INFECTION PREVENTION BRIEFING

NORA Nurse

Clear infection-control guidance, in seconds — at the bedside, on every shift.

A tool overview for infection preventionists

The problem

Infection-control answers are hard to get to fast



Binders, PDFs, and memory

Isolation and PPE guidance is scattered across policy binders, shared drives, and what staff happen to remember from training.



Variation across shifts

Without one fast reference, precautions get applied differently unit to unit and shift to shift.



Audit pressure

When a surveyor asks "why," preventionists need to show consistent practice and defensible documentation — quickly.

Meet NORA Nurse

A digital platform that combinds CDC standards with your facility's own protocols to give staff one easily accessible and consistent answer — instead of binders, PDFs, or memory.

Chat-based guidance

Staff type a question about isolation or precautions the way they'd ask a colleague, and get a clear answer back.

Facility protocols

CDC guidance is combined with your facility's own requirements — not generic or inconsistent advice.

Admin & reporting

Content management and audit-ready reporting give leadership visibility into what staff are being told.

How it works

From question to bedside answer

1



Staff ask a question

e.g. "What precautions for a new C. diff admission?" — typed in plain language at the point of care.

2



NORA blends the sources

CDC isolation/PPE guidance is combined with your facility's own policy in real time.

3



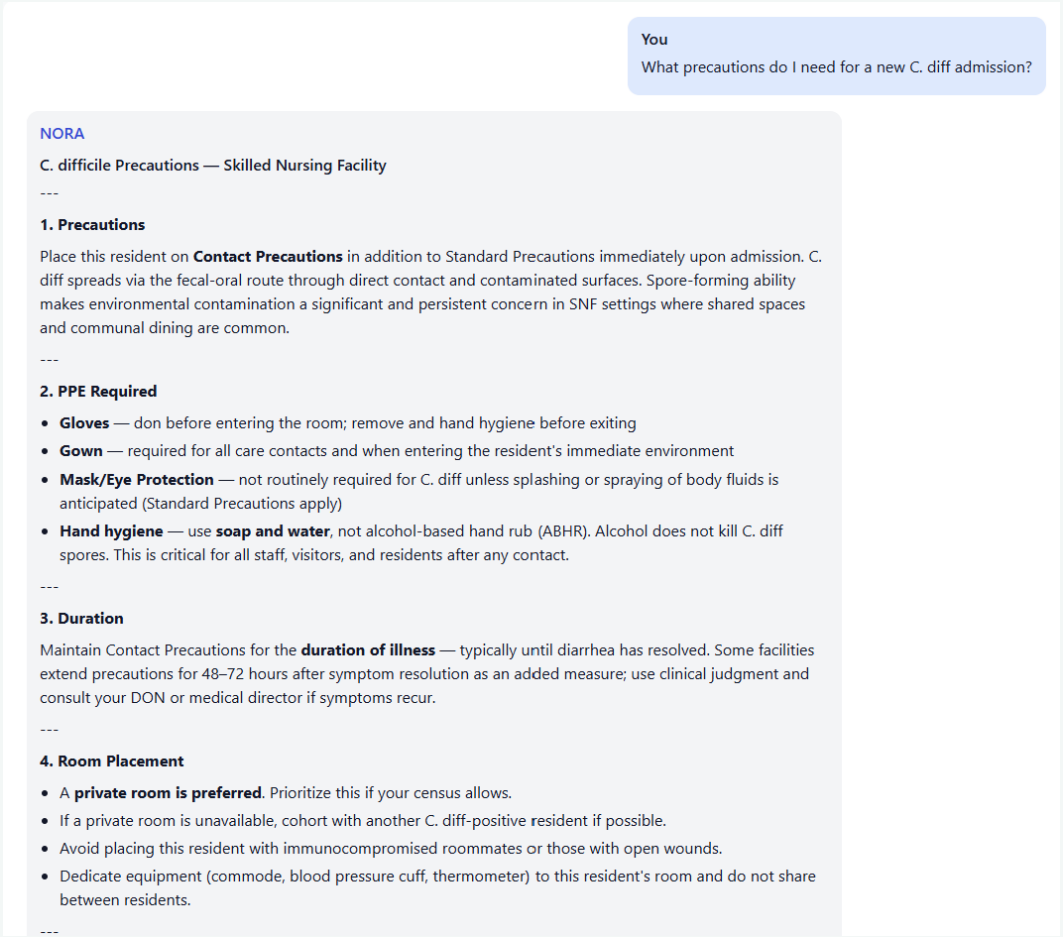
One consistent answer

Staff get a clear, bedside-ready response — the same answer regardless of who's on shift.

What it looks like

A sample bedside interaction

Point-of-care questions get answered in seconds — no digging through binders, shared drives or trying to interpret CDC/Facility protocols.



You

What precautions do I need for a new C. diff admission?

NORA

C. difficile Precautions — Skilled Nursing Facility

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1. Precautions

Place this resident on **Contact Precautions** in addition to Standard Precautions immediately upon admission. C. diff spreads via the fecal-oral route through direct contact and contaminated surfaces. Spore-forming ability makes environmental contamination a significant and persistent concern in SNF settings where shared spaces and communal dining are common.

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2. PPE Required

- **Gloves** — don before entering the room; remove and hand hygiene before exiting
- **Gown** — required for all care contacts and when entering the resident's immediate environment
- **Mask/Eye Protection** — not routinely required for C. diff unless splashing or spraying of body fluids is anticipated (Standard Precautions apply)
- **Hand hygiene** — use **soap and water**, not alcohol-based hand rub (ABHR). Alcohol does not kill C. diff spores. This is critical for all staff, visitors, and residents after any contact.

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3. Duration

Maintain Contact Precautions for the **duration of illness** — typically until diarrhea has resolved. Some facilities extend precautions for 48–72 hours after symptom resolution as an added measure; use clinical judgment and consult your DON or medical director if symptoms recur.

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4. Room Placement

- A **private room is preferred**. Prioritize this if your census allows.
- If a private room is unavailable, cohort with another C. diff-positive resident if possible.
- Avoid placing this resident with immunocompromised roommates or those with open wounds.
- Dedicate equipment (commode, blood pressure cuff, thermometer) to this resident's room and do not share between residents.

Blends CDC guidance with your facility's exact policy language!

Why it matters for infection preventionists

What this changes in your program

Standardizes practice

One source of truth for precautions, so guidance doesn’t vary by who you ask.

Reduces shift-to-shift variation

Night shift and day shift, new hire and 20-year veteran, get the same answer.

Supports audit readiness

Content management and reporting help you show consistent, defensible practice.

Reinforces training

A day-to-day reference that keeps orientation and annual training concepts active.

Gives leadership visibility

See what staff are asking and being told, across units and shifts.

Keeps CDC + local policy aligned

Facility-specific requirements stay layered on top of current CDC guidance.

Scope: what NORA Nurse is — and isn't

It supports

- Infection-control scenarios and PPE/isolation guidance
- Policy adherence to CDC + facility-specific protocols
- Standardized, bedside-ready answers
- Audit-ready content and reporting

It does not

- Provide medical advice or a clinical diagnosis
- Replace clinical judgment or IP team review
- Override facility policy — it reflects it

Next steps

Putting NORA Nurse in front of your team



Request a live demo

See the chat assistant, protocol setup, and reporting dashboard firsthand.



Pilot with one unit

Trial facility-specific protocol customization with a small group before a full roll-out



Talk it through

Questions on scope, data, or implementation — sales@noranurse.com

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Questions?

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