after** finishing your shift
- **Before** entering and **after** leaving a patient's room and each unit you visit
- **Before** an aseptic procedure and/or accessing clean and sterile supplies
- **Before** direct contact with a patient, items in the patient's environment (water jugs, trays, personal items, etc.) or the patient's environment (bed, bedrails, etc.)
- **After** handling a patient's privacy curtain
- **After** contact or risk of contact with a body fluid, even if gloves are worn
- **Before** putting on and **after** taking off PPE
- **Before** accessing gloves from a glove box and **after** removing gloves
- **Before** and **after** using a shared computer/workstation/Rover, or personal phone, etc.
- **Before** meals and food handling
- **After** using the washroom
- **After** touching your nose or mouth, sneezing, or coughing

Hand Hygiene Audits

- Hand hygiene compliance audits occur twice a year:
 - April 1-May 31 and Oct 1-Nov 30
 - ***Note: Students may be audited when on clinical areas during these time periods***
- Staff are audited for compliance with the **4 moments of hand hygiene:**
 - Moment 1: **Before** contact with the patient/patient environment
 - Moment 2: **Before** aseptic procedures (includes before accessing PPE, gloves and clean supplies)
 - Moment 3: **After** body fluid exposure and/or exposure risk
 - Moment 4: **After** contact with the patient/patient environment
- Covenant Health's hand hygiene target compliance rate is 95%
- **Hand hygiene** resources can be found on *Covenanthealth.ca >> Join our team >> Students >> Student Placements >> Get ready for your placement >> Infection prevention and control training*



Personal Protective Equipment (PPE)

- When used properly, PPE provides protection from acquiring a communicable disease and helps prevent the transmission of communicable microorganisms to others
- PPE selection will depend on the IPC RA and any additional (isolation) precautions required
- The correct sequence of donning and doffing PPE is essential to prevent infecting yourself and others

[Donning and Doffing PPE Video](#) (9 minutes)

Donning and Doffing

Steps to Put On and Take Off Personal Protective Equipment (PPE)		
	ON (Don)	OFF (Doff)
1	<i>Hand Hygiene</i> 	
2	<i>Gown</i> 	
3	<i>Mask or N95 Respirator</i> 	
4	<i>Eye Protection or Face Shield</i> 	
5	<i>Gloves</i> 	
1		
2	<i>Hand Hygiene</i> 	
3	<i>Gown</i> 	
4	<i>Hand Hygiene</i> 	
5	<i>Eye Protection or Face Shield</i> 	
6	<i>Mask or N95 Respirator</i> 	
7	<i>Hand Hygiene</i> 	

PPE Key Points

- Gloves are single-use
- Gloves do not replace the need for hand hygiene - perform hand hygiene after taking off gloves
 - Micro-tears can be present in gloves.
- Change gloves and perform hand hygiene between each patient.
- Change gloves and perform hand hygiene between procedures on the same patient.
- Do not clean gloves using ABHR
- Do not double glove for routine care
- Yellow isolation gowns are single use and sleeves must cover wrists
 - If disposable, discard in waste receptacle
 - If reusable, remove and place in laundry bin
- Eye protection/face shields must provide coverage to the front, sides, top, and bottom of eyes. **Prescription glasses do not provide adequate coverage.**
- Masks are single use only
- N95 respirators must be fit-tested to be worn

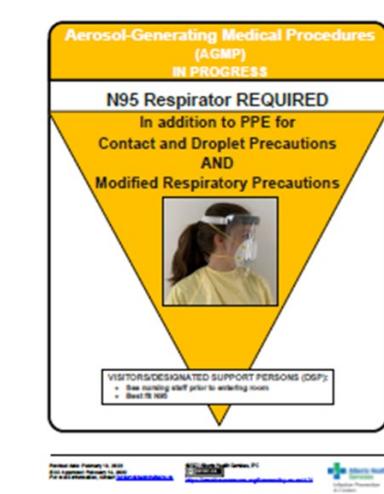
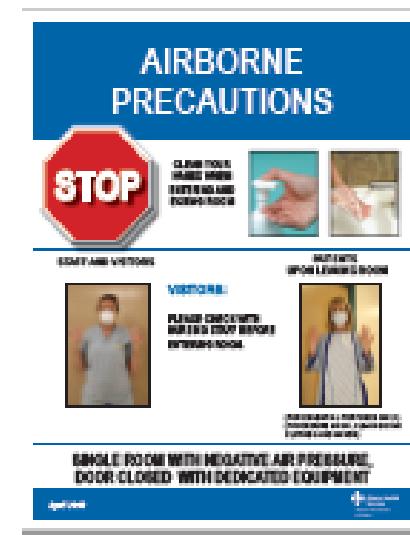
Please connect with your clinical instructor, the nurses you are partnered with, or the unit manager if you have questions about what PPE is required for the care you are providing.

For concerns about worker safety, please contact your clinical instructor and they will involve the appropriate departments as needed (e.g., Occupational Health & Safety for blood and bodily fluid exposure, faculty, etc.).

Implementing Additional (Isolation) Precautions

- **When routine practices are not enough to prevent transmission, additional (isolation) precautions may be implemented by a healthcare provider** based on patient symptoms, a suspect or lab-confirmed communicable condition, antibiotic-resistant organism (ARO) screening, and/or the communicable disease screening process.
- **A physician order is not required to implement additional precautions.**
- All inpatients in acute care settings will be assessed by nursing staff using the Communicable Disease Screening questions upon arrival to the facility or unit, ARO Admission Screening questionnaire within four hours of admission, and day-to-day monitoring of symptoms. Ask the nurse you are partnered with to demonstrate how to complete the screenings so you have a better understanding and have an opportunity to ask questions.
- If additional precautions are implemented, the isolation status should be updated on the Connect Care (CC) storyboard. This is typically not within the scope of practice for students. Inform the nurse you are partnered with when additional precautions are implemented, and they will update CC.
- The type of additional precaution required for a specific communicable condition will depend on the mode of transmission.
- The **Acute** and **Continuing Care** Diseases and Conditions Tables provide guidance on which type of additional precaution to implement.

Additional Precaution and Related Signage used in Covenant Health Facilities

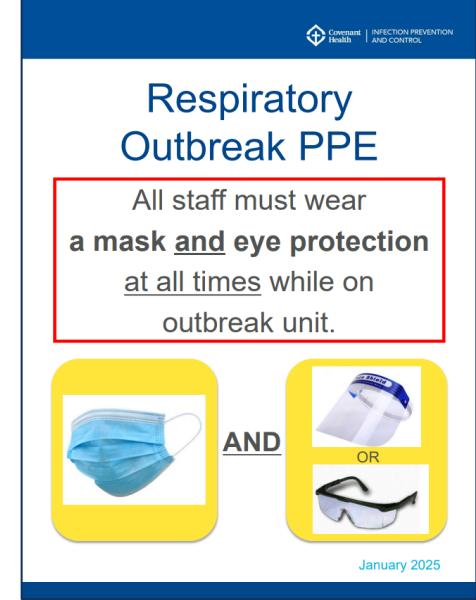


Units on Outbreak



During an outbreak, units may implement additional measures to decrease transmission risks (e.g., during a respiratory outbreak, staff would be required to continuously wear a mask and face shield/eye protection).

When working on a unit experiencing an outbreak, any additional measures (including unit restrictions or cohorting) will be communicated to you by the Unit Manager, nurse you are partnered with, and/or your clinical instructor.



Guide for Outbreak Prevention & Control in Acute Care Sites

Guide for Outbreak Prevention & Control in Continuing Care Homes

Note: all staff and students are required to follow these provincial guidelines as applicable for the setting

Management and Handling of Patient Items, Waste, and Sharps

- Bring minimal supplies into patient rooms
- Do not reuse patient items labelled as single-use; discard after one use
- Ensure reusable shared patient care items are cleaned and disinfected between patients (e.g., stethoscope)
- Dispose of sharps immediately after use in a puncture-proof biohazard container
- DO NOT overfill waste or sharps containers

How nurses practice IPC every day

- Perform appropriate hand hygiene throughout the shift
- Don PPE based on additional precautions signage and clinical judgement (e.g., IPC RA)
- Implement additional precautions as needed
- Complete Communicable Disease Screening, and other screening forms, following unit/site protocol
- Complete ARO screening within 4 hours of admission
- Disinfect reusable equipment between patients using appropriate disinfectants for the correct contact time (e.g., sporicidal wipes after contact with a patient with *Clostridium difficile* infection)
- Dispose of single-use items in the correct receptacle
- Follow safe injection practice
- Follow aseptic technique (e.g., while prepping IV fluids, performing wound dressing)
- Move from 'clean to dirty' when assessing and caring for a patient
- Educate patients and visitors on hand hygiene and how to don and doff PPE as needed
- Support/assist patients in performing hand hygiene as needed
- Contact the hospital's Infection Control Practitioners with questions and concerns

Follow your university's guidelines for scope of practice. If unsure, confirm with your clinical instructor if a task falls within your scope.

IPC Training for Students

Before your placement starts, you must:

- Complete the [**PPE and You module**](#) and provide the certificate of completion to your educational institution as directed
- Watch the [**How to use alcohol based hand rub**](#) and [**Five effective steps to proper hand cleaning**](#) videos

Supplementary guidance documents to assist you during your clinical experience:

- [**Hand hygiene policy**](#) and [**hand hygiene procedures**](#)
- [**Single-use medical devices policy**](#) and [**standards for single-use medical devices**](#)
- [**Infection prevention and control risk assessment \(IPC RA\) algorithm**](#)
- [**Acute care diseases and conditions table**](#)
- [**Continuing care diseases and conditions table**](#)

The information above, and [other tasks to be completed before your placement](#), can be found on [*Covenanthealth.ca*](http://Covenanthealth.ca) >> *Join our team* >> *Students* >> *Student Placements* >> [Get ready for your placement](#)

Test Your Knowledge

True or False

1. Students only need to perform hand hygiene once at the start of their shift - True or False
2. Staff must rub their hands for a minimum of 20 seconds when using alcohol-based hand rub (ABHR) - True or False
3. It is best to use ABHR when caring for a patient with a diarrheal illness - True or False
4. Students may be included in hand hygiene audits if they are on units during the audit period - True or False
5. An IPC RA should be performed by everyone, including students, for every encounter with a person, task, and the environment any time exposure to germs might be possible - True or False
6. Prescription glasses are adequate eye protection when caring for a patient on contact and droplet precautions - True or False
7. A stethoscope does not need to be cleaned between multiple patient use if it is cleaned at the start and end of the day - True or False
8. When doffing PPE, hand hygiene must be performed between removing the gown and removing facial protection - True or False

**THANK YOU FOR DOING
YOUR PART TO KEEP
EVERYONE SAFE!**

