

Infection Prevention and Control in Home Healthcare

Infection prevention and control (IPC) is a critical aspect of patient care in all healthcare settings. A study of more than 128,000 home healthcare patients showed that approximately 3.2 percent of them developed infections that led to hospitalization or emergency care treatment. Additionally, infections caused almost 1 in 5 unplanned hospitalizations among home healthcare patients.

Managing infection-related risks should be a priority for home healthcare agencies/organizations. Providing safe, high-quality, home-based care requires developing and implementing IPC initiatives as well as training and educating staff. Careful attention to executing and monitoring these initiatives may help reduce organizational risks and decrease costs.

This checklist includes a range of considerations for home healthcare organizations. Organizational leaders and staff may find reviewing this checklist beneficial when evaluating their IPC efforts and pinpointing gaps in guidance or areas for improvement.³

	Yes	No
Culture of Safety		
Do organizational leaders support a culture of safety in which staff members are empowered to remind others about IPC protocols and raise concerns without fear of retaliation?		
Has the organization designated appropriately trained individuals to implement IPC activities and monitoring?		
Does the organization's commitment to patient safety require that staff members accept personal responsibility for IPC every day?		
When IPC lapses occur, does the organization investigate the incidents and take corrective actions?		

	Yes	No
Culture of Safety (continued)		
Does the organization have a process for collecting, reviewing, and acting on IPC-related data and quality measures?		
Infection Prevention and Control Program		
Does the organization have a written IPC program that includes evidence-based policies and procedures for infection prevention, infection control, monitoring, and communication?		
Have all staff members in the organization read and acknowledged (in writing) the IPC program?		
Does the IPC program include written emergency preparedness protocols for events such as infectious disease outbreaks and natural disasters?		
Does the IPC program include written competencies for infection prevention practices, including staff safety procedures and cleaning, disinfection, and sterilization processes?		
Are staff members' duties, responsibilities, and competencies relative to IPC included in their job descriptions?		
Does the IPC program require compliance with Centers for Disease Control and Prevention (CDC) protocols for collecting, handling, and testing clinical specimens?		
Do leaders and the administrative team stay current on IPC guidelines and best practices to ensure the organization's program is up to date and effective?		
Does the organization assess its IPC program at least annually?		
Does the organization enact surveillance measures to ensure compliance with the IPC program, and is compliance documented?		
Training and Education		
Are all new staff members (including full-time employees, contractors, and temporary staff) educated about IPC strategies and techniques?		

	Yes	No
Training and Education (continued)		
Is education and training on all IPC aspects conducted at least annually or according to state and federal requirements?		
Does the organization provide frequent IPC updates and reminders?		
Do employees receive feedback about their compliance with IPC protocols?		
Antibiotic Stewardship		
Does the organization have an antibiotic stewardship plan that defines antibiotic use protocols and a system to monitor antibiotic use?		
Are strategies in place to improve antibiotic prescribing and use?		
Does the organization have access to a pharmacist, physician, or other healthcare provider who has expertise in antibiotic prescribing?		
Does the organization, along with pharmacy services, provide educational resources and materials about antibiotic use and outcomes to nursing staff?		
Occupational Health		
Does the organization require adherence to Occupational Safety and Health Administration bloodborne pathogen standards?		
Is a protocol in place to implement postexposure evaluation and follow-up?		
Does the organization offer annual influenza vaccinations for all staff members?		
Does the organization maintain written records of staff members' influenza vaccination from the most recent influenza season?		
Does the organization offer hepatitis B vaccinations to staff members at risk of occupational exposure?		
Is a tuberculosis (TB) screening required upon hire and annually thereafter (or as required by state law or a risk assessment) for staff members at risk of TB exposure?		

	Yes	No
Hand Hygiene and Respiratory Hygiene		
Does the organization have written hand hygiene and respiratory hygiene policies that are based on professional guidance and best practices?		
Are adequate and readily accessible supplies of alcohol-based hand rub always available?		
Are patients and their families encouraged to wash their hands, be mindful of IPC efforts, and speak up if they think a home healthcare worker has not taken an appropriate action?		
Does the organization have procedures to limit staff exposure to respiratory secretions from patients who have respiratory infection symptoms?		
If staff members have signs and symptoms of respiratory illnesses or have recently been exposed to someone who has a respiratory illness, are they advised to contact the organization to determine alternative patient care arrangements?		
Personal Protective Equipment		
Does the organization have sufficient and appropriate personal protective equipment (PPE) available and accessible to staff members (e.g., gloves, face shields, and face masks)?		
Does the organization educate staff members about specific clinical conditions for which the use of PPE is required?		
Are staff members taught proper PPE donning and doffing techniques?		
Is PPE removed and discarded before leaving the patient's home?		
Does the organization routinely audit (monitor and document) adherence to PPE use and provide feedback to staff?		
Reusable Medical Instruments and Devices		
Are reusable and single-use disposable devices clearly differentiated?		
Do organizational leaders reinforce that staff members should not reuse single-use disposable devices under any circumstance or in any situation?		

	Yes	No
Reusable Medical Instruments and Devices (continued)		
Has the organization established the level of sterilization or disinfection that each reusable instrument or device requires?		
Does the organization have written policies and procedures for reprocessing reusable devices, including methods for sterilization, high-level disinfection, and low-level disinfection?		
Are policies, procedures, and manufacturers' reprocessing instructions for reusable medical devices posted in reprocessing areas?		
Has the organization established standards for routine maintenance and cleaning of sterilization equipment (according to manufacturers' instructions)?		
Peripherally Inserted Central Catheter Line and Intravenous Medication Infusion Sa	fety	
Does the organization's IPC program include protocols for peripherally inserted central catheter (PICC) line and intravenous (IV) medication safety, including proper disinfection and flushing of the access port?		
Do staff members who perform PICC line and IV medication infusions receive training and competency validation (upon employment and annually) on medication infusion safety procedures?		
Does the organization routinely audit (monitor and document) adherence to medication infusion safety procedures and provide feedback to staff members?		
Do medication infusion protocols adhere to CDC's infection control guidelines?		
Are adequate PICC line and IV port safety supplies available at the organization (e.g., single-use needle/needle-less devices and sharps containers)?		
Wound Care		
Does the organization have procedures in place for proper wound care, including wound packing and dressing changes?		
Does the organization educate staff members about performing wound care packing and dressing changes with aseptic and clean techniques?		

	Yes	No
Wound Care (continued)		
Does the organization routinely audit (monitor and document) adherence to proper wound care packing and dressing changes and provide feedback to staff?		
Urinary Catheter Placement and Removal		
Does the organization have procedures in place for proper insertion and removal of urinary catheters?		
Does the organization educate staff members about proper sterile/aseptic techniques used for urinary collection?		
Does the organization routinely audit (monitor and document) adherence to proper insertion and removal of urinary catheters and provide feedback to staff?		
Environmental Cleaning		
Do staff members receive training and competency validation on cleaning/ disinfection procedures upon employment?		
Does the organization routinely audit (monitor and document) the quality of cleaning/disinfection practices and provide feedback to staff members?		

Resources

- American Journal of Infection Control: Infection Prevention and Control Practices in the Home Environment: Examining Enablers and Barriers to Adherence Among Home Health Care Nurses
- Centers for Disease Control and Prevention: CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
- Central Texas Aging, Disability, & Veterans Resource Center: Training Your Caregiver: Basic Infection Control
- Home Care and Hospice Conference and Expo: Infection Prevention and Control Surveillance
 Data: Meeting Regulatory and Accrediting Organizations' Requirements

Endnotes

¹ Shang, J., Wang, J., Adams, V., & Ma, C. (2020). Risk factors for infection in home health care: Analysis of national Outcome and Assessment Information Set data. *Research in Nursing & Health, 43*(4), 373–386. doi: https://doi.org/10.1002/nur.22053

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² Ibid.

³ This checklist is based on the following sources: Centers for Disease Control and Prevention. (2024, April 12). *CDC's core infection prevention and control practices for safe healthcare delivery in all settings*. Retrieved from www.cdc.gov/infection-control/hcp/core-practices/index.html; Centers for Disease Control and Prevention. (2024, April 16). *Infection Control Assessment and Response (ICAR) tool for general infection prevention and control (IPC) across settings*. Retrieved from www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html; Centers for Disease Control and Prevention. (2016, September). *Infection prevention and control assessment tool for long-term care facilities* (Version 1.3.1). Retrieved from https://ldh.la.gov/assets/oph/Center-PHCH/Center-CH/infectious-epi/HAI/2017webupdate/CDC_IC_Assessment_Tool_LTCF_v1_3_1.pdf