Infection Prevention at Home: A National Practice Module

Preventing and recognizing infections in home care.

Why this module matters. About 1.7 million U.S. adults develop sepsis each year, and most have an underlying condition or a recent hospital stay. Infection prevention at home protects clients and caregivers.

About this module

This module gives teams a shared, evidence-based approach to preventing and recognizing infections in home care. It draws on current federal rules and national guidance, and it ends with a checklist that agencies, clinicians, and families anywhere in the United States can adopt.

Item	Details
Who it is for	Home care aides, family caregivers, nurses, and supervisors
Format	7 units, case scenarios, a knowledge check, and a national checklist
Time	About 1.5 to 2 hours as training
How to use it	Caregivers use all units. Supervisors use the checklist for yearly review.

Learning objectives

After completing this module, learners will be able to:

1. Explain why infection control matters at home.
2. Use standard precautions every visit.
3. Clean hands at the right times.
4. Recognize common infections in older adults.
5. Recognize sepsis.
6. Protect caregiver health.

Scope. Aides and family caregivers observe, support, and report. Clinical assessments, medication changes, and treatment decisions belong to licensed clinicians. Follow your state scope-of-practice rules and agency policies.

Unit 1. Why infection control matters at home

Older adults get infections more easily and become sicker faster. Infections such as urinary tract infections, pneumonia, skin infections, and influenza can lead to sepsis, hospital stays, and death. Caregivers who move between homes can also carry germs from one client to another.

Measure	Figure	Source
Adults who develop sepsis each year	About 1.7 million	CDC, 2026
Adults with sepsis who die in the hospital or go to hospice	At least 350,000 (at least 1 in 5)	CDC, 2026
People with sepsis who have an underlying condition or recent hospital stay	Most	CDC, 2026
Home care workers injured by needles or exposures	Tracked under OSHA's Bloodborne Pathogens Standard	OSHA

Unit 2. Standard precautions

Standard precautions are the basic practices used with every client, every time, whether or not an infection is known.

Practice	What to do
Hand hygiene	Wash with soap and water for at least 20 seconds, or use alcohol-based hand rub with at least 60% alcohol. Wash with soap when hands are visibly dirty, after using the toilet, and with diarrhea illness.
Gloves	Wear for contact with blood, body fluids, broken skin, or soiled items. Change between tasks and clients. Clean hands after removing.
Gowns, masks, eye protection	Use when splashes are likely or when the care plan calls for them.
Respiratory etiquette	Cover coughs and sneezes; wear a mask when sick if you must be near others.
Sharps safety	Use sharps containers; never recap needles.
Cleaning	Clean and disinfect high-touch surfaces and shared equipment.
Laundry and waste	Handle soiled linen carefully, without shaking; bag waste securely.

Unit 3. When to clean your hands

- On arrival and before leaving each home.
- Before and after touching the client.
- Before preparing food or medicines.
- Before putting on and after removing gloves.
- After contact with body fluids, toileting, or soiled items.
- After touching your phone or bag in the home.

Unit 4. Common infections in older adults

Infection	Signs in older adults	Prevention
Urinary tract infection	Burning, frequency, fever, but often only new confusion, falls, or incontinence	Fluids, good toileting hygiene (front to back), catheter care if present; do not assume every confusion is a UTI
Pneumonia	Cough, fever, breathlessness; or only confusion and weakness	Hand hygiene, upright position for eating, oral care, vaccination per clinician
Influenza, COVID-19, RSV	Fever, cough, body aches, fatigue	Stay home when sick, hand hygiene, masks when advised, vaccination per clinician and current CDC guidance
Skin and wound infections	Redness, warmth, swelling, drainage, pain	Clean wound care, pressure injury prevention, gloves
C. difficile and stomach infections	Frequent watery diarrhea	Soap and water handwashing (alcohol rub does not kill C. diff spores), clean bathrooms with appropriate disinfectant

Atypical signs. Older adults often show infection as new confusion, weakness, falls, or poor appetite rather than fever. Report these the same day.

Unit 5. Recognizing sepsis

Sepsis is the body's extreme response to an infection. It is a medical emergency. CDC lists these signs:

- Confusion or disorientation
- Fever, shivering, or feeling very cold
- Cold, clammy, or sweaty skin
- Fast heartbeat or weak pulse
- Shortness of breath
- Extreme pain or discomfort

If a client with an infection shows these signs, call 911 or the clinician right away and say, "I am worried about sepsis."

Unit 6. Caregiver health

- Stay home when you have fever, vomiting, diarrhea, or a respiratory illness, and tell the agency.
- Agencies must offer hepatitis B vaccination to workers at risk of blood exposure, under OSHA's Bloodborne Pathogens Standard.
- Ask your clinician about recommended vaccines for health care workers.
- Report any needlestick or blood exposure immediately for follow-up care.
- Complete tuberculosis screening as your employer and state require.

Unit 7. Special situations

Situation	Extra steps
Urinary catheter	Keep the bag below the bladder, keep tubing unkinked, clean hands before and after handling
Wounds	Follow the nurse's instructions; clean technique; report changes
Feeding tube	Clean hands and equipment; keep the person upright as directed
Known contagious illness	Follow the nurse's instructions on masks, gowns, and cleaning
Pets and food safety	Wash hands after handling pets; store and reheat food safely

Case scenarios

Case 1. Sudden confusion

Mr. H, age 88, is suddenly confused and has wet himself twice today. He has no fever.

- Could this be an infection?
- What should the caregiver do?

Discussion: Yes, infections often appear as confusion and incontinence in older adults. Report to the nurse or clinician the same day; watch for sepsis signs.

Case 2. A sick caregiver

A caregiver has a sore throat and fever but worries about losing pay if she calls off.

- What should she do?
- What should the agency do?

Discussion: Stay home and tell the agency. The agency should have a clear sick policy that supports staying home, and arrange coverage.

Knowledge check

1. How long should you wash hands with soap? *(At least 20 seconds)*
2. What alcohol content should hand rub have? *(At least 60%)*
3. Why use soap and water for C. diff? *(Alcohol rub does not kill its spores)*
4. Name three signs of sepsis. *(Confusion, fever or chills, fast heartbeat, cold or sweaty skin, breathlessness, extreme pain)*
5. What vaccine must employers offer workers at risk of blood exposure? *(Hepatitis B)*
6. How do infections often appear in older adults? *(New confusion, weakness, falls, or poor appetite)*

National Home Infection Prevention Checklist

This checklist turns CDC standard precautions and OSHA requirements into one tool for agencies and caregivers. The “National basis” column shows where each item comes from. Adapt it to your state rules and policies.

Name or ID	Date	Completed by and role
Agency or organization	Reviewed by	Next review date

A. Every visit

Action	National basis	Done	Notes
Hand hygiene on arrival, before and after care, and before leaving	CDC standard precautions	☐	
Gloves for body fluids; changed between tasks	CDC standard precautions	☐	
High-touch surfaces and equipment cleaned	CDC	☐	
Sharps disposed of in a sharps container	OSHA 29 CFR 1910.1030	☐	

B. Watch and report

Action	National basis	Done	Notes
New confusion, falls, weakness, or poor appetite reported the same day	CDC; best practice	☐	
Sepsis signs known; 911 called when present	CDC	☐	
Catheter, wound, and tube care done as instructed	Care plan	☐	

C. Caregiver health

Action	National basis	Done	Notes
Sick policy supports staying home	Best practice	☐	
Hepatitis B vaccine offered to at-risk workers	OSHA 29 CFR 1910.1030	☐	
Exposure reporting and follow-up process	OSHA 29 CFR 1910.1030	☐	
TB screening at hire as required	CDC 2019; state law	☐	

D. Agency program

Action	National basis	Done	Notes
Infection control training at hire and yearly	OSHA; state rules; 42 CFR 484.80	☐	
Supplies provided: gloves, hand rub, masks	OSHA	☐	
Exposure control plan reviewed yearly	OSHA 29 CFR 1910.1030	☐	

Completed by: signature	Printed name and title	Date
Reviewed by: signature	Printed name and title	Date

Sources and further reading

CDC: About Sepsis (Aug. 2026) (cdc.gov)

CDC: TB screening of health care personnel, 2019 (MMWR) (cdc.gov)

OSHA: Guidelines for healthcare and social service workers (osha.gov)

NIOSH: Homecare Workers' Handbook (cdc.gov)

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