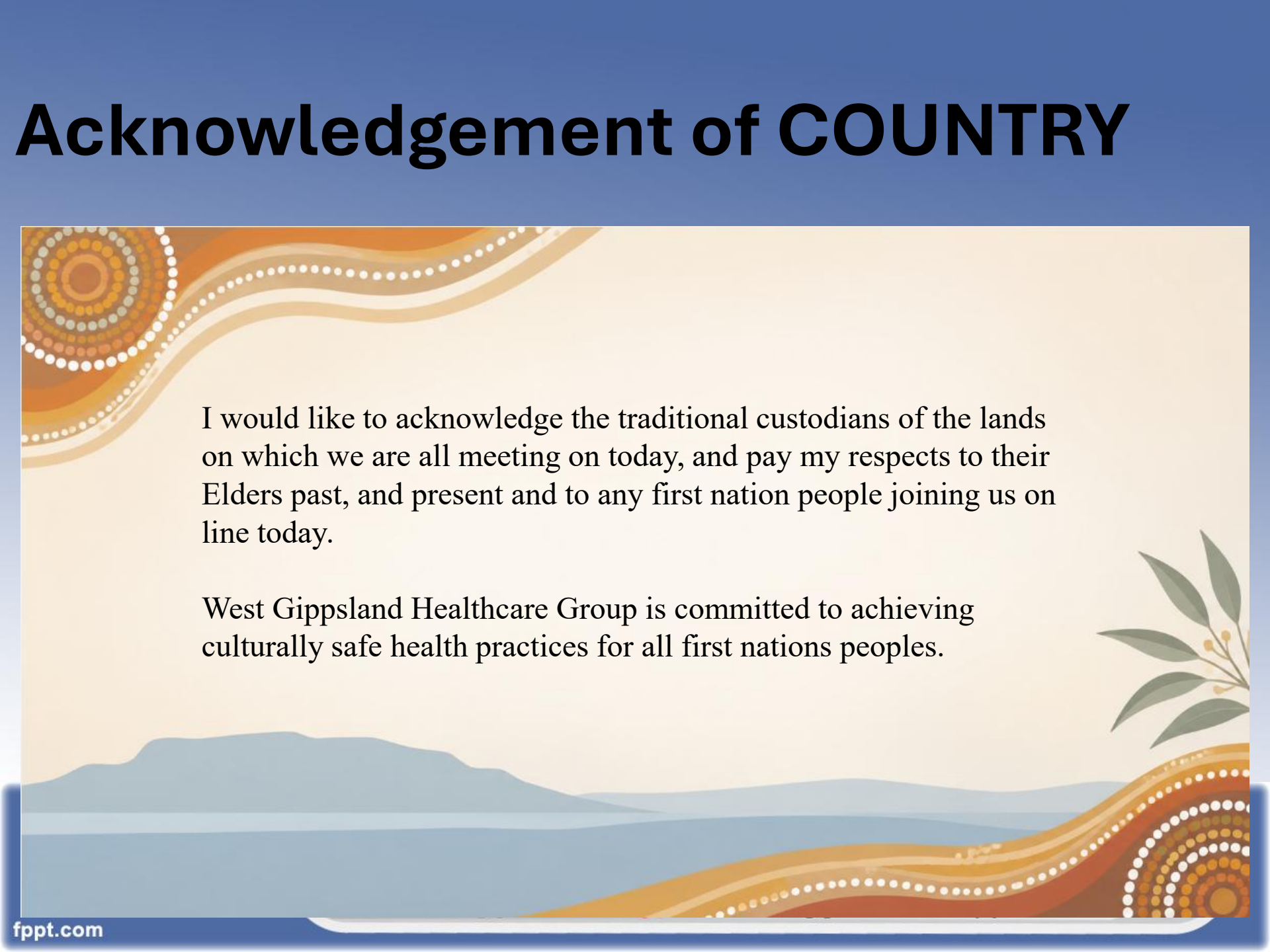


Infection Prevention in Community Nursing: Practical Strategies for Safe Care in the Home Environment

Adapting evidence-based infection prevention and control to the realities of home-based care



Acknowledgement of COUNTRY

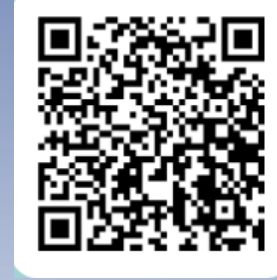


I would like to acknowledge the traditional custodians of the lands on which we are all meeting on today, and pay my respects to their Elders past, and present and to any first nation people joining us on line today.

West Gippsland Healthcare Group is committed to achieving culturally safe health practices for all first nations peoples.

Infection Prevention in Community Nursing

Practical Strategies for Safe Care in the Home Environment



<https://forms.cloud.microsoft/r/H1jBntvKrA>



Why Home Care Is Different

Healthcare in the home presents IPC challenges that are often very different from those encountered in hospitals and residential facilities.

Word cloud



Considerations at each home

- Limited hand hygiene infrastructure
- Uncontrolled environmental conditions
- Pets, children and visitors
- Clutter and limited working space
- Domestic rather than clinical cleaning practices
- Limited access to sinks and waste facilities
- Shared bathrooms and living spaces
- Reusable equipment moving between clients
- Uncertainty about infectious risks before arrival
- Client and family expectations
- Clinician safety



What to do with the basics that you have to bring with you to these visits

- cleaned,
- checked
- and they travel to all these environments day after day



Bags

DNS/HITH/Infusion Clinic - CLEANING SCHEDULE

OCTOBER 2026

BAG CLEANING					
TASK	Check Expiry Dates / Empty and Wipe Out / Excess Stock Removed				
WEEK	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
MDR 756					
MDR 755					
2CG 2AL					
MDR 751					
MDM 073					
MDM 063					
MDR 757					
MDR 753					
1WP 7GK					
MDR 754					
2BL 7AG					
MDM 074					

WEEKLY TASKS					
	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
RESUS TROLLEY CHECK (WED)					
GLUCOMETER CHECK (MON)					
COAG MACHINES (MON)					
CLEAN DRUG FRIDGE – (First MON of the month)					
IV TROLLEY #1 AND #2 (TUE)					
Checked expiry dates					
Wipe down all draws					
Wipe down the top shelf					
CLEAN/ TIDY STORE ROOM (MON)					



The IPC challenge

- How do we maintain appropriate precautions without turning someone's home into a hospital?



Standard Precautions

Remember:

Standard precautions are the baseline — not the maximum.



Standard Precautions

Standard precautions apply to all healthcare interactions.

Core concepts include:

- Hand hygiene
- Appropriate PPE based on risk
- Respiratory hygiene/cough etiquette
- Safe injection and aseptic practices
- Sharps safety
- Appropriate handling of equipment
- Environmental cleaning
- Waste management
- Appropriate handling of linen
- Staff vaccination and occupational health measures



Case Studies

Throughout the session, consider:

- What could you do?
- What could you take with you?
- What precautions should you use?
- What could you change if the home environment made your original plan impossible?
- When should you escalate?



What cases do you want to talk about?

Tailored for you.



CASE STUDY

What do you do?

The Unexpected Respiratory Infection Scenario

You arrive for a routine home visit.

The client answers the door and tells you:

“I've had a terrible cough since yesterday, but I didn't want to cancel because I really need my wound dressing changed.”

The client is coughing frequently.

Their partner is also at home.



ENVIRONMENT

- Can the area be ventilated?
- Is there a separate room?
- Are other household members present?



TASK

- What care must be provided?
- Is the procedure aerosol-generating?
- How close will you need to be to the client?



HCW

- What PPE is appropriate?
- Do you have everything required before entering?
- Can you postpone this visit until later in the day

Key principle

Risk assessment comes before routine practice.



CASE STUDY

“It's Just Gastro”

Scenario

- You are attending an older client for medication support.
- On arrival, their daughter tells you:
- “Mum has been vomiting and had diarrhoea overnight. I cleaned everything up this morning.”
- The client is now feeling better.



“It's Just Gastro”

What could go wrong?

- Contaminated bathroom surfaces
- Contaminated high-touch surfaces
- Inadequate hand hygiene
- Contaminated clothing or linen
- Contamination of clinical equipment
- Incorrect disposal of waste
- Transmission to household members
- Transmission to the next client

Question

Does “feeling better” mean the infection risk has disappeared?



Gastrointestinal Infection: Think Beyond PPE

Infection prevention involves more than putting on gloves.

Consider:

- Where has the patient potentially touched that could also be exposing you?
- Hand hygiene
- Appropriate PPE
- Bathroom access
- Environmental cleaning
- Linen and laundry
- Clinical equipment
- Waste management
- Household education
- Transport of contaminated items
- Duration of precautions



CASE STUDY

The Immunocompromised Client

Scenario

- You are visiting a client receiving treatment that significantly affects their immune system.
- The client tells you:
- “My grandchildren are coming over this afternoon. One of them has a cold.”
- The client also has a planned clinical procedure during your visit.



CASE STUDY

The Immunocompromised Client

Discussion

Who are we protecting?

- The client
- Household members
- The HCW
- Other clients
- The broader community



The Immunocompromised Client

Question

- How does the risk assessment change when the consequences of infection may be greater for the client?



Protecting the Immunocompromised Client

Think proactively

Before the visit:

- Review known infection risks
- Consider current symptoms/exposures
- Confirm required equipment
- Plan the visit to minimise unnecessary exposure



Protecting the Immunocompromised Client

Think proactively

During the visit:

- Hand hygiene
- Appropriate PPE
- Clean equipment
- Minimise unnecessary environmental contamination
- Consider ventilation
- Avoid unnecessary contact with potentially infectious people



CASE STUDY

The Home That Doesn't Look Like a Clinic

Scenario

You arrive to perform a sterile/aseptic procedure.

The only available surface is:

- A crowded kitchen bench
- Beside the sink
- With a toaster and kettle
- Family food preparation occurring nearby

The client says:

“This is where the last nurse did it.”

What do you do?



Creating a Safe Clinical Workspace

You may need to adapt.

Consider:

Can the procedure be safely performed here?

If not:

- Can another area be identified?
- Can the surface be cleaned?
- Can unnecessary items be removed?
- Can a clean field be established?
- Can the procedure be modified?
- Do you need additional equipment?
- Should the visit be postponed or escalated?



Cleaning in the Home

Ask three questions:

WHAT?

What surface or equipment is contaminated?

WITH WHAT?

What organism/body substance is involved?

HOW?

What cleaning/disinfection method is appropriate?



Cleaning in the Home

Consider:

- High-touch surfaces
- Clinical work surfaces
- Reusable equipment
- Bathroom/toilet areas
- Spills
- Laundry
- Product contact time
- Manufacturer instructions



CASE STUDY

The Cluttered Home

Scenario

There is no obvious clean working surface.

You identify:

- Household clutter
- Laundry
- Food
- Medical equipment
- Pets
- Multiple family members



The Cluttered Home

Is the problem the home — or is the problem the way we planned the visit?

Discussion

What can we change?

- Location
- Equipment
- Workflow
- Timing
- Number of staff
- Procedure setup
- Cleaning approach
- Client/family education



CASE STUDY

The Reusable Equipment Problem

Scenario

You arrive with reusable clinical equipment.

During the visit:

- The equipment becomes contaminated.
- The home has limited cleaning facilities.
- There is no obvious clean area.
- You have another client immediately afterwards.



CASE STUDY

The Reusable Equipment Problem

Questions

- Where will cleaning occur?
- What equipment can safely leave the home?
- What needs to be cleaned/disinfected before reuse?
- What cannot be adequately reprocessed in the home?
- What is your organisation's process for transporting contaminated equipment?



Reusable Equipment

Think in three stages

1. BEFORE

- Is the equipment clean?
- Is it functioning?
- Is it appropriate for the procedure?



Reusable Equipment

Think in three stages

2. DURING

- How will contamination be prevented?
- Can equipment be kept within a clean/dirty workflow?



Reusable Equipment

Think in three stages

3. AFTER

- Can it be safely cleaned/disinfected?
- Does it require a specific reprocessing process?
- Can it be transported safely?
- Where will it be stored?



Reusable Equipment

Think in three stages

- **Golden rule**
- **Know the reprocessing requirements before taking reusable equipment into the home.**



CASE STUDY

“Where Do I Put the Sharps Bin?”

Scenario

- You are performing a procedure involving sharps.
- The client says:
- “We usually put the needles in this plastic bottle.”
- The client has no approved sharps container.



“Where Do I Put the Sharps Bin?”

What are the immediate risks?

- Needlestick injury
- Incorrect disposal
- Access by children/pets
- Household exposure
- Environmental contamination
- Incorrect waste stream



“Where Do I Put the Sharps Bin?”

Consider:

Sharps

- Appropriate sharps container
- Safe placement
- Correct closure/storage
- Disposal through an appropriate pathway



Clinical Waste in the Home

Waste management needs to be planned.

Clinical waste

- Correct segregation
- Appropriate containment
- Avoid unnecessary accumulation
- Follow organisational and jurisdictional requirements



Clinical Waste in the Home

Waste management needs to be planned.

Household waste

- Don't automatically treat all household waste as clinical waste.

Important

- Waste requirements can vary by jurisdiction and service arrangement.

Know your state/territory EPA requirements and organisational policy.



CASE STUDY

The Family Wants to Help

Scenario

- A family member says:
- “Don't worry, I'll clean everything after you leave.”
- They have no formal infection prevention training.
- They also want to dispose of used dressings and gloves in the household rubbish.



The Family Wants to Help

Client and family education

Keep it practical:

- Hand hygiene
- Safe handling of contaminated items
- Sharps safety
- Waste segregation
- Environmental cleaning
- Laundry
- When to seek clinical advice
- When to contact the service



The Family Wants to Help

Education should be:

- Simple + practical + achievable + culturally appropriate



CASE STUDY : The Home Visit That Changes Midway Through

Scenario

You arrive expecting a routine visit.

Halfway through the assessment, you discover:

- The client has developed diarrhoea.
- A household member is coughing.
- Your planned procedure will generate additional contamination.
- You do not have the PPE you now require.



The Home Visit That Changes Midway Through

What happens next?

- STOP
- Reassess
- Control the immediate risk
- Determine what PPE/equipment is required
- Contact your clinical/service support if needed
- Decide whether care can safely continue
- Key message
- Precautions are not fixed at the front door.



CASE STUDY

Staff Safety

Scenario

During a home visit, an unexpected exposure occurs.
The HCW:

- Was not expecting an infectious risk
- Has potentially contaminated clothing
- Has had a sharps injury/exposure
- Is unsure who to notify



Staff Safety

Staff need to know:

- Immediate first aid
- Exposure reporting
- Who to contact
- Occupational health pathways
- Post-exposure assessment
- Incident documentation
- Vaccination requirements
- Return-to-work requirements where applicable



Staff Safety Starts Before the Visit

Occupational health and preparedness

Maintain:

- Recommended vaccination status
- Appropriate occupational health surveillance
- Training and competency
- PPE knowledge
- Exposure management knowledge
- Access to clinical escalation pathways



Occupational health and preparedness

Before leaving for a visit:

Ask:

- **Do I have what I need for the foreseeable risks?**

And:

- **What will I do if the risk changes?**



CASE STUDY

The Pet in the Home

Scenario

- You are preparing equipment for a wound dressing.
- The client's dog is moving around the room.
- The client says:
- “He's friendly — he always sits beside the nurse.”



The Pet in the Home

Consider

- Animal contact
- Allergies
- Bites/scratches
- Equipment contamination
- Hand hygiene
- Clean/dirty workflow
- Client preferences
- HCW safety



The Pet in the Home

Discussion

How do you maintain rapport while establishing appropriate boundaries?



Caring for a Person Living with HIV at Home

Scenario: “What precautions do I need?”

You are a community nurse visiting **Michael**, a 52-year-old man living at home with HIV. Michael is taking antiretroviral therapy and attends regular medical appointments. His HIV is clinically managed. You are visiting today to provide wound care for a small leg wound.

When you arrive, Michael says:
“I’m worried about you treating me because I have HIV. Do you need to wear extra PPE?”

His partner is present and asks:
“Does the nurse need to use separate equipment because of his HIV?”

During the assessment, the wound has a small amount of blood-stained drainage. You have gloves available, but the home has limited space and there is no clinical waste bin immediately available.



HIV at Home

Does the equipment need to be separated?

- Not simply because Michael has HIV.
- Use equipment according to normal infection prevention and reprocessing requirements.

Ask:

- Is the equipment clean before use?
- Can it be protected from contamination?
- Can reusable equipment be appropriately cleaned/reprocessed after use?
- Can contaminated equipment be safely transported if it cannot be reprocessed in the home?



HIV at Home

What about confidentiality?

During the visit, Michael says:

“Please don't tell my neighbour or anyone else that I have HIV.”



HIV at Home

What about the wound drainage?

Blood and body fluids should be treated according to **standard precautions**.

The nurse should:

- Avoid unnecessary contact
- Use appropriate PPE
- Maintain a clean field
- Dispose of contaminated materials appropriately
- Perform hand hygiene after glove removal
- Clean/reprocess reusable equipment appropriately



HIV at Home

Ask the audience:

How would you respond if a family member asked, “Why are you wearing gloves? Is it because he has HIV?”



The unexpected event

During the procedure, the nurse accidentally receives a **needlestick injury** from a used sharp.



HIV at Home

What happens next?

The nurse should immediately:

1. Stop the procedure safely.
2. Perform appropriate first aid wash DO NOT SQUEEZE the site.
3. Report the exposure according to organisational procedure.
4. Seek urgent occupational health/medical assessment.
5. Know that you have 72 hrs for results
6. In Victoria: Know that The Alfred have a clinic and ID physicians (know what your avenues are)
7. Organise bloods for viral levels
8. Follow the organisation's blood-borne virus exposure protocol.
9. Document the incident as required.



Key Learning Points

HIV does NOT require:

- ✗ Isolation of the client
- ✗ Special household cleaning
- ✗ Separate crockery or bathrooms
- ✗ Avoidance of ordinary social contact
- ✗ Extra PPE solely because the client has HIV



HIV care DOES require:

- ✓ Standard precautions
- ✓ Risk assessment
- ✓ Safe sharps management
- ✓ Appropriate PPE for anticipated exposure
- ✓ Appropriate cleaning and equipment reprocessing
- ✓ Safe clinical waste management
- ✓ Confidentiality
- ✓ Respectful, non-stigmatising care
- ✓ Prompt management of occupational exposure



CASE STUDY

The Chronic Wound and the MDRO

Scenario

- You provide wound care to a client with a chronic leg wound.
- The clinical record identifies a history of:

MRSA / other multidrug-resistant organism (MDRO)

- The client lives alone and has limited space.



CASE STUDY

The Chronic Wound and the MDRO

Discussion

- 1.Does an MDRO automatically mean the client needs isolation?
- 2.What precautions are appropriate?
- 3.Where should wound care occur?
- 4.What equipment should be brought into the home?
- 5.What becomes contaminated during the procedure?
- 6.How will reusable equipment be managed?
- 7.What should happen to waste?
- 8.What should the client and family be taught?



MDROs: Risk-Based Practice

The goal is not simply:

- “The client has MRSA.”
- The goal is to determine:



MDROs: Risk-Based Practice

Consider:

- Colonisation vs infection
- Wound drainage
- Ability to contain secretions
- Type of procedure
- Contact with non-intact skin
- Environmental contamination
- Client hygiene
- Household contacts
- Vulnerable household members



MDROs: Risk-Based Practice

Standard precautions remain fundamental.

- Transmission-based precautions may be required when indicated by the risk assessment and relevant guidance.



Transmission-Based Precautions

When standard precautions aren't enough

Transmission-based precautions are additional measures used when infection or colonisation presents a specific transmission risk.

Depending on the organism/situation, this may involve:

- Contact precautions
- Droplet precautions
- Airborne precautions
- Appropriate PPE
- Client placement/separation
- Environmental controls
- Equipment considerations
- Additional cleaning requirements



Transmission-Based Precautions

Home care challenge

- How do you implement these measures in a domestic environment?



Risk Assessment Before Every Visit

A practical pre-visit checklist

CLIENT

- Known infection?
- New symptoms?
- MDRO?
- Immunocompromised?
- Wound/drainage?
- Gastrointestinal symptoms?
- Respiratory symptoms?



Risk Assessment Before Every Visit

A practical pre-visit checklist

PROCEDURE

- Invasive?
- Aseptic?
- Blood/body fluid exposure?
- Aerosol-generating?
- Sharps?



Risk Assessment Before Every Visit

A practical pre-visit checklist

ENVIRONMENT

- Hand hygiene facilities?
- Clean workspace?
- Ventilation?
- Pets?
- Children?
- Crowding?
- Waste facilities?



Risk Assessment Before Every Visit

A practical pre-visit checklist

HCW

- PPE available?
- Vaccinations/occupational health requirements met?
- Equipment available?
- Exposure pathway understood?



The 30-Second Doorway Assessment

Before beginning care:

- **STOP**



The 30-Second Doorway Assessment

STOP

S — Symptoms

What has changed?



The 30-Second Doorway Assessment

STOP

T — Transmission risk

What could be transmitted, and how?



The 30-Second Doorway Assessment

STOP

O — Obstacles

What environmental factors could increase risk?



The 30-Second Doorway Assessment

STOP

P — Precautions

What do I need before proceeding?



The 30-Second Doorway Assessment

Then ask:

Can I safely provide the planned care in this environment today?



PPE: More Isn't Always Better

PPE should be risk-based.

Consider:

- What exposure is anticipated?
- Which body site is involved?
- What procedure is being performed?
- Is contamination likely?
- Is there a respiratory transmission risk?
- What PPE is required by organisational policy/guidance?



PPE

Avoid:

- Automatically putting on every available item
- Incorrect donning/doffing
- Touching contaminated PPE unnecessarily
- Taking contaminated PPE into clean areas

PPE is one component of IPC — not a substitute for hand hygiene or environmental controls.



Client & Family Education

Give people practical instructions they can actually follow.

Explain:

- Why precautions are needed
- What they need to do
- What they don't need to worry about
- How to clean safely
- How to manage waste
- How to handle sharps
- When to contact the service
- When urgent medical assessment is required



Client & Family Education

Ask them to teach back:

“Just so I know I've explained it clearly, can you tell me what you'll do when you change the dressing?”



When Guidelines Meet Reality

Community nursing is the process of translating evidence into safe practice under real-world conditions.



When Guidelines Meet Reality

Evidence says:

- A client with a chronic wound
- Known MDRO colonisation
- A dog in the home
- Carpet that sticks to your shoes
- No obvious clean workspace “There is nowhere clean to put it.”
- A family member with respiratory symptoms
- Limited handwashing facilities “There isn't a sink.”
- Used sharps requiring disposal



The Community Nursing IPC Toolkit

Before the visit

- Risk assess → Plan → Pack → Communicate

At the door

- STOP → Reassess → Adapt

During care

- Hand hygiene → PPE → Clean/dirty separation → Safe technique

After care

- Clean → Dispose → Reprocess → Document → Report if required

Between clients

- Don't carry the previous client's infection into the next home.



Five Questions to Take Home

Before every home visit, ask:

1. What infection risks do I already know about?



Five Questions to Take Home

2. What might I discover when I arrive?



Five Questions to Take Home

3. What equipment and PPE do I need?



Five Questions to Take Home

4. How will I manage contamination, cleaning and waste?



Five Questions to Take Home

5. Do I have everything I need in my tool kit?



Key Takeaways

Safe IPC in the home is about adaptation — not compromise.

- **Remember:**
- **Risk assess before entering.**
- **Use standard precautions consistently.**
- **Add transmission-based precautions when indicated.**
- **Use PPE appropriately.**
- **Plan equipment and reprocessing.**
- **Manage waste safely and according to applicable requirements.**
- **Educate clients and families.**
- **Protect yourself and your next client.**
- **Escalate when the environment cannot support safe care.**



“What would you do differently tomorrow?”

Please list one practical change from today's discussion that you would apply to your next home visit.

Infection prevention is everyone's responsibility.

Safe care.

Every home.

Every visit.



Resources

- [Aged Care IPC Training Hub - ACIPC - Australasian College for Infection Prevention and Control](#)
- [Work Vehicle Cleaning Requirements v 3.3.2026 \(003\).docx](#)
- [Home and Clinical Community Care Vehicles Guideline \(1\).docx](#)
- [Home Care Vehicle IPC Self Audit tool kit.docx](#)
- [Aged Care IPC Templates and Tools - ACIPC - Australasian College for Infection Prevention and Control](#)
- National Health and Medical Research Council (NHMRC) — *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
- Aged Care Quality and Safety Commission — infection prevention and control resources
- Aged Care Infection Prevention and Control Guide
- Aged Care Quality and Safety Commission requirements and guidance
- Relevant state/territory EPA requirements for healthcare and clinical waste
- Your own organisational policies, procedures and clinical governance requirements



Questions

