

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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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.

Center for Medicare and Medicaid Services (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 CDC. Surveyors will access these links if they have questions about the facility’s standard for their policies.

Guidance at F880

- **Defines “staff”** as “employees, consultants, contractors, volunteers, and caregivers” 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 Infection Prevention and Control (IPC) training with current staff including direct, indirect, contracted and volunteers. 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.
- This tool can help facilities ensure they are meeting the regulation pertaining to staff Infection Control training in the **State Operations Manual Appendix PP - Guidance to Surveyors for Long-Term Care Facilities** under citation code F495; §483.95(e) Infection Control. Refer to the "Staff IPC Training Requirements" tab for more information about this regulation.
- <https://comagine.org/filebrowser/download/577>



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Tracking Tool for Staff IPC Trainings

Instructions for using this tool

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

This tool can help facilities ensure they are meeting the regulation pertaining to staff Infection Control training in the **State Operations Manual Appendix PP - Guidance to Surveyors for Long-Term Care Facilities** under citation code F495; §483.95(e) Infection Control. Refer to the "Staff IPC Training Requirements" tab for more information about this regulation.

Tracking Staff IP Education Tool (Figure 1) 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.

Analysis tab (Figure 2) Displays analyzed data reflecting the data entered into the Tracking Staff IP Education tab. This allows facilities to assess their overall IPC completion status and assess when staff are coming up due to complete an IPC training program. NOTE: The percentage rate in the "Total current employee IPC training program completion rate" is based on the "Total current employee IPC training program completion rate".

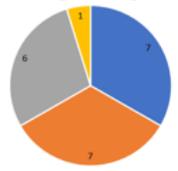
Figure 1

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	https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF
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	https://www.coursera.org/learn/infection-prevention
Angie Payne	3/15/22	3/25/22	4/2/22	CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management	External	https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF
Carla Car	4/15/22	4/23/22	4/25/22	Nursing Home Infection Preventionist Training Course	External	https://www.train.org/cdctrain/training-plan/3814
John Wick	5/1/22	5/28/22				

Figure 2

Total current employees (includes direct, indirect, contracted, volunteers)	Total current employees who reviewed IPC plans, policies and procedures	Total Current employees who completed an IPC training program	Total current employees who still need to complete an IPC training program	Total current employee IPC training program completion rate
7	7	6	1	86%

Status of Completed IPC Program Training



- Total current employees (includes direct, indirect, contracted, volunteers)
- Total current employees who reviewed IPC plans, policies and procedures
- Total Current employees who completed an IPC training program
- Total current employees who still need to complete an IPC training program

Below are CMS approved programs for staff IPC training:

CMS Targeted COVID-19 Training for Frontline Nursing Home Staff (FREE)
https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=OCMSCOVIDNH_STAFF



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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.

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 with Staff Vaccine Documents” link at 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”

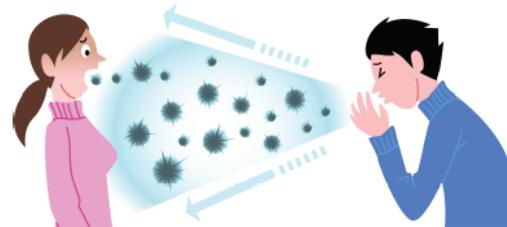
Active Learning Opportunities

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



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



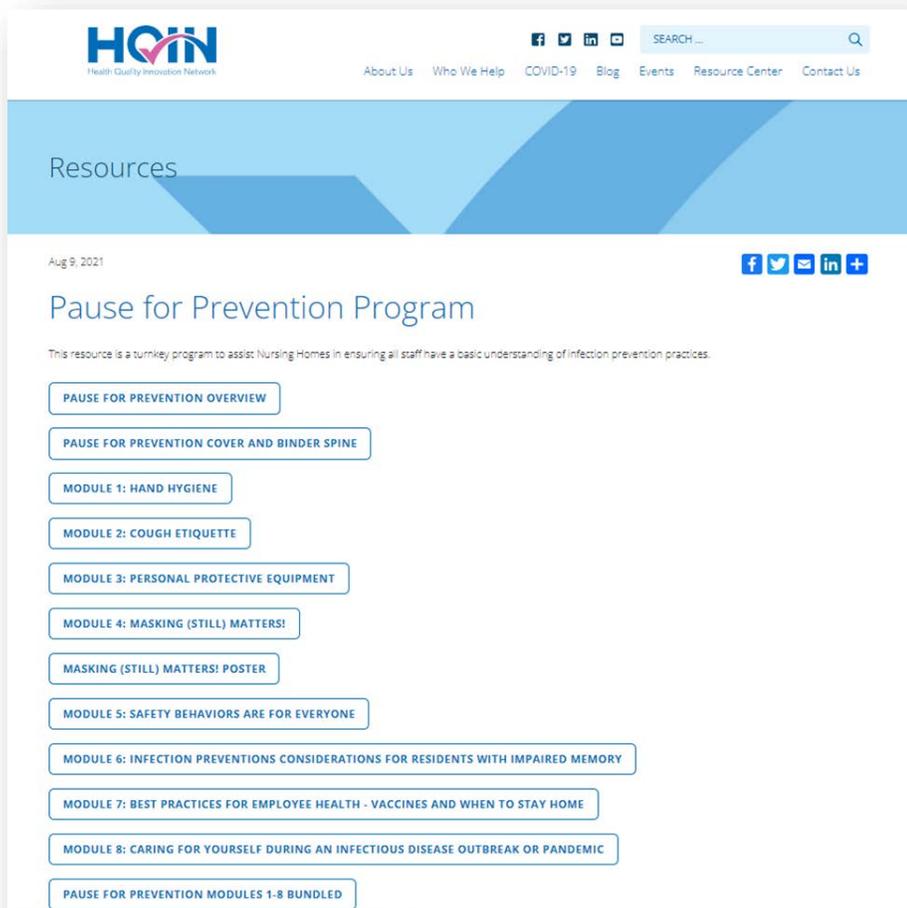
Work Stress

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



Resources



The screenshot shows the HQIN (Health Quality Improvement Network) website. The header includes the HQIN logo, social media icons for Facebook, Twitter, LinkedIn, and YouTube, and a search bar. The main navigation menu contains links for 'About Us', 'Who We Help', 'COVID-19', 'Blog', 'Events', 'Resource Center', and 'Contact Us'. The page title is 'Resources' and the date is 'Aug 9, 2021'. The main heading is 'Pause for Prevention Program'. Below the heading is a brief description: 'This resource is a turnkey program to assist Nursing Homes in ensuring all staff have a basic understanding of infection prevention practices.' A list of resource links is provided, including: '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', and '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/>

Contact Information

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