



Pause for Prevention

An Educational Program on
Infection Prevention Best Practices

Southeast
CMS QIN-QIO



HEALTH QUALITY INNOVATORS

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Pause for Prevention is a turnkey program designed to help nursing homes ensure all staff have a basic understanding of infection prevention practices. Developed by Health Quality Innovators (HQI), this series engages staff in proven strategies that enhance the safety of both residents and team members. The program includes five brief, interactive units that may be facilitated to a group.

Units

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Materials Included

1. Lesson plans
2. Posters to place in staff areas
3. Interactive activities
4. Supplemental handouts, if applicable

Unit 1: Hand Hygiene

Lesson Plan

Introduction

- Ask staff if they are aware of hand hygiene compliance on their unit and in their facility.
- Ask staff if they hold each other accountable for performing hand hygiene.
- Share how hand hygiene audits are obtained.

Structure

1. Review the *Hand Hygiene* poster
2. Complete *Hand Hygiene Is a Ball!* activity
3. Utilize *Hand Hygiene Competency Validation* handout

Lesson Objectives

- Hand hygiene is the number one defense against the transmission of infection-causing germs.
- Opportunities for hand hygiene:
 - Before and after providing care
 - After touching anything in the resident's room

Hand Hygiene

protects everyone from germs.

When hands **are not** visibly soiled,
use at least 60% alcohol-based hand rub.



Apply to the palm
of one hand.



Rub hands together,
covering all surfaces.



Cover fingertips and area
between fingers.



Your hands are clean.

When hands **are** visibly soiled,

and before eating, after using the restroom and when resident has
diarrhea, use proper hand washing techniques.



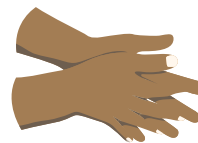
Wet hands with water.



Apply soap.



Rub hands together.



Rub the top of
your hands.



Rub between fingers.



Clean fingertips
and fingernails.



Rub over wrists.



Rinse hands.



Dry hands with a
clean paper towel.



Your hands are clean.

Hand Hygiene is a Ball!

Materials

- Washable paint
- Dry erase marker
- 2 medium-sized, hard plastic balls
- Alcohol-based hand rub
- Hand washing station

Preparation

- Find an area where the lesson can be carried out and hand hygiene can be performed using soap and water.
- Apply washable paint to a medium-sized, hard plastic ball.

Instructions

- Pass the painted ball among the group as you share the following:

“The ball represents anything touched in the environment. The ball is a door handle, a television remote, a telephone, or a portable vital signs monitor. The paint represents germs that get passed along from person to person, or person to object to person when hand hygiene is not performed. Imagine if we could see the germs!”
- **Ask:** Which type of hand hygiene is appropriate when hands are visibly soiled?

Hands should be washed with soap and water for at least 20 seconds when visibly soiled.
- **Ask:** Which type of hand hygiene is generally recommended?

Alcohol-based hand rub with 60-95% alcohol is recommended in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water due to evidence of better compliance compared to soap and water.
- Allow participants to wash any paint off their hands.
- The activity may be repeated using a dry erase marker and alcohol-based hand rub.
- Present role-related scenarios (next page) to encourage discussion across departments.

Scenarios

1. A nurse will perform wound care for a resident. When should hand hygiene be performed?

Answer: Before donning gloves, after doffing gloves, after performing other duties in the resident's room and before leaving the resident's room.

Rationale: Hand hygiene is essential before putting on gloves to ensure germs are not transferred to the gloves. Hand hygiene after taking off gloves is needed to ensure that germs were not transferred to hands during removal. Hand hygiene should always be done between tasks in the resident's room and before leaving the resident's room to ensure no germs get moved around in the environment. Additionally, gloves never take the place of hand hygiene.

2. A dietary staff member is assisting with the delivery of trays to individual residents. When should hand hygiene be performed?

Answer: Before touching food items or trays and after delivering food to individual residents.

Rationale: Germs can travel from hands to items used for residents and then to the residents. Hand hygiene is important to ensure germs do not move around in the environment.

3. A laundry staff member will be taking clean linen from the holding area to a unit. When should hand hygiene be performed?

Answer: Before touching linen supplies, on arrival to the area where linen will be stored, and after placing linen in designated storage area.

Rationale: Moving linen within a facility may require touching door knobs. Careful handling with clean hands is important to ensure that germs are not transferred from door knobs to linen.

Hand Hygiene Competency Validation

Soap & Water

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

Type of validation: Return demonstration

☐ Orientation

☐ Annual

☐ Other

Employee Name: _____ Job Title: _____

Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		

Comments or follow up actions:

Employee Signature

Validator Signature

Date

Unit 2: Cough Etiquette

Lesson Plan

Introduction

Coughing and sneezing are common, but when done incorrectly, they can quickly spread germs. Practicing good cough etiquette is a simple yet powerful way to protect residents, staff and visitors from respiratory infections.

In this lesson, we will explore why covering your cough matters and how small actions can make a big difference in keeping everyone safe.

Structure

1. Review *Covering Your Cough or Sneeze* poster
2. Complete *Droplet Dash* activity

Lesson Objective

By the end of this lesson, staff will be able to:

- Demonstrate proper cough etiquette, including how and when to cover coughs and sneezes.
- Identify the steps to take after coughing or sneezing, such as hand hygiene and proper disposal of tissues.
- Explain the importance of reminding and assisting residents with cough etiquette to prevent the spread of germs.

Covering your cough or sneeze protects **everyone** from germs.



Cover your mouth and nose with a tissue.



Throw used tissues in the trash.



If you don't have a tissue, cough or sneeze into your elbow, not your hands.



Wash your hands after touching respiratory fluids and contaminated objects.



Remind residents how to perform cough etiquette too!



Cough Etiquette

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Droplet Dash

Materials

- Spray bottle
- Blue or green food coloring
- Large pieces of paper
- Tape
- Marker
- Tape measure
- Liquid-resistant gowns
- Masks
- Gloves
- Eye protection

Preparation

- Find an area where the lesson can be carried out without disruption.
- Tape paper to the floor. Using a marker, label the distances 6 inches, 3 feet and 6 feet.
- Prepare spray bottle with water and a few drops of food coloring. **Note:** food coloring can stain skin and clothing; approach this step carefully.

Instructions

- Have 3 volunteers put on PPE and place themselves at each mark on the paper.
- As you work through the scenarios, spray the water with food coloring at the volunteer's gown to demonstrate the force behind the spray of a cough or sneeze.
 - **Note:** Avoid spraying in the direction of the face or any exposed skin or clothing.
- Discuss the scenarios on the next page to illustrate the impact of an uncovered cough.

Scenarios

1. 6 INCHES

As a nurse, you are performing an assessment on Mr. Smith, who is in droplet isolation. You have performed hand hygiene and put on the appropriate PPE, including a gown, gloves, mask and eye protection. You are assessing the breath sounds of Mr. Smith. This requires you to be very close (within inches) of his face. As you carefully listen to breath sounds with your stethoscope, Mr. Smith begins to cough. He has a tissue and quickly brings it to his face, but not before some spray escapes. Imagine the impact if you were not wearing PPE!

2. 3 FEET

As a nursing assistant, you assisted Mrs. Jones to a chair so you could change the linen on her bed. Mrs. Jones begins coughing and she does not make an effort to cover her cough. Her cough quickly ends, but you recognize an opportunity to remind Mrs. Jones about cough etiquette. You wash your hands and leave the room. You return with a box of tissues and gently review instruction on covering a cough.

3. 6 FEET

As a physical therapist, you completed balance training for Ms. Taylor in her room. Ms. Taylor asks to sit up in the chair next to the window, and once you assist in making her comfortable, you perform hand hygiene. As you are leaving her room, she begins coughing. You turn and ask if she needs assistance, but see she is covering her cough with a tissue. She responds that she is fine for the moment. You proceed to your next assignment wondering just how far the spray from an uncovered cough can travel.

Additional Scenarios

1. 6 INCHES

- Aide assisting resident with a meal. Resident begins coughing (unrelated to eating).
- Therapist or restorative staff doing upper extremity range of motion with resident who coughs.
- Activity instructor assisting resident place a marker when the resident coughs.

2. 3 FEET

- Social worker reading mail to resident who begins to cough.
- Receptionist signing a resident out for leave when the resident suddenly coughs.
- Admissions coordinator conducting initial interview with resident who can't control a cough.

Remind team members that education related to cough etiquette should be provided with respect and in consideration of the resident's ability to understand what is being taught. For residents who have cognitive disability, assist them with hand hygiene after an observed cough. Provide a tissue and frequently remind residents to cover their cough or sneeze.

Unit 3: Personal Protective Equipment

Lesson Plan

Introduction

Personal Protective Equipment (PPE) keeps both healthcare workers and residents safe from the spread of infections. In nursing homes, knowing when and how to properly put on and take off PPE can prevent germs from moving between people and surfaces. This lesson will help you understand the essential role of PPE and give you hands-on practice to ensure you are using it correctly every time.

Structure

1. Review *Putting on PPE/Taking off PPE* poster
2. Complete *Stop/Go!* activity

Lesson Objective

By the end of this lesson, staff will be able to:

- Identify the different types of PPE and when each should be used in the nursing home setting.
- Demonstrate the correct sequence for putting on and removing PPE.
- Recognize common mistakes in PPE use and how to avoid them to reduce the risk of infection.

These elements are designed to set clear expectations and ensure staff are confident and competent in using PPE to protect themselves and others.

Putting on PPE



Perform Hand Hygiene



Put on Gown



Put on Mask or Respirator



Put on Goggles or Face Shield



Put on Gloves

Taking off PPE



Remove Gloves



Perform Hand Hygiene



Remove Goggles or Face Shield



Remove Gown



Remove Mask or Respirator



Perform Hand Hygiene

**Personal Protective
Equipment (PPE)**

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Stop/Go!

Materials

- PPE (gowns, gloves, face shield or goggles, masks)
- Alcohol-based hand rub (ABHR)
- Stop and Go signs (next page)

Preparation

- Find an area where the lesson can be carried out without disruption.
- Print and prepare enough STOP/GO signs for one member of each group. Consider gluing the STOP/GO signs to thick paper for stability.
- Have attendees form groups of 2 or 3 with one person from each group acting as an observer.
- Provide each observer with a Stop/Go sign.
- Provide the remaining participants PPE.

Instructions

- Instruct participants from each group to begin putting on PPE.
- Observers from each group will look for opportunities to improve the process.
- As the observer identifies these opportunities, they should stop the process by holding up the STOP sign, to allow for a brief explanation about what could be improved in the process.
- Once the observer and the participants are satisfied any issue is resolved, STOP can be exchanged for GO and the process is resumed.
- Repeat the process for removing PPE.
- At the end of the activity, allow time for the participants to share learning opportunities as they practiced putting on and taking off PPE.



Unit 4: Masking Matters

Lesson Plan

Introduction

Respiratory protection is a cornerstone of infection prevention. Masks and respirators play a critical role in reducing the spread of respiratory pathogens, protecting both healthcare personnel and patients—especially those who are vulnerable to severe illness.

Structure

1. Review *Which Mask to Use* poster
2. Complete crossword puzzle. Answer key is included.

Lesson Objective

- Explain the role of masking in infection prevention
- Differentiate between types of masks and respirators

Which Mask To Use

Surgical (or procedure) masks and respirators (N95s) are personal protective equipment (PPE) regulated by the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Safety and Health Administration (OSHA) for use in healthcare.

Resident is **positive for a respiratory virus**, like flu or RSV



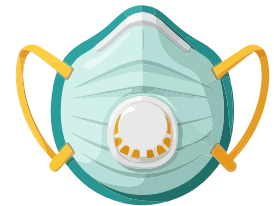
Surgical Face Mask



Resident is **positive for a respiratory infection** requiring isolation



Respirator (N95)



Wash your hands before and after masking, or adjusting



Wear other PPE (gown, gloves, eye protection) with N95 respirator



Avoid touching the fabric when handling



Do not wear on chin, neck or anywhere other than face



Fit snugly over your nose and mouth without gaps or crossed straps



Throw away when soiled, or anytime mask is removed



Complete fit-testing for N95 respirator

Masking Matters

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Crossword Puzzle

Materials

- Printed crossword puzzles
- Pens/pencils
- Answer key

Preparation

- Find an area where the activity can be carried out without disruption.
- Print enough crossword puzzles for each participant.

Instructions

- Allow sufficient time to complete the crossword puzzle.
- Review the answer key with participants, then engage in a discussion using the questions below.

1. What CDC guidance do you use most in your daily role?

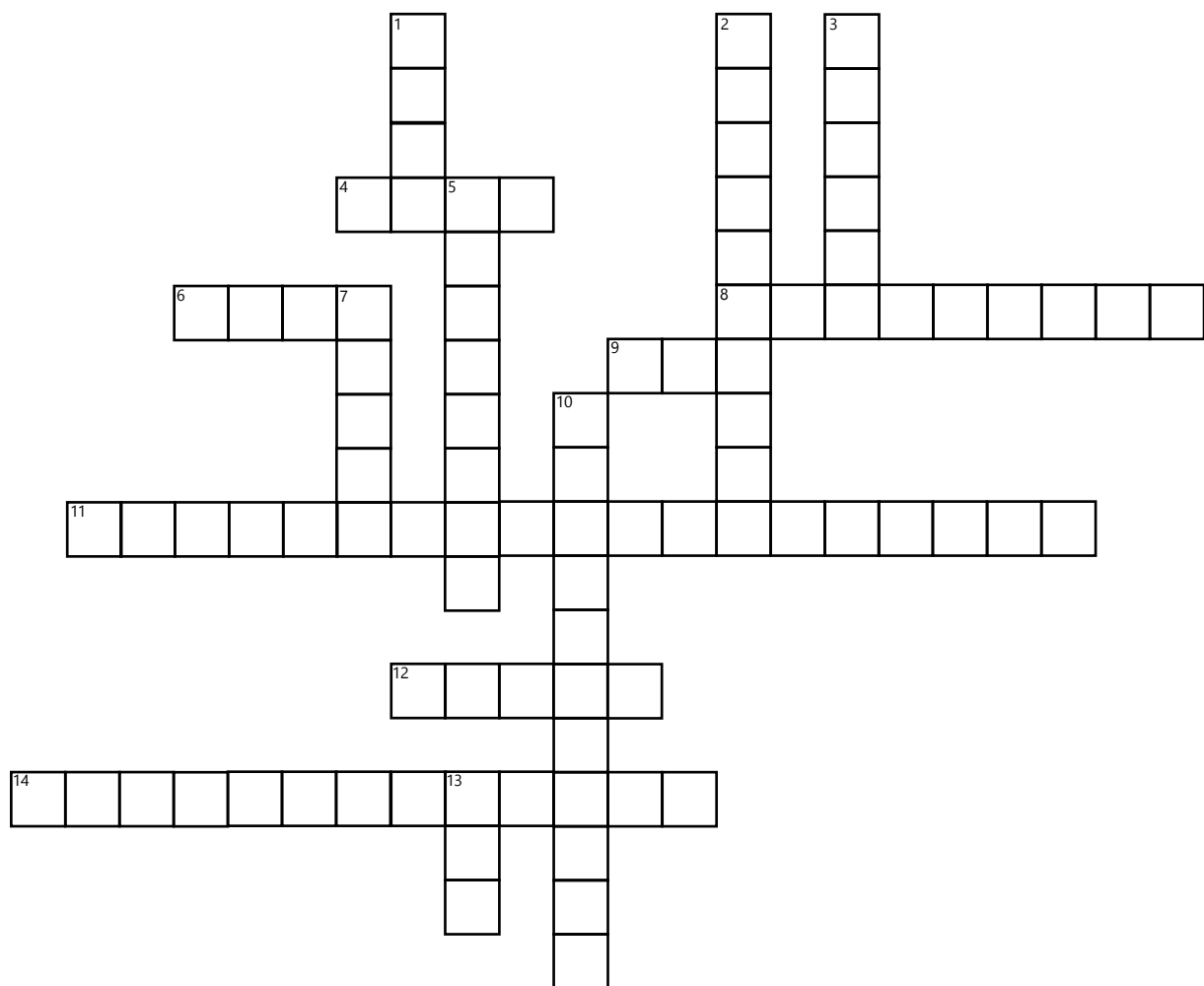
The [Centers for Disease Control and Prevention \(CDC\)](#) monitors and responds to over 400 diseases and health threats. CDC guidance informs infection prevention protocols (e.g., isolation, hand hygiene, PPE use); supports early identification and response to outbreaks (e.g., flu, RSV); influences policies such as vaccination, reporting and surveillance; and provides evidence-based recommendations that standardize care across settings.

2. How does PPE compliance impact team and patient safety?

The [Occupational Safety and Health Administration \(OSHA\)](#) helps protect healthcare workers and patients by setting regulations, such as PPE and mask requirements. OSHA guidance reduces risk of exposure to infectious diseases and workplace hazards; ensures proper use of PPE (training, fit testing, access); protects patients by preventing cross-contamination; and establishes accountability for employer safety practices.

3. What could happen if non-approved equipment is used?

The [National Institute for Occupational Safety and Health \(NIOSH\)](#) focuses on worker safety by tracking hazards, injuries and illnesses, and developing solutions. NIOSH guidance ensures respirators meet strict filtration and performance standards; provides protection against airborne hazards (e.g., TB); supports staff confidence in equipment effectiveness; and aligns with regulatory and evidence-based practice expectations.



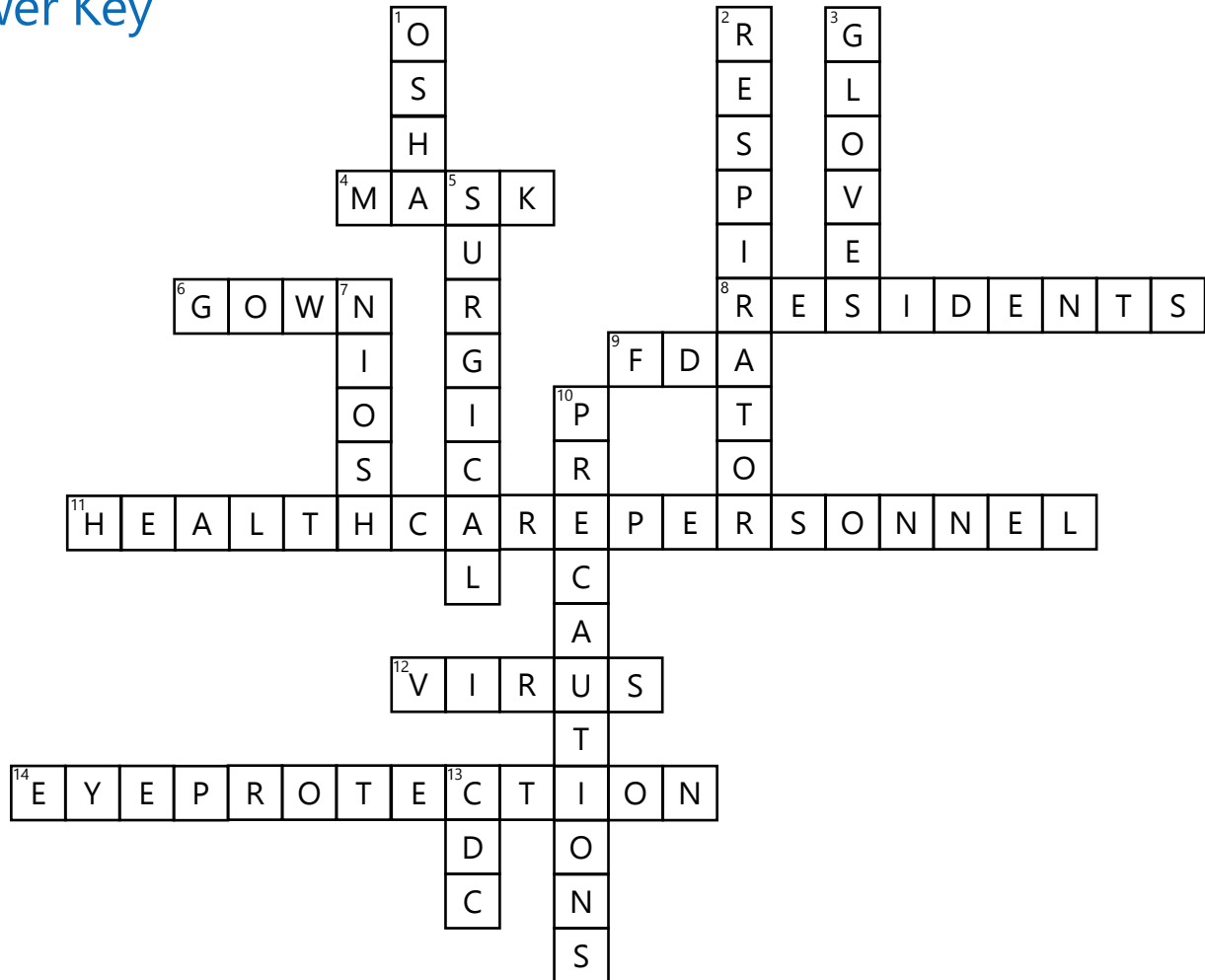
Down

1. Abbreviation for Occupational Safety and Health Administration
2. A piece of PPE that filters particles
3. PPE used to protect the hands
5. A type of mask used in healthcare
7. Abbreviation for National Institute for Occupational Safety and Health
10. A set of measures (including surgical masks and N95s) put in place to prevent the spread of diseases
13. Abbreviation for Centers for Disease Control and Prevention

Across

4. A piece of PPE covering the mouth and nose
6. A piece of PPE used to protect the body and arms
8. Persons living in a healthcare facility
9. Abbreviation for Federal Drug Administration
11. Team members working in a healthcare facility
12. A surgical mask should be worn due to this type of infectious agent
14. PPE used to protect the eyes

Answer Key



Down

1. Abbreviation for Occupational Safety and Health Administration
2. A piece of PPE that filters particles
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11. Team members working in a healthcare facility
12. A surgical mask should be worn due to this type of infectious agent
14. PPE used to protect the eyes

Unit 5: Healthcare Safety

Lesson Plan

Introduction

Healthcare safety is the foundation of high-quality care and requires a proactive, systems-based approach to preventing harm. In all care settings—especially nursing homes and hospitals—ensuring the safety of residents, patients and staff depends on consistent use of evidence-based practices, clear communication and a shared commitment to accountability.

Structure

1. Review *Workplace Hazards* poster
2. Review *The Chain of Infection* poster
3. Complete chatterbox activity

Lesson Objective

- Apply workplace safety concepts to daily practice.
- Describe prevention strategies to reduce exposure to workplace hazards.
- Explain the importance of environmental awareness in preventing injury and illness.

Workplace Hazards

in Healthcare



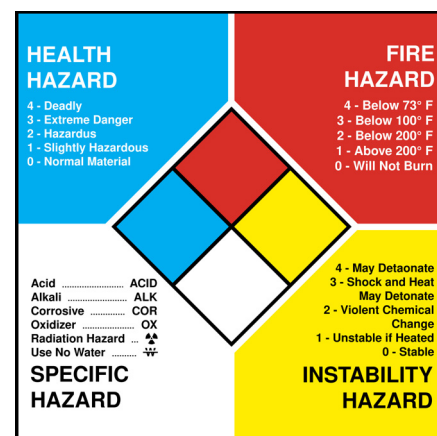
Infectious Agents (Germs)

Germs originate from people, the environment, animals and improperly handled food. Examples include bloodborne pathogens (Hepatitis B & C), viruses (Influenza), resistant organisms (C. diff, MRSA), bacteria (Tuberculosis) and foodborne illness (E. coli). Hand hygiene is the most important factor in preventing the spread of germs.



Chemical Hazards

Chemical hazards are identified by their impact: health hazard (blue), fire hazard (red), instability hazard (yellow) or other specific hazard (white). Team members need to be familiar with chemicals commonly used in their work areas and their hazard identification. Consult your facility's Safety Data Sheets for information on potential chemical hazards in your work environment and the expectations for PPE.



Physical Hazards

Knowing how to lift and transfer residents safely is key to preventing injuries. Train with lift equipment to be able to use assistive devices safely and effectively. Combative behavior and violence (verbal and physical abuse) should be reported immediately to your immediate supervisor. Ask about your facility's measures for avoiding violence and the expectations for reporting. Environmental hazards, like wet floors, clutter and poor lighting, should be remedied to prevent injuries.



Work Stress

Fatigue, caused by long work hours, high acuity assignments and physical demands, increases the potential for workplace errors or injuries. Report close calls so safer work strategies can be put into place. Maintaining healthy sleep habits, eating a nutritious diet and staying active outside of work all help reduce stress.

The Chain of Infection

Types of Germs



Viruses



Bacteria



Parasites

Where Germs Live



People



Water



Food



Animals

How Germs Get Out



Coughing & Sneezing



Blood



Vomit



Urine/
Stool

How Germs Get Around



Contact



Ingestion



Inhalation

How Germs Got In



Mouth



Eyes



Nose



Cuts

The Next Sick Person

Anyone can become seriously ill—especially older adults and those with weakened immune systems.

Chatterbox

Materials

- Folded chatterboxes (next page)
- Printed "Healthcare Safety" posters

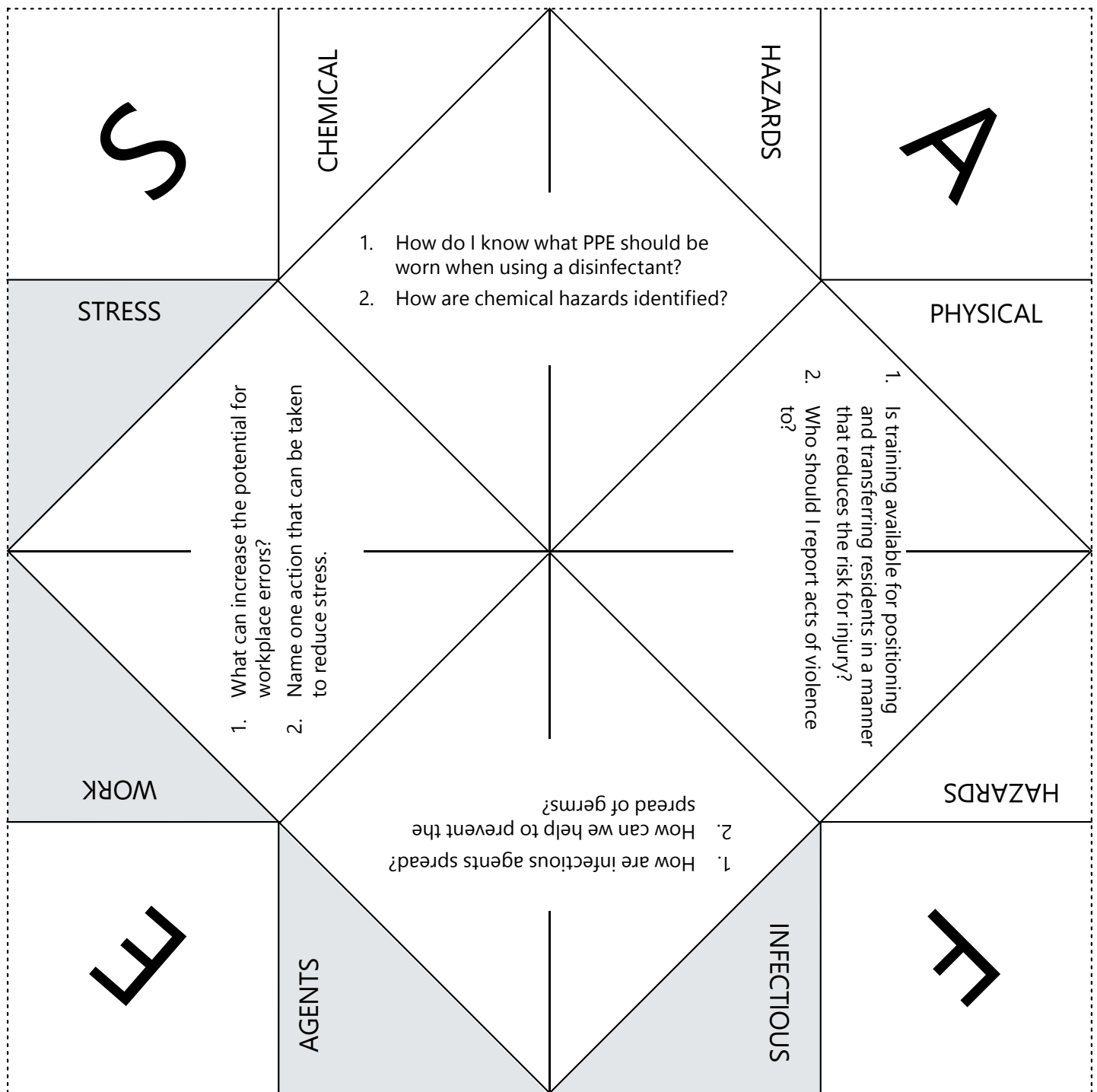


Preparation

- Find an area where the activity can be carried out without disruption.
- Prepare enough chatterboxes for each group.
- Split participants in groups of 3-4
- The chatterbox reads SAFE in its closed position

Instructions

1. For the first turn, have each group spell **S-A-F-E** while opening and closing the chatterbox.
2. This will lead to four flaps to choose from, titled:
 - a. Infectious Agents
 - b. Physical Hazards
 - c. Chemical Hazards
 - d. Work Stress
3. Once a selection is made, lift the flap to reveal a list of questions. Pick one question for the group.
 - a. Each category has more than one question. Different questions can be selected if a category is repeated.
4. Once the question is answered, pass the chatterbox to another group member for their turn. This time, they will spell **S-A-F**. Subsequent turns will spell **S-A**, and then back to **S-A-F-E**.



1. Cut out the chatterbox in the large dotted square.
2. Fold the square in half horizontally, unfold, and then vertically, unfolding once again.
3. Turn the square over so the blank side is facing up.
4. Fold the four corners to the center.
5. Turn the square over.
6. Fold the new four corners into the center.
7. Fold in half so the categories face inward, and the letters **S-A-F-E** face outward.
8. Put your fingers in the pockets under each letter and pinch together.

