



Health Quality Innovation Network



Pause for Prevention

8-Module Educational Program on Infection Prevention Best Practices

Pause for Prevention

Pause for Prevention 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 Matters
- Safety Behaviors are for Everyone
- Infection Prevention in Memory Care
- Best Practices for Employee Health - Vaccines and When to Stay Home
- Emergency Preparedness

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.

Scan to visit About Hand Hygiene for Patients in Healthcare Settings (CDC)



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, including fingertips and area between fingers

Handwashing

- Use when hands are visibly soiled, before eating and after using the restroom or when caring for a resident with diarrhea
- 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 staff if they are aware of hand hygiene compliance on their unit and in their facility - celebrate their awareness! Next, ask 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.

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Hand Hygiene is a Ball! Activity

Module 1

- Apply dry erase marker or washable paint to a medium-sized, hard, plastic ball (this will wash off).
- Gather your supplies: ball, dry erase marker or washable paint, 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 or paint applied 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 or paint 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 soiled, before eating, and after using the restroom.”

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 resident’s room and before leaving the resident’s 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 the holding area to a unit. When should hand hygiene be performed?

Answer: Before touching linen supplies, on arrival to the area where linen will be stored for the 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: _____

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		
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		
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

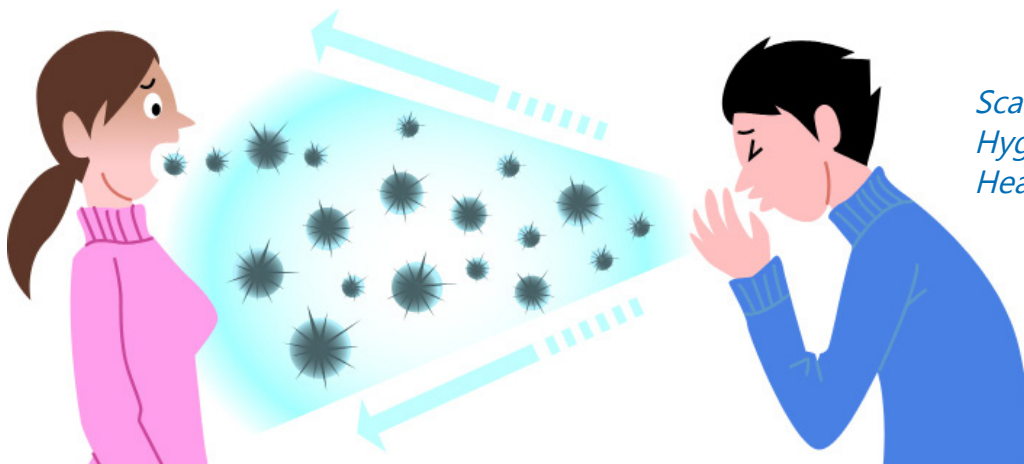
MODULE 2

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!



Scan to visit Respiratory Hygiene/Cough Etiquette in Healthcare Settings (CDC)



Scan to visit Healthy Habits: Coughing and Sneezing (CDC)



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 (personal 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!

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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 place a marker on a bingo card when the 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 when the resident 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 an elbow if a tissue is not readily available. Encourage hand hygiene. Provide a 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 a 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)

Watch a short video to learn what PPE is and why it's so important:



Donning (putting on) personal protective equipment:



Perform Hand Hygiene



Put on Gown



Put on Mask or Respirator



Put on Goggles or Faceshield



Put on Gloves

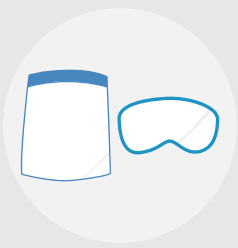
Doffing (removing) personal protective equipment:



Remove Gloves



Perform Hand Hygiene



Remove Goggles or Faceshield



Remove Gown



Remove Mask or Respirator



Perform Hand Hygiene

Scan the QR code to view information on donning, doffing and proper wearing, removal and disposal of PPE:



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:

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff consists of five modules. [Module 1 is Hand Hygiene and Personal Protective Equipment](#). Click the link or scan the QR code to access this module.



CMS Targeted COVID-19 Training for Nursing Home Management consists of 10 Modules. [Module 1 is Hand Hygiene and Personal Protective Equipment](#). Click the link or scan the QR code to access this module.



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
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Employee Name: _____ Job Title: _____

COMPETENT	YES	NO
Donning PPE:		
1. Perform Hand Hygiene		
2. Don Gown:		
<ul style="list-style-type: none"> • Fully covering torso from neck to knees, arms to end of wrists • Tie/fasten in back of neck and waist 		
3. Don Mask/Respirator:		
<ul style="list-style-type: none"> • Secure ties/elastic bands at middle of head and neck • Fit flexible band to nose bridge • Fit snug to face and below chin (Fit-check respirator if applicable) 		
4. Don Goggles or Face Shield:		
<ul style="list-style-type: none"> • Place over face and eyes; adjust to fit 		
5. Don Gloves:		
<ul style="list-style-type: none"> • Extend to cover wrist of gown 		
Doffing PPE: Example 1		
6. Remove Gloves:		
<ul style="list-style-type: none"> • Grasp outside of glove with opposite glove hand; peel off • Hold removed glove in gloved hand • Slide fingers of ungloved hand under remaining glove at wrist • Peel glove off over first glove • Discard gloves in waste container 		
7. Remove Goggles or Face Shield:		
<ul style="list-style-type: none"> • Handle by head band or earpieces • Discard in designated receptacle if re-processed or in waste container 		
8. Remove Gown:		
<ul style="list-style-type: none"> • Unfasten ties/fastener • Pull away from neck and shoulders, touching inside of gown only • Turn gown inside out • Fold or roll into bundle and discard 		

COMPETENT	YES	NO
9. Remove Mask/Respirator (respirator removed after exit room/closed door):		
• Grasp bottom, then top ties or elastics and remove		
• Discard in waste container		
10. Perform Hand Hygiene		
Doffing PPE: Example 2		
11. Remove Gown and Gloves:		
• Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands		
• While removing gown, fold or roll the gown inside-out into bundle		
• While removing gown peel off your gloves at the same time, only touching inside of gloves and gown		
• Discard in waste container		
12. Remove Goggles/face shield		
• Remove from back by lifting head band		
• Discard in waste container		
13. Mask or Respirator		
• Grasp bottom ties or elastic of mask/respirator, then top and remove		
• Discard in waste container		
14. Perform Hand Hygiene		
Standard Precautions & Transmission Based Precautions		
15. Staff correctly identifies the appropriate PPE for the following scenarios: (PPE to be worn based on anticipated level of exposure) *		
• Contact/Contact Enteric Precautions (gown & gloves)		
• Droplet Precautions (surgical mask)		
• 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 Matters

MODULE 4

Pause for Prevention

Module 4: Masking 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.



CDC/NIOSH Respiratory Protection Information

Determine Which Type of Mask is Appropriate:

- A **surgical or procedure facemask** should be worn when working with residents suspected of or known to be positive for a respiratory virus (flu, RSV, etc.).
- A **respirator (N95)** when caring for COVID-19 positive residents, residents suspected of COVID-19 or residents suspected of or confirmed with TB. An N95 is in addition to other PPE (gown, gloves, eye protection) necessary for providing care in these situations.



Respiratory Virus Guidance

Instructions for Use of Surgical or Procedure Masks and N95s:

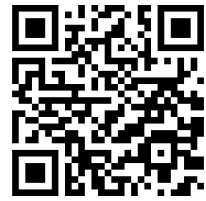
- Make sure a surgical or procedure mask or N95 is approved for use in your facility.
- Wash your hands before putting on (donning) a surgical or procedure mask or N95.
- Handle the surgical or procedure mask by touching ear loops, cords or head straps. Handle the N95 by touching the head straps. Avoid 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.

In situations where residents are required and are able to wear a mask, they should wear a mask that covers their nose and mouth.

Pause for Prevention

Module 4: Masking Matters!

To learn more about when to wear a mask versus when to wear a NIOSH-approved respirator, download the [Masking Matters flyer](#) or click the QR code to access it.



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 the 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 and 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.
 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 OSHA's 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. It's important for health care workers in every role to be familiar with the organizations and their role in keeping everyone safe!

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Pause for Prevention

Module 4: Masking Matters!

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Down

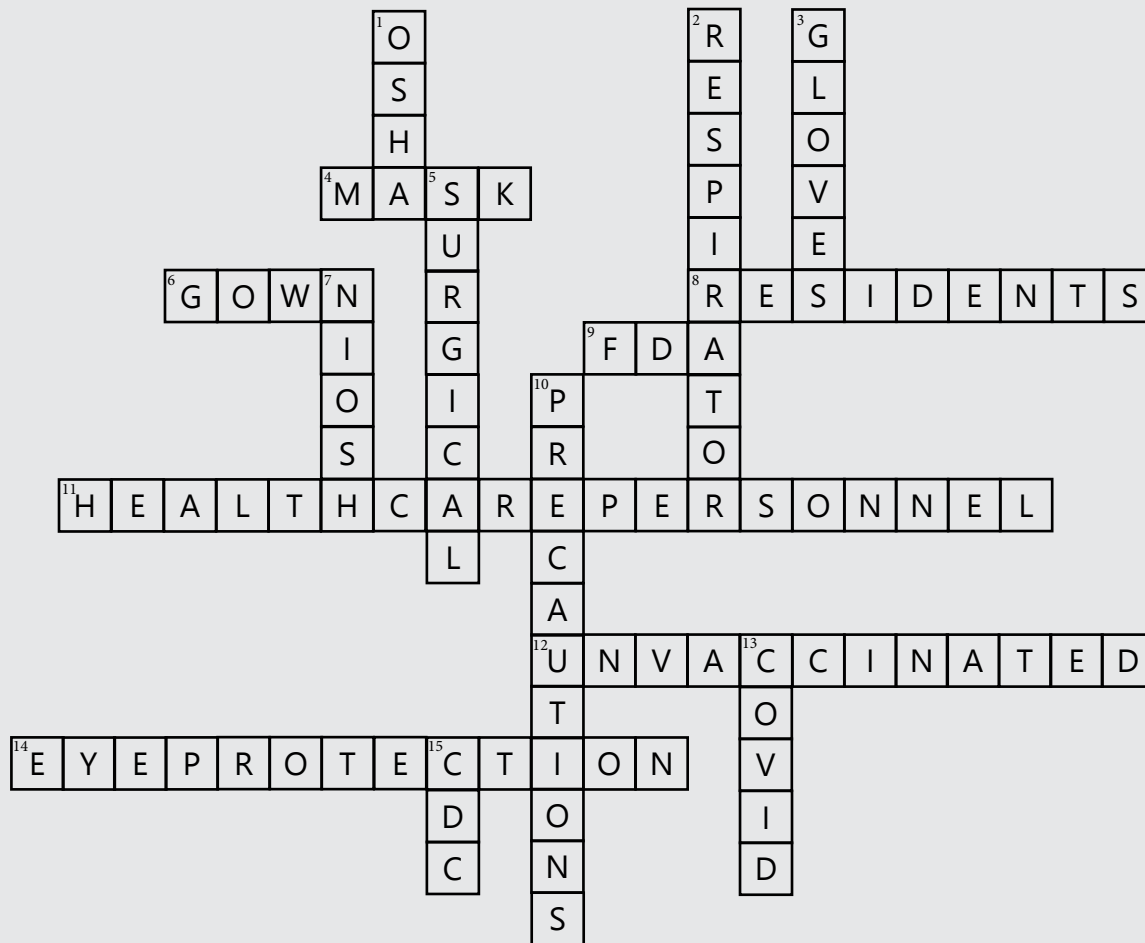
1. Abbreviation for Occupational Safety and Health Administration
2. A piece of personal protective equipment (covering the face and nose) that filters particles
3. Personal protective equipment used to protect the hands
5. A type of mask used in healthcare
7. Abbreviation for National Institute for 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 the 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 - Crossword Key

Module 4: Masking Matters!

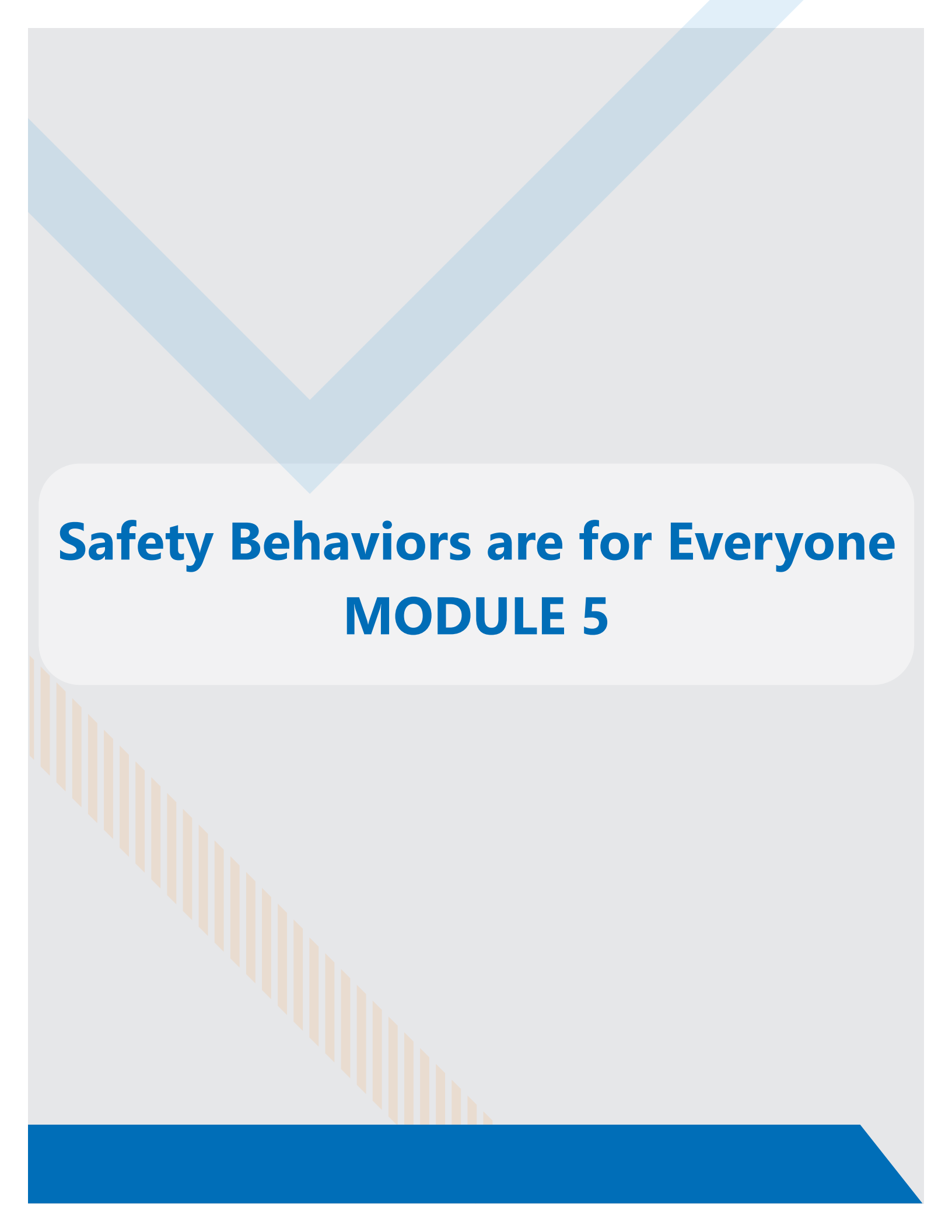


Down

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Safety Behaviors are for Everyone

MODULE 5

Pause for Prevention

Module 5: Safety Behaviors are for Everyone

Staying safe in a healthcare work environment requires:

Awareness

**Education
& Training**

Teamwork

Infectious Agents (Germs)

- Bloodborne 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

Scan to access [Infectious Agents Risk Factors \(CDC\)](#)



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.

- 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)

Scan to access [Chemical Hazards Risk Factors \(CDC\)](#)



Physical Hazards

The list below does not reflect a complete list of potential physical hazards.

- Lifting and transferring
- Violence
- Combative behavior
- Wet floors
- Clutter
- Inadequate lighting

Scan to access [Safe Lifting and Movement of Nursing Home Residents \(CDC\)](#)



Work Stress

- Long work hours
- High acuity assignments
- Risk for hazardous exposures
- Physical demands

Scan to access [Stress At Work \(CDC\)](#)



Pause for Prevention

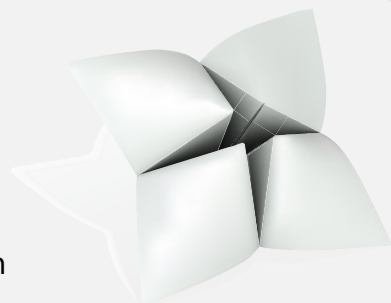
Module 5: Safety Behaviors are for Everyone

For more information on topics that impact healthcare workers, visit the [CDC's website](#) or scan the QR code:



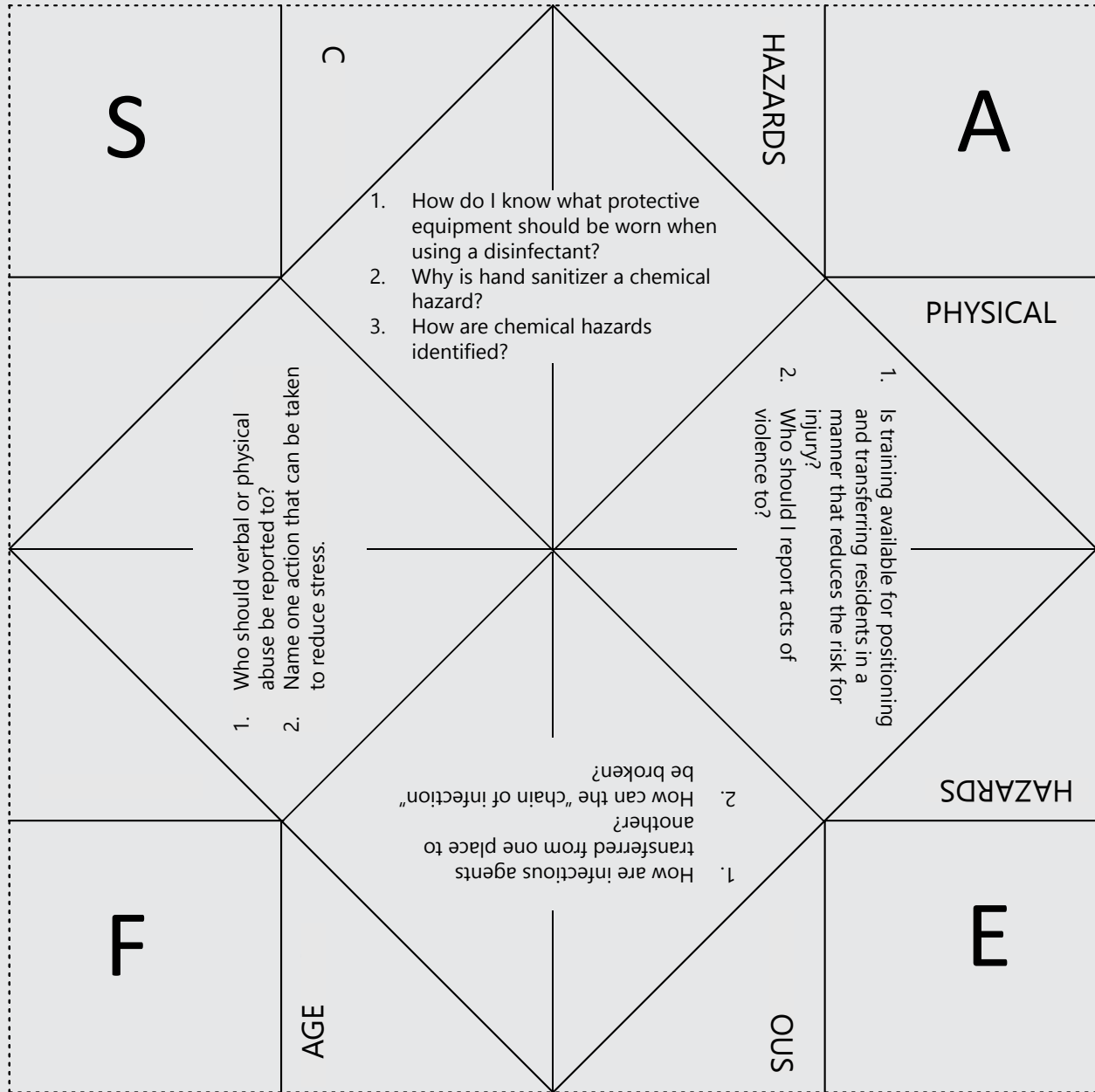
Instructions for Leader:

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.

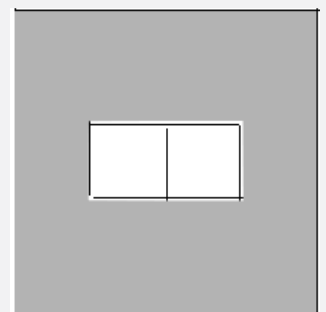
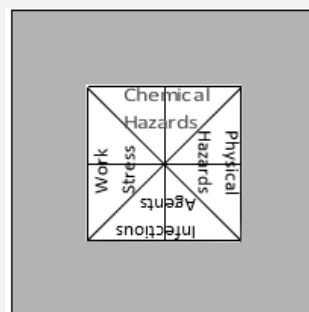
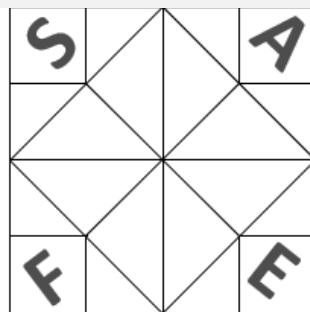


Pause for Prevention

Module 5: Safety Behaviors are for Everyone



- Cut out the chatterbox using the perforation "dots" as a guide.
- Fold back the 4 lettered corners 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

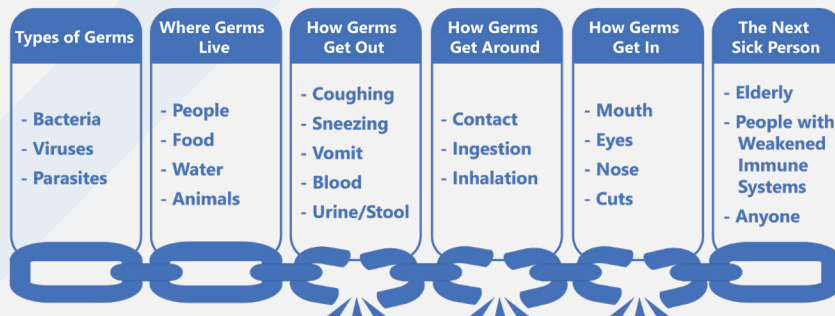
Infectious Agents (Germs)

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

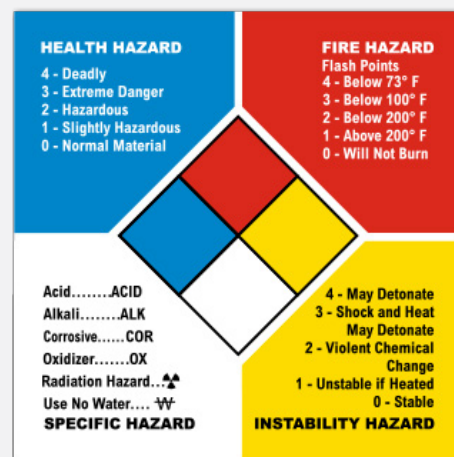
Breaking the Chain of Infection

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. Knowing how to [read a disinfectant label](#) is important. 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.



[Scan to access How to Read a Disinfectant Label](#)

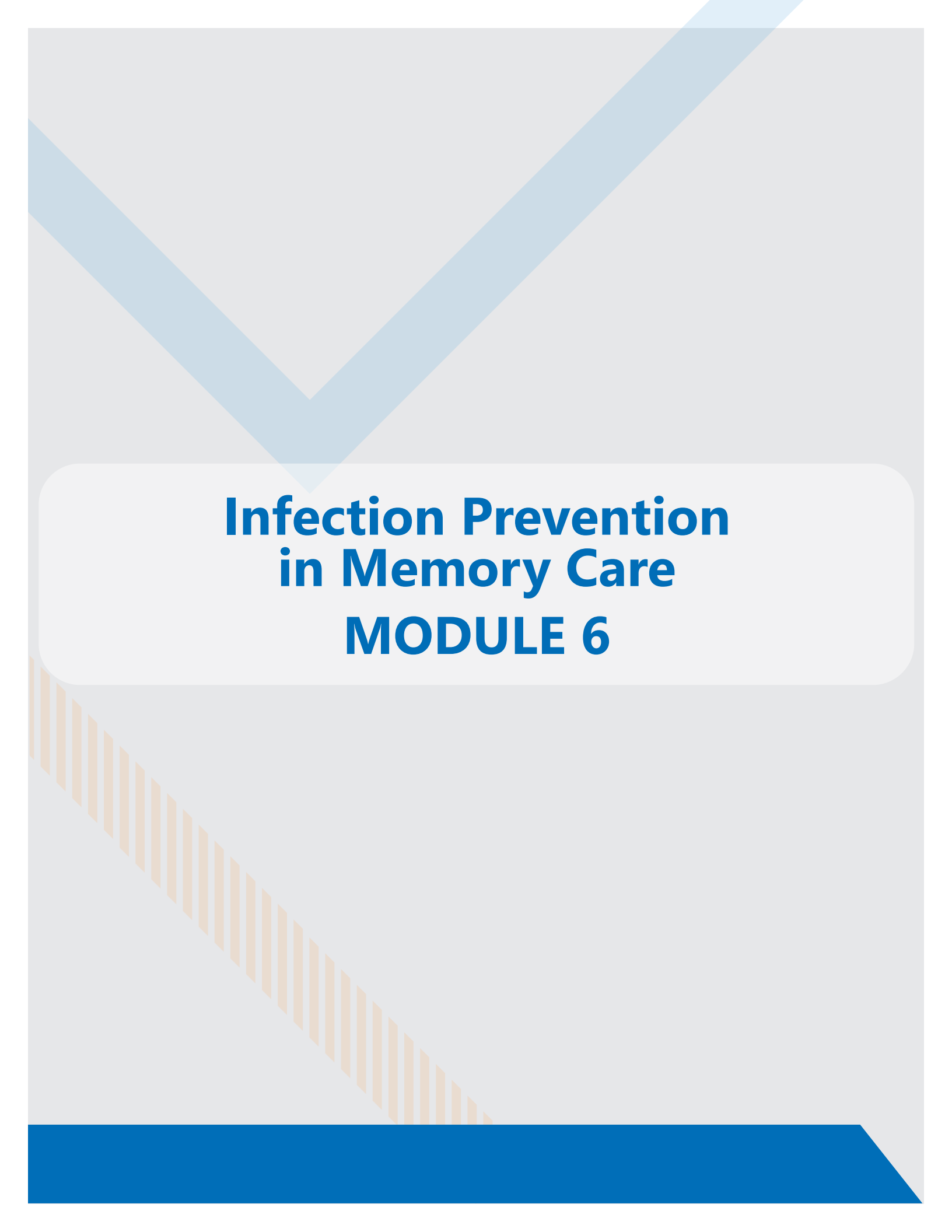


Physical Hazards

- 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 in Memory Care MODULE 6

Pause for Prevention

Module 6: Infection Prevention in Memory Care

For persons with impaired memory, safety measures such as hand hygiene, masking, transmission-based precautions and physical distancing can increase stress in an already challenged population. To reduce fear and anxiety, and promote infection prevention practices, it is important to approach care using structure and routine.



Take **P-R-I-D-E** in the care you provide:

P = Provide opportunities for in-room activities (if in isolation) or in small groups that allow for spacing (if physical distancing is necessary).

Persons 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.

R = Remind persons in your care to perform hand hygiene routinely. Model expected behaviors (i.e., hand hygiene, keeping face masks in place, washing hands, covering a cough or sneeze, etc.). Validate appropriate behavior.

I = Investigate changes in behavior that indicate a change in health. Knowing the normal (baseline) condition will help in recognizing change. [INTERACT's "Stop and Watch"](#) tool is a great resource for identifying change in health.

D = Discuss details (preferences in food, drink, bathing schedules, etc.). Meeting persons "where they are" related to their strengths and weaknesses and understanding their preferences (actively listening) will go a long way toward gaining confidence and establishing routines.

E = Establish routines to assist recall related to activities of daily living. Get creative – use a calendar or graphics to assist with recall related to hand hygiene, etc.



Pause for Prevention

Module 6: Guide for Leader

Supplies

Several copies of the 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.
- Review the Module 6 Flyer: Infection Prevention in Memory Care.
- Allow discussion and input based on personal experience with persons who have memory impairment.
 - Team members should be mindful not to identify specific individuals during the discussion.

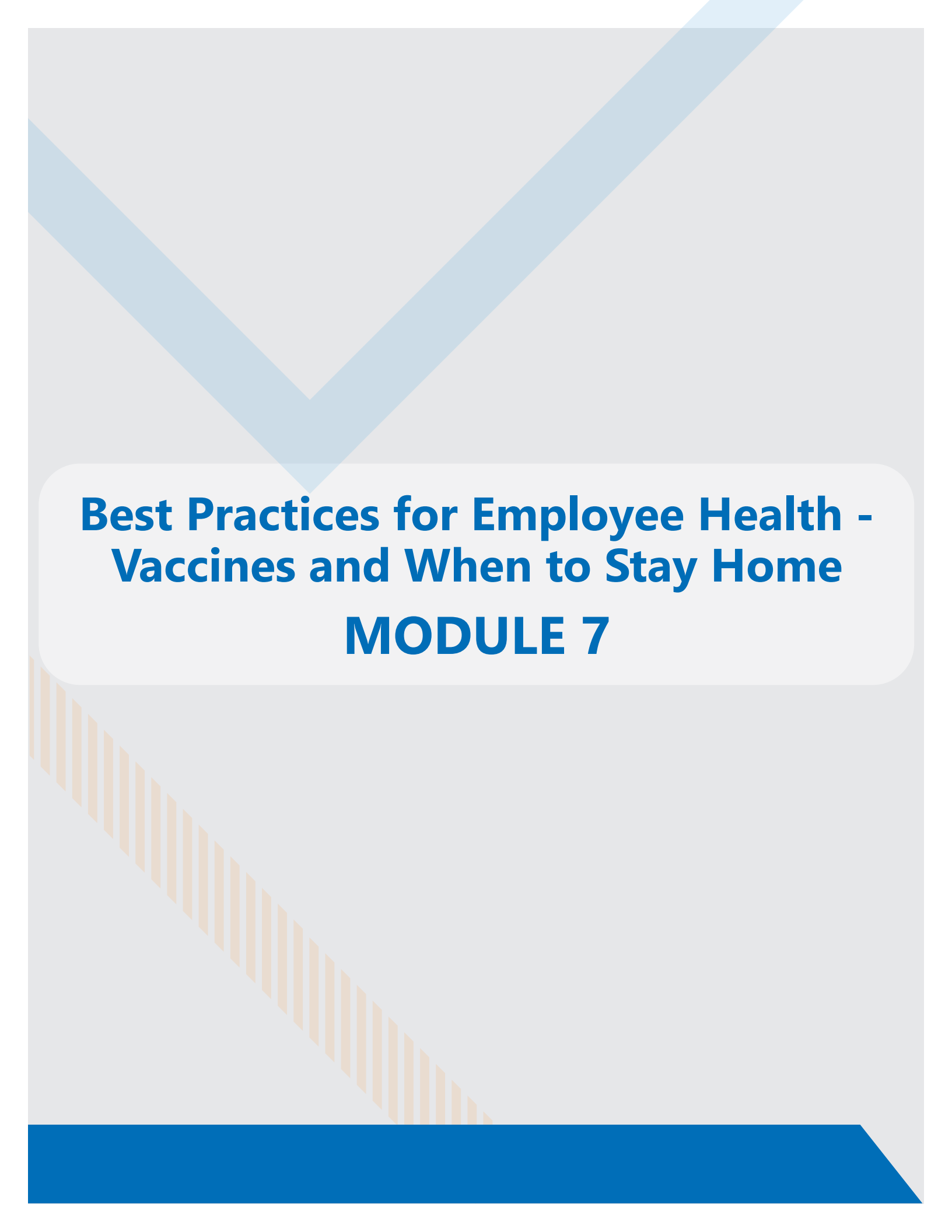
Additional Resources:

- [CMS and Visitation](#)
- [Stop and Watch](#)
- [Dementia Isolation Toolkit](#)

Pause for Prevention

Module 6: Infection Prevention in Memory Care

WHAT IS THE ACRONYM FOR HOW CARE IS PROVIDED TO PERSONS WITH MEMORY IMPAIRMENT, AND WHAT ARE THE WORDS THAT MAKE THE ACRONYM?	PRIDE! Provide, Remind, Investigate, Discuss, Establish
WHAT CAN HEALTHCARE WORKERS PROVIDE TO PROMOTE MENTAL STIMULATION FOR PERSONS WITH MEMORY IMPAIRMENT?	Activities, in small groups or staggered. Visitation.
WHAT INFECTION PREVENTION ACTIONS SHOULD PERSONS WITH MEMORY IMPAIRMENT BE REMINDED TO DO?	Hand hygiene (and other hygiene: bathing, brushing teeth, etc.), keeping masks in place, physical distancing, covering a cough or sneeze, etc.
WHAT GENERAL CHANGES IN THE STATUS OF THE PERSON BEING CARED FOR SHOULD BE INVESTIGATED?	Any changes in behavior that potentially indicate a change in health.
WHAT TOOL CAN BE USED TO ASSIST WITH IDENTIFYING CAUSES FOR CHANGES IN BEHAVIOR?	Stop and Watch
NAME 3 THINGS TO STOP AND WATCH FOR THAT MIGHT INDICATE A CHANGE IN HEALTH.	REFER TO STOP AND WATCH GRAPHIC: Seems different (in general), talks/communicates less, overall needs more help, participates in activities less, eats less, no bowel movement in 3 days or diarrhea, drinks less, weight change, agitated or nervous, tired, weak, confused or drowsy, change in skin color/condition, needs help with walking, transferring, toileting.
WHAT DETAILS SHOULD BE DISCUSSED AND COORDINATED TO ASSIST WITH A SMOOTH TRANSITION TO A NEW ENVIRONMENT?	Habits, schedules, cherished possessions (familiar objects).
WHAT CAN BE DONE TO ASSIST WITH RECALL-RELATED ACTIVITIES OF DAILY LIVING?	Establish routines to assist with 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 (Some of the recommended vaccines are received during childhood)

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, as well as those with shingles. Once you have had chicken pox, the virus is dormant in your body but can be reactivated, causing shingles. Shingles causes a painful rash. A chickenpox vaccine in childhood or a shingles vaccine as an adult can minimize the risk of developing shingles.
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 causes 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 and mild fever. The coughing fit can turn into bursts of coughing (called whoops).
Meningococcal	Meningococcal disease is spread by respiratory and throat secretions. Disease is often severe, infecting the brain and spinal cord or causing bloodstream infections.

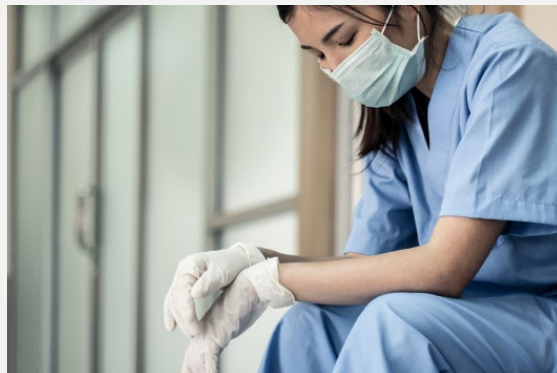


Pause for Prevention

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. Coming to work when you have any symptoms puts residents and others who may be older or have compromised immune symptoms at risk. If you think you are sick or have any symptoms, notify your supervisor to determine when it is safe to return to work. These actions help to protect others, even if staffing is short.



Scan this QR code for more information on staying home when you are sick:



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 with your chosen support network or your doctor.



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



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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

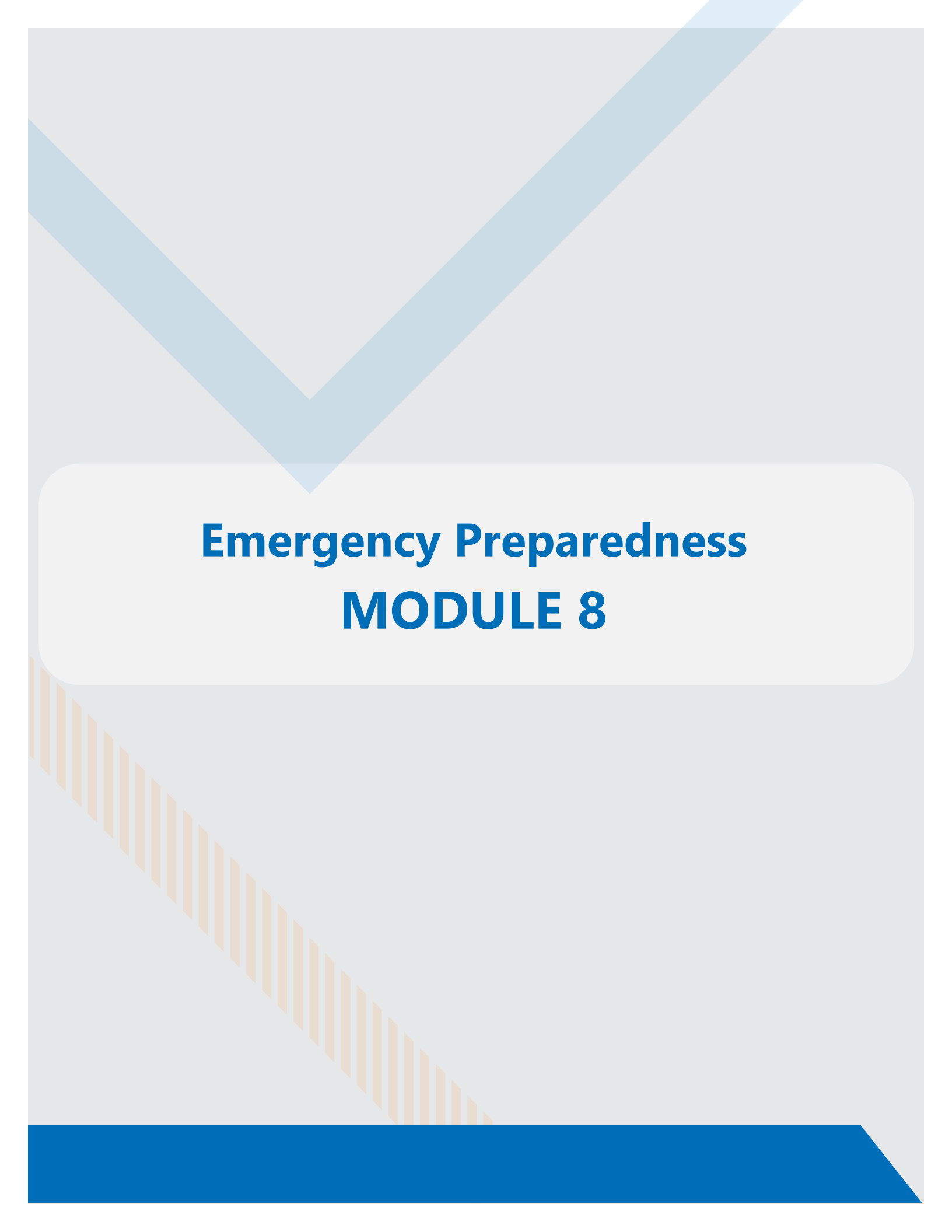
WORD SEARCH

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
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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 |





Emergency Preparedness

MODULE 8

Pause for Prevention Module 8

Emergency Preparedness

The Emergency Preparedness Program describes a facility's comprehensive approach to meeting the health, safety and security needs of the facility, its staff, and their resident population prior to, during and after an emergency or disaster. The program encompasses four core elements: an Emergency Plan that is based on a Risk Assessment (that includes communicable and infectious diseases) and incorporates an all-hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program (see resources for training and testing). The Nursing Home Emergency Plan should function like a well-oiled machine.



Emergency Preparedness Plan (Communicable/Infectious Disease) Includes:

Risk Assessment

Evaluate the needs of the population served and the facility need based on communicable and infectious disease that includes, but is not limited to:

- Personal Protective Equipment (PPE).
- Screening of staff, residents and visitors.
- Handling of transfers and discharges.
- Physical environment (i.e., physical distancing, isolation, cohorting, capacity/surge, etc.).



Comprehensive Plan (Policies and Procedures)

Policies and procedures must be in place to protect the health and safety of staff, residents and visitors to include (but not limited to) when and how to:

- Post appropriate signage throughout the facility listing expectations for distancing, hand hygiene, wearing of PPE [i.e., when nationally recognized agencies indicate that these measures are necessary (e.g., Centers for Disease Control and Prevention (CDC) guidance supports these preventive measures)].
- Disinfect the setting (resident room, waiting areas, etc.), including the frequency of disinfection.
- Notify local health department and other government agencies with jurisdiction as soon as the preparedness plan is put into action.
- Report details (vaccine administration, etc.) to recognized agencies [e.g., National Healthcare Safety Network (NHSN)] as required.



Pause for Prevention Module 8

Emergency Preparedness

Emergency Preparedness Plan (Communicable/Infectious Disease) includes:

Communication Plan

A written plan contains information about how care is coordinated within the facility, across healthcare providers and with local and state health departments. The Communication Plan includes (but is not limited to):

- A means of making the communication plan readily available and accessible to all staff.
- Current contact information for key people who have a designated role in emergency preparedness.
- A specific plan for communication with emergency management agencies and systems.
- A system to generate timely, accurate information to staff, residents and family members/caregivers.
- Expectations for monitoring of reporting requirements issued by the Centers for Medicare & Medicaid Services (CMS) or other agencies with jurisdiction.



Infectious Diseases

The infectious disease component of the emergency preparedness plan should incorporate (but is not limited to) these elements:

- Planning for emerging (more commonly seen now than in the past) infectious diseases including:
 - Novel (not typical) outbreaks (e.g., COVID-19).
 - Biohazardous waste.
 - Bioterrorism.
 - Pandemic flu.
 - Highly communicable diseases like Ebola, Zika virus, SARS or COVID-19.
- A staff designee to monitor the Centers for Disease Control and Prevention (CDC) and state and local public health agency websites for guidance and recommendations during an outbreak in the community and/or facility.
- Steps to maintain a documented and current surveillance and reporting system specific to an outbreak.
- A plan for annual training and onboarding education related to infectious diseases.



Pause for Prevention Module 8

Emergency Preparedness

An **Envelope Exercise** is a great way to engage staff from various departments.

**Please note: This activity is not a table-top or exercise that would be considered sufficient in terms of meeting requirements related to Emergency Preparedness training. The intent of this exercise is to raise awareness among staff related to Emergency Preparedness and their roles.*

Leader Instructions:

1. Have several copies of your Emergency Preparedness Plan available. Ensure that staff know how to locate the plan.
2. Print copies of the flyer, page 1 and 2.
3. Print copies of the exercise questions (below) and cut on the lines separating the questions.
4. Place the exercise questions in envelopes (or fold in a manner that does not allow the question to be seen).
5. Gather participants in an area where activity can be carried out without distraction. Explain there are no negative consequences.
6. Review the Module 8 flyer with the participants.
7. Provide each group (2-3 participants per group) with an envelope.
8. Allow the group a few minutes to read the envelope contents and formulate responses.
9. Allow each group to share the questions and responses with the larger group.
10. Provide appropriate feedback related to the facility-specific Emergency Preparedness Plan.

**If there are more questions than participants, consider making this exercise a facility-wide experience. Deliver the questions to various departments within the facility with an expected return date/time clearly included. Discuss the responses, feedback and necessary clarification in huddles, quality meetings, etc.*

Question 1

Who in the facility monitors CMS, CDC and agencies with jurisdiction for updates on guidance for communicable diseases, and how are staff notified of expectations for changes in procedures or policy?

Question 2

What does your Emergency Preparedness Plan (or isolation policy referenced or linked to plan) state about isolation related to infectious diarrhea?

Question 3

Have you had your flu shot? What does your plan/policy say about wearing masks if employees refuse flu shots?

Question 4

What does your Emergency Preparedness Plan state about cleaning a room previously occupied by a resident known to have an infectious (communicable) disease?

Pause for Prevention Module 8

Emergency Preparedness

Question 5

What does your Emergency Preparedness Plan state about the type of mask worn if caring for a resident positive for COVID-19?

Question 6

Who in your facility is responsible for training related to using personal protective equipment (PPE), including donning (putting on) and doffing (taking off), as well as cleaning (if equipment is reusable) and storing of PPE?

Question 7

If a communicable disease is suspected or confirmed, when and to whom should this be reported, such as to local/state health authorities? Where would their contact information be found?

Resources (Click the QR code or scan it with your phone to download the tool):

Infectious Diarrhea: Infection Prevention Pocket Card



Long Term Care Requirements CMS Emergency Preparedness Final Rule



Incorporating Infection Prevention and Control into an Emergency Preparedness Plan



State Operations Manual: Emergency Preparedness (see §483.73 Requirement for Long Term Care Facilities)

