



Health Quality Innovation Network



Pause for Prevention

8-Module Educational Program on Infection Prevention Best Practices

Pause for Prevention

The Pause for Prevention program is a turnkey program to assist Nursing Homes in ensuring all staff have a basic understanding of infection prevention practices. The Health Quality Innovation Network (HQIN) developed the series of modules as a means of involving all staff who encounter residents (or work in their environment) in infection prevention practices proven to enhance the safety of residents and team members. The program includes 8 modules intended to be interactive and brief (approximately 15 minutes).

Modules

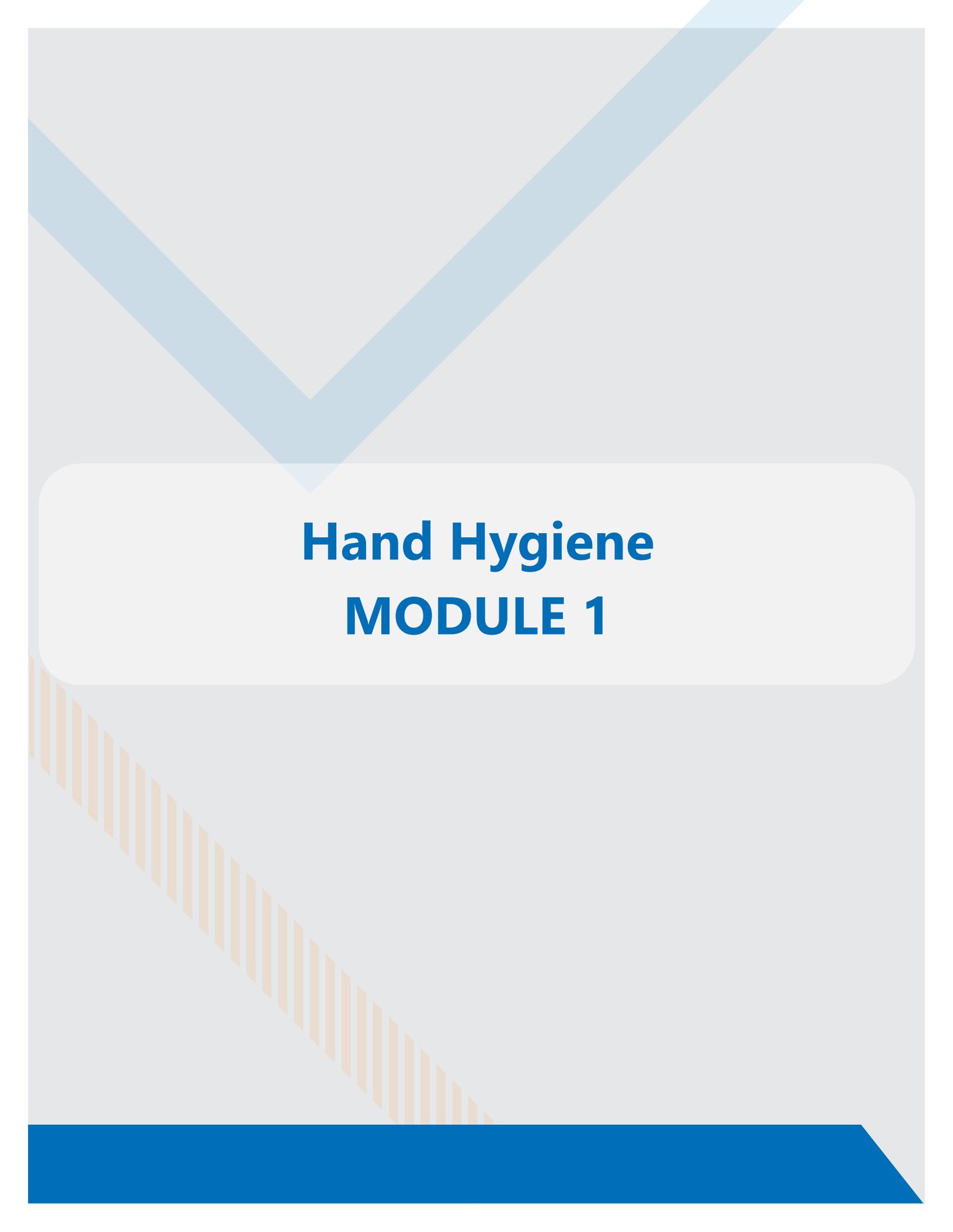
- Hand Hygiene
- Cough Etiquette
- Personal Protective Equipment
- Masking (Still) Matters
- Safety Behaviors are for Everyone
- Infection Prevention Considerations for Residents with Impaired Memory
- Best Practices for Employee Health - Vaccines and When to Stay Home
- Caring for Yourself During an Outbreak or Pandemic

Materials available for printing

- Notebook cover and spine
- Eight modules
- Scripts for individuals leading the learning opportunity
- Flyers to place in staff areas
- Handouts to provide to staff as resource material

Three Steps to Launch this Program

1. Commit as a leadership team to participate in the Pause for Prevention program.
2. Provide education to all staff who come in contact with residents or the resident environment.
3. Place Pause for Prevention posters in staff areas.



Hand Hygiene

MODULE 1

Hand Hygiene

Module 1

Hand Hygiene protects residents *and* you from germs that cause infection. Use alcohol based hand rub or soap and water to prevent the transmission of germs.

Alcohol based hand rubs (must be at least 60% alcohol)

- Use when hands are not visibly soiled
- Apply to the palm of one hand
- Rub hands together covering all surfaces until dry

Handwashing

- Use when hands are visibly soiled, before eating and after using the restroom
- Wet hands with water
- Apply soap
- Rub hands together for 20 seconds to cover all surfaces including between fingers and fingertips
- Dry hands with clean, dry paper towel; place towel in trash

Hand Hygiene

Module 1

First Ask the staff if they are aware of hand hygiene compliance on their unit and in their facility - celebrate their awareness! Next, ask the staff if they hold each other accountable (in a friendly way) for performing hand hygiene. Share how hand hygiene audits are obtained.

Review

- a. Hand Hygiene Is a Ball! lesson plan.
- b. The Pause for Prevention hand hygiene flyer. Review each step for hand hygiene with alcohol rub and hand hygiene with soap and water.

Emphasize

- a. Hand hygiene opportunities (before providing care, after providing care, after touching anything in the resident's environment (room)).
- b. Turning off the sink with a *clean* paper towel to avoid contaminating the sink handles.

Lesson Hand hygiene is the number one defense against the transmission of germs that have the potential to cause infection.

Hand Hygiene is a Ball! Activity

Module 1

- Apply dry erase marker to a medium sized, hard, plastic ball (this will wash off).
- Gather your supplies: ball, dry erase marker, alcohol hand rub.
- Gather staff in an area where the lesson can be carried out and hand hygiene can be performed using alcohol hand rub and soap and water.
- Pass the ball with the marker applied to be passed around among the group as you share the following: "The ball represents anything touched in the environment. The ball is a door handle, a television remote, a telephone, or a portable vital signs monitor; anything and everything that is touched a lot! The marker on the ball represents germs that get passed along from person to person, or person to object to person (resident) when hand hygiene is not performed. Imagine if we could see the germs!"
- Ask: Which type of hand hygiene is generally recommended?
- **CDC recommends using "ABHR with 60-95% alcohol** in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water."
- Ask: Which type of hand hygiene is appropriate when hands are visibly soiled?
- **CDC states:** "Hands should be washed with soap and water for at least 20 seconds when visibly

Present scenarios (see examples below) that are role-related to encourage discussion across departments.

1. A nurse will perform wound care for a resident. When should hand hygiene be performed?

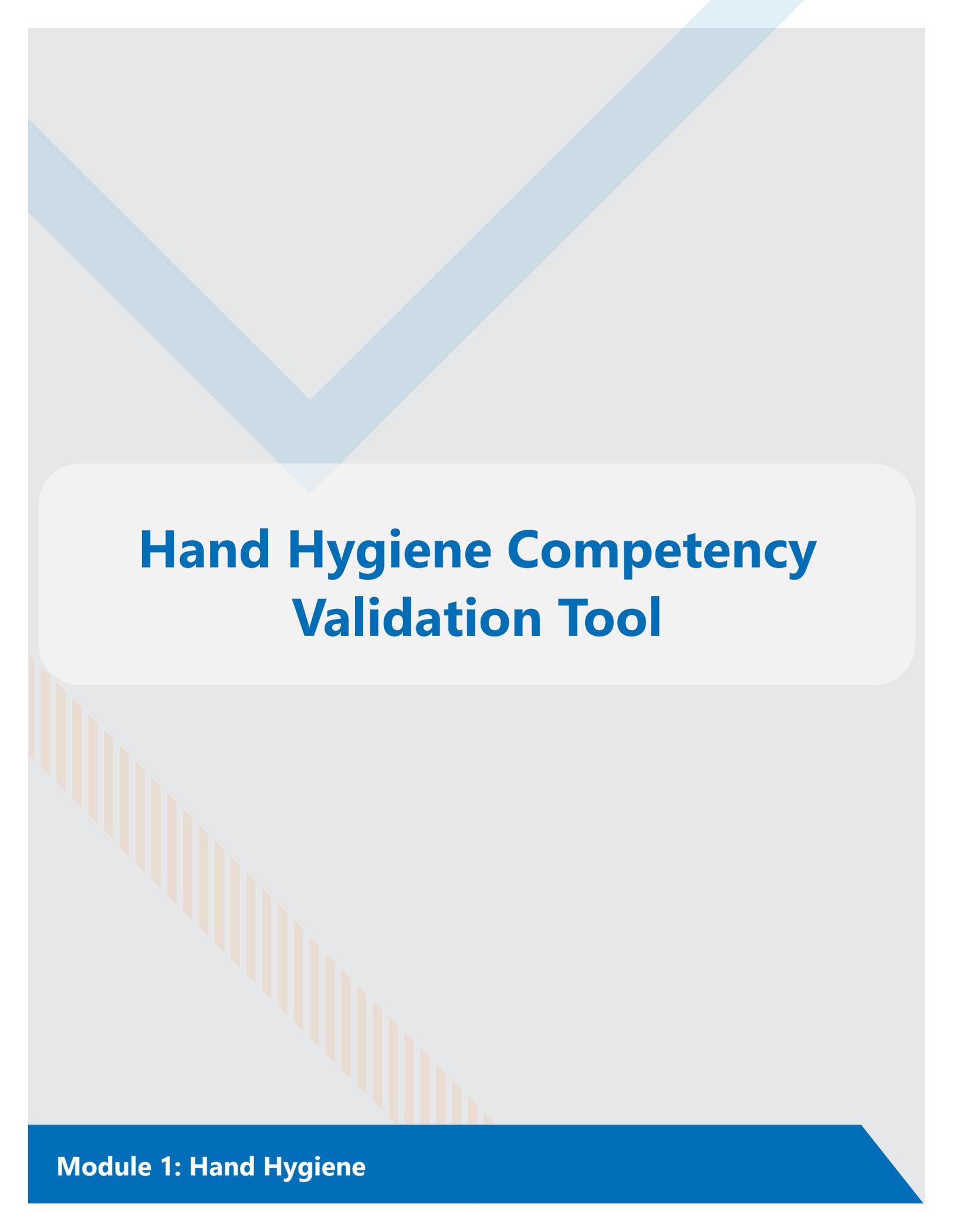
Answer: Before putting on gloves (donning), after removing gloves (doffing), after performing other duties in the resident's room, and before leaving the resident's room. **Rationale:** Hand hygiene is essential before putting on gloves (donning) to ensure that germs are not transferred to the gloves. Hand hygiene after taking off gloves (doffing) is needed to ensure that germs were not transferred to hands during removal. Hand hygiene should always be done between tasks in the residents room and before leaving the residents room to ensure that no germs get moved around in the environment. Additionally, gloves never take the place of hand hygiene.

2. A dietary staff member is assisting with the delivery of trays to individual residents. When should hand hygiene be performed?

Answer: Before touching food items or trays and after delivering food to individual residents. **Rationale:** Germs can travel from the hands of staff to items used for, or in the care of residents and then to the residents. Hand hygiene is important to ensure germs do not move around in the environment.

3. A laundry staff member will be taking clean linen from holding area to a unit. When should hand hygiene be performed?

Answer: Before touching linen supplies, on arrival to area where linen will be stored for unit, and after placing in designated storage area on unit. **Rationale:** Moving items like linen within a facility may require touching door knobs, etc., and linen will come into contact with residents, therefore careful handling with clean hands is important to ensure that germs are not transferred.



Hand Hygiene Competency Validation Tool

Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% 95% alcohol content)

Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other
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Employee Name: _____ Job Title: _____

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

Employee Signature

_____/_____
Validator Signature Date



Cough Etiquette

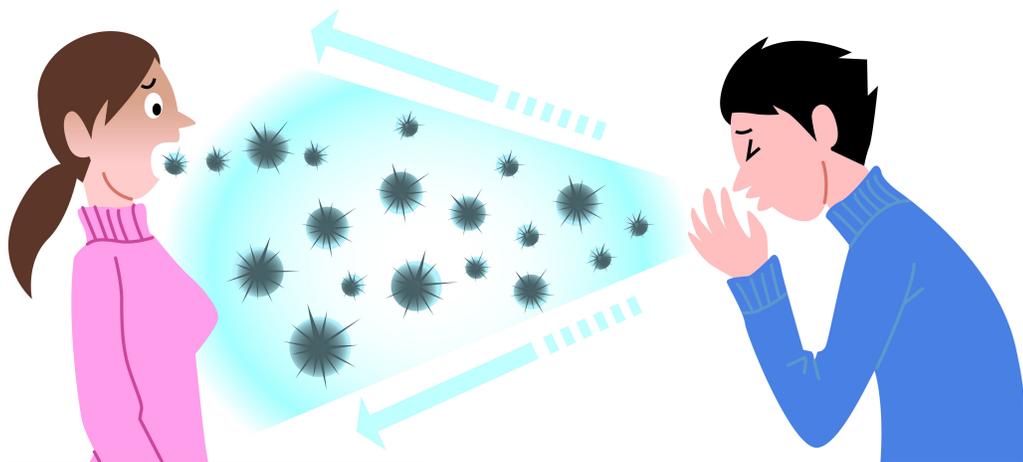
MODULE 2

Pause for Prevention - Cough Etiquette

Covering your cough or sneeze protects everyone from germs that may cause infection.

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Immediately throw used tissues in the trash.
- If you don't have a tissue, cough or sneeze into your elbow, not your hands.
- Immediately perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/material.
- Remind residents in your care when and how to perform cough etiquette too!

Imagine if we could see the spray from a cough or sneeze!



[CDC: Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#)
[CDC: Water, Sanitation & Environmentally-Related Hygiene - Coughing and Sneezing](#)

Module 2: Cough Etiquette



Quality Improvement Organizations

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HQIN
Health Quality Innovation Network

Cough Etiquette

Pause for Prevention - Module 2

Supplies

- Spray bottle (simple spray bottle of the type that may be found at a dollar store)
- Food coloring (blue or green)
- Large pieces of drawing paper or plastic
- Tape
- Marker
- Tape measure for marking off increments of 6 inches, 3 feet and 6 feet
- Impervious (liquid resistant) gowns
- Masks
- Gloves
- Eye protection

Preparation

- Lay or tape paper or plastic to the floor. Indicate with a marker the distance required for each scenario; 6 inches, 3 feet, and 6 feet.
- Prepare spray bottle with water and food coloring (add just a few drops of food coloring to water in bottle). Note: food coloring can stain skin and clothing; approach this step carefully.

Lesson Ready! Use the flyer (Page 1) to share the overall message about cough etiquette.

Gather staff in an area where the lesson can be carried out without disruption.

Have 3 volunteers put on (don) PPE (protective equipment) and place themselves at the marks on the paper or plastic. As you work through the scenarios, spray the water with food coloring in the direction of the gown of the volunteer (previously placed at the distances above) to demonstrate the force behind the spray of a cough or sneeze! ***Note:** Avoid spraying in the direction of the face or any exposed skin or clothing.

Discuss the following scenarios using the spray bottle with food coloring to illustrate the impact of an uncovered cough.

- 1. 6 INCHES:** As a nurse, you are performing an assessment on Mr. Smith, who is in droplet isolation. You have performed hand hygiene and put on (donned) the appropriate personal protective equipment (PPE) including a gown, gloves, mask and eye protection. You are assessing the breath sounds of Mr. Smith. This requires you to be very close (within inches) of his face. As you carefully listen to breath sounds with your stethoscope, Mr. Smith begins to cough. He has a tissue and quickly brings it to his face, but not before some spray escapes. Imagine the impact if you were not wearing a mask and other PPE!

Cough Etiquette

Pause for Prevention - Module 2

- 2. 3 FEET:** As a nursing assistant, you have assisted Mrs. Jones to a chair while you change the linen on her bed. Mrs. Jones begins coughing and you can see she does not make an effort to cover her cough. Her cough quickly ends, but you recognize an opportunity to remind Mrs. Jones about cough etiquette. You wash your hands and leave the room. You return to the room of Mrs. Jones with a box of tissues and gently review instruction on covering a cough (See handout, Page 1).
- 3. 6 FEET:** As a physical therapist, you have just completed balance training for Ms. Taylor in her room. Ms. Taylor asks to sit up in the chair next to the window, and once you have assisted in making her comfortable, you perform hand hygiene. As you are just in the doorway of her room, she begins coughing (related to reported seasonal allergies) and as you turn to see if Ms. Taylor requires assistance, you see that she has a tissue and is covering her cough! You smile and ask if she needs anything and when she responds that she is fine for the moment, you proceed to your next assignment thinking about the power of a cough and wondering just how far the spray from an uncovered cough can travel.

Suggestions for scenarios that can be used to include additional roles within the facility or for more conversation about opportunities to provide assistance and education related to cough etiquette:

6 INCHES - What is the appropriate response to each scenario?

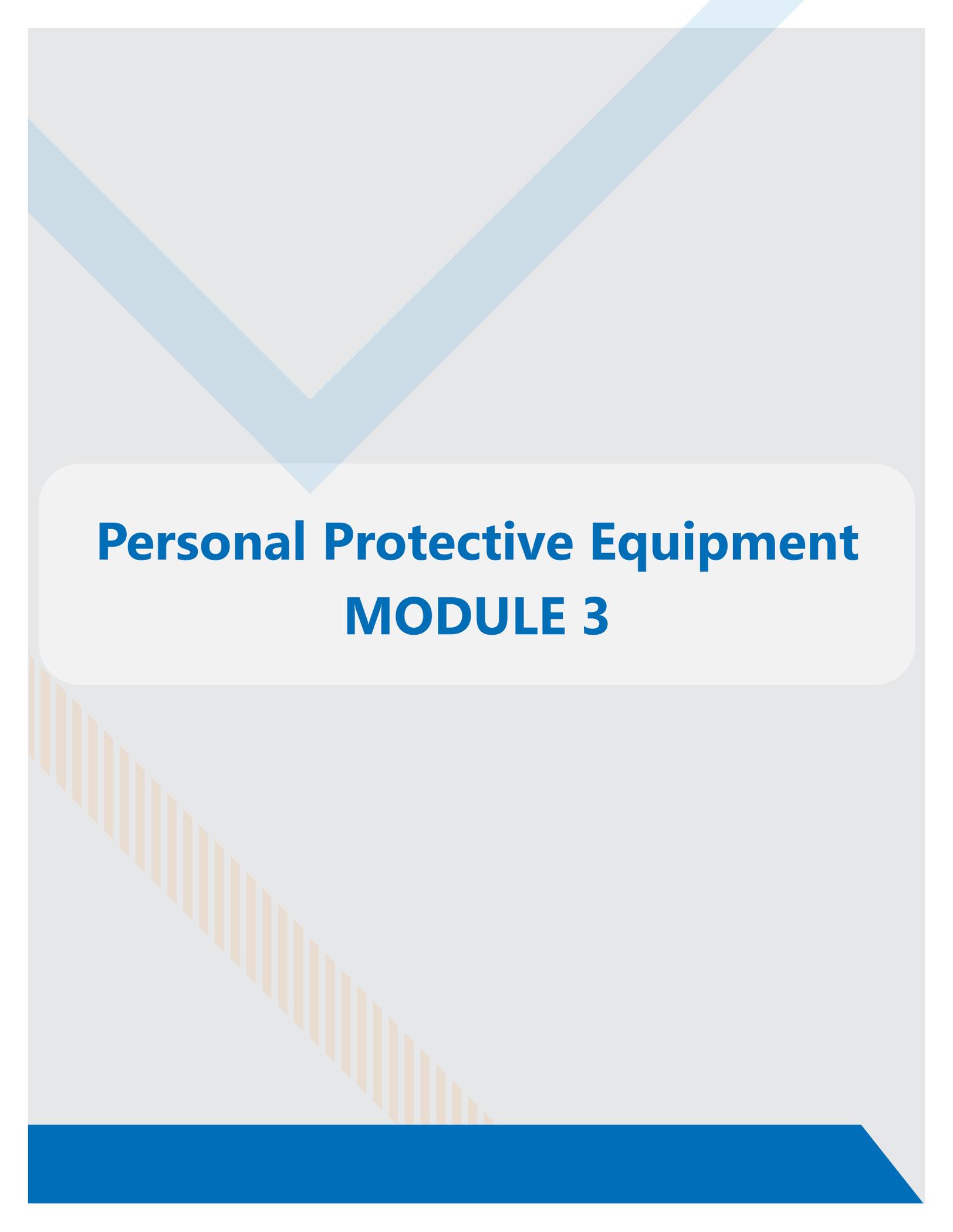
- Aide assisting resident with a meal. Resident begins coughing (unrelated to eating).
- Therapist or restorative staff doing upper extremity range of motion with resident who coughs.
- Activity instructor assisting resident to place marker on bingo card-resident coughs.

3 FEET - What is the appropriate response to each scenario?

- Social worker reading the mail to resident who begins to cough.
- Receptionist signing a resident out for leave who suddenly coughs.
- Admissions coordinator conducting initial interview with resident who can't control a cough.

Answer to above scenarios: Encourage the resident to cover the cough with elbow if tissue is not readily available. Encourage hand hygiene. Provide tissue, and explain the importance of covering the cough.

Remind team members that education related to cough etiquette should be provided with respect and in consideration of the resident's ability to understand what is being taught. For residents who have cognitive disability, assist them with hand hygiene after an observed cough. Provide tissue and frequently remind residents to cover their cough or sneeze.



Personal Protective Equipment

MODULE 3

Pause for Prevention

Module 3: Personal Protective Equipment (PPE)

Donning (putting on) personal protective equipment:

Follow the QR Code to see CDC demonstration for donning personal protective equipment. Put on PPE before contact with the resident.



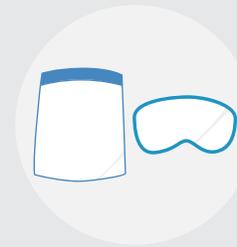
Perform Hand Hygiene



Put on Gown



Put on Mask or Respirator



Put on Goggles or Faceshield



Put on Gloves

Doffing (removing) personal protective equipment:

Follow the QR Code to see CDC demonstration for doffing personal protective equipment.



Remove Gloves



Perform Hand Hygiene



Remove Goggles or Faceshield



Remove Gown



Remove Mask or Respirator



Perform Hand Hygiene

Pause for Prevention

Supplies

- PPE including gowns, gloves, face shield or goggles, masks.
- Alcohol based hand rub (ABHR)
- Stop and Go signs from included template.
- Optional: PPE audit tool included with module.

Preparation

- Print and prepare enough STOP/GO signs for each observer. The signs can be printed in black and white or in color. If a paper of thick consistency is not available for printing, consider gluing the STOP/GO graphic to construction paper, or other paper that is stiffer than ordinary copy paper.
- Gather staff in an area where the lesson can be carried out without disruption.
- Have the attendees form groups of 2 or 3 with 1 person acting as the observer. *Note: Smaller groups are desired for observing the donning and doffing steps.
- Use the PPE flyer to review the appropriate donning/doffing process.
- Provide the participants who will be donning and doffing with protective equipment.
- Provide each observer with a Stop/Go sign.

Instructions for Leader:

Instruct the observer to look for opportunities to improve the process during donning and doffing. As the observer identifies these opportunities, he/she should stop the process by holding up the STOP sign, to allow for an opportunity to have a brief conversation about what could be improved in the participants donning and doffing process. Once the observer and the participant are satisfied that any issue is resolved, STOP can be exchanged for GO and the donning or doffing process is resumed. The observer and the participants donning/doffing PPE can trade places to ensure that everyone has an opportunity to perform both roles.

At the end of the activity, allow a few minutes for the participants to share opportunities that were identified and what they learned as they practiced donning and doffing protective equipment.

Additional Learning Opportunity:

The Centers for Medicare & Medicaid Services (CMS) is urging nursing homes to participate in free training to help nursing homes keep their residents safe during the COVID-19 pandemic.

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff consists of five modules. Module 1 is Hand Hygiene and Personal Protective Equipment. Access the education at the following link: [External Content Player \(cms.gov\)](#)

CMS Targeted COVID-19 Training for Nursing Home Management consists of 10 Modules. Module 1 is Hand Hygiene and Personal Protective Equipment. Access the education at the following link: [External Content Player \(cms.gov\)](#)

Pause for Prevention

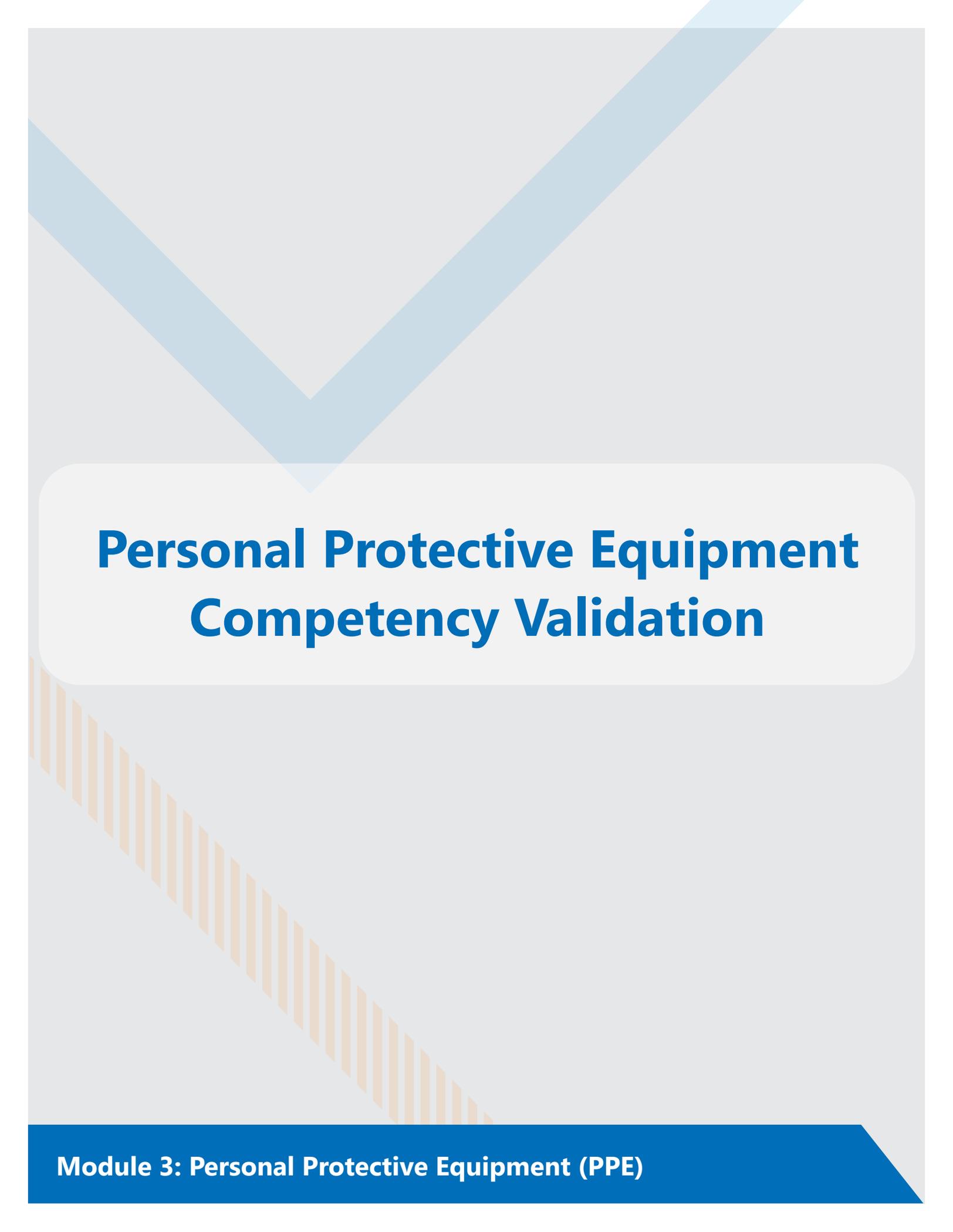


Front



Back





Personal Protective Equipment Competency Validation

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing

Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	<input type="checkbox"/> Orientation
	<input type="checkbox"/> Annual
	<input type="checkbox"/> Other

Employee Name: _____ Job Title: _____

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. Don Gown: Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. Don Mask/Respirator: Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Fit-check respirator if applicable)		
7. Don Goggles or Face Shield: Place over face and eyes; adjust to fit		
8. Don Gloves: Extend to cover wrist of gown		
Doffing PPE		
9. Remove Gloves: Grasp outside of glove with opposite gloved hand; peel off		
10. Hold removed glove in gloved hand		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. Remove Goggles or Face Shield: Handle by head band or ear pieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. Remove Gown: Unfasten ties/fastener		
17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		
19. Fold or roll into bundle and discard		
20. Remove Mask/Respirator (respirator removed after exit room/closed door): Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container		
22. Perform Hand Hygiene		

Standard Precautions & Transmission Based Precautions	Competent	
	YES	NO
23. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)*		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		

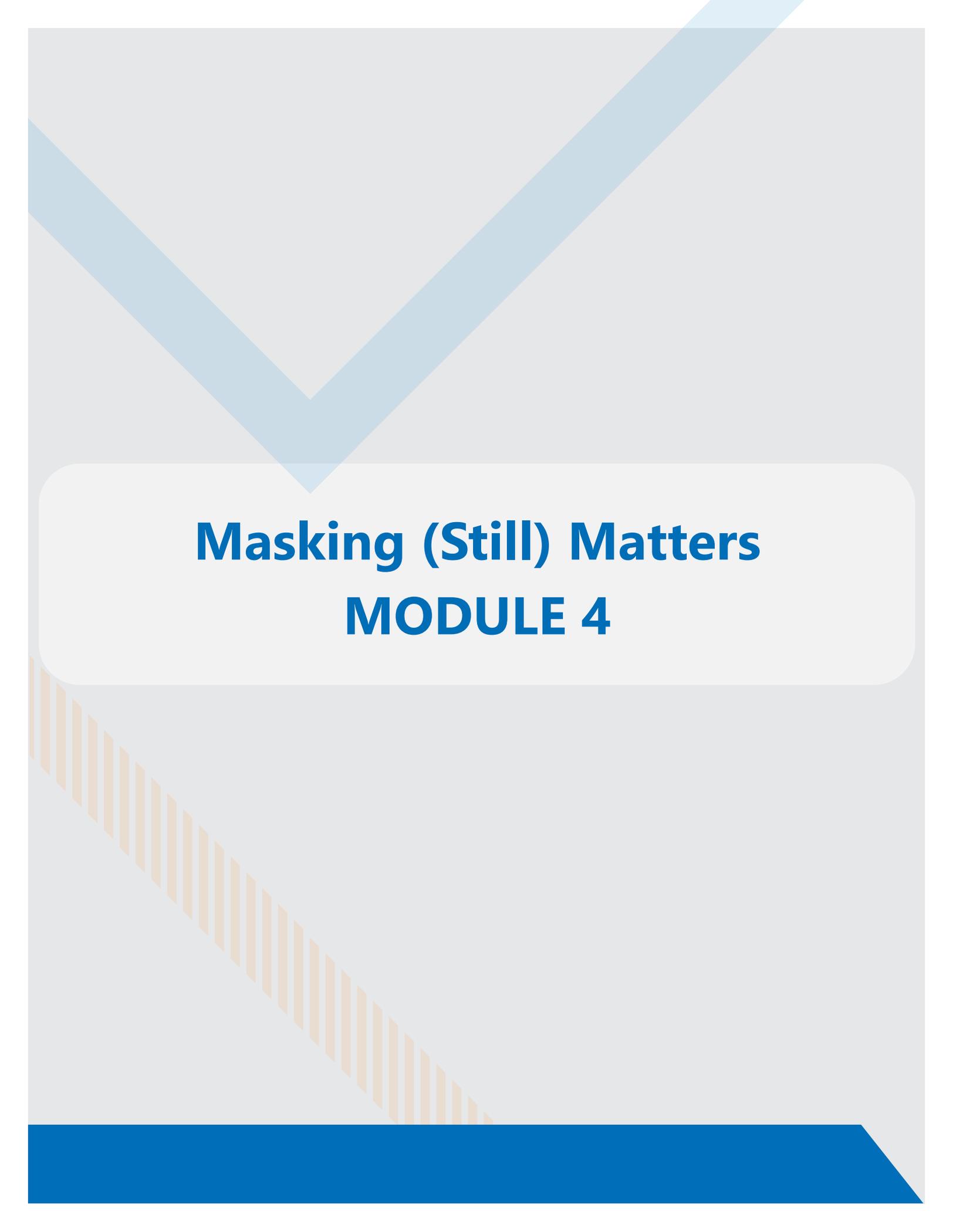
*NOTE: Examples include: mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.

Comments or follow up actions:

Employee Signature

Validator Signature

Date



Masking (Still) Matters

MODULE 4

Pause for Prevention

Module 4: Masking (Still) Matters!



Surgical or Procedure Masks and Respirators (N95s) are Personal Protective Equipment (PPE) regulated by the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) for use in healthcare. N95s are a special type of facemask constructed to filter at least 95% of airborne molecules.

Wear

- A surgical or procedure facemask while in the facility.
- A respirator (N95) when caring for COVID + residents, residents who are newly admitted, unvaccinated, on precautions for 14 days, or residents on precautions due to known exposure. An N95 is in addition to other PPE (gown, gloves, eye protection) necessary for providing care in these situations. Each facility's policy should be followed.

Instructions for use of surgical or procedure masks and N95s:

- Make sure a surgical or procedure mask, or N95 is approved for use in your facility.
- Wash your hands before putting on (donning) a surgical or procedure mask or N95.
- Handle the surgical or procedure mask by touching ear loops, cords, or head straps. Handle the N95 by touching the head straps. Avoid touching the fabric part of the surgical or procedure mask or N95.
- Make sure a surgical or procedure mask, or N95 fits snugly against the side of your face without gaps and covers the mouth and nose completely. *N95s require special fit-testing.
- Do not wear a surgical or procedure mask or N95 on your chin, around your neck, on your arm or anywhere other than on your face.
- Do not cross the straps of a surgical or procedure mask or N95.
- Do not touch or adjust a surgical or procedure mask or N95 without cleaning your hands before and after.
- Discard (throw away) a facemask or N95 if it is soiled or anytime it is removed (meal breaks, end of shift, etc.).
- Wash your hands after removing (doffing) a facemask or N95.

Residents should wear cloth masks that cover their nose and mouth, or at minimum cover their nose and mouth (with facial tissue) when healthcare personnel are present. Residents with suspected or confirmed Covid-19 should wear a surgical mask unless contraindicated.

Pause for Prevention

Module 4: Masking (Still) Matters!

For more information on masks for healthcare workers, follow the QR code:



Leader Instructions:

1. Print a copy of the crossword puzzle for each participant.
2. Provide pens/pencils for completing the activity.
3. Gather participants in an area where activity can be carried out without distraction.
4. Allow sufficient time for the crossword puzzle to be completed. Completing the puzzle should take ten minutes or less.
5. Review the answer key (when participants have had time to complete the crossword puzzle). During the review of the crossword puzzle, engage the participants in a discussion using the following prompts:
 1. The Centers for Disease Control and Prevention (CDC) plays a role in health security around the world, its primary effort is to promote public health in the United States. With more than 10,000 employees, the CDC addresses more than 400 diseases, health threats, and conditions that may cause disease, disability, or death. More information can be found at the following link: [A Bold Promise to the Nation | About | CDC](#)
 2. The Occupational Safety and Health Administration (OSHA) was created to prevent harm to workers at their place of work. OSHA has established rules and regulations for employers to ensure the safety of their team members including expectations for masks and other personal protective equipment. More information can be found at the following link: [OSHA At-A-Glance](#). The link provides a 3-page general reference on OSHAs basic functions.
 3. The National Institute for Safety and Health (NIOSH) is focused on the safety and health of employees. NIOSH tracks hazards, injuries illnesses, etc. and uses the information to develop different ways to make work safer. Masks used in healthcare should be NIOSH approved. More information about NIOSH can be found at the following link: [NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH](#). Explain to the participants that the CDC, OSHA, and NIOSH are focused on safety. The guidance provided by these organizations is intended to promote the health and well-being of everyone, team members and patients alike. Its important for health care workers in every role to be familiar with the organizations and their role in keeping everyone safe!



Pause for Prevention

Module 4: Masking (Still) Matters!

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Down

1. Abbreviation for Occupational Safety and Health Administration
2. A piece of personal protective equipment (covering the face and nose) that filters particles
3. Personal protective equipment used to protect the hands
5. A type of mask used in healthcare
7. Abbreviation for National Institute for Occupational Safety and Health
10. A set of measures (including surgical masks and N95s) put in place to prevent the spread of diseases
13. A virus known for pandemic of 2020
15. Abbreviation for Centers for Disease Control and Prevention

Across

4. A piece of personal protective equipment covering the mouth and nose
6. A piece of personal protective equipment used to protect the body and arms
8. Persons living in a healthcare facility
9. Abbreviation for Federal Drug Administration
11. Team members working in a healthcare facility
12. Persons who have not received a vaccine
14. Personal protective equipment, used to protect the eyes

Pause for Prevention

Module 4: Masking (Still) Matters!

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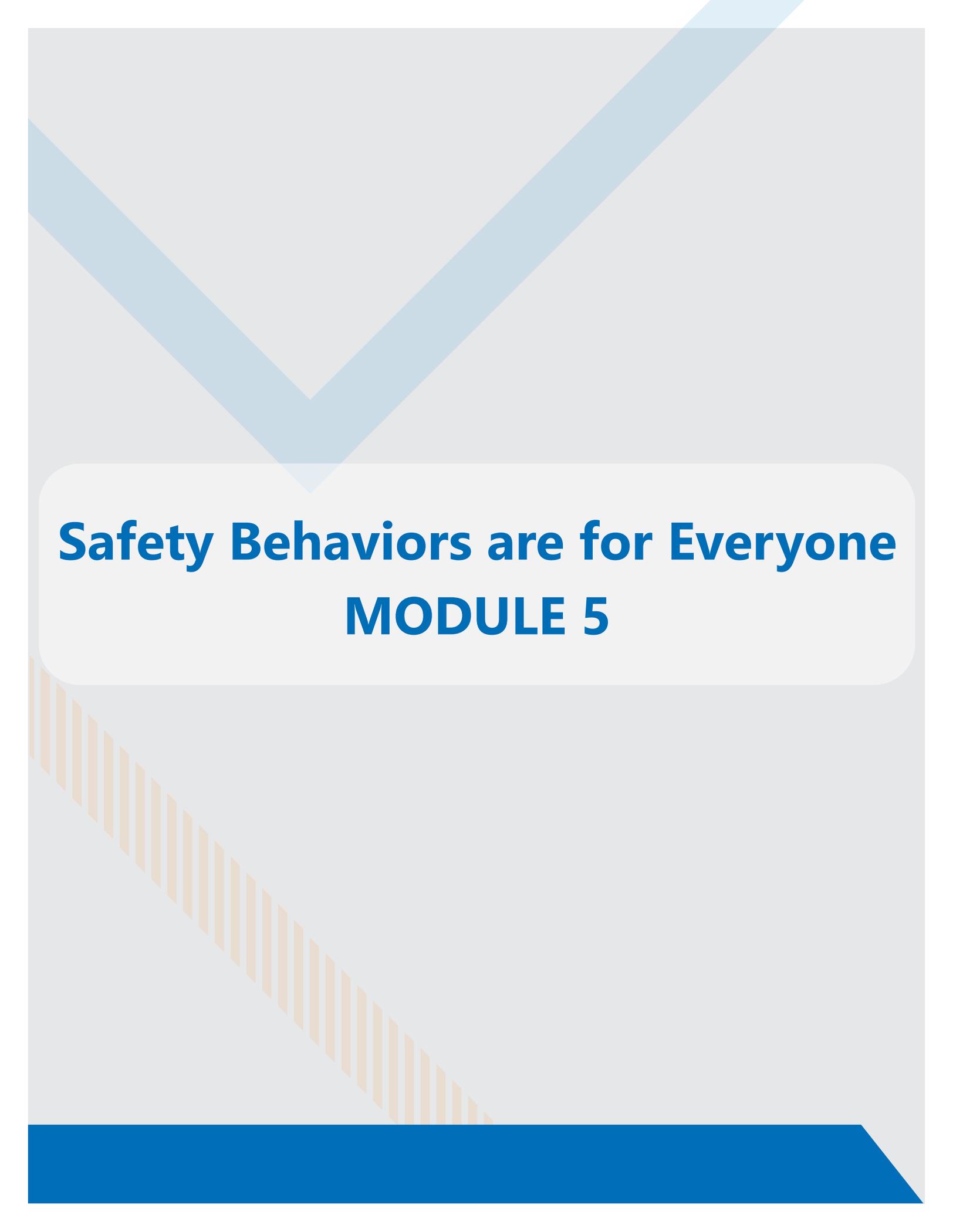
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Down

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14. Personal protective equipment, used to protect the eyes



Safety Behaviors are for Everyone

MODULE 5

Pause for Prevention

Module 5: Safety Behaviors are for Everyone

Staying Safe in a Healthcare Work Environment Means Being Aware of:



Infectious Agents (Germs)

Use the QR code to access more information.

- Blood Borne Pathogens like Hepatitis, etc.
- Influenza (Flu)
- Resistant organisms like methicillin resistant staphylococcus aureus (MRSA), Clostridiodes difficile (C. Diff) and many more.
- Tuberculosis
- Covid-19
- Foodborne Illness



Chemical Hazards

The list below does not reflect a complete list of chemical hazards. Consult your facility's Safety Data Sheets for information on potential chemical hazards in your work environment. Use the QR code to access more information.

- Medications that aerosolize (are partially released into the air)
- Disinfectants (cleaning solutions) used to clean equipment, floors, etc.
- Ingredients used to support the identification of lab specimens.
- Hand Sanitizers (ingested)



Physical Hazards

The list below does not reflect a complete list of potential physical hazards. Use the QR code to access more information.

- Lifting and Transferring
- Violence
- Combative behavior
- Wet Floors
- Clutter
- Inadequate Lighting



Work Stress

- The list below does not reflect a complete list of potential work related stressors. Use the QR code to access more information.
- Long Work Hours
- High Acuity Assignments



Pause for Prevention

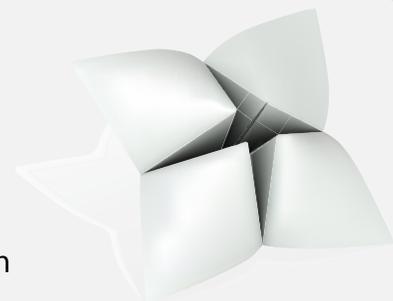
Module 5: Safety Behaviors are for Everyone

For more information on a variety of topics that impact healthcare workers follow the link:



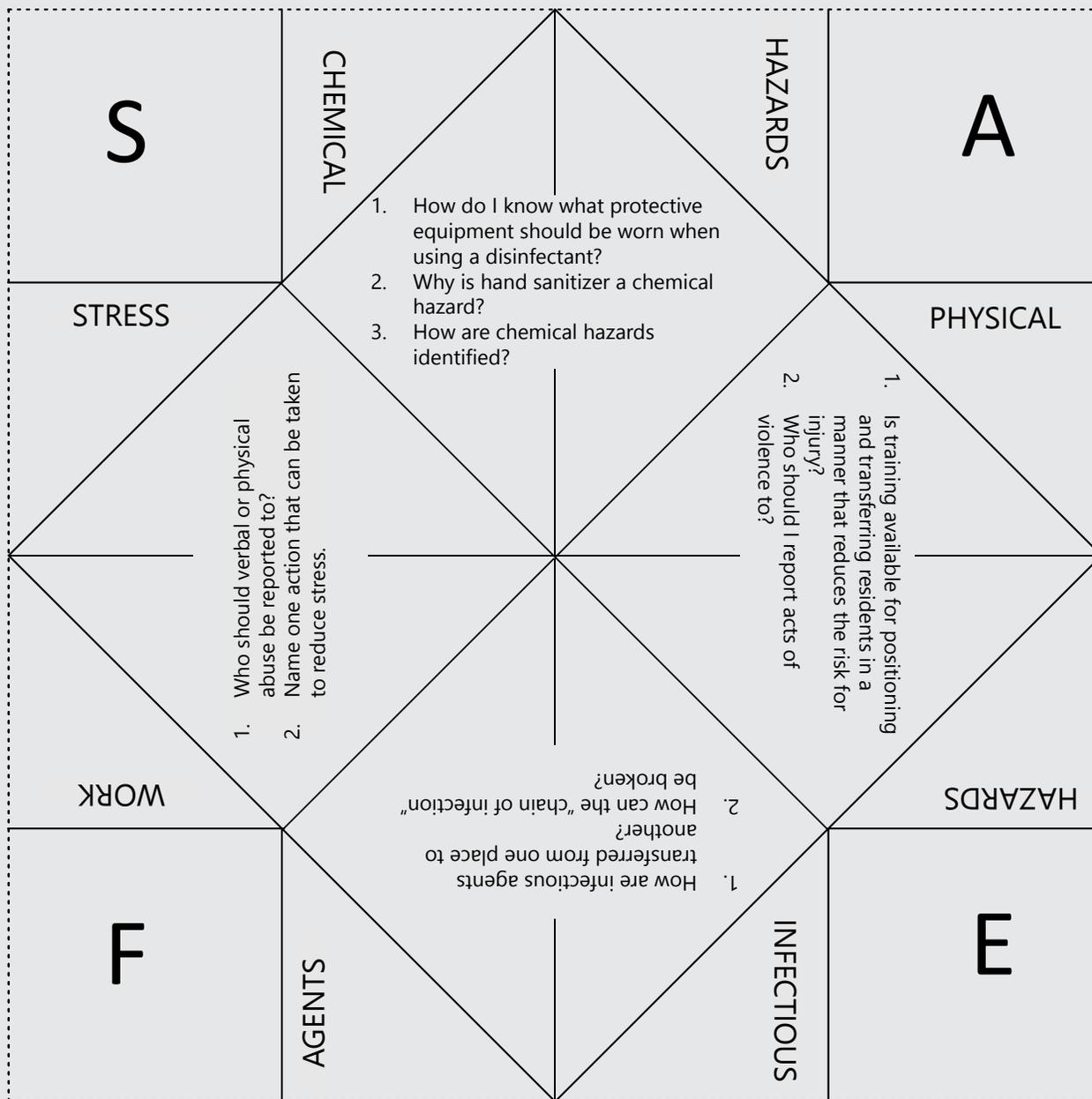
Instructions for Leader:

1. Print, cut-out and fold chatterbox (make several copies) according to instructions included with chatterbox diagram.
 2. Print several copies of the "Safety Behaviors Are for Everyone" flyer.
 3. Print several copies of the discussion prompts and provide to attendees. The answers to the chatterbox questions can be found in the content of the flyer or discussion prompts.
 4. Gather your team in a place where the activity can be carried out without distraction. Groups of 3-4 are recommended for this activity.
 5. Provide each small group with a chatterbox.
 6. The chatterbox should read "SAFE" in its closed position.
 - a. For the first turn have the user complete the spelling of S-A-F-E while opening and closing the chatterbox.
 1. Opening and closing the chatterbox will land the user on flaps with the following titles to choose from:
 - a. Infectious Agents
 - b. Physical Hazards
 - c. Chemical Hazards
 - d. Work Stress
 2. Once a selection is made, the user lifts the flap to reveal a question for the group.
 3. When the question is answered, the user gives the chatterbox to another team member for their turn at working the chatterbox.
 - a. The questions are intended to prompt discussion-use the answer key to ensure everyone understands the appropriate answer(s).
 - b. Each category has more than one question. As the chatterbox is passed to the next user and a category is selected, a different question can be selected.
 4. It's necessary to reduce the number of letters in S-A-F-E in order to land on different categories. For the second turn, have the user spell S-A-F, for the third turn, S-A, and then back to S-A-F-E.
 5. Provide copies of the flyer to access additional information.
- *Remember, posted flyers, etc. must be laminated or placed in sleeves and mounted using a facility approved adhesive on the back of the document.

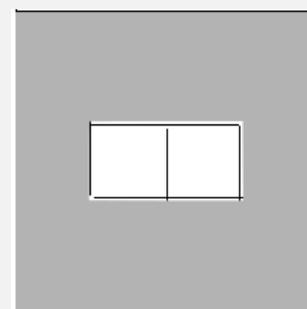
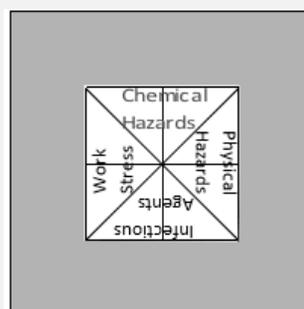
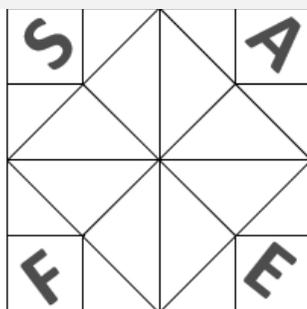


Pause for Prevention

Module 5: Safety Behaviors are for Everyone



- Cut out the chatterbox using the perforation "dots" as a guide.
- Fold back the 4 lettered corners (marked in red on instruction diagram) to make a large square.
- Flip over and fold triangles so labels, "Chemical Hazards, Infectious Agents, etc." face each other.
- Fold in half so letters (S-A-F-E) are facing the outside of the chatterbox.
- Place thumbs (facing you) and middle fingers inside the flap under each letter.
- When in a closed position the chatterbox reads "SAFE"



Pause for Prevention

Module 5: Chatterbox Discussion Prompts

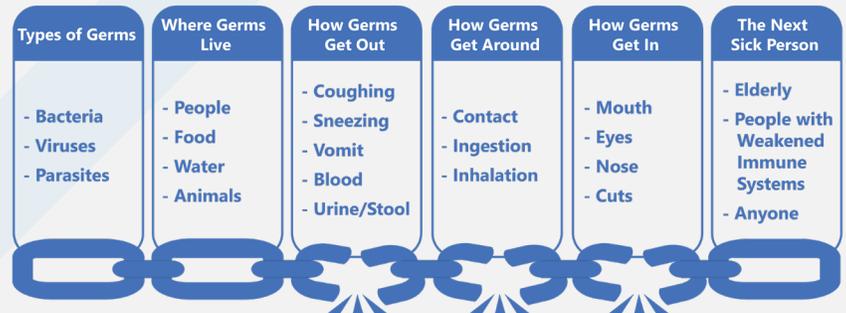
Infectious Agents (Germs)

Sources of germs include:

- People; residents, healthcare workers visitors
- Environment; bed rails, medical equipment, countertops, tables, etc.
- Biofilms; faucets and sinks, etc.
- Dust or debris
- Water leaks
- Animals
- Improperly handled or improperly prepared food

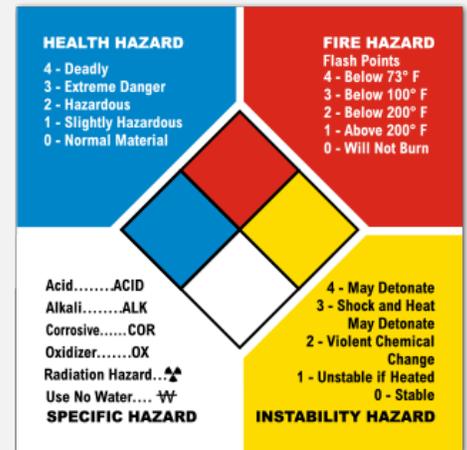
Breaking the Chain of Infection

Practicing hand hygiene is a simple yet effective way to prevent infections. Clean hands are the single most important factor in preventing the spread of germs in health care settings.



Chemical Hazards

- Personal Protective Equipment (PPE) is necessary when using disinfectants. The manufacturer's instructions for use and the Safety Data Sheet (SDS) contain information about appropriate use of the disinfectant and the expectations for PPE.
- Hand sanitizer is a chemical hazard when ingested. The use of hand sanitizer by residents should be supervised when there is a limited capacity for understanding or remembering how hand sanitizer is used.
- Chemical hazards are identified by their impact i.e., health hazard, fire hazard, instability or other specific impact. Team members need to be familiar with chemicals commonly used in their work areas and their hazard identification.

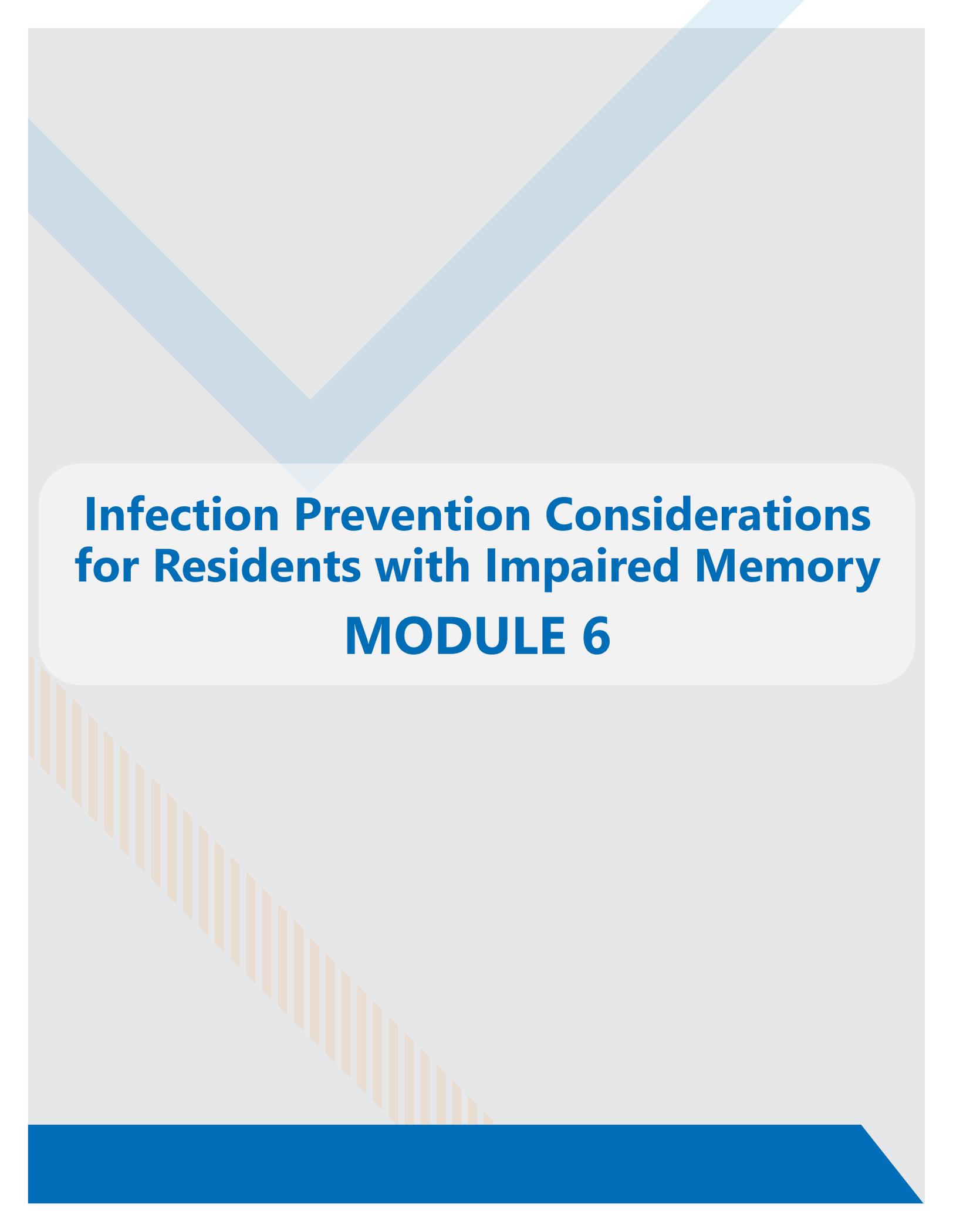


Physical Hazards

- Know how to lift and transfer residents safely. Understanding how to position your body in preparation for lifting or transferring is key in preventing injuries. Training with lift equipment is critical to use assistive devices safely and effectively.
- Ask about your facility's measures for avoiding violence (verbal and physical abuse) and the expectations for reporting. Your immediate supervisor should be made aware as soon as any indication of violence (verbal or physical) is apparent to anyone.

Work Stress

- Use a buddy system! (especially during an outbreak or pandemic, or when acuity is high, or assignments are heavy) to identify when fatigue increases the potential for workplace errors or injuries. Make a habit of checking in with each other! Report close calls so that safer work strategies can be put into place.
- Get your sleep! Sleep extra hours on days off to "bank sleep hours" before working several days or nights in a row.
- Eat healthy! A nutritious diet will improve your body's capacity to deal with stress.
- Stay physically active outside of work. A walk in nature is a great stress reducer!



Infection Prevention Considerations for Residents with Impaired Memory

MODULE 6

Pause for Prevention

Module 6: Infection Prevention Considerations for Residents with Impaired Memory

During a pandemic like COVID-19, safety measures such as hand hygiene, masking, and social distancing can increase stress in an already challenged population. To reduce fear and anxiety, and promote infection prevention practices, it's more important than ever to approach care using structure and routine.

Take **P-R-I-D-E** in your care of residents with impaired memory.



P = Provide opportunities for activities (in room or small groups) that allow for social distancing. Residents with memory impairment benefit from mental stimulation. Activities can also promote independence and a positive self-image. Allow for visitation with family and/or friends following current CMS and CDC guidelines to maintain safety. For more information on visitation, scan the QR code.



R = Remind residents (frequently) to keep face masks in place, wash hands, maintain distance, cover a cough or sneeze, etc. For more information on Infection Prevention Considerations, scan the QR code.



I = Investigate changes in a resident's behavior that indicate a change in health. Is It COVID-19? Knowing a resident's normal (baseline) condition will help in recognizing change. [INTERACT's "Stop and Watch"](#) tool is a great resource for identifying change in a resident's health, and of course it's important to know the [symptoms associated with COVID-19](#).

D = Discuss details (habits, schedules, cherished possessions) that will make for a smooth transition if a resident must be moved to another unit. Familiar objects can help make a resident feel more comfortable in a new environment. Resident placement should be carefully considered as a wandering resident (if infectious) may expose other residents and team members.

E = Establish routines to assist residents' recall ability related to activities of daily living. Following a routine can reduce stress and anxiety and increase feelings of safety and security while fostering infection prevention compliance.



Pause for Prevention

Module 6: Guide for Leader

Supplies

Several copies of Pause for Prevention Module 6 Flyer.

Flash Cards

White glue (simple school glue)

Preparation

- Print and prepare enough flash cards for each table/group to have a set.

NOTE: The flash cards will need to be printed, cut and glued (folding on center line) prior to the activity. Another option is to print each flash card's content in WORD on presentation weight paper, and select "Print on both sides."

- Gather staff in an area where the lesson can be carried out without disruption.

Instructions for Leader:

- Provide each table/group with a set of flash cards.
 - Please continue to be mindful of social distancing for the duration of the COVID-19 pandemic.
- Review the Module 6 Flyer: Infection Prevention Considerations for Residents with Memory Impairment.
- Allow discussion and input based on personal experience with residents who have memory impairment.
 - Team members should be mindful not to identify specific residents during the discussion.

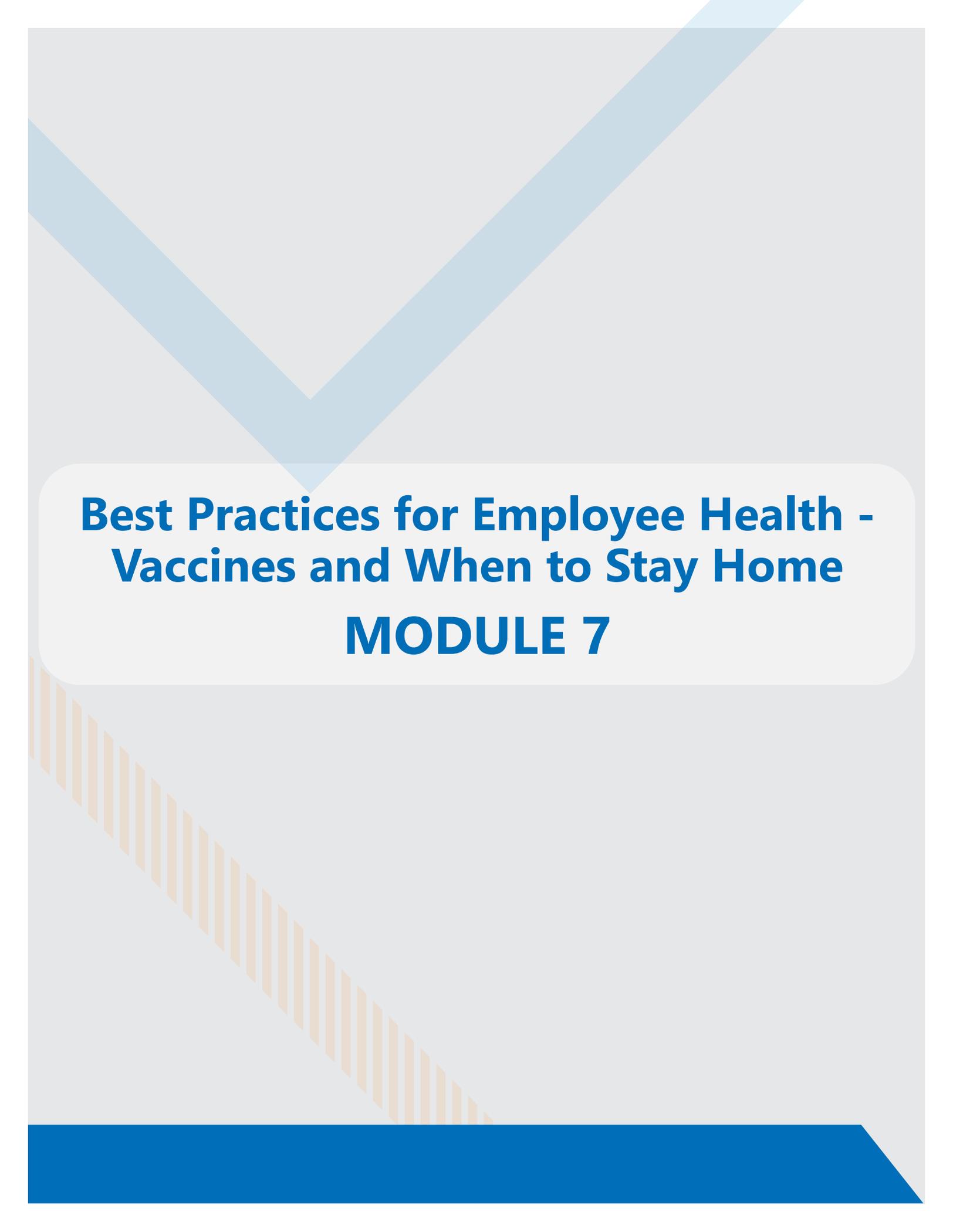
Resources for Additional Learning Opportunity:

- [CMS and Visitation](#)
- [Considerations for Memory Care in Long-Term Care Facilities](#)
- [Stop and Watch](#)
- [Symptoms of COVID-19](#)

Pause for Prevention

Module 6: Infection Prevention Considerations for Residents with Impaired Memory

WHAT IS THE ACRONYM FOR HOW CARE IS PROVIDED TO RESIDENTS, AND WHAT ARE THE WORDS THAT MAKE THE ACRONYM?	PRIDE! Provide, Remind, Investigate, Discuss, Establish
WHAT CAN HEALTHCARE WORKERS PROVIDE TO RESIDENTS WITH MEMORY IMPAIRMENT TO STIMULATE THEM MENTALLY?	Activities, in small groups or staggered. Visitation.
WHAT KINDS OF THINGS SHOULD RESIDENTS BE REMINDED ABOUT?	Hand hygiene, keeping masks in place, social distancing, covering a cough or sneeze, etc.
WHAT CHANGES INVOLVING A RESIDENT SHOULD BE INVESTIGATED?	Changes in behavior that indicate a change in health.
WHAT TOOL CAN BE USED TO ASSIST WITH IDENTIFYING CHANGES IN A RESIDENT'S BEHAVIOR?	Stop and Watch
NAME 3 THINGS TO STOP AND WATCH FOR THAT MIGHT INDICATE A CHANGE IN A RESIDENT'S HEALTH.	REFER TO STOP AND WATCH GRAPHIC: Resident displays the following: Seems different, Talks/communicates less, Overall needs more help, participates in activities less, ate less, no bowel movement in 3 days; or diarrhea, drank less, weight change, agitated or nervous, tired weak, confused, or drowsy, change in skin color/condition, help with walking, transferring, toileting.
WHAT DETAILS SHOULD BE DISCUSSED TO ASSIST A RESIDENT WITH A SMOOTH TRANSITION TO A NEW ENVIRONMENT?	Habits, schedules, cherished possessions (familiar objects).
WHAT CAN BE DONE TO ASSIST A RESIDENT'S RECALL RELATED ACTIVITIES OF DAILY LIVING?	Establish routines to assist residents recall related to activities of daily living.



Best Practices for Employee Health - Vaccines and When to Stay Home

MODULE 7

Pause for Prevention

Module 7: Best Practices for Employee Health - Vaccines and When to Stay Home

Protect Yourself and Others by Getting Vaccines

RECOMMENDED VACCINES FOR HEALTHCARE WORKERS

Vaccine Type	Description/Reason for Vaccine
COVID-19	COVID-19 is a respiratory infection caused by a coronavirus. The infection can cause a variety of symptoms including fever, cough, sore throat, headache, loss of taste/smell, diarrhea, difficulty breathing, etc. COVID-19 can be very serious for immunocompromised or elderly people like nursing home residents.
Hepatitis-B	Hepatitis B virus can be transmitted by blood and healthcare workers are more likely to come into contact with blood. The virus can increase risk for cirrhosis of liver and liver cancer.
Flu	Influenza (flu) is a contagious respiratory virus transmitted by droplets (coughs or sneezes) w/mild to severe symptoms (fever, body aches, etc.) that can be transmitted to and cause serious harm to persons at higher risk for illness like nursing home residents.
MMR (Measles, Mumps & Rubella)	Measles is a highly contagious virus that spreads through the air when an infected person coughs or sneezes. It may start with a runny nose and fever and involve a red rash that starts at the head and spreads to the rest of the body. Mumps is also caused by a virus and presents with fever and includes swelling of the salivary glands. Rubella is another virus and while the symptoms are similar but usually milder than measles, rubella can cause serious birth defects.
Varicella (Chicken Pox)	Varicella (Chicken pox) is a very contagious virus that causes a blister like rash, itching, tiredness and fever. Varicella can be very serious for immunocompromised and elderly people.
Tdap (Tetanus, Diphtheria, Pertussis)	Tetanus is a bacterial infection that (among other symptoms) can cause painful tightening of muscles (commonly in the jaw called "lockjaw"). Diphtheria is another bacterial infection that often infects the respiratory tract and cause serious breathing problems as well as heart, nerve and kidney damage. Pertussis (also called whooping cough) is a bacterial infection that starts with a cough, runny nose, mild fever. The coughing fit can turn into bursts of coughing (called whoops).
Meningococcal	Meningococcal disease is spread by respiratory and throat secretions. It is infection caused by the bacteria Neisseria meningitidis. Disease is often severe infecting the brain and spinal cord or causing bloodstream infections.



Pause for Prevention

Module 7: Best Practices for Employee Health - Vaccines and When to Stay Home

Protect Your Team and the Residents in Your Care by Staying Home When Sick

CDC recommends that healthcare workers stay home until a fever is gone for at least 24 hours without the use of fever reducing medications. If a healthcare worker has flu (or other symptoms) on arrival to work, or during the workday, they should stay away from residents and team members and go home until a fever is gone for at least 24 hours without the use of fever reducing medications.



Scan these QR codes on your mobile device for information on reporting COVID-19 symptoms, testing, and quarantine.



Taking Care of Yourself So You Can Take Care of Others

Eating healthy, getting enough sleep, and exercising are key to taking care of yourself. Take breaks at work to reset and recharge. Stay informed by reading reliable news sources and avoiding unreliable social media platforms for important information. Seek help (when you need it) by talking to a pastor, counselor, or your doctor.



Scan this QR code for more information on taking care of your health.



Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES



Health Quality Innovation Network

Pause for Prevention

Module 7: Guide for Leader

Supplies

- Several copies of Pause for Prevention Module 7 Flyer, Best Practices for Employee Health: Vaccines, When to Stay Home and Self-Care.
- Enough copies of Module 7 Best Practices for Employee Health: Vaccines, When to Stay Home and Self-Care Word Search to provide each participant with a copy.

Preparation

- Print and prepare enough copies of the Best Practices for Employee Health: Vaccines, When to Stay Home and Self-Care Word Search for each participant to have one.
- Gather staff in an area where the lesson can be carried out without disruption.

Instructions for Leader

- Review the Module 7 Flyer: Best Practices for Employee Health: Vaccines, When to Stay Home and Self-Care.
- Allow discussion and input and provide more detail as necessary by accessing the QR codes.

FOR DISCUSSION

What Are the Common Signs of Distress?

- Feelings of fear, anger, sadness, worry, numbness, or frustration
- Changes in appetite, energy, and activity levels
- Difficulty concentrating and making decisions
- Difficulty sleeping or nightmares
- Headaches, body pains, stomach problems, and skin rashes
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

Pause for Prevention

Module 7: Best Practices for Employee Health - Vaccines and When to Stay Home

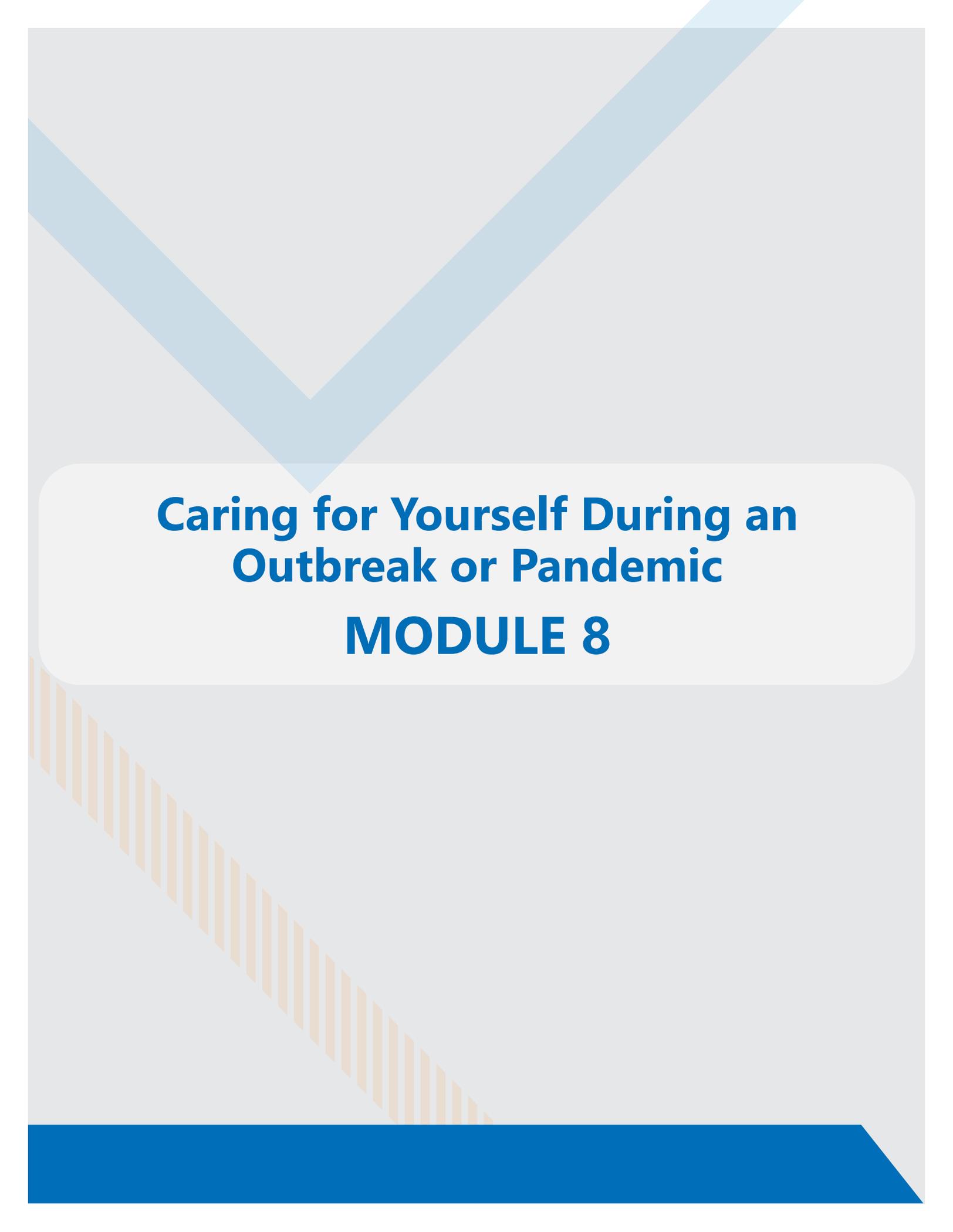
WORD SEARCH

H	A	Y	I	J	N	K	M	H	O	M	E	N	X
M	C	B	C	Q	Q	M	E	A	S	L	E	S	V
V	F	K	R	E	C	H	A	R	G	E	U	W	U
U	V	L	Q	D	I	S	E	A	S	E	O	P	P
H	X	I	Z	V	A	C	C	I	N	E	V	X	E
E	R	D	R	B	F	R	N	C	O	V	I	D	R
P	R	E	I	U	N	K	Z	N	F	L	U	B	T
A	H	Z	S	P	S	S	M	Q	E	I	K	P	U
T	L	E	O	T	T	A	K	N	Z	P	Y	R	S
I	M	S	A	A	A	H	Q	S	K	X	F	O	S
T	L	E	O	T	T	A	E	N	Z	P	Y	T	I
I	I	T	I	V	B	Q	U	R	K	Z	U	E	S
S	T	F	U	H	V	T	L	L	I	W	T	C	K
H	R	I	Y	U	P	O	X	N	H	A	F	T	F

WORD LIST

- | | | |
|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> VACCINE | <input type="checkbox"/> EAT | <input type="checkbox"/> POX |
| <input type="checkbox"/> COVID | <input type="checkbox"/> VIRUS | <input type="checkbox"/> PERTUSSIS |
| <input type="checkbox"/> PROTECT | <input type="checkbox"/> FLU | <input type="checkbox"/> DIPHTHERIA |
| <input type="checkbox"/> REST | <input type="checkbox"/> MEASLES | <input type="checkbox"/> RECHARGE |
| <input type="checkbox"/> HOME | <input type="checkbox"/> DISEASE | <input type="checkbox"/> HEPATITIS |





Caring for Yourself During an Outbreak or Pandemic

MODULE 8

Pause for Prevention Module 8

Caring for Yourself During an Infectious Disease Outbreak or Pandemic

An infectious disease outbreak or pandemic creates a stressful working environment for the entire healthcare team. The following are some actions you can take to reduce stress:

- Make plans for meals, childcare, and other activities of daily living ahead of time.
- Stay informed about the situation using reliable resources like local health department websites, CDC, and through your facility's internal communication.
- Take care of yourself by making sure you know how to use coping methods, eat healthy, get enough sleep and recognize when to get help for stress that interferes with work, sleep, and a healthy lifestyle in general. Learn more about maintaining health during an emergency by accessing the QR code.



When you feel pressure, hit the “pause” button to reset your thoughts. Taking a break to clear your head may reduce the effects of stress. Try mindfulness techniques. Mindfulness is a word that describes many actions you can use to de-stress including breathing and meditation. Learn more about mindfulness and other tips for reducing stress by accessing the QR Code.



Eat healthy meals and snacks to maintain energy and overall health. Eat meals at regular times each day as often as possible. For more information on healthy eating, access the QR code.



Get as much sleep as possible. When shifts are long, “bank” extra sleep hours on days off. To learn more about the importance of getting enough sleep, access the QR code.



Understand your internal stress meter so you can respond to actual or anticipated stressors in a healthier way before the situation gets worse. To learn more about how to get help, access the QR code.



Pause for Prevention Module 8

Scripts for Role-playing Stress at Work

- 1. Jane (Nurse)** - Jane is an experienced nurse who has worked for several years at a skilled nursing facility near her home. As soon as Jane arrives at work on Thursday, she can feel tension. She learns that there has been an outbreak of an infectious disease that involves several residents. A few staff are gathered at the nurse's station, and Jane can hear the concern in their voices. One of the nurses is talking about what might happen if a lot of the residents (or staff) get the virus. Jane takes in what is being said, but instead of talking about what could happen, says, **"why don't we all focus on what is happening now and support each other as much as we can. What do we know about what is happening, and what do we need to do right now to take care of the residents and each other?"** Jane finds the supervisor to get the details of the outbreak and learn what needs to be done.
 - This knowledge seeking approach is the best way to:
 1. Identify what is happening
 2. Determine what needs to be done
 3. Avoid unnecessary stress by potentially sharing information that may not be accurate.
 - The team approach is an excellent strategy to reduce stress and improve confidence that the situation is being handled appropriately.
- 2. Blane and Susan (Physical Therapists)** - Blane is a physical therapist working in a large nursing home. He graduated last year. Blane and his wife just bought a new house. Blane is aware that the nursing home has had an outbreak of an infectious disease and as many as 10 residents have tested positive, as well as several staff. He is afraid for himself, but he is also afraid for his wife. He doesn't say anything to his co-worker, but finally she approaches Blane and asks if they can have a conversation. **"I'm worried about you. Before you don't seem like yourself today," Susan says. Blane expresses his concern, especially his concern for his wife; "I am scared that I'm going to take something home and make her sick. I've heard that the virus is in the air in our building"** Susan responds by saying **"I completely understand your concern. There are things that we can do to minimize the risk of staff and residents getting sick. We have been working on making sure all of our residents and staff have access to the COVID-19 vaccine. Hand hygiene is important (as you know) and so is wearing the masks that have been provided as well as wearing personal protective equipment when encountering any of the residents that have tested positive. The residents who tested positive are in one area and anyone entering that area will need to wear the appropriate protective equipment. We have also been told to try to keep distance between us as much as possible. The leaders have put together education about what caused the outbreak and expectations for all of us. The DON is working with our partners from the health department to ensure that best practices are in place as we work to move through this situation."**
 - Education is vital to educate all staff on what is occurring and expectations for their roles.
 - This approach is an example of using the right sources (leadership, health department partners) to provide education.

Pause for Prevention Module 8

Scripts for Role-playing Stress at Work (cont.)

- The observation made by Susan that her co-worker was feeling stressed demonstrates the kind of buddy/team approach necessary to keep everyone safe and healthy during an outbreak/pandemic.

3. Grace and Mason (Nursing Assistants) - The nursing home where Grace and Mason work as nursing assistants has been in outbreak status for 2 weeks. Residents who tested positive for the illness responsible for the outbreak have been quarantined and are currently in transmission isolation on a unit that is separated from the rest of the facility with barriers. Grace has worked 5 shifts in a row and is feeling exhausted and stressed. She is assigned to the isolation unit and is in the room where protective equipment is stored when she starts to cry. Grace thinks she is alone, but turns to see her coworker, Mason standing in the doorway. He looks concerned and says **"Grace, I can tell your upset, what can I do to help you?"** Grace responds, **"Nothing Mason, I'm okay."** Mason responds by saying **"Grace, you are not okay at the moment."** Grace sighs and responds, **"I'm tired. One of the kids didn't sleep well last night, so I didn't get a lot of sleep. I feel like this situation at work is never ending. I'm working as hard as I can, and I just feel like I can't keep up with everything that needs to be done."** Mason reminds Grace that she does a great job with the residents; **"Grace you are amazing. You take such pride in your work. We all must remember that we are not alone in this situation. Remember at the beginning of this we said we work as a team and that the teamwork would see us through? Let's talk to Beth [the supervisor] about changing the assignments, even if its just for today. You can work on a unit that isn't isolated, and I'll work with these residents today."** Beth smiled at Mason and nodded her head in agreement. **"Thank you, I think that will help."** **"Sure", replied Mason, "but you must promise me that when you are overwhelmed, you will share your feelings."** **"I will," said Grace, "TEAMWORK!!!"** Beth was willing to change the schedule and announced that the DON ordered lunch for all the staff in recognition of their hard work. Beth mentioned that she will be covering assignments as necessary to ensure everyone gets a break. Grace didn't remember to bring food today and is happy to learn that the staff is being treated to lunch.

- Mason's observation and action clearly made a difference in Grace's workday.
- The observation and change in assignment may have protected Grace and the residents from mistakes that are made when healthcare workers are exhausted and stressed. Donning and doffing of protective equipment in a manner that protects the user, and the environment is much more challenging in an exhausted state.
- The conversation between Mason and Grace also reminds us of the obligation to recognize and act in these situations to protect coworkers and residents.
- Leadership's actions (changing the schedule, ordering lunch) are important recognitions of the efforts of staff, and clearly have a positive impact.

Pause for Prevention Module 8

Guide for Leader

Supplies

- Several copies of Pause for Prevention Module 8 Flyer, Caring for Yourself During an Outbreak or Pandemic
- Enough copies of Module 8 Role Playing Script to provide each participant with a copy

Preparation

- Print and prepare enough copies of the Module 8 Caring for Yourself During an Outbreak or Pandemic Role-Playing Script for each participant to have one
- Gather staff in an area where the activity can be carried out without disruption.

Instructions for Leader

- Review the Module 8 Flyer: Caring for Yourself During an Outbreak or Pandemic
- Assign a role from each of the 3 scripts to each participant
- As the leader, read the introduction for the script and have the participant assigned to each role, read the words in bold in the script, acting out the assigned part
- Allow discussion and input from participants about each script. Broaden the discussion by allowing participants to speak about real experiences and opportunities to improve and/or applaud outcomes.

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/HQI/QIN-QIO-0172-02/22/22

