

Infection Control Training and Education

How to make it count.

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. National Association of County and City Health Officials (NACCHO) is proud to partner with Project Firstline to host the NACCHO Healthcare Infection Prevention and Control Summit (Summit), as supported through CDC Grant # 6NU38OT000306-03-05. CDC is an agency within the Department of Health and Human Services (HHS). This presentation is being hosted as part of the Summit; the contents of this presentation and Summit do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.



Introduction



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LTC-CIP



Rebecca Sime, RN

SOUTH DAKOTA
Foundation for Medical Care



Objectives

- Identify how to utilize Project Firstline Resources in the setting and department you work within.
- Discover new avenues to provide infection control education.
- Understand opportunities to enhance infection control programs through interaction.
- Recognize common areas of infection control risks identified in infection control assessment and response.

**On average, how long
before you lose the
attention of your
audience?**

Looking at
infection control
through a new
lens.

What does that
mean?



Stand Out



Props
Visualizations
Games
Interactions
Music
Laughter

What we do

- Lead South Dakota Project Firstline
 - Trainings-virtual & in person
 - Monthly Office Hours and Newsletter
 - Promotion
 - Podcast
 - Magazines
 - Social Media
 - Outreach-conferences, networking, collaborations
- Proactive Infection Control Assessment and Response (ICAR's)



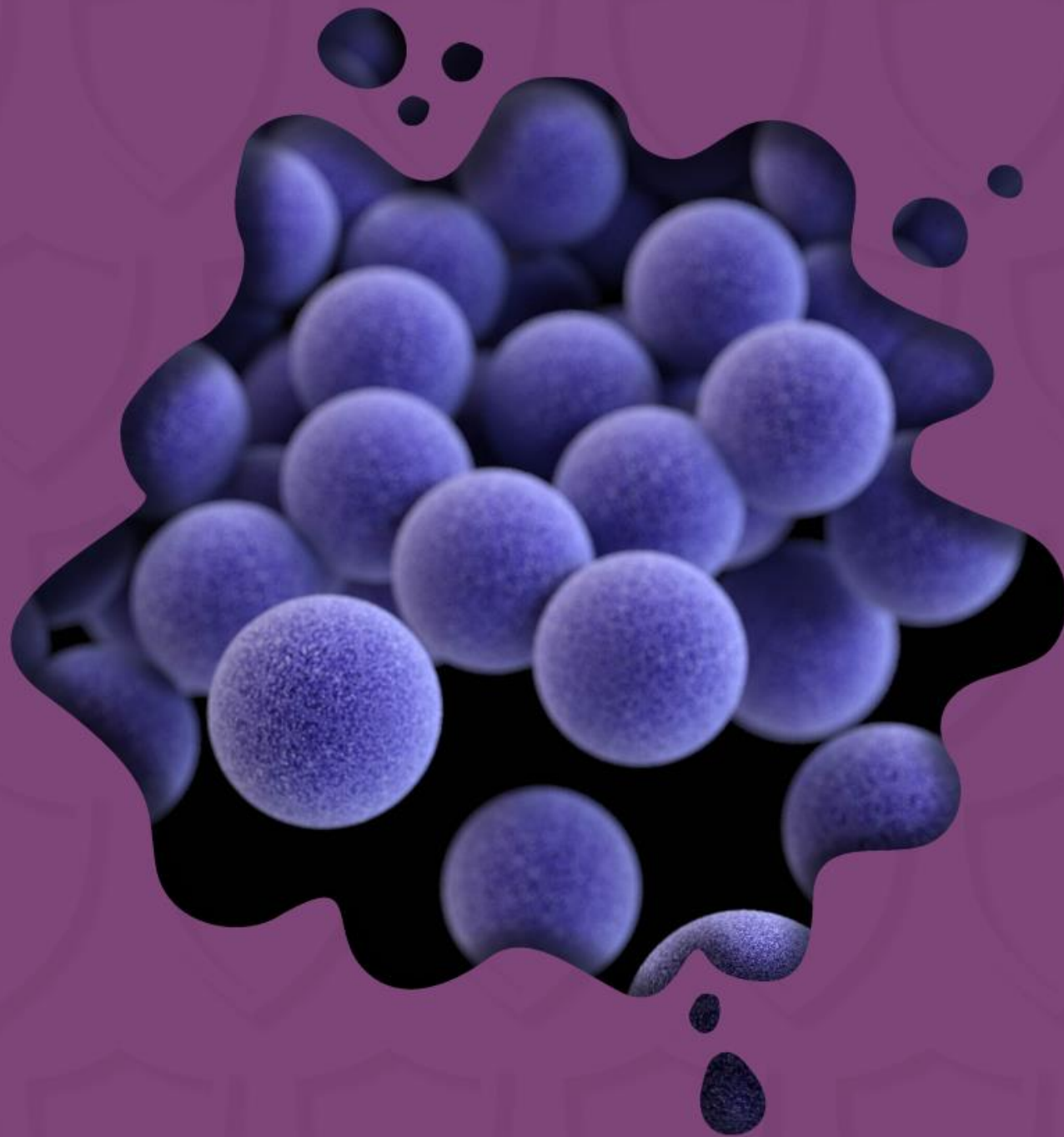
Why we talk about germs

ENVIRONMENTAL SURVIVAL OF KEY PATHOGENS ON HOSPITAL SURFACES

Pathogen	Survival Time
<i>S. aureus</i> (including MRSA)	7 days to >12 months
<i>Enterococcus</i> spp. (including VRE)	5 days to >46 months
<i>Acinetobacter</i> spp.	3 days to 11 months
<i>Clostridium difficile</i> (spores)	>5 months
Norovirus (and feline calicivirus)	8 hours to >2 weeks
<i>Pseudomonas aeruginosa</i>	6 hours to 16 months
<i>Klebsiella</i> spp.	2 hours to >30 months



Presentations and ICAR



PROJECT
FIRSTLINE

CDC's National Training Collaborative
for Healthcare Infection Control

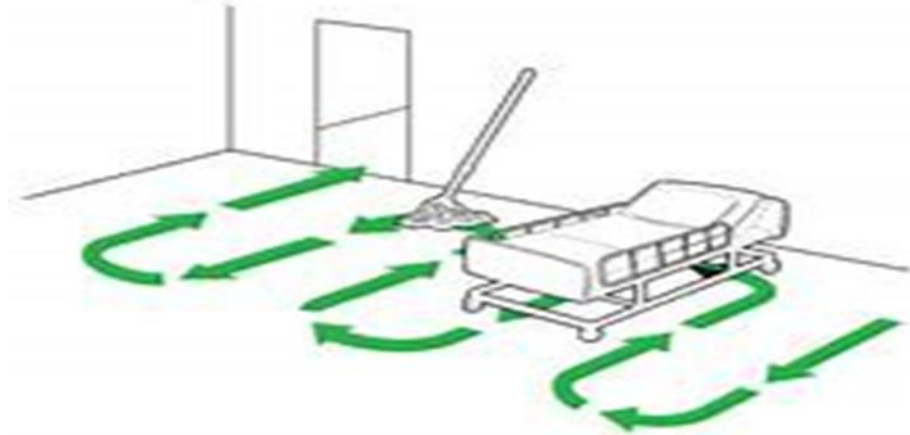
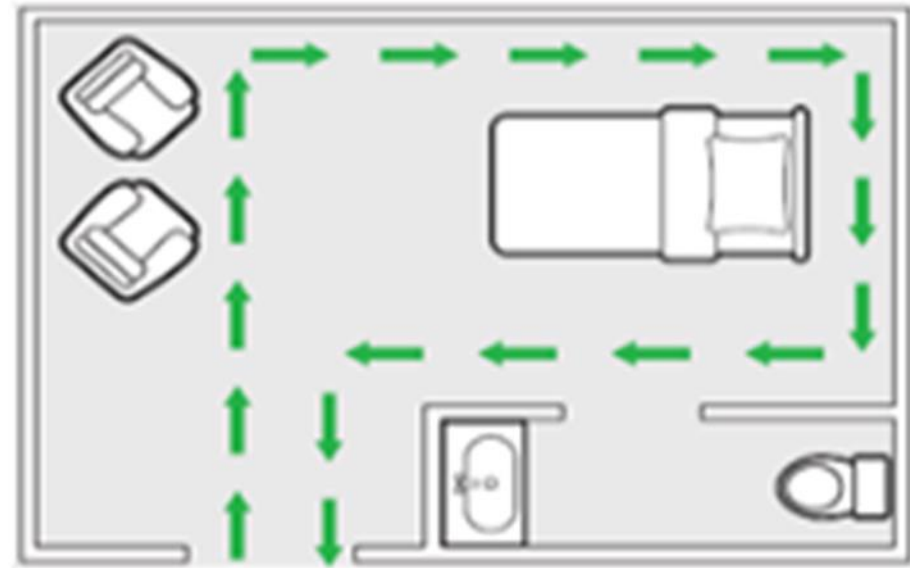
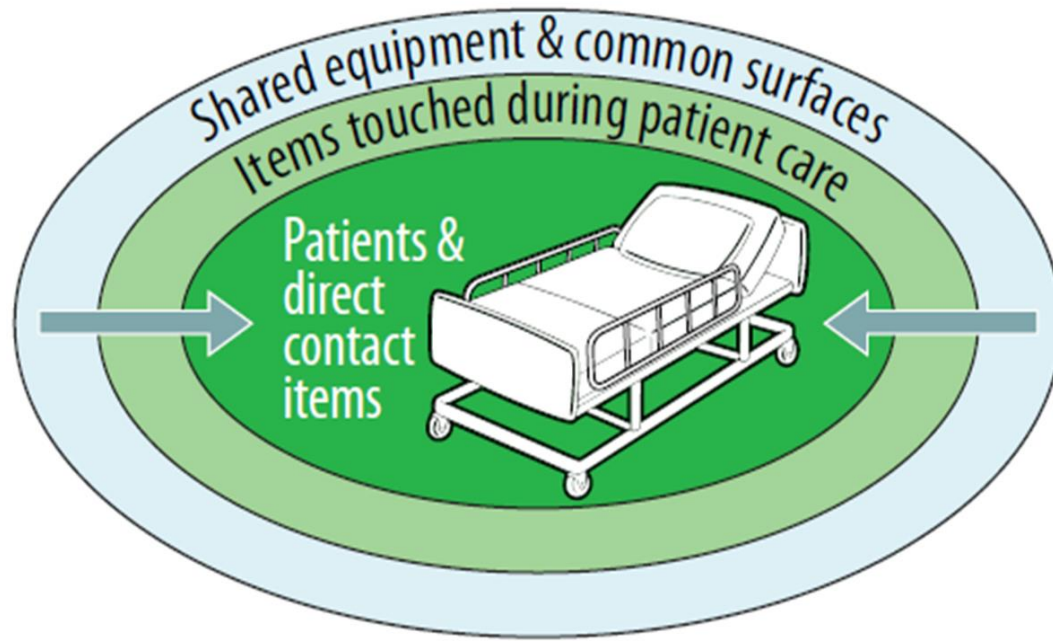
Is there a difference between cleaning and disinfection?

Cleaning vs Disinfection

CLEANING: REMOVAL OF FOREIGN MATERIAL (SOIL, DUST, ORGANIC MATERIAL) FROM OBJECTS AND IS NORMALLY ACCOMPLISHED USING WATER WITH DETERGENTS.

DISINFECTION: ELIMINATION OF MANY OR ALL PATHOGENIC ORGANISMS EXCEPT BACTERIAL SPORES. SURFACES MUST BE CLEANED BEFORE THEY ARE DISINFECTED.

Cleaning & Disinfection



When disinfecting, what does contact time mean?

How to read a label

How to Read a Disinfectant Label

Read the entire label. The label is the law!

Note: Below is an example of information that can be found on a disinfectant label

Active Ingredients: What are the main disinfecting chemicals?

EPA Registration Number: U.S. laws require that all disinfectants be registered with EPA.

Directions for Use (Instructions for Use): Where should the disinfectant be used? What germs does the disinfectant kill? What types of surfaces can the disinfectant be used on? How do I properly use the disinfectant?

Contact Time: How long does the surface have to stay wet with the disinfectant to kill germs?

Signal Words (Caution, Warning, Danger): How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

Precautionary Statements: How do I use this disinfectant safely? Do I need PPE?

First Aid: What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

Storage & Disposal: How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

Label Text:

ACTIVE INGREDIENTS:
Allyl diglycyl dimethyl ammonium Chloride 10.0%

OTHER INGREDIENTS: 90.0%

TOTAL: 100.0%

EPA REG NO. 50555-50-50555

CAUTION

DIRECTIONS FOR USE:
It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

For Disinfection of Healthcare Organisms:
Staphylococcus aureus, Pseudomonas aeruginosa.

To Disinfect Hard, Nonporous Surfaces:
Pre-wash surface. Mix or apply with disinfectant solution. Allow solution to stay wet on surface for at least 10 minutes. Rinse well and air dry.

PRECAUTIONARY STATEMENTS:
Harmful to humans and domestic animals. Wear gloves and eye protection.

CAUSES MODERATE EYE IRRITATION. Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.

FIRST AID: IF IN EYES: Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.

POISON CONTROL: Call a Poison Control Center (1-800-368-5645) or doctor for treatment advice.

STORAGE AND DISPOSAL: Store this product in a cool, dry area away from direct sunlight and heat. When not in use, keep center cap of lid closed to prevent moisture loss. Non-refillable container. Do not reuse or refill this container.

U.S. Department of Health and Human Services
PROJECT FIRSTLINE
EPA
Environmental Protection Agency
WWW.CDC.GOV/PROJECTFIRSTLINE



Alcohol Free
3min Contact Time



High Alcohol (55%)
2min Contact Time

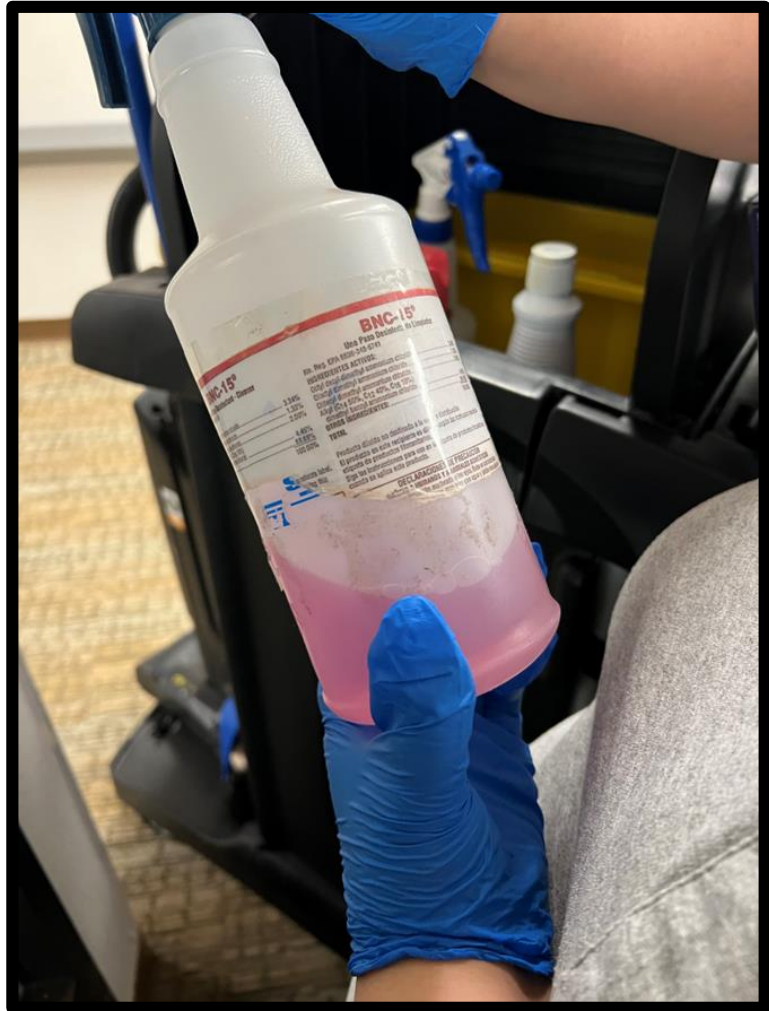


Bleach
4min Contact Time



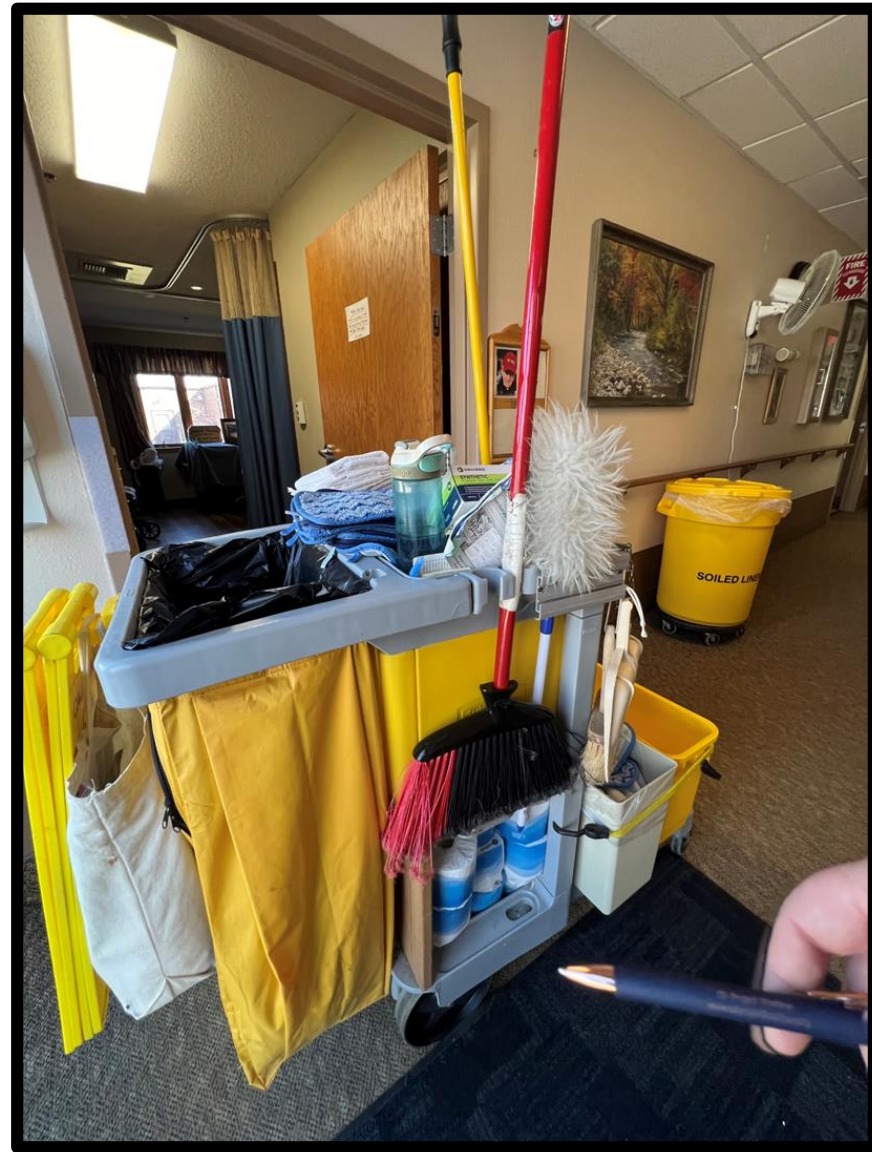
ICAR Findings

- Missing Labels
- Non-healthcare grade
- No safety data sheets
- Not labeled
- Use of noncommercial containers
- Expired Cleaning Products



ICAR Findings

- Staff Beverages
- Open Cleaning Wipes
- Toilet Brushes
- Dirty Carts and Wet Floor Signs
- Feather Dusters
- Buckets of Water with Cleaning Detergent



**According to the CDC,
what is the preferred
method of hand hygiene
in most clinical
situations?**

Hand Hygiene

HAND SANITIZER

- **Alcohol-based Hand Sanitizer**
- Use an alcohol-based hand sanitizer that contains **at least 60% alcohol**. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.
- **Put** enough sanitizer on your hands to cover all surfaces.
- **Rub** your hands together until they feel dry (this should take around 20 seconds).
- **Do NOT** rinse or wipe off the hand sanitizer before it's dry; it may not work well against germs.



Hand hygiene in Healthcare Settings
Show Me the Science | Hand Hygiene

WASHING WITH SOAP AND WATER

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands **for at least 20 seconds**. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.



www.cdc.gov/handhygiene/providers/index.html
Show Me the Science | Hand Hygiene | CDC

ICAR Findings

- Expired
- No Drip Pans
- Need Cleaned
- Do Not Work
- No Product
- Lack of Dispensers
- Broken



Hand Hygiene

**Black light
and glow
rub**



Who we work with



Emergency Medical Services and First Responders



Technical Schools



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:**

- 1. GLOVES**
 - Outside of gloves are contaminated!
 - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer.
 - Using a gloved hand, grasp the wrist of the other gloved hand and peel off the glove.
 - Roll removed glove to gloved hand.
 - Place fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
 - Discard gloves in a waste container.
- 2. GOGGLES OR FACE SHIELD**
 - Outside of goggles or face shield are contaminated!
 - If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer.
 - Remove goggles or face shield from the back by lifting head band or strap.
 - If the lens is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.
- 3. GOWN**
 - Gown front and sleeves are contaminated!
 - Wash your hands or use an alcohol-based hand sanitizer.
 - Unhook gown ties, taking care that sleeves don't contact your body.
 - Peel gown away from neck and shoulders, washing inside of gown only.
 - Roll gown away from you.
 - Fold or roll into a bundle and discard in a waste container.
- 4. MASK OR RESPIRATOR**
 - Front of mask/respirator is contaminated! — DO NOT TOUCH!
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer.
 - Grasp bottom strap or elastic of the mask/respirator, then the top of the top, and remove without touching the front.
 - Discard in a waste container.
- 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**
 - Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Health Occupation Students of America (HOSA)



Environmental Services (EVS)



- Healthcare Facilities
 - Hospitals
 - Clinics
 - Long term care
 - Assisted livings
- Congregate Living Locations
- Dental Facilities
- Community Health Workers
- Community Health Representatives



Collaborative Partners

HAI Coordinator
SD Department of Health
Great Plains Tribal Health Leaders Board
SD Nurses
SD Dental Hygiene
SD Family Practice Providers
SD Respiratory Care Association
SD Association for Healthcare Organizations
SD Healthcare Association
SD Association for Healthcare Quality
South Dakota Community Health Worker Collaborative
HQIC COMPASS
Great Plains Quality Innovation Network



Promotion and Outreach





Project Firstline team members (l-r): Cheri Fast, Jess Danko, MHA, RRT, Diane Eide, RN, BSN, Charlotte Hofer

WE ARE HERE FOR YOU: PROJECT FIRSTLINE EXPANDS IN SOUTH DAKOTA

Two new Project Managers have been added to Project Firstline in SD. Diane Eide and Jess Danko will join Cheri Fast, Project Manager and Charlotte Hofer, Director of Marketing.

Project Firstline is a national infection control collaborative with the Centers for Disease Control and Prevention (CDC) to stop the spread of COVID-19 and other emerging infectious diseases. Its focus is on infection prevention training for frontline healthcare workers.

"The CDC has provided great educational information about infectious disease with innovative content that includes vibrant colorful posters, easy to understand videos, cool social graphics and tips on infection prevention this summer," says Eide. "Best of all, they are free."

Everyone can benefit from the CDC education and the new materials according to Eide. "The education can't stop; we must keep learning as infectious diseases are always evolving."

"It is great for a business to educate staff on staying healthy and great for public awareness to help everyone stay protected from infectious diseases," adds Eide.

The South Dakota Foundation for Medical Care administers the Project Firstline program statewide, in partnership with the SD Department of Health and the CDC.

New CDC training videos and resources on infection control are available at: www.sdprojectfirstline.org.

SOUTH DAKOTA
Foundation for Medical Care

DID YOU KNOW?

GERMS
LIVE ON THE
SKIN.



REDUCE THE RISK!

- Hand hygiene
- Cleaning and disinfection
- Covering cuts, wounds

LEARN MORE

sdProjectFirstline.org
info@sdfmc.org
605.336.3505



New CDC Infection Control Resources:

For Healthcare Workers:
Take the Project Firstline training!
Short Training Modules, Videos, CBU Credit

For Everyone:
Interactive posters, social media
graphics & more

WE are Project Firstline.



MAKING AN IMPACT!

SOUTH DAKOTA
Foundation for Medical Care



IMPROVING LIVES:

- 20 statewide projects, including **SD Project Firstline**
- A dedicated team of professionals on staff
- 500+ physician members

That's how we're making life better for South Dakotans...
here, there, everywhere.

Visit www.sdfmc.org to learn more!
605-336-3505



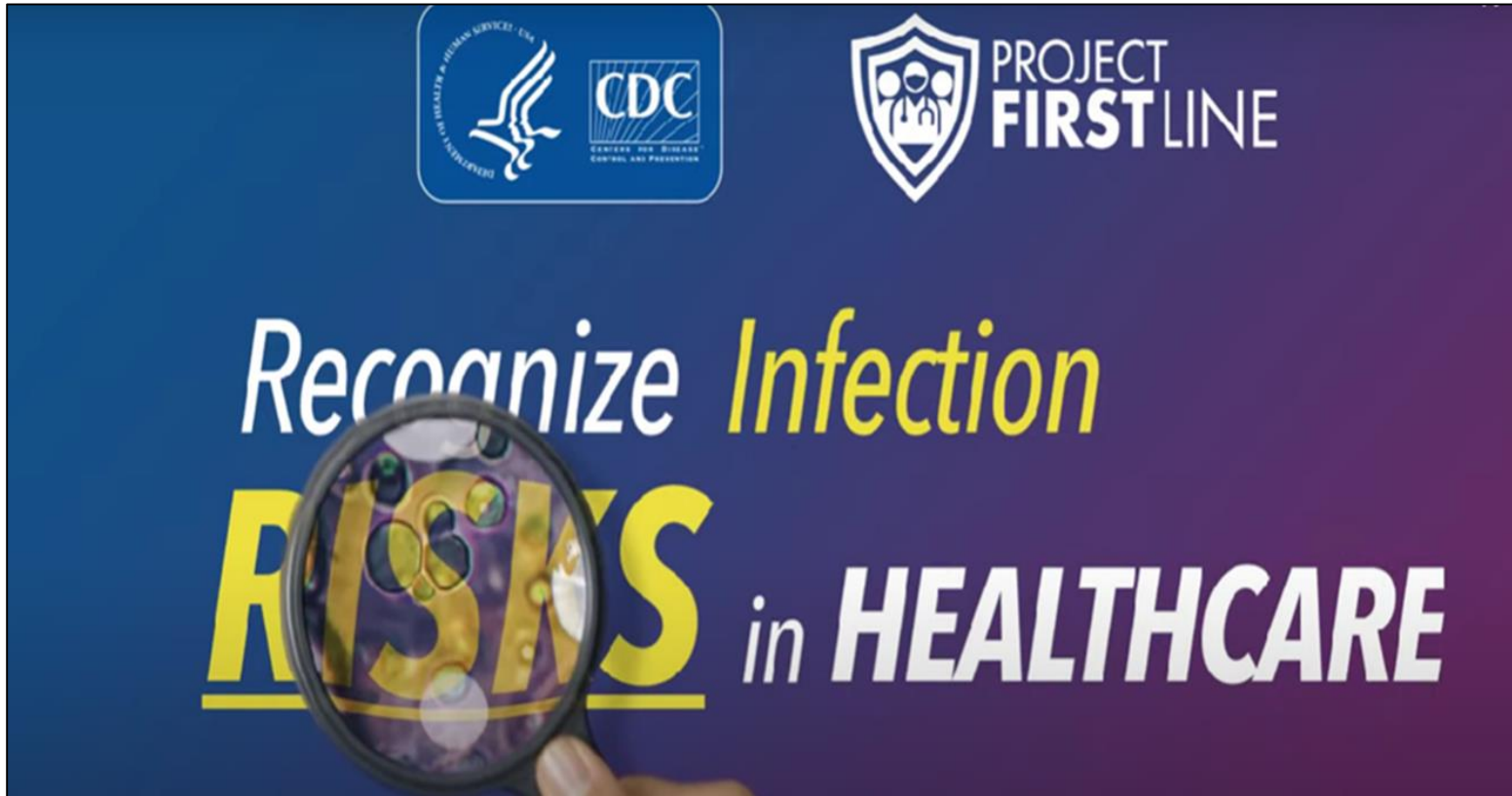
- Print Media
- Podcast
- Social Media
- Networking
- Conferences



Project Firstline Resources and Tools



How to use videos



CDC > Infection Control > Project Firstline

🏠 Project Firstline

- About +
- Learn About Infection Control in Health Care +
- Access Infection Control Educational Materials -
 - Videos and Social Media Graphics
 - Print Materials and Job Aids
 - Interactive Resources
 - Training Toolkits
- Infection Control and COVID-19 +
- Explore Project Firstline Partnerships +

How to use the videos



How to use the videos



Visual Education

Did you know?



Broken skin, including dry, itchy skin, is likely to have more germs, and more of the kinds of germs that can cause harm.

CDC PROJECT FIRSTLINE

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Storage & Disposal: How should the disinfectant be stored? How should I dispose of unused disinfectant? What should I do with the container?

CDC PROJECT FIRSTLINE EPA

GERMS LIVE IN "THE GUT."

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients.

Germs That Live in the Gut

- E. coli
- Salmonella
- Giardia
- Clostridium difficile (C. diff)

Healthcare Tasks Involving the Gut

- Toilet/changing diapers
- Washing a patient
- Laundry

Infection Control Actions to Reduce Risk

- Hand hygiene
- Use of personal protective equipment
- Cleaning and disinfection
- Waste management

CDC PROJECT FIRSTLINE

Pooping is a part of life.

Poop is also a way for germs from the gut to spread to other places where they can make people, including your patients, sick.

There are thousands of germs on this poster... and everywhere else.

Recognize the risks. Take action to stop the spread of germs. Learn more at CDC.GOV/PROJECTFIRSTLINE

Recognize the risks. Protect your patients.

CDC PROJECT FIRSTLINE



Everyone uses and shares devices in healthcare.

Shared devices like pulse oximeters can spread germs.



Recognize the risks. Take action to stop the spread of germs. Learn more at CDC.GOV/PROJECTFIRSTLINE

CDC PROJECT FIRSTLINE

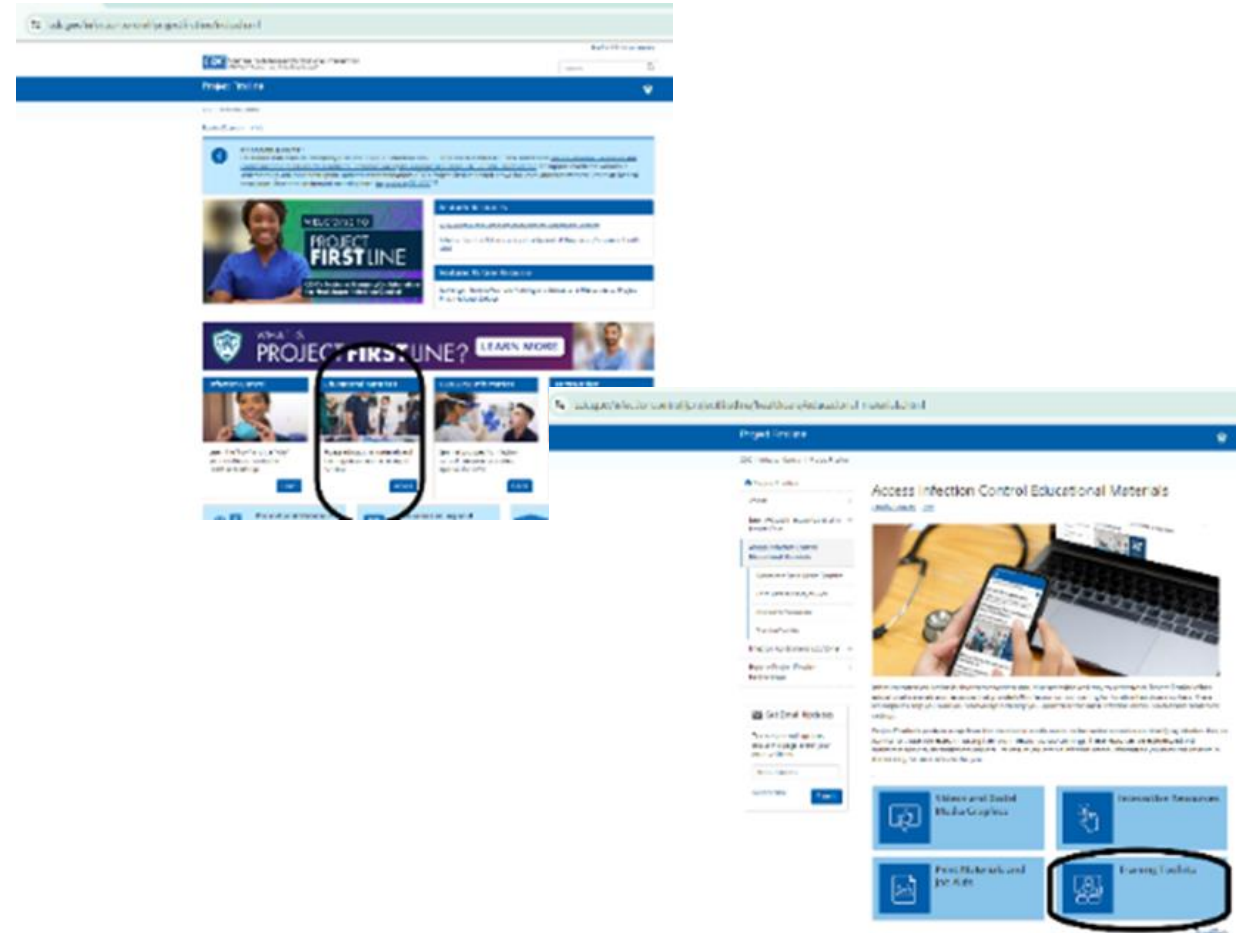
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Let's find the toolkits

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

- Scroll down the page, click on “access” in “educational materials” box
- Scroll down the page, click “training toolkits”



Let's find the toolkits



Session 1:
What Does it Mean to Recognize A Risk?

[Session Plan: Recognizing Risk](#) 

Session 2:
How Germs Make People Sick

[Session Plan: How Germs Make People Sick](#)  [PDF – 21 Pages]

Session 3:
Recognizing Risk Using Reservoirs:
A Review

[Session Plan: Recognizing Risk](#)

Micro learns

What Should You Do If You See Blood?

Use Gloves If You're Going to Touch Blood

After completing your task, remove gloves right away and clean your hands.

Use the Right PPE if Blood and Sprays Are Likely to Be Generated

The PPE you use should protect your skin, eyes, nose, and mouth.

Clean Your Hands

Always clean hands after tasks involving blood – gloves are not a substitute for hand hygiene.

Look for Sharps

Handle needles and sharps carefully and safely dispose of them in a sharps container.

Always Act As If Blood Is Infectious

Learn More: www.cdc.gov/ProjectFirstline

Germs Can Live In Blood: <http://bit.ly/1SGL>
 CDC One and Only Campaign: <http://bit.ly/1SGL>

Blood Micro-Learn Discussion Guide: What to do when you see blood

Use the talking points below and accompanying job aid to engage your team in short, focused discussion. Adapt to meet your needs.

- 1. Introduce the topic**
 Share key information about the topic that your audience should know and connect to your local context:
 - Always assume blood is infectious. People who are infected with bloodborne pathogens don't always have symptoms, but their blood and some body fluids still have virus in them.
 - The pathogens in blood that are the most concerning infection risks in health care are HIV, hepatitis B, and hepatitis C.
 - Bloodborne pathogens can be spread when infected blood enters the body, like:
 - From a needlestick
 - Through breaks or cracks in the skin, or
 - By splashes or sprays to the eyes, nose, or mouth
- 2. Expand on the topic**
 Share information about what your audience should do:
 - Because we always assume blood is infectious, infection control actions for blood focus on preventing infection from entering the body and limiting its spread in the environment and between people.
 - Don't touch blood without gloves on.
 - When you see blood, look for sharps.
 - If you see sharps, safely dispose of them in a sharps container.
 - If you're approaching a place where a procedure was done, be careful handling drapes, linens, or other items that might be hiding a needle or other used sharps.
 - When you're using sharps, plan ahead. Pick one location to keep sharps in before you start a procedure so you can keep track of them and know where to find the sharps containers to dispose of them safely as soon as you're finished.
- 3. Discuss with your team**
 Find out how your audience feels about the topic. Sample questions include:
 - What do you usually do when you see blood? Do you worry that you might catch something? When might you call for help or assistance?
 - Do you have all the tools and information you need to do your job safely?
 - As a team, how can we help each other take the right infection control actions when we see blood to keep it from spreading?
- 4. Wrap up and reinforce**
 Reinforce key takeaways:
 - Always assume blood is infectious.
 - Don't touch blood without gloves on.
 Share related facility-specific information and cue to follow-up opportunities:
 - Connect content with information such as where to find sharps containers, what to do and whom to call if you have an exposure, recent cases or examples of issues, or other relevant information.
 - Share reminders, prompts, and opportunities for further learning as appropriate, including the Project Firstline website at cdc.gov/projectfirstline.

Infection Control Micro-Learns User Guide



About the Micro-Learns

The Project Firstline Infection Control Micro-Learns are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift "huddles" or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid.

Discussion Guide. The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience's job duties, facility-specific cases or issues, resources and points of contact, or other information.

Job Aid. The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

- Notes for Facilitators**
- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
 - Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
 - The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.
 - Remind your audience that if they see a patient in distress—e.g., with shortness of breath, bleeding, or otherwise at risk of immediate harm—they should respond to the emergency according to facility protocols.

Interactive Resources



Show Me The Answers

What's Wrong with this picture?

Healthcare workers need to be extra aware of where germs are found and how they can be spread to surfaces and people. We can help stop infections when we recognize the risk for germs to spread!

In this image of a nurses station, select four problems that need to be fixed to reduce the spread of germs.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Visual Education and Interaction Using Infographics

GERMS CAN LIVE IN THE RESPIRATORY SYSTEM.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

Bacteria and Viruses Can Live in the:

- Mouth
- Throat
- Airway
- Lungs

Healthcare Tasks Involving the Respiratory System

- Aerosol-generating procedures (AGPs), such as intubation and extubation
- Activities with close interaction within an enclosed space, such as talking or examining a patient's throat

Infection Control Actions to Reduce Risk

- Screening and triage
- Use of personal protective equipment
- Source control
- Maintaining good ventilation
- Hand hygiene
- Cleaning and disinfection of shared equipment

• When an infected person talks, breathes, sneezes, or coughs, they produce respiratory droplets that could spread germs.

• Germs are more likely to spread in places with poor ventilation or lots of people.

• When people touch their faces, respiratory germs on their hands can end up in their eyes, nose, or mouth and cause an infection.

GERMS LIVE IN FLUIDS AND ON WET SURFACES.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

Germs spread this way:

- Many germs spread through the air.
- Germs on skin can spread to other people or touch other people.
- Skin especially germs and touch on easily.
- When you touch wet surfaces, germs can spread to the person you touch.

Germs spread this way:

- Touching surfaces, such as door handles, can spread germs.
- Germs can spread to other people or touch other people.
- When you touch wet surfaces, germs can spread to the person you touch.

GERMS LIVE ON THE SKIN.

WHERE IS THE RISK?
Know where germs live to stop spread and protect patients

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- When you touch wet surfaces, germs can spread to the person you touch.

That Live Surfaces

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

WWW.CDC.GOV/PROJECTFIRSTLINE

Partner Spotlight

SOUTH DAKOTA

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Control

SCAVENGER HUNT

The South Dakota Scavenger Hunt was created as an interactive opportunity for healthcare facilities in South Dakota to promote awareness of innovative and successful trainings using Project Firstline educational materials

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That Live Surfaces

What is wrong in this picture?



Newsletters



Office Hours



Continuing Education Credits (CEU's)

- Emergency Medical Services (EMS)
- Dental

Introduction to Infection Control series.

This module contains four (4) short video episodes (1, 2, 3, and 5) designed to prepare frontline healthcare workers to protect themselves, their patients, and their communities from infectious disease threats. This series of trainings presents not just the recommended infection control practices, but the science and reasoning behind them.

[More Information](#)

Episode 1

What's the goal of infection control?

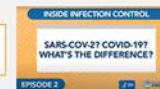
[View Video >](#)



Episode 2

SARS-CoV-2? COVID-19? What's the difference?

[View Video >](#)



Episode 3

What's a virus?

[View Video >](#)



Episode 5

How do viruses make you sick?

[View Video >](#)



[Certificate of Completion](#)

[Continuing Education Credit Quiz](#)

Post Training Questionnaire



SD PROJECT
FIRSTLINE

CDC's National Training Collaborative
for Healthcare Infection Prevention & Control

South Dakota Project Firstline
Training Evaluation



WWW.SDPROJECTFIRSTLINE.ORG

Questions

- Jess.Danko@SDFMC.org
- Rebecca.Sime@SDFMC.org



Resources

- <https://www.forbes.com/sites/carminnegallo/2019/02/28/your-audience-tunes-out-after-10-minutes-heres-how-to-keep-their-attention/?sh=1c7625f47364>
- <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>
- <https://www.cdc.gov/hai/organisms/organisms.html>
- <https://youtu.be/DTaelg1Ogb0>
- <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
- <https://www.cdc.gov/infectioncontrol/projectfirstline/partnerships/activities.html>
- www.sdprojectfirstline.org
- www.sdfmc.org



Thank you!