Breaking Out of Traditional Training

April 1, 2026

NACCHO
National Association of County & City Health Officials
SM

HELLO & WELCOME

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Webinar Logistics

- This webinar is being recorded, and the recording will be available on the NACCHO website.
- All participants are in listen-only mode.
- Submit questions through the Q&A Box at any time. There will be time later in the presentation to address questions.
- If you need technical assistance, please use the chat box.

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About NACCHO

NACCHO serves **3,000 local health departments** across the United States and is the leader in providing cutting-edge, skill building, professional resources and programs.

Our mission is to **improve the health of communities** by **strengthening** and **advocating** for local health departments.

- Advocacy
- Partnerships
- Funding
- Training and education
- Networking
- Resources, tools, and technical assistance

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Project Firstline

- Project Firstline is a national collaborative led by the Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel.
- NACCHO is proud to partner with Project Firstline, as supported through Cooperative Agreement 6 NU50CK000587-02-01. CDC is an agency within the Department of Health and Human Services (HHS).
- The contents of this program do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

Centers for Disease Control and Prevention. About Project Firstline. https://www.cdc.gov/infectioncontrol/projectfirstline/about.html.

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NACCHO's Project Firstline

- NACCHO's Project Firstline work aims to build the capacity of local health departments to deliver training and education to their community partners through the development and promotion of tools and resources.

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Crystal Morse, MSHSA, CSW, CCM

Regional Supervisor

Mountain Pacific

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The PFL ESCAPE ROOM Experience

April 1, 2026

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

AGENDA

- Team
- Escape Room Overview
  - Utah
  - Wyoming
  - New Jersey
  - New York
- Training Environment
- Outcomes

The PFL Escape Room Experience

DEVELOPMENT TEAM

UTAH

Janelle Kammerman
Sarah Rigby
Justin Morales

NEW JERSEY

Kelly McLaughlin
Miriam Gonzales
Jasmine Davis
Celina Koh

NEW YORK

Melony Spock
Lisa Volk
Jackie Pappalardi
Jessica Van Wormer

WYOMING

Mountain Pacific

Crystal Morse
Jennifer Adu

Casper College

Occupational Therapy Assistant (OTA) Program

Riley Ramsey
Alaina Griffee

The PFL Escape Room Experience

STATIONS

Station 1

- Hand Hygiene

Station 2

- Source Control

Station 3

- Personal Protective Equipment (PPE)

Station 4

- Cleaning and Disinfection

DO YOU HAVE WHAT IT TAKES TO UNLOCK THE CLUES AT EACH STATION?

IT'S ALL UP TO YOU!

TEAM INSTRUCTIONS:

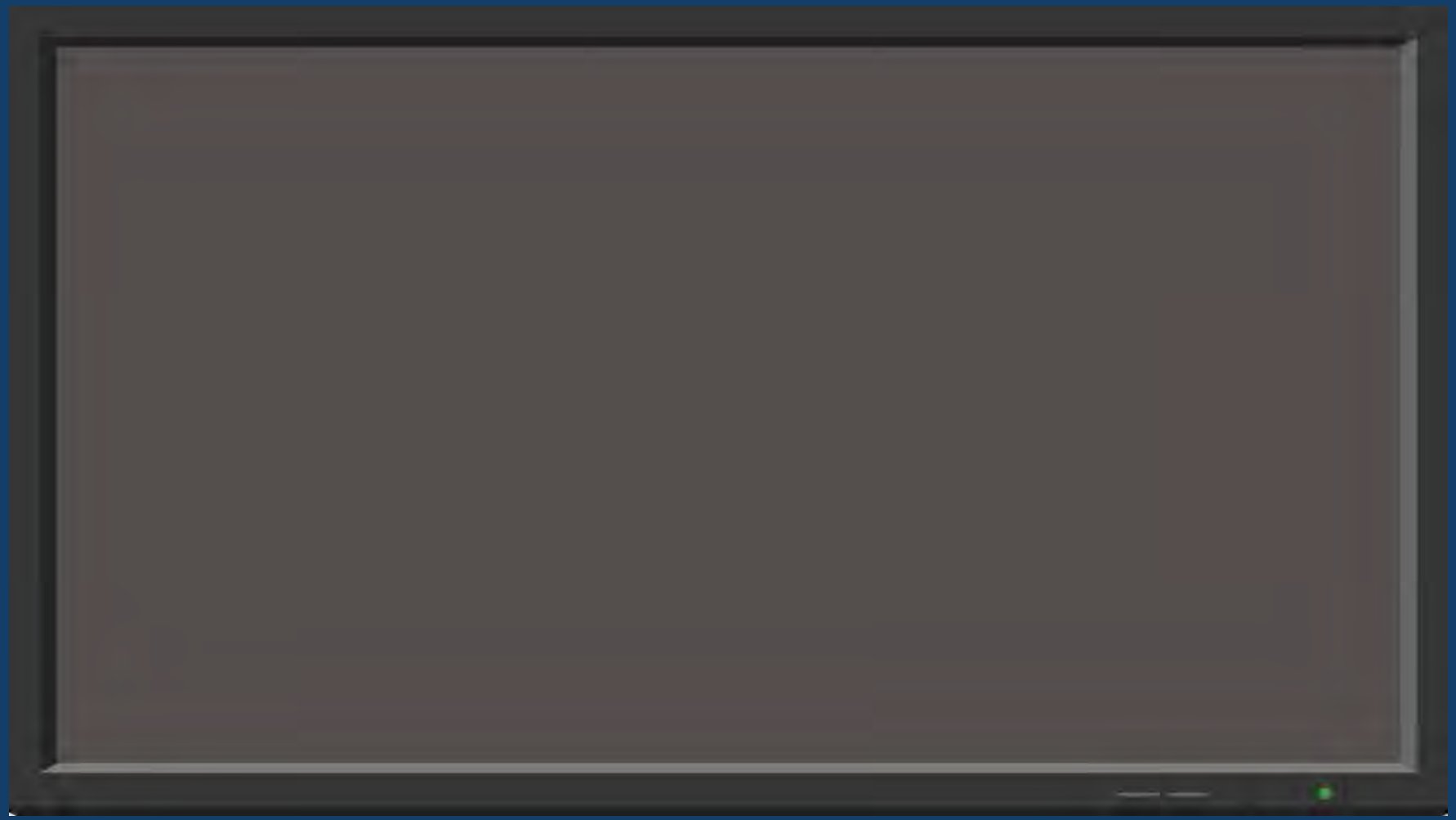
Teams of five to six people will have 30 minutes to move through Clutterbug's clever traps and join Captain Germ-B-Gone to celebrate their win.

The group must work together to answer clues at each station, win a puzzle piece and move to the next station.

GET READY TO SHINE A LIGHT ON INFECTION CONTROL!

The PFL Escape Room Experience

INTRODUCTION VIDEO



STATION 1

Utah Department of Health & Human Services

Objective 1:

Participants will be able to:

- Define hand hygiene.
- Understand why hand hygiene is important.
- Correctly use both hand washing and alcohol-based hand sanitizer.

Objective 2:

Participants will be able to demonstrate the correct steps of hand hygiene.

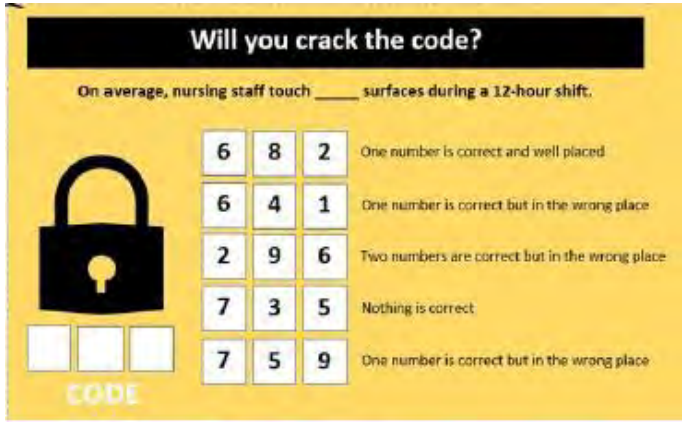
- Correct steps provided as a clue.
- Practical demonstration is required to go to next station.

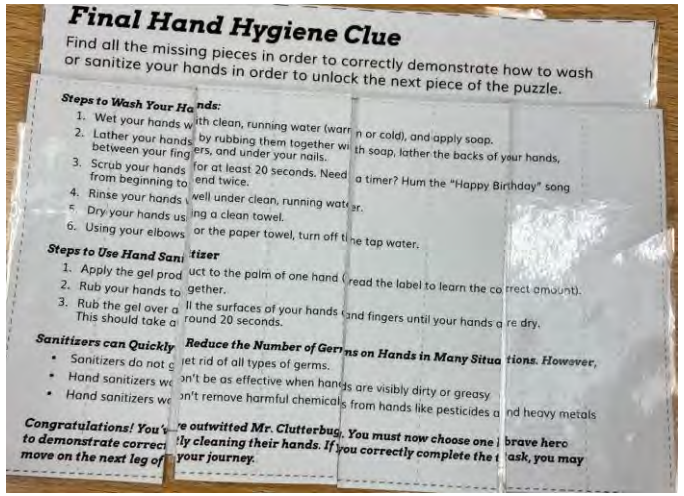
HAND HYGIENE

STATION 1

Utah Department of Health & Human Services

Solving Station





Dear Challengers . . .

It's important to know when to use soap and water instead of hand sanitizer to clean your hands. Soap and water should be used when hands are visibly soiled such as after caring for a patient with diarrhea and/or after known or suspected exposure to spores (i.e., C. diff).

-Clutterbug

SOURCE CONTROL

STATION 2

Wyoming Department of Health

Objective 1:

- Participants can define source control through key infection control actions.

Objective 2:

- Participants will learn how respiratory droplets spread.

This station stresses the importance of proper source control and the spread of respiratory droplets. "We don't always know who is infected."

"If your mask is ill-fitting and doesn't cover your nose and mouth, you can breathe in viruses and things can go south. Don't make that mistake at station two, or I'll be there to get you, and you won't make it through!"

-Clutterbug

SOURCE CONTROL

STATION 2

Wyoming Department of Health

Respiratory droplets
can enter through your
nose, throat, lungs, and
eyes.
You have the power to
STOP
germs from spreading
at the source.

STATION 3

Objective:

- Participants will be able to explain and demonstrate how to safely don (put on) and doff (take off) PPE.

This station was created so the exercise can be modified if resources are limited.

Examples include:

- Using a mannequin.
- Tabletop exercise of arranging PPE in the proper donning and doffing sequence.

After successfully completing the donning/doffing exercise, a riddle is read to the group. The answer to the riddle is the lock code to unlock the lock box, which has the third puzzle piece. Once the team has the piece, they can move to the final station.

PPE

STATION 3

STATION 4

FOUNDATION for QUALITY CARE
NYSHFA | NYSCAL

Objective 1:

- Participants will identify high-touch areas in health care facilities.
  - Open a lock box and complete a "high-touch area" crossword puzzle.
  - Identify a high-touch area to get a second clue with a hidden code to stress the importance of recognizing high-touch areas.

Objective 2:

- Participants will understand where to find the **contact time on product label's "Directions for Use."**

STATION 4

FOUNDATION for QUALITY CARE

NYSHFA | NYSCAL

HIGH TOUCH AREAS

DOWN:

1. Turns to open a door
2. Can be grasped for support
3. Types in letters and numbers
4. Flushes

ACROSS:

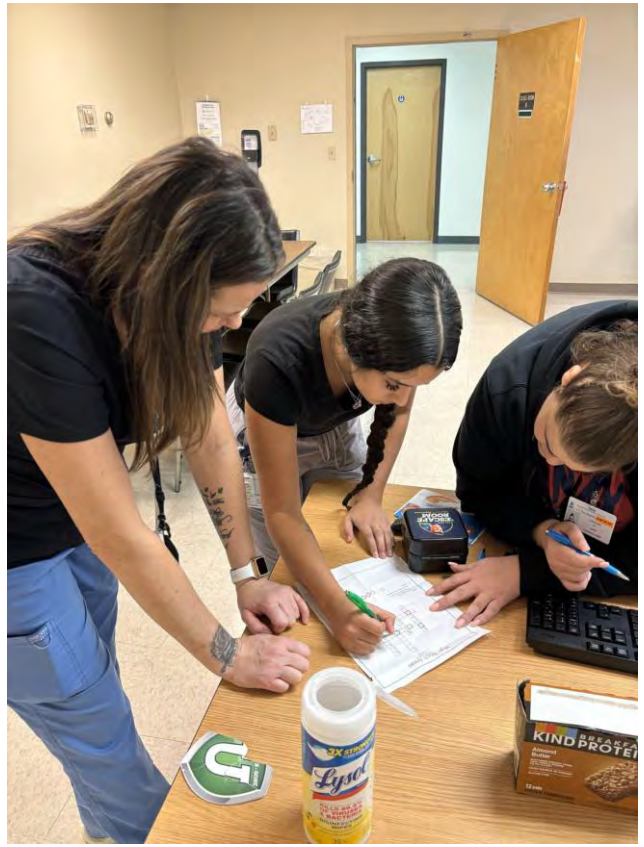
5. Long flat top fixtures
6. Used to turn on water

C L E A N

STATION 4

FOUNDATION for QUALITY CARE

NYSHFA | NYSCAL



INSTRUCTIONS

GRAND FINALE

YOU THOUGHT YOU WERE FINISHED?

It turns out you are missing the most important piece!

Everyone plays a PART in infection control.

Put your puzzle together.

What is the most important thing that is missing?

TRAINING ENVIRONMENT

- Nursing Homes
- Universities
- Community Colleges
- Public Health
- Federally Qualified Health Centers (FQHCs)
- Tribal Health
- Assisted Living
- Home Health
- Hospice Companies
- Emergency Medical Services

Lessons Learned

Large groups do not work! Keep training teams to 5 or 6 people.

Language and literacy level need to be considered.

Station one puzzle can be difficult for some to decipher.

Pre-scheduling groups with facilities prior to arrival can be a challenge.

There was some hesitation during the exercises that require a volunteer to demonstrate hand hygiene or donning/doffing PPE.

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

Innovation By Design

Training was developed remotely via a 4-state collaboration.

It was developed over eight months, from concept through final Centers for Disease Control and Prevention (CDC) review and approval.

This has been the only PFL product developed by multiple jurisdictions.

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Questions?

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

Ashleigh Konopka, MPH, MSOH, CIC
Epidemiologist
Wood County Health Department

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Unlocking Engagement: The Escape Room Approach to Infection Prevention Training

Ashleigh Konopka, MPH, MSOH, CIC - Epidemiologist

Wood County Health Department

Background

Wood County (population = 132,650)

Agriculture, small towns, and growing suburban areas

Healthcare

- Two acute care hospitals
- 18 long-term care facilities

Higher education:

- Bowling Green State University
- Owens Community College

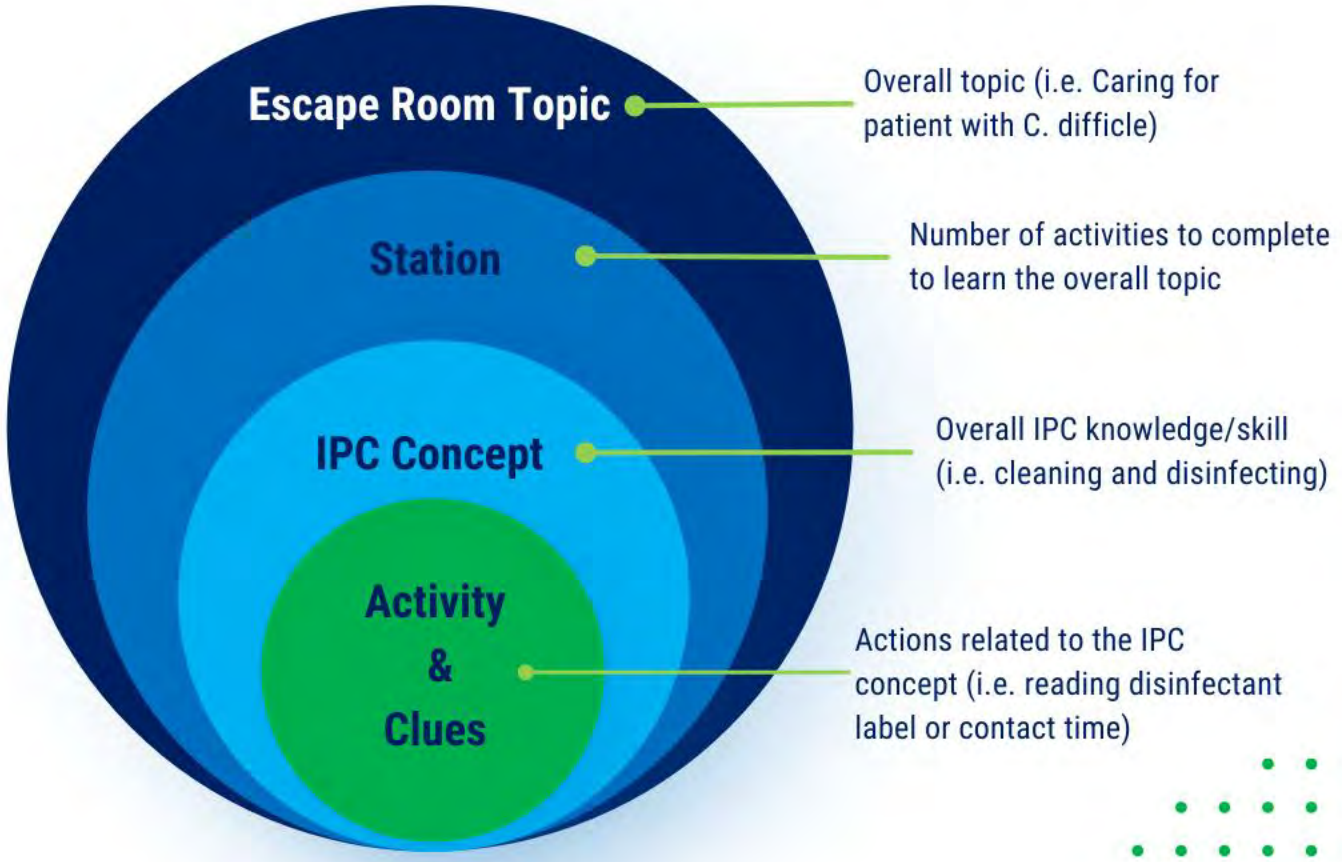
Escape Room

Escape rooms are interactive, team-based activities where participants solve puzzles and complete challenges within a time limit to reach a goal.

Reinforce key concepts, encourage teamwork, and apply knowledge in realistic scenarios.

This presentation will focus on escape rooms as they relate to infection prevention and control (IPC)

The Escape Room Model



Development Process

Planning

1. Identify IPC education gaps
2. Create the layers of the escape room model
3. Walkthrough steps to determine materials needed

Staffing

- Multidisciplinary team for subject matter expertise
- Interns

Cost considerations

- Materials
  - Printing and lamination of clues, signs, and worksheets
  - $350 to $400 per room
- Staffing – time and travel expenses
- Space – rooms, furniture, etc.
- Technology: tablets or electronic clues

Escape Room Preparation – Needs Assessment

Facility demographics

- Setting
- Resident/patient census and staff size

Current IPC training practices:

- Frequency
- Staff involved
- Topics covered
- Delivery method
- Training effectiveness
  - Participant successes and challenges
  - Barriers to developing or delivering training

IPC strengths and gaps

- Audit observations: compliance factors
- Comfort level

Future training needs:

- Logistics: duration, time of year
- Targeted staff groups
- Focus training areas

Needs Assessment Results

Areas of improvement

- When, where, and how to wear PPE
- Isolation practices
- Recognizing and reporting diseases
- Environmental cleaning and disinfecting
- Hand hygiene
- Participation incentives

Training Barriers

- Difficult finding engaging topics or expert presenters
- Lack of time to develop or provide training
- Lack of funding for training resources or technology for training
- Staff buy-in
- Frequent staff turnover

CLINICAL ESCAPE ROOM:

CARING FOR C. DIFFICLE PATIENT

ENTER

STEP 1

Transmission-based Precautions

STEP 2

Hand Hygiene

STEP 3

PPE Usage

STEP 4

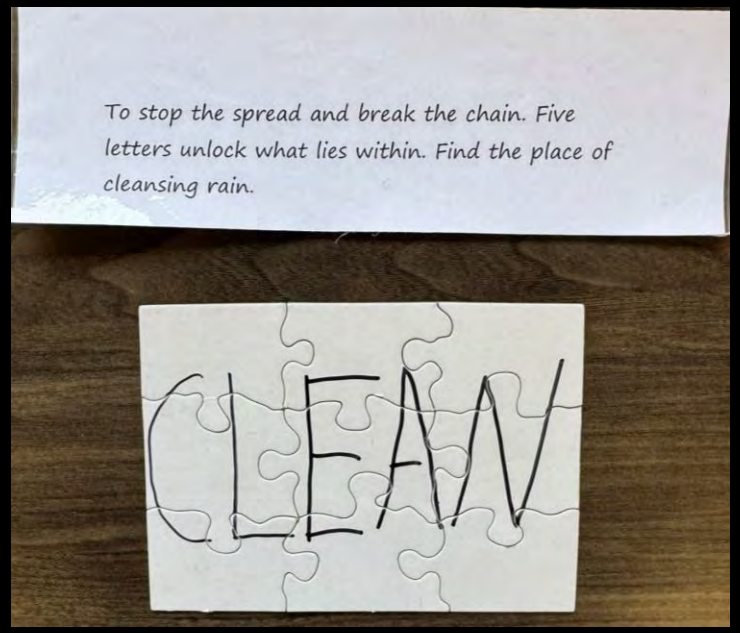
Specimen Labeling

STEP 5

High-Risk Antibiotics

STEP 6

Cleaning & Disinfection


To stop the spread and break the chain. Five letters unlock what lies within. Find the place of cleansing rain.
CLEAN


Don your PPE before the fight, then use UV to find the light. The next clue waits where germs might glow—Shine it well, then you'll know!


Now it's time to send it off! But first, we need to package the sample to reveal the next clue.


High touch
Not
High touch
GERMS CAN LIVE ON DRY SURFACES


Killing C. diff takes more than might—it's contact time that makes it right. Pick the one that needs to sit, only then does it truly hit.


PROPERTY OF:
Don't
Leave

ENVIRONMENTAL SERVICES ESCAPE ROOM:

CLEANING AND DISINFECTING

ENTER

STEP 1
Transmission-based Precautions

STEP 2
Hand Hygiene

STEP 3
PPE Usage

STEP 4
Check Cleaning Caddy

STEP 5
Reading Disinfectant Label

STEP 6
Contact Time

STEP 7
Wet Floor Sign

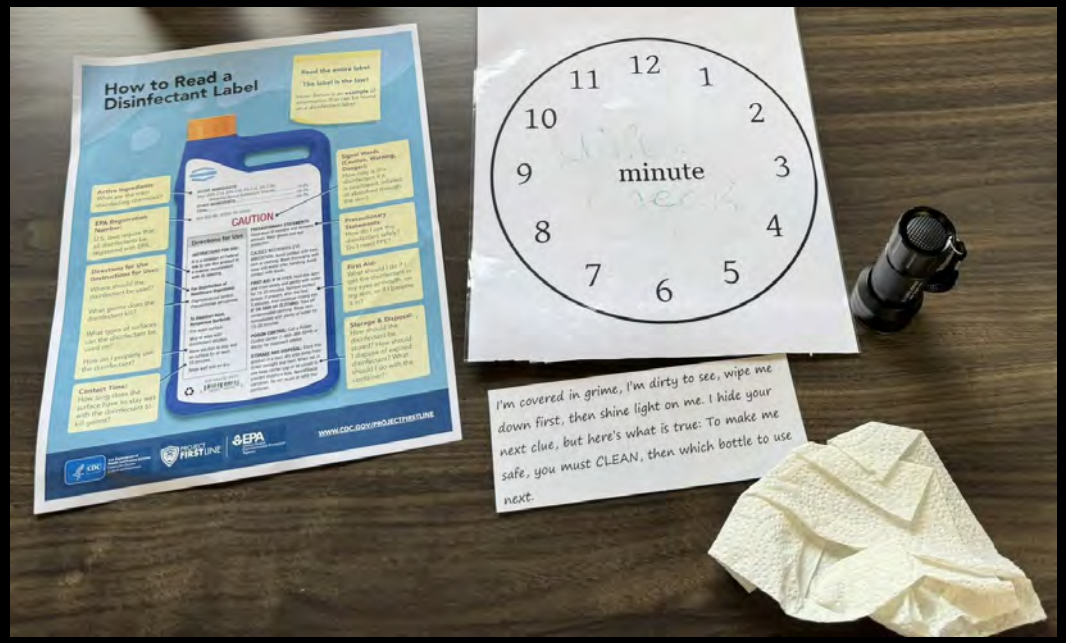
STEP 8
High-Touch Surfaces


CLEAN


GLOVES
PPE
Disinfectant
Paper Towe
Trash bags


To shield yourself you must protect yourself. Let's see what you will need to protect yourself.


Clean germs


How to Read a Disinfectant Label
CAUTION
www.cdc.gov/projectfirstline
minute
I'm covered in grime, I'm dirty to see, wipe me down first, then shine light on me. I hide your next clue, but here's what is true: To make me safe, you must CLEAN, then which bottle to use next.


Remember, disinfectants only work if they can contact the surface for the full time listed on the label.


CAUTION
WET FLOOR
Cuidado
Piso Mojado

DIETARY SERVICES ESCAPE ROOM:

FOOD SAFETY

ENTER

STEP 1
PPE

STEP 2
Hand Hygiene

STEP 3
Temperature Control

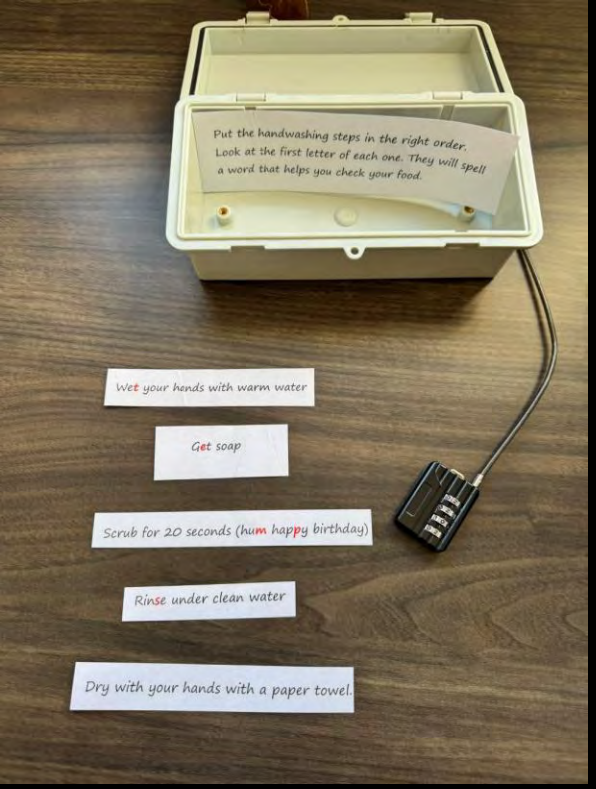
STEP 4
Food Labeling

STEP 5
Food Storage

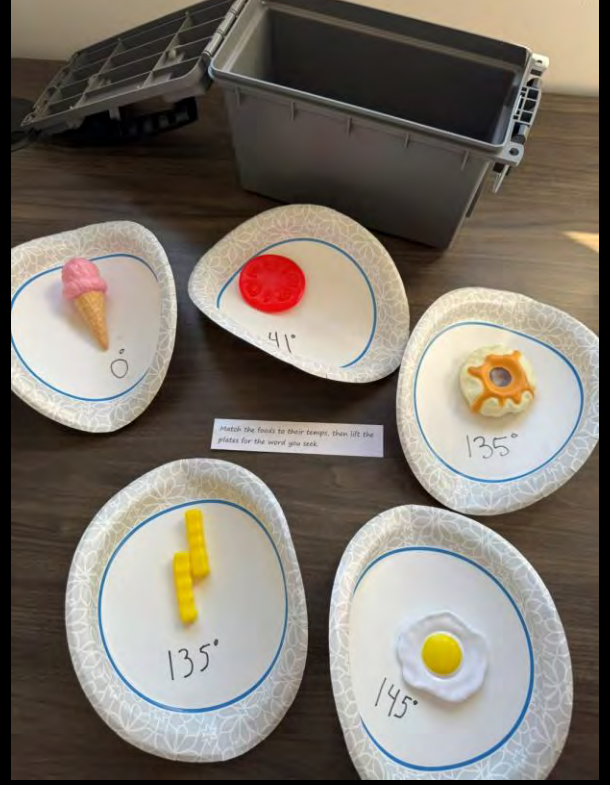
STEP 6
Cross-contamination

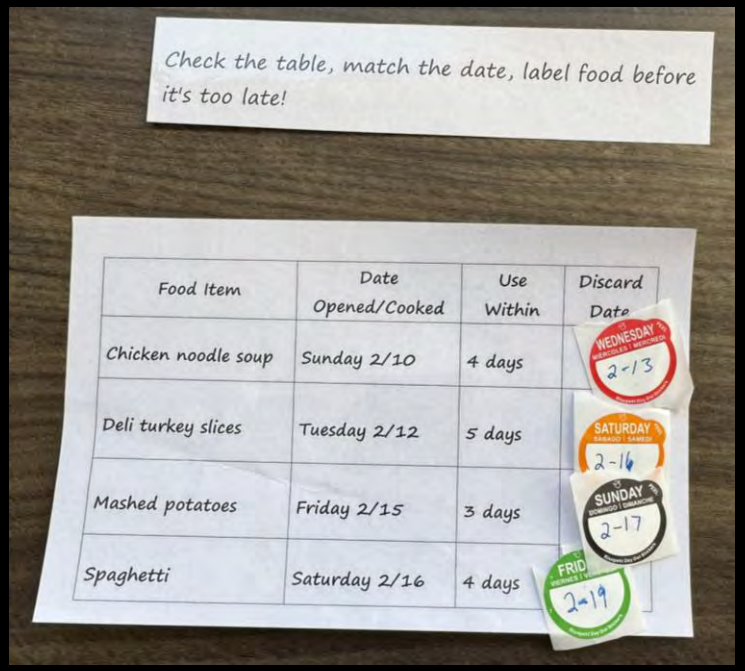
STEP 7
Chemical Storage

STEP 8
Back-to-Work Criteria


Put the handwashing steps in the right order. Look at the first letter of each one. They will spell a word that helps you check your food.
Wet your hends with warm water
Get soap
Scrub for 20 seconds (hum happy birthday)
Rinse under clean water
Dry with your hands with a paper towel.


CALIBRATE THERMOMETERS OFTEN
Make sure temperatures are accurate!
ICE WATER METHOD
BOILING WATER METHOD
notes...
Using the boiling water method, I should be calibrated to ___ degrees Fahrenheit before taking the temp of foods. The code you use will be ###0


0°
41°
135°
135°
145°
Match the foods to their temps, then lift the plates for the word you seek.


Check the table, match the date, label food before it's too late!
Food Item
Date Opened/Cooked
Use Within
Discard Date
Chicken noodle soup
Sunday 2/10
4 days
Deli turkey slices
Tuesday 2/12
5 days
Mashed potatoes
Friday 2/15
3 days
Spaghetti
Saturday 2/16
4 days
WEDNESDAY 2-13
SATURDAY 2-14
SUNDAY 2-17
FRIDAY 2-19


Refrigerator Storage Chart


Sort the foods to the proper board. The board with the most sides something new. Check the back to reveal your clue.


Top
Middle
Bottom
Chemicals and food don't mix. Pick the right shelf to get your fix. When you're done and think you're right, shine the UV to see the light!

Participant Feedback

Over 95% of participants responded they agreed

- Organized
- Relevant
- Felt like they learned something new
- Recommend to others

Highlights

- Fun, interactive, and made them think critically or outside the box
- Learned new skills (reading disinfectant labels)
- Opportunity to ask questions

Challenge

- Very few did not like interactive activities (i.e. escape rooms)

Project Challenges

Short Implementation Timeline: All escape rooms were created and delivered within a 3-month period

Short staffed: One epidemiologist developed the materials, coordinated with facilities, led the sessions, reset the room between groups, and continued regular infectious disease work

Facility Scheduling and Buy-In: Healthcare facilities had to balance patient care while sending staff to training

Operational Logistics: Small group sizes required multiple sessions

Lessons Learned

Planning and Training Development: Early planning of training materials and expanding staff capacity are essential for effective outreach and implementation.

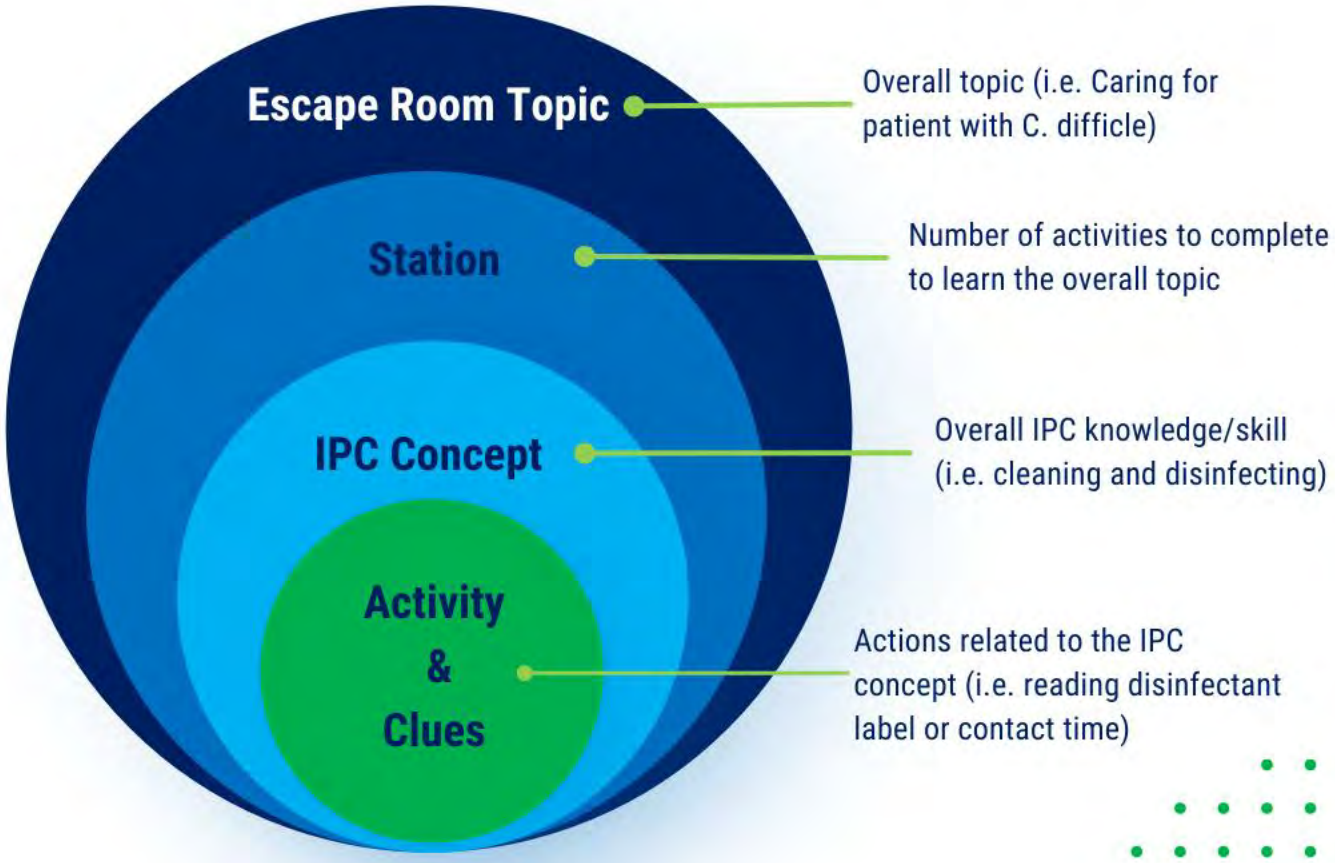
Tailored Communication is Essential: Tailored and timely communication helps address staff turnover and varying engagement levels.

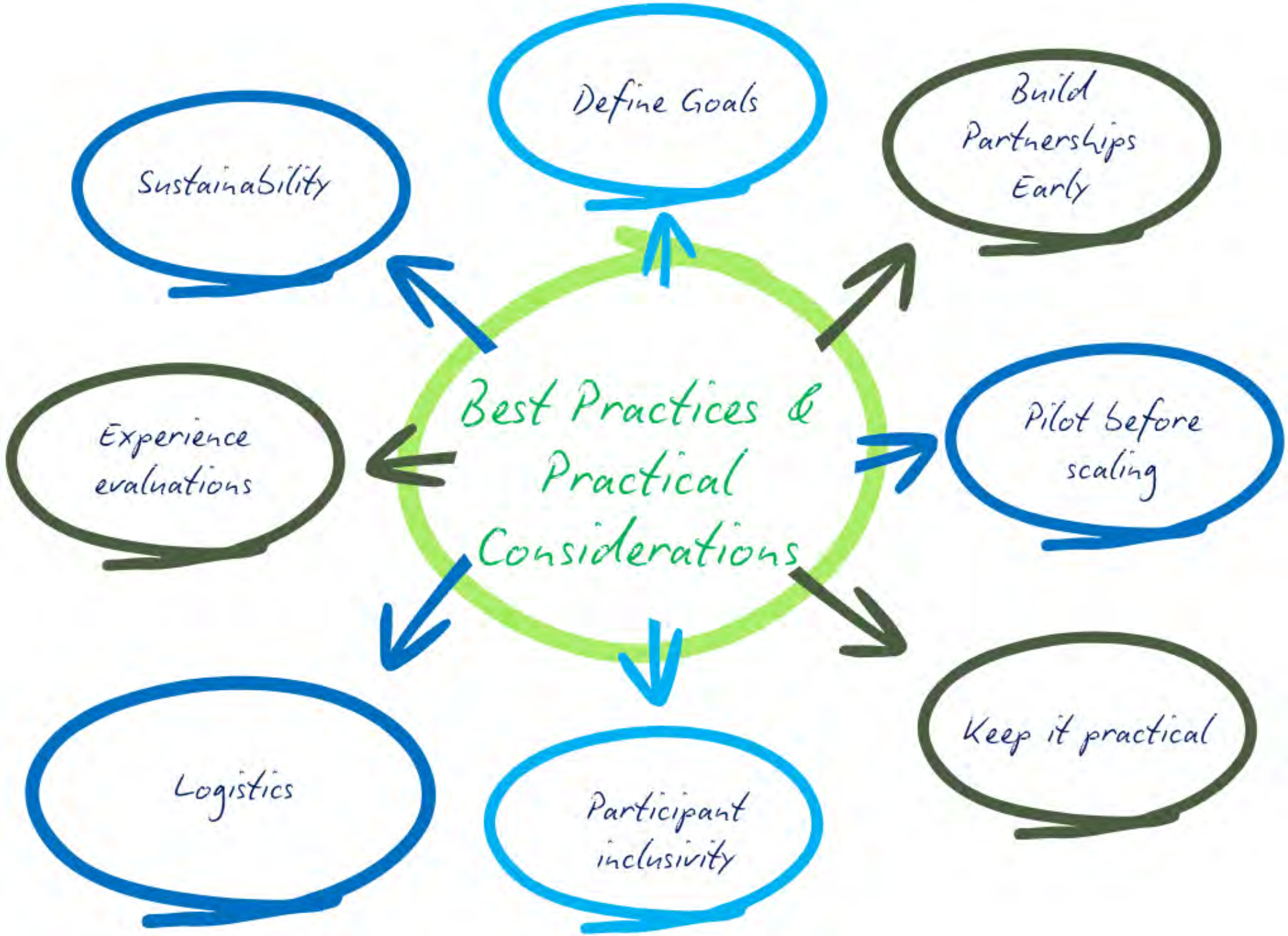
Flexibility Enhances Success: Flexibility in timelines and task distribution supported program success, while early stakeholder input ensured materials were relevant and practical.

Tailored to audience: for C. diff, nurses, medical students, etc. think differently.

Adapting Escape Rooms

The Escape Room Model




Define Goals
Build Partnerships Early
Pilot before scaling
Keep it practical
Participant inclusivity
Logistics
Experience evaluations
Sustainability
Best Practices & Practical Considerations

Acknowledgements

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The National Connection for Local Public Health

Thanks!

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Questions

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Check out the IPC Escape Room Starter Kit

- **Quick Start Guide**
  - A simple, easy guide to help you navigate and implement the escape room options
- **Turnkey Escape Room Manual**
  - Comprehensive manual including facilitator guidance, printable materials, station set-up instructions, and debrief prompts
- **Scenario-Based Escape Rooms**
  - Modular, scenario-based escape rooms developed by Wood County

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Thank you!

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