Infection Prevention and Control (IPAC) for Home Visits

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Vigilance for IPAC is required during every home visit and may require time for investigation (assessment/reassessment), revisiting the IPAC plan and goals, and adjusting activities as needed.
For a more detailed explanation of IPAC in the home, please visit Professional Guide . . . at a Glance: IPAC

STEP 1

Assess/Reassess for IPAC
• Patient's, family's and other care partner's ability to support IPAC (e.g., computer literacy and access, personal mobility)
• Environment (e.g., accessibility of potable water, safe waste disposal)
• Health-care system (e.g., support, communication)

STEP 2

Set Goals
• For addressing immediate needs: e.g., basic hygiene, asepsis
• For long-term: e.g., training, optimizing home to ensure IPAC
• Collaborate with the patient and family/care partners

STEP 3

Assemble Resources
to support best IPAC procedures
• Identify and engage needed health-care professionals and service providers
• Enlist the patient and family/care providers
• Create resource packages (information, materials, tools)
• Ensure organizational and systems support (equipment, supplies)

STEP 4

Establish and Implement an IPAC Plan
for the following areas:
• Hand hygiene
• Airborne management (e.g., adequate ventilation, elimination of hazards)
• Water management (e.g., filtration, delivery of clean water)
• Skin, wound and continence management
• Environment (interior and exterior)
• Equipment and protective devices such as PPE

STEP 5

Evaluate Outcomes
Were goals met? Partially met? Not met? If the IPAC goals have been met, continue with the plan and reassess regularly. If they have not been fully met, go back to Step 1 and then repeat the rest of the steps with adjustments as necessary.

Follow-up: The IPAC plan of care needs to be revisited at discharge to ensure self-management strategies are in place—through adequate education, training and tools for patients and their care partners—to support the patient once they are no longer in care.