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Policy Area	Infection Prevention
Applicability	UNC Medical Center

Infection Prevention Guidelines for Continuing Care

I. Description

Describes the infection prevention program for Continuing Care.

II. Policy

A. Staff

1. Staff assigned to work in Continuing Care receive infection prevention orientation during the hospital orientation provided to all new staff.
2. Infection prevention education, including OSHA-required education for bloodborne pathogens and TB, must be completed initially upon employment and annually thereafter via the online Learning Management System (LMS).
3. Staff should adhere to the following Infection Prevention policies where applicable:
    a. Cleaning and Disinfection of Non-Critical Items
    b. Guidelines for Disposal of Regulated Medical Waste
    c. Hand Hygiene
    d. Infection Prevention Guidelines for Safe Patient Care
    e. Isolation Precautions
    f. Tuberculosis Control Plan

4. For Advanced Care at Home, non-UNC Health vendors may utilize education from UNC Health LMS modules or training provided by their employer. UNC Health staff should adhere to UNC Hospitals/Rex Infection Prevention specific policies where applicable (available in PolicyStat located on the UNC Health intranet).
5. Staff must adhere to guidelines found in the Occupational Health Services policy: Infection Prevention and Screening Program: Occupational Health Service.
6. Staff must be familiar with the Infection Prevention policy: Exposure Control Plan for Bloodborne Pathogens and report all needlestick/sharps, mucous membrane, and non-intact skin exposures from blood and other potentially infectious materials to Occupational Health Services (OHS) by calling the **Needlestick Hotline at 984-974-4480**. University employees should report the exposure to University Employee Health Service at 919-966-9119. Non-UNC Hospitals staff should follow instructions from their designated occupational health provider.
7. In accordance with N.C. Public Health Law, the patient's physician of record must report certain suspected or confirmed communicable diseases to the local health department as described in the Infection Prevention policy: Reporting of Communicable Diseases.
8. Periodic review/rounds to assess compliance with the above referenced infection prevention policies and procedures must be performed by a representative of the Infection Prevention department and area management or designee(s).

B. Standard Precautions

1. Staff and volunteers providing services in a patient's home must adhere to the following additions to Standard Precautions guidelines found in the Infection Prevention policy: Isolation Precautions.
    a. Personal protective equipment (PPE) such as protective eyewear, mask, gloves, shoe covers, gown, and CPR resuscitation masks must be available and used at the point of care to prevent exposure to blood or other potentially infectious materials (OPIM) per Standard Precautions.
    b. Properly store clean PPE within vehicles at all times and carry PPE into the patient's residence based on planned tasks and potential complications. Carefully remove PPE after use and dispose of it in the household trash. If heavily soiled, place the PPE in a plastic bag prior to placing it in the trash.

C. Transmission-Based Isolation Precautions for Home Care Settings

Transmission-Based Isolation Precautions - (Contact, Enteric, Droplet, Airborne, Special Airborne/ Contact, and Special Precautions) are used in addition to Standard Precautions for patients who are known or suspected of being infected or colonized with communicable diseases. Precautions

are selected based on a patient's symptoms. The following guidelines are provided to assist staff when working with a patient who may require special precautions in addition to standard precautions in the home environment. Refer to the Infection Prevention policy: Isolation Precautions for more information.

1. Airborne Precautions will be followed for all patients with a known or suspected airborne disease such as tuberculosis, measles, or chickenpox. All staff must remain in compliance with the Respiratory Protection Program for respirator use. Respirators will be worn when in the home of a patient with an airborne disease. The respirator should be donned prior to entering the home and not removed until outside the home.
2. Droplet Precautions will be followed for all patients with a known or suspected disease spread by large droplets such as pertussis and influenza. A surgical mask is worn when caring for the patient. The mask should be donned when entering the patient's room and removed when exiting the room.
3. Contact Precautions are followed as closely as possible in the home setting. They are used to prevent the transmission of multiple-drug resistant bacteria (e.g., MRSA, VRE, CRE). Gloves and gown must be worn for all contact with the patient and the patient's environment. Hand hygiene must be performed before donning gloves and immediately after glove removal. When leaving the home, care should be taken not to contact potentially contaminated surfaces and perform hand hygiene after leaving the home.
    a. Leave patient care supply bags in the car and take only those supplies that will be needed for the patient into the home. Supplies may be carried into the home in a clean plastic bag and the bag disposed of after use in the patient's trash.
    b. Any reusable equipment such as blood pressure cuffs, stethoscopes, and sharps containers should be thoroughly cleaned with an EPA-registered disinfectant after use and before returning to the patient care supply bag or vehicle. Leave equipment in the home for subsequent use when possible.
    c. Special handling of wound dressings and linen is not indicated.
4. Enteric Precautions are followed as closely as possible in the home setting and are used for pathogens causing gastroenteritis such as *C. difficile* and norovirus, and for patients identified with *Candida auris* colonization or infection. Gowns and gloves must be worn for all contact with the patient and the patient's environment. Hand hygiene must be performed with soap and water before donning gloves and immediately after glove removal.
    a. Leave patient care supply bags in the vehicle and take only those supplies that will be needed for the patient into the home. Supplies may be carried into the home in a clean plastic bag and the bag disposed of after use in the patient's trash.

b. Any reusable equipment such as blood pressure cuffs, stethoscopes, and sharps containers should be thoroughly cleaned with an EPA-registered bleach disinfectant wipe after use and before returning to a patient care supply bag or vehicle. Leave equipment in the home for subsequent use when possible.

c. Special handling of wound dressings and linen is not indicated.

5. Immunocompromised patients may require Protective Precautions. Strict hand hygiene prior to care is always indicated. Staff/volunteers should not visit if ill or incubating a potentially communicable infection such as an upper respiratory infection. Consultation with the patient's physician may be needed to determine if any additional precautions should be taken.

D. Infection Surveillance

1. Surveillance and identification of healthcare-associated infections in the Continuing Care setting, with the exception of Advanced Care at Home, is conducted by Continuing Care trained staff using the definitions included in Attachment 1 - Criteria for Home Health, Home Hospice, and Inpatient Hospice Care Associated Infection. Surveillance and identification of healthcare-associated infections in Advanced Care at Home is performed by Infection Prevention.
2. For assistance with prevention, control, and investigations of infectious and communicable disease specific to care and services provided in the home setting, Continuing Care staff consult with the Infection Prevention department.
3. At least annually, the Continuing Care staff will present a summary of their infection surveillance data to the Hospital Infection Control Committee (HICC).

E. Handling of Supplies in Continuing Care Settings

1. Vehicular Storage and Transport:

    a. Personal and supplied vehicles must clearly separate clean and contaminated patient care articles. Staff should employ basic infection prevention principles of separation and appropriate storage of clean and dirty items within the vehicle.

    b. Patient care items and personal items belonging to the employee should be stored in separate areas of the vehicle.

    c. All clean supplies, including patient care supply bags, should be stored in smooth, cleanable plastic containers with lids that close securely to prevent soiling.

    d. Clean supplies should not be placed on the floor of the vehicle and should be stored in smooth, cleanable plastic containers with tops that close

securely.

e. Delivery technicians and other appropriate staff must maintain an infection prevention kit in each vehicle. Each kit contains face mask, gloves, gowns, eye protection, red biohazard bags, EPA-registered disinfecting solution, and eye wash kit.

2. Patient Care Supply Storage

   a. Patient care supplies should be stored in accordance with the Infection Prevention policy: Infection Prevention Guidelines for Safe Patient Care and the Home Health Policy: Home Health and Hospice Bag Technique.

   b. Supplies with an expiration date must have the date routinely checked and the supply discarded, if expired, prior to use.

   c. In-home patient care supplies:

      i. A box of gloves may be carried in the clean section of the patient care supply bag.

      ii. The patient care supply bag is issued by the home office and used for transport of medical supplies. **The following guidelines must be used for managing the bag and supplies**:

         - Hand hygiene must be performed before each entry into the bag/pack,.
         - The bag and any equipment/supplies should be placed on a clean barrier (e.g., disposable absorbent pad), on a dry, firm surface away from small children and pets.
         - If the home environment is heavily infested with insects or rodents, the bag should be left in the vehicle, and clean supplies carried into the home inside a disposable bag.
         - For patients under transmission-based isolation precautions: leave the patient care supply bag in the vehicle. Only bring in the specific supplies and PPE required by Section C (“Transmission-Based Isolation Precautions for Home Care Settings”).
         - The clinician should only take the equipment needed for that visit, PPE, and alcohol-based hand rub or liquid soap and paper towels.
         - Only supplies necessary to provide care for each patient are removed from the bag.
         - The bag and any contaminated contents should be

immediately disposed of and replaced if contaminated with blood/body fluids.

iii. Any supply that is left in the patient's home must remain with that patient.

iv. Unused patient supplies should be discarded when:

- The item is visibly soiled.
- The item was opened, or the integrity of the package has been compromised.
- The manufacturer's expiration date has been reached.
- The item is removed from the patient care supply bag and the patient is being cared for under Isolation Precautions and cannot be disinfected per the item's manufacturer's instructions for use (MIFU).

F. Wound Care

1. Aseptic technique is used for wound care.
2. Only sterile solutions (e.g., normal saline or sterile water) should be used for wound care per manufacturer's instructions for use. If using aerosol solutions, discard per manufacturer's instructions.
3. Soiled dressings should be contained within a closed plastic bag and disposed of in the patient's trash if in the home.
4. Wound-VACs: Follow the manufacturer's instructions for use (MIFU) for changing the wound-VAC. Dispose of the dressing and canister, by carefully placing the items in a plastic bag and seal, then deposit the sealed plastic bag in the patient's trash if in the home.

G. Phlebotomy

1. Staff must follow all guidance in the Nursing policy: Peripheral Intravenous Device and Venipuncture
2. Aseptic technique must be followed for any blood drawing procedure.
3. A new tourniquet should be used for each phlebotomy event and discarded after use.
4. When accessing implanted catheters or central lines for obtaining blood specimens, follow the guidelines provided in the Nursing policy: Central Venous Access Device (CVAD) Care & Maintenance.

H. Sharps and Biohazard Transport

1. Place the primary specimen container in a plastic biohazard labeled bag. Seal the plastic bag and place it in a rigid, leak-proof specimen transport container. This container should also display a biohazard symbol. Specimens should not be hand carried to the employee's vehicle.
2. Sharps should be disposed of at the point of use by placing them in a rigid, puncture-proof container. Sharps include such devices as needles, syringes with needles attached, blood collection devices, and other sharp-edged items such as razors, glass vials, and glass capillary tubes.
3. Items considered contaminated and used sharps must be stored, disposed of, and transported in a manner that prevents tipping, spilling, or the contamination of other items. All used sharps must be placed in an OSHA-approved, closable, and properly marked sharps biohazard container. When transported in a vehicle, these containers and contaminated items must be securely positioned to prevent tipping and stored strictly within the designated "dirty" section of the vehicle, completely segregated from clean items.
4. When the sharps container is three quarters filled, close securely and discard as directed by the home facility's medical waste disposal policy.
5. Patients should be instructed on the proper disposal of sharps used by themselves or other personal care givers. Sharps can be placed in a heavy-gauge plastic or metal container that can be sealed (e.g., laundry detergent bottle, bleach bottle, coffee can). When the container is full, it should be sealed and disposed of in household waste.

I. IV Therapy

The use and maintenance of IV catheters must comply with guidelines within the Nursing policy: Peripheral Intravenous Device and Venipuncture.

J. Urinary Catheterization

Guidelines for catheterization are provided in the home care policies and procedures manuals, the Nursing policy: Urinary Drainage Devices: Indwelling and External Catheters, and the Infection Prevention policy: Infection Prevention Guidelines for Safe Patient Care. Please follow the appropriate policy for the patient's care setting.

K. Irrigation Solutions and Equipment

1. Sterile solutions used for irrigation are used per manufacturer's instructions for use (MIFU). If labeled as single use, any unused solution is discarded immediately after use.
2. Irrigation equipment is single patient use and discarded when the ordered therapy is

completed.

L. Enteral Feeds

1. The inpatient hospice setting and Advanced Care at Home Program must follow all UNC Hospitals inpatient policies regarding enteral feedings.
2. Home Care:
    a. Aseptic technique must be used while pouring formula into the feeding bag. These bags must be labeled with the date and time which they are prepared.
    b. Once prepared, formula may keep for 24 hours.
    c. The entire administration system must be discarded every 24 hours.

M. Animals in the Home

NOTE:	**Inpatient hospice must follow the Hospice Services policy: Pet Visitation in Inpatient Hospice.** **Home Care and Advanced Care at Home should follow the Infection Prevention policy: Service Animals.**

1. Animals should be removed from the room in which the visit occurs if a dressing change or other procedure requiring aseptic technique is planned.
2. Patients should be instructed not to allow animals to touch open wounds.
3. Staff should report any scratches or bites they receive from animals in the home to their respective occupational health service.

N. Equipment and Surface Cleaning

Equipment cleaning, disinfection, and maintenance in all settings must be performed according to manufacturer instructions for use (MIFU) and in compliance with the Infection Prevention policies: Patient Equipment, Environmental Services, Diversional Supplies (e.g., toys and books), and Infection Prevention Guidelines for Safe Patient Care.

O. Medical Waste Disposal

1. All settings:
    a. Staff must adhere to the Infection Prevention policies: Exposure Control Plan for Bloodborne Pathogens and Guidelines for Disposal of Regulated Medical Waste.
2. Home care settings:
    a. Solid waste, including wound dressings, IV bags and tubing sets shall be disposed of within the patient's home. Wound dressings should first be

placed in a closed plastic bag prior to placing them in the trash.

b. Regulated medical waste (except sharps disposal boxes which is addressed above) should be disposed of in the home trash and not transported back to the home office. Refer to the Infection Prevention policy: Guidelines for Disposal of Regulated Medical Waste for additional information.

III. Responsible for Content

Infection Prevention

IV. References

APIC-HICPAC Surveillance Definitions for Home Health and Home Hospice Infections, February 2008. http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/HH-Surv-Def.pdf Accessed March 16, 2026.

Centers for Disease Control and Prevention (CDC). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (last update: September 2024). https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf. Accessed March 18, 2026.

McGoldrick M, Addressing: Home Care. In: Dean R, Popescu S, eds. APIC Text. 2023. Available at https://text.apic.org/toc/infection-prevention-for-practice-settings-and-service-specific-patient-care-areas/home-care?Token=0AkUd00002yaT4vKAE. Accessed March 20, 2026.

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

V. Related Policies

Hospice Services Policy: Pet Visitation in Inpatient Hospice

Infection Prevention Policy: Cleaning and Disinfection of Non-Critical Items

Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens

Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste

Infection Prevention Policy: Hand Hygiene

Infection Prevention Policy: High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices (excluding ALL flexible endoscopes)

Infection Prevention Policy: Infection Prevention Guidelines for Safe Patient Care

Infection Prevention Policy: Isolation Precautions

Infection Prevention Policy: Patient Equipment

Infection Prevention Policy: Reporting of Communicable Diseases

Infection Prevention Policy: Respiratory Care Department

Infection Prevention Policy: Reuse of Single Use Devices (SUDs)

Infection Prevention Policy: Service Animals

Infection Prevention Policy: Sterilization of Reusable Patient-Care Items

Infection Prevention Policy: Tuberculosis Control Plan

Nursing Policy: Central Venous Access Device (CVAD) Care & Maintenance

Nursing Policy: Peripheral Intravenous Device and Venipuncture

Nursing Policy: Urinary Drainage Devices: Indwelling and External Catheters

Occupational Health Services Policy: Infection Prevention and Screening Program: Occupational Health Service

All Revision Dates

07/2026, 09/2024, 08/2023, 10/2021, 11/2020, 06/2017, 10/2016, 09/2013, 08/2011, 07/2008, 09/2007, 01/2005

Attachments

1 - Criteria for Home Health, Home Hospice, and Inpatient Hospice Care Associated Infection rev.6-2026 .doc

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	07/2026
	Emily Vavalle: HCS Exec Dir Infection Prevention	07/2026
	Sherie Goldbach: Project Coordinator	07/2026

Applicability

UNC Medical Center

Standards

No standards are associated with this document