

# Tag, You're It!

How to Prepare Your Facility's Infection Preventionist to Train Your Staff,  
Protect Your Residents and Avoid Infection Control F-Tags

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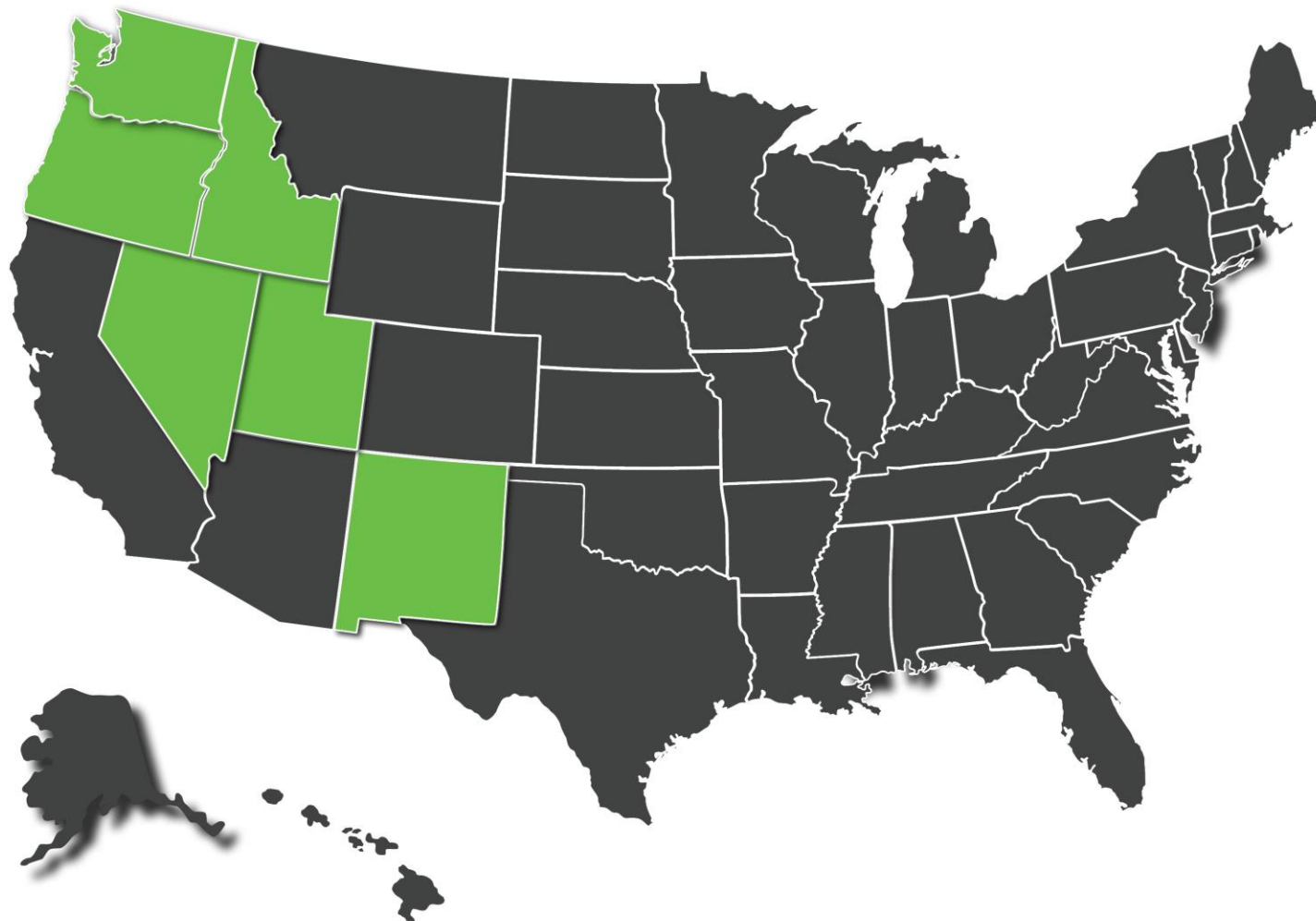
Josh Hernandez, LPN, Improvement Advisor

# Our Work as the QIN-QIO

- Comagine Health is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Idaho, New Mexico, Nevada, Oregon, Utah and Washington.
- We receive federal funding from the Centers for Medicare and Medicaid Services (CMS) to carry out health care quality improvement activities surrounding, in part, diabetes, hypertension, immunizations, readmission rates and behavioral health.
- Under the 12th Statement of Work, Comagine Health provides targeted assistance to nursing homes, hospitals, outpatient practices and various health care partners, particularly those that serve vulnerable populations and others living in rural and underserved communities. Through this body of work, CMS is focusing on results, protecting taxpayer dollars, and most importantly, ensuring the safety and quality of care delivered to every beneficiary.

# Our Six-State QIN-QIO Region

- Idaho
- Nevada
- New Mexico
- Oregon
- Utah
- Washington



# Learning Objectives

At the end of this educational activity, the participant will be able to:

- Discuss the specific CMS requirement for minimum staff education in infection prevention and control.
- Discuss what education in infection prevention and control will meet, at a minimum, the CMS requirement.
- Describe one adult learning principle to incorporate into your education program.
- List two techniques to use to determine staff compliance with infection prevention and control practices.

# CMS Infection Prevention Education Requirements for Staff

# F945 and F880

- **F945 - §483.95(e)** says “A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2.)”. This reference is regarding the requirement at F880.
- **The first step** is to decide on a national professional standard to be the basis of your policies and procedures.
- **While no specific standard is endorsed by CMS**, the footnotes in F880 often link to the Centers for Disease Control and Prevention (CDC). Surveyors will access these links if they have questions about the facility’s standard for their policies.

# Guidance at F880

- For the purposes of this training requirement, staff includes all facility staff (direct and indirect care functions), contracted staff, volunteers, others who provide care and services to residents on behalf of the facility and students in the facility's nurse aide training programs or from affiliated academic institutions.
- Requires that policies are reviewed at least annually **AND** revised as national standards change, and that all staff are aware of information in, and how to access, those policies.

# When Does Training Occur?



- **It is immediate.** There is no “grace period” for training in the regulatory requirements. The expectation is that anyone providing care to, or interacting with, the residents, will have been trained in infection prevention and control.
- **It is ongoing.** Staff need to quickly grasp their role in infection recognition and prevention with changes in standards of practice, policy changes or even in the face of emerging infectious diseases such as COVID-19, monkeypox or C. auris.
- **It is specific** to the facility, the community, the organization and the resident population.



# Tracking Staff Training

- This tool is designed to help track the status of staff trainings including Infection Prevention and Control (IPC) training with current staff including direct, indirect, contracted and volunteers.

[Staff Training Tracker for Facility Use Workbook | Comagine Health](#)

## Tracking Tool for Staff Trainings

**Instructions for Using This Tool**

This tool is designed to help track the status of staff trainings for current staff, including employees, contracted staff, volunteers and students. In order to ensure the tool stays up to date, **it is recommended to incorporate updating this tool as part of the process when setting up new hires, update status whenever training is provided (e.g., orientation, annual competency, etc.), and remove staff when they separate from the facility.** Tracking all trainings in a single location helps for easy monitoring to ensure training compliance and can provide as a useful tool during a survey.

**Contract Staff:** For the purposes of this document, consider therapy, housekeeping, hospice, onsite dialysis and any other non-direct paid employee as a contracted staff member.

**(Figure 1) Tracking ALL Staff Ed. tab-** Facilities can track trainings for the required areas identified in the *State Operations Manual (SOM) Appendix PP*

**(Figure 2) Tracking Staff IP Ed. Only tab-** Facilities input current staff along with their most current status of completing an IPC program. The training dates can be updated whenever new IPC training has been provided. The example in Figure 1 shows six out of seven staff members have completed an IPC training program. This tool can help facilities ensure they are meeting the

**Figure 1**

Staff Name (current staff only including direct, contract, volunteer)	Employee ID	Employee Type:	Hire Date	Abuse	Basic Nursing Skills	Basic Restorative Services	Behavioral Health	Commu
James Smith	1252463	Employee	8/8/20	6/2/22	11/15/22	8/10/20		
Tyler Brown	8475661	Employee	10/25/21	6/2/22	11/15/22			11/5/2
Elizabeth Olsen	4857393	Employee	5/4/18	6/2/22	11/15/22	5/10/18		
Maria Garcia	9877654	Contract	2/10/22	6/2/22	11/15/22	2/11/22		
Eddie De La Cruz	6453892	Volunteer	9/9/19	6/2/22	11/15/22			
Mickey Mouse	7584635	Employee	4/3/21	6/2/22	11/15/22			
Doug Patterson	2763548	Contract	5/20/22		11/15/22			

**Figure 2**

Staff Name (current staff only including direct, indirect, contracted, volunteers)	Hire Date	Date Completed Training for IPC Plans, Policies and Procedures	Date Completed IPC Training	Name of IPC Training Program Completed	Internal or External Program	if external, include program source (hyperlink to direct material is preferred but can also provide other details if hyperlink is not available)
Janice Doe	11/7/21	1/15/22	1/22/22	CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management	External	<a href="https://asep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF">https://asep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF</a>
Bobby Manny	2/5/22	3/31/22	4/2/22	Infection Prevention Training Learning Management System	Internal	
Lilly Lucy	2/9/22	3/29/22	4/2/22	Infection Prevention and Control - Learning the Basics	Internal	
Minnie Carlson	3/10/22	4/1/22	4/2/22	Infection Prevention in Nursing Homes	External	<a href="https://www.coursera.org/learn/infecti-on-prevention">https://www.coursera.org/learn/infecti-on-prevention</a>
Angie Payne	3/15/22	3/25/22	4/2/22	CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management	External	<a href="https://asep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF">https://asep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF</a>
Carla Car	4/15/22	4/23/22	4/25/22	Nursing Home Infection Preventionist Training Course	External	<a href="https://www.train.org/oktrain/trainplan/3814">https://www.train.org/oktrain/trainplan/3814</a>
John Wick	5/1/22	5/28/22				

PRN Training: Use this tool to identify focused training throughout the year beyond the scheduled comprehensive

Instructions
Staff IPC Training Requirements
Tracking ALL Staff Ed.
Tracking Staff IP Ed. Only
PRN Training
Analysis

# Staff IPC Training Requirements

## Staff IPC Training Requirements Quick Glance

Below is a quick glance of the regulation pertaining to staff infection control training located in the **State Operations Manual Appendix PP - Guidance to Surveyors for Long-Term Care Facilities**. Click on the below link to view further information about this regulation.

**CMS Appendix PP Manual:**

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

### Important Core Components to Include in Infection Control Training for Staff

**F726 - §483.35 Nursing Services** The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety.

**F726 - §483.35(a)(3)** The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

**F726 - §483.35(c) Proficiency of nurse aides.** The facility must ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.

**F945 - §483.95(e) Infection control.** A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program as described at §483.80(a)(2) (*Refer to F880*)

**F947 - §483.95(g)** Required in-service training for nurse aides. Changes to the facility's resident population, the facility's physical environment, staff turnover, and modifications to the facility assessment may necessitate ongoing revisions to the facility's training program. There should be a process in place to track staff participation in and understanding of the required training.

### A robust infection control training could include:

- The facility's surveillance system designed to identify possible communicable diseases or infections before they can spread to other persons in the facility
- When and to whom possible incidents of communicable disease or infections in the facility should be reported
- How and when to use standard precautions, including proper hand hygiene practices and environmental cleaning and disinfection practices
- How and when to use transmission-based precautions for a resident, including but not limited to, the type and its duration of use depending upon the infectious agent or organism involved
- Occupational health policies, including the circumstances under which the facility may enforce work restrictions and when to self-report illness or exposures to potentially infectious materials
- Proper infection prevention and control practices when performing resident care activities as it pertains to particular staff roles, responsibilities, and situations.

*Refer to F880 for further suggestions*

# Tracking ALL Staff Ed.



**Comprehensive Training:** The below areas are included in the CMS regulations but training is not limited to just these areas. Include the date training was last completed with each staff member (e.g., onboarding or annual). Input "NA" if an area does not apply

Staff Name (current staff only including direct, contract, volunteer, student)	Employee ID	Employee Type:	Hire Date	Abuse and Neglect	Basic Nursing Skills	Basic Restorative Services	Behavioral Health	Communication	Compliance and Ethics	Cultural Competency	Dementia	Identification of Changes in Condition (CIC)	Infection Control	Medication Management	Pain Management	Person Centered Care	Resident Rights	Skin and Wound Care	Feeding Assistance
Mickey Mouse	167282	Contract	2/9/23	2/11/23	NA	2/11/23	2/12/23	2/12/23	2/12/23	2/10/23	NA	2/10/23	2/13/23	NA	NA	3/1/23	2/11/23	NA	NA
Jane Smith	367567	Employee	3/1/23	3/5/23	3/2/23	3/3/23	3/4/23	3/4/23	3/4/23	4/1/23	3/3/23	3/3/23	3/2/23	3/2/23	3/3/23	3/4/23	10/27/08	3/4/23	3/4/23
Matthew Nicoles	425783	Employee	8/4/21	8/4/23	8/4/23	8/5/23	8/5/23	8/5/23	8/4/23	8/4/23	8/4/23	8/4/23	8/6/23	8/6/23	8/6/23	8/6/23	8/6/23	8/6/23	8/5/23
Felipe McKruger	367463	Employee	4/27/22	4/28/22	4/27/23	4/27/23	4/27/23	4/28/23	4/28/23	5/8/23	5/8/23	5/8/23	5/7/23	5/8/23	5/8/23	4/29/23	4/29/23	NA	NA
Harry Henderson	242795	Volunteer	2/9/23	2/10/23	NA	NA	2/11/23	2/11/23	2/10/23	2/10/23	NA	NA	2/11/23	NA	NA	2/10/23	2/11/23	NA	NA
Selina Gonzalez	946321	Contract	2/27/23	2/28/23	2/29/23	2/29/23	2/28/23	2/28/23	2/28/23	2/28/23	2/28/23	2/29/23	2/30/23	2/30/23	2/30/23	2/28/23	2/28/23	2/29/23	NA
Luis DeSilva	706528	Employee	6/4/20	6/2/22	6/2/22	6/4/22	6/4/22	6/2/22	6/2/22	6/4/22	6/5/22	6/5/22	6/5/22	6/5/22	6/5/22	6/2/22	6/2/22	7/7/22	7/7/22
Patrick Doe	948576	Contract	3/5/23	3/5/23	NA	3/5/23	3/5/23	3/5/23	3/5/23	3/5/23	NA		3/5/23	NA	NA	3/5/23	3/5/23	NA	NA
Stevie Viega	574638	Employee	4/1/23	4/1/23				4/1/23	4/1/23	4/1/23		4/2/23	4/4/23			4/2/23	4/2/23		



# Tracking Staff IP Ed. Only





**Infection Prevention Training:** This spreadsheet can be used to provide more detail about the infection prevention trainings provided by the facility.

Staff Name (current staff only including direct, contract, volunteer, student)	Employee ID	Employee Type:	Hire Date	Date Completed Review of IPC Plans, Policies & Procedures	Date Completed IPC Training	Name of IPC Training Program Completed	Internal or External Program	If external, include program source (hyperlink to direct material is preferred but can also provide other details if hyperlink is not available)
Mickey Mouse	167282	Contract	2/9/23	2/9/23	2/9/23	Project Firstline provided by agency	External	<a href="#">Project Firstline Infection Control Training   CDC</a>
Jane Smith	367567	Employee	3/1/23	3/1/23	3/2/23	Healthcare Academy	Internal	
Matthew Nicoles	425783	Employee	8/4/21	8/4/22	8/5/23	Healthcare Academy	Internal	
Felipe McKruger	367463	Employee	4/27/22	4/28/23	4/49/23	Healthcare Academy	Internal	
Harry Henderson	242795	Volunteer	2/9/23	2/9/23	2/10/23	QSEP	External	<a href="#">Training Menu (cms.gov)</a>
Selina Gonzalez	946321	Contract	2/27/23	2/27/23	2/27/23	QSEP	External	<a href="#">Training Menu (cms.gov)</a>
Luis DeSilva	706528	Employee	6/4/20	6/4/22	6/4/22	Healthcare Academy	Internal	
Patrick Doe	948576	Contract	3/5/23	3/5/23	3/5/23	Project Firstline provided by agency	External	<a href="#">Project Firstline Infection Control Training   CDC</a>



# PRN Training

 							
PRN Training: Use this tool to identify focused training throughout the year beyond the scheduled comprehensive training							
Staff Name (current staff only including direct, contract, volunteer, student)	Employee ID	Employee Type:	Hire Date	Hand Hygiene	Environmental Cleaning	Resident Transfers	Topic HERE 4
Mickey Mouse	167282	Contract	2/9/23	2/20/23	4/28/23	NA	
Jane Smith	367567	Employee	3/1/23			3/7/23	
Matthew Nicoles	425783	Employee	8/4/21	2/20/23	4/28/23	3/7/23	
Felipe McKruger	367463	Employee	4/27/22	2/20/23	4/28/23	3/7/23	
Harry Henderson	242795	Volunteer	2/9/23	2/20/23	NA	3/7/23	
Selina Gonzalez	946321	Contract	2/27/23		4/28/23		
Luis DeSilva	706528	Employee	6/4/20	2/20/23	4/28/23	4/15/23	
Patrick Doe	948576	Contract	3/5/23		NA		
Stevie Viega	574638	Employee	4/1/23		4/28/23	4/15/23	

# Analysis

Total for Tracking All Staff Ed.				Total for Tracking Staff IP Ed. Only				PRN Training				
Total Current Staff		9		Total Current Staff		8		Total Current Staff		9		
Area	Total Eligible Staff Completed	Total Eligible Staff NOT Completed	Total Eligible Staff Training Completion	Staff Type	Total Staff	Total Staff Completed IPC Training Program	Total Staff NOT Completed IPC Training	Total Staff IPC Training Completion Rate	Training Topic	Total Eligible Staff Completed	Total Eligible Staff NOT Completed	Total Eligible Staff Training Completion
Abuse and Neglect	9	0	100%	Employees	4	4	0	100%	Hand Hygiene	5	4	56%
Basic Nursing Skills	4	1	80%	Contracted	3	3	0	100%	Environmental Clean	6	1	86%
Basic Restorative Services	6	1	86%	Volunteers	1	1	0	100%	Resident Transfers	6	2	75%
Behavioral Health	8	1	89%	Students	0	0	0	0%	Topic HERE 4	0	9	0%
Communication	9	0	100%	<b>Totals</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>100%</b>	Topic HERE 5	0	9	0%
Compliance and Ethics	9	0	100%						Topic HERE 6	0	9	0%
Cultural Competency	9	0	100%						Topic HERE 7	0	9	0%
Dementia	5	1	83%						Topic HERE 8	0	9	0%
Identification of Changes in	6	1	86%						Topic HERE 9	0	9	0%
Infection Control	8	0	100%						Topic HERE 10	0	9	0%
Medication Management	4	1	80%						Topic HERE 11	0	9	0%
Pain Management	4	1	80%						Topic HERE 12	0	9	0%
Person Centered Care	9	0	100%						Topic HERE 13	0	9	0%
Resident Rights	9	0	100%						Topic HERE 14	0	9	0%
Skin and Wound Care	3	1	75%						Topic HERE 15	0	9	0%
Feeding Assistance	3	1	75%									
TBD 1	0	9	0%									
TBD 2	0	9	0%									

# What Everyone Needs to Know

- Where and how to access the infection prevention and control policies
- How communicable diseases spread
- Their role in recognizing and preventing spread of communicable diseases
- How and when to complete hand hygiene
- Standard precautions
- Types of transmission-based precautions
- Personal Protective Equipment – when to use, donning, doffing and disposal
- Respiratory hygiene and cough etiquette



# What Everyone Needs to Know

- When and how the facility initiates transmission-based precautions, including type and duration
- The facility's process for ensuring the least restrictive transmission-based precaution is used, for the least amount of time
- The circumstances under which the facility must prohibit individuals with communicable disease or infected skin lesions from direct contact with residents or their food
- When, how and to whom they should report possible incidents of communicable disease or infections
- Additional training per the individual's job description



# Additional Survey Considerations

- Don't forget to include clergy, beauticians and barbers
- Offer infection prevention and control training for visitors and family members
- Corporate consultants should be familiar with facility-specific infection control systems
- Make policies as specific as possible if your facility relies on agency staff
- Further training may be needed due to facility circumstances

# Additional Survey Considerations

- It's worth the time to read the regulatory requirement and investigative guidance at F880.
- Review the infection prevention and control pathway so you know what – and how – the surveyors are reviewing your program.
- The infection prevention and control pathway (and all survey pathways and materials) can be found under the “Survey Resources – 06/05/2023” link at [www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes](http://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes)

# Why Training Is So Important: A Real-Life Example

An administrator and director of nursing were attending a corporate retreat when two federal surveyors entered the facility to conduct a federal monitoring (comparative) survey.

The charge nurse was from a staffing agency. There was one additional staff nurse from the facility on duty. It was the first day in the center for both nurses.

Neither nurse had received facility-specific infection control (IC) training.

Neither nurse knew how to access IC policies, where they could place a resident who developed symptoms of a respiratory infection such as COVID-19, how or where to access supplies for transmission-based precautions or how to contact anyone in facility leadership or the medical director.

# So How Do Adults Learn?

# Adult Learning Theory – A Brief History

- 1833 – German educator Alexander Knapp coined the term andragogy from the Greek words andr + agogy, which means “leading men.” This contrasts to “pedagogy,” which means “leading boys/children.”
- 1920 – Eduard C. Lindeman, with Martha Anderson, wrote about andragogy as the real method for adult learning, popularizing the term among educators and educational thinkers.
- 1970s – Malcolm Knowles further developed the theory and is known for laying out andragogical assumptions and principles.
- 2000 – Stewart Hase and Chris Kenyon coined the term heutagogy, the study of self-determined learning. This is seen as a natural progression from andragogy and puts an adult learner in charge of their learning.

Zmeyov, S. I. (1998). Andragogy: Origins, developments, and trends. *International Review of Education*, 44(1), 103-108. <https://www.jstor.org/stable/3445079>

Nixon-Ponder, S. (1995). *Eduard C. Lindeman. Leaders in the Field of Adult Education*. <https://files.eric.ed.gov/fulltext/ED380667.pdf>

# Adult Learning – What Is It?

- Adult learning (andragogy) is the practice of educating adults to develop knowledge or skills.
- Malcolm Knowles said learning programs must support the notion that adults are self-driven and take responsibility for decisions.
- In 1980, Knowles adapted his concept to include four assumptions about adult learners. They revolve around self-concept, the adult learning experience, readiness to learn and orientation to learning.
- In 1984, Knowles added a fifth assumption to the list: motivation to learn.

<https://research.com/education/the-andragogy-approach>

# Principles of Adult Learning

- The six principles of adult learning include:
  - **Self-concept**
  - **Learning from experience**
  - **Readiness to learn**
  - **Immediate applications**
  - **Internally motivated**
  - **Need to know**

<https://research.com/education/the-andragogy-approach>

# Adult Learning Styles

- There are four core adult learning styles that include:
  - **Visual**
  - **Auditory**
  - **Reading and writing**
  - **Kinesthetic**



# What Techniques Have You Used to Teach Adults?

- What adult education techniques have you used when providing in-service education to staff?
- Can you provide some specific examples?
- What worked best? What didn't work at all? And why?

# Break-Out Group: Interactive Learning

# Two Adult Education Activities

- Both activities are interactive and use adult learning theory when teaching infection prevention to adults working in health care.
- We ask that you to break into small groups.
- We will do two activities, both from “Pause for Prevention” created by Health Quality Innovation Network, a sister quality improvement organization.
  - “Cough Etiquette”
  - “Safety Behaviors for Everyone”

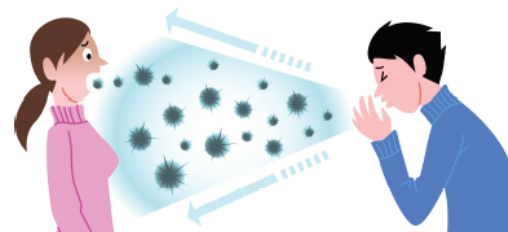
# Active Learning Opportunities

## 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

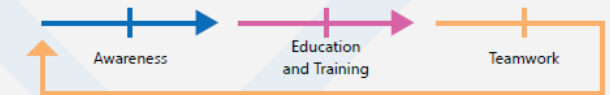
Quality Improvement Organizations  
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## Pause for Prevention

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



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# Resources

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Resources

Aug 9, 2021

## Pause for Prevention Program

This resource is a turnkey program to assist Nursing Homes in ensuring all staff have a basic understanding of infection prevention practices.

- PAUSE FOR PREVENTION OVERVIEW
- PAUSE FOR PREVENTION COVER AND BINDER SPINE
- MODULE 1: HAND HYGIENE
- MODULE 2: COUGH ETIQUETTE
- MODULE 3: PERSONAL PROTECTIVE EQUIPMENT
- MODULE 4: MASKING (STILL) MATTERS!
- MASKING (STILL) MATTERS! POSTER
- MODULE 5: SAFETY BEHAVIORS ARE FOR EVERYONE
- MODULE 6: INFECTION PREVENTIONS CONSIDERATIONS FOR RESIDENTS WITH IMPAIRED MEMORY
- MODULE 7: BEST PRACTICES FOR EMPLOYEE HEALTH - VACCINES AND WHEN TO STAY HOME
- MODULE 8: CARING FOR YOURSELF DURING AN INFECTIOUS DISEASE OUTBREAK OR PANDEMIC
- PAUSE FOR PREVENTION MODULES 1-8 BUNDLED

- Pause for Prevention program: Turnkey program to assist in ensuring all staff have a basic understanding of infection prevention practices; interactive and brief (approximately 15 minutes)

<https://hqin.org/resource/pause-for-prevention-program-2/>

# Report Out

# Comagine Health Opportunities

- [Driving Clinical Excellence Collaborative Learning Series](#)
- [NHSN Open Office Hours](#)
- [Vaccination Station 2.0](#)

# New Mexico Infection Prevention Solutions

- **Nursing facilities, assisted living, residential care, intermediate care, home health and hospice providers**
- July 2022 – June 2024

[New Mexico Infection Prevention Solutions | Comagine Health](#)

## Bi-Monthly Infection Prevention ECHO Sessions

- All-teach, All-learn model that aims to democratize learning
- Themes: outbreak response; emerging pathogens; water/environmental management, preparedness; human factors; responding to changing guidelines, combatting pandemic fatigue, and more!

## Customized 1:1 coaching and consultation

- Led by Infection Prevention and Quality Improvement consultants
  - *Providing ongoing customized support, assist with building infection prevention program, address gaps, improve processes and sustain progress*
- Designed for IPs of all levels of experience

## CDC's Project Firstline Text Campaign


- Weekly tips, tools and bite-sized learning accessed via smartphone
- In minutes a week, keep infection prevention on your team's radar



# Infection Prevention at Your Fingertips! NM Project Firstline Messaging Campaign

- Reaching frontline workers where and when they need it
- Receive one text every Tuesday – tips, brief education, links to videos and more
- Flyers/posters available for care settings (English and Spanish)

Text “Join” to 59309



**Infection Prevention at Your Fingertips**  
Get fast facts and timely infection prevention updates over your phone, wherever you are.

**Text “Join” to 59309**


To receive Project Firstline text updates from the New Mexico Infection Prevention Collaborative

*Closed caption translation available on select materials.*

Need infection control resources in other languages? <https://comagine.org/resource/1968>

**Comagine Health** | **NMDOH** | **PROJECT FIRSTLINE**

Comagine Health and NMDOH's Healthcare Associated Infections program are offering a free learning collaborative with access to Project Firstline resources. Project Firstline is CDC's national training collaborative for healthcare infection control and resources are designed with the busy healthcare worker in mind.



[Project Firstline Text Update Flyer for NM Infection Prevention Collaborative | Comagine Health](#)

# Additional Resources

- Survey Resources <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
- CDC Project Firstline <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
- [STRIVE Infection Control Training | CDC](#)
- [Staff Training Best Practices - YouTube](#)
- Centers for Medicare & Medicaid Services Targeted COVID-19 Training for Frontline Nursing Home Staff and Management <https://qsep.cms.gov/>

# Contact Information

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*This material was prepared by Comagine Health, a Medicare Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. 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. 12-SOW-T1-23-QIN-227*