# PROPRIETARY STATEMENT

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HTS your partner in therapy™

PROACTIVE MEDICAL REVIEW

# Competency Based Training & Assessment
# Made Easy!

## Infection Control & Prevention Basics

This Tool-kit is intended to supplement or enhance current SNF/NF educational programs to meet the intent of the new requirements.

## Introduction & Table of Contents

Due to revised Requirements of Participation (effective November, 28, 2017), facilities are now tasked with validating that each employee is competent in their role. The **State Operations Manual Appendix PP -Guidance to Surveyors for Long Term Care Facilities**, outlines the requirement at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

*§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 and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)…*

*Furthermore,*

*…Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas. §483.35(a)(3)-(4),(c)*

**This Tool-kit is intended to supplement or enhance current SNF/NF educational programs to meet the intent of the new requirements.**

## Tool-Kit Table of Contents

*This Tool Kit may be used with permission of Proactive Medical Review by a single purchasing facility and documents may be edited to customize based on this single purchasing facility's needs.*

## How to Use This Tool Kit

This competency may be reviewed based on facility policy, but is generally recommended for review with applicable employees upon hire, annually, and as needed when gaps in competency are identified.

This tool kit includes pre- & post-tests that can be used to evaluate subject matter knowledge and competency evaluation forms to validate skill in Hand Hygiene, Donning & Doffing Gloves, and Donning & Doffing PPE.

### Practical Applications

This tool kit can be used to prepare general staff and volunteers for their interaction with residents and the surrounding health care setting. This tool kit focuses on basic techniques such as hand washing and wearing gloves to prevent the spread of infectious diseases.

Gaps in competency can be identified by utilizing the facilities current tools for surveillance outlined in the comprehensive Infection Prevention and Control Program.

## Lesson Plans & Instructor Guide for use with PowerPoint™ Presentation

### Presentation Format & Timing

Present the material using the power point slides and resources based on your facility needs.
Suggested training format:

- Orientation/Annual Training/Remediation: Use the power point slides and instructor guidance below to train staff. Assess competencies through use of the pre- &post tests and Competency Evaluation forms.

The suggested timing for each part of the training session is:

| Powerpoint Training + Activities | Time |
|---|---|
| *Introduction of Instructor, Topic, & Objectives* | *5 minutes* |
| *Pre-test* | *5 minutes* |
| *Interactive Lecture* | *15 minutes* |
| *Review Key Take-Away Points Question & Answer* | *5 minutes* |
| *Post-test* | *5 minutes* |
| | *Total: 35 minutes* |

### Interactive Lecture

With this method you present the material, using questions-and-answers and the provided PowerPoint™ slides. During your lecture, be sure to personalize the presentation as much as possible. For example, explain and describe what processes your facility uses to identify those residents who require transmission-based precautions and where to locate hand cleansing stations.

**Slide 7 Presenter Guidance**

Identify the location of hand hygiene stations within your facility, including both soap and water stations and hand sanitizing stations.

**Slide 8 Speaker Notes**

"It is important that you scrub your hands for at least 20 seconds. Experts say it takes 15 to 20 seconds of vigorous hand washing with soap and water to effectively kill the germs which cause infections. 20 seconds may not seem that long, but most people complete their handwashing before meeting that mark. Let's count to 20 together now…

An easy way to ensure you're washing for 20 seconds is to sing or hum "Happy Birthday" twice."

**Slide 12 Presenter Guidance**

Review your facility's policies and procedures for dealing with blood or contaminated items.

**Slide 13 Presenter Guidance**

As applicable to your audience, briefly review your facility's policies and procedures regarding cleaning resident rooms and supplies, and responding to spills or contamination.

**Slide 14 Presenter Guidance**

As applicable to your audience, review your facility's policies and procedures regarding disposal of biohazardous material.

## Lesson Plans & Instructor Guide for use with PowerPoint™ Presentations *Continued...*

### Slide 15 Speaker Notes

"Standard Precautions refers to infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status. Standard precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, regardless of whether they contain visible blood, non-intact skin, and mucous membranes may contain transmissible infectious agents. Furthermore, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents. Standard precautions include but are not limited to hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; safe injection practices, and respiratory hygiene/cough etiquette. Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wear gloves for direct contact, properly clean and disinfect or sterilize reusable equipment before use on another patient)."

### Slide 16 Speaker Notes

"Transmission-based precautions (a.k.a. "Isolation Precautions") refers to actions (precautions) implemented, in addition to standard precautions, that are based upon the means of transmission (airborne, contact, and droplet) in order to prevent or control infections."

### Slide 17, 18, 19 Presenter Guidance

Identify how your facility identifies those residents who require transmission-based precautions (e.g., posting on entry door, colored signage).

### Review Key Take-Home Points

- Proper handwashing technique and hand sanitizer application
- When to wash hands
- Types of precautions

PROACTIVE MEDICAL REVIEW

## Infection Control and Prevention Basics

Competencies for the Post Acute Provider

*for all staff and volunteers*

## What is Infection?

- Infectious diseases are caused by microscopic organisms that penetrate the body's natural barriers and multiply to create symptoms that can range from mild to deadly.

  Although progress has been made to eradicate or control many infectious diseases, humankind remains vulnerable to a wide array of new and resurgent organisms.

PROACTIVE MEDICAL REVIEW 2

## How Do Infections Occur?

An infection occurs when germs enter the body, increase in number, and cause a reaction of the body.

**Three things are necessary for an infection to occur:**

1. **Source**: places where infectious agents (germs) live (e.g., sinks, surfaces, human skin)
2. **Susceptible Person:** a person with a way for germs to enter the body
3. **Transmission**: a way germs are moved to the susceptible person

PROACTIVE MEDICAL REVIEW 3

## Modes of Infection

**Common ways in which infectious agents enter the body are through:**

- skin contact
- inhalation of airborne microbes
- ingestion of contaminated food or water
- bites from vectors such as ticks or mosquitoes that carry and transmit organisms
- sexual contact and transmission from mothers to their unborn children via the birth canal and placenta.

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## Obstacles in Infection Treatment

- New, potentially dangerous bacteria, viruses, fungi and parasites such as severe acute respiratory syndrome (SARS) emerge every year.
- Previously recognized pathogens can evolve to become resistant to available antibiotics and other treatments.
- Population crowding and easy travel also make us more vulnerable to the spread of infectious agents.
- Concerns about bioterrorism have focused new attention on eradicated or rare infectious diseases such as smallpox and anthrax.

PROACTIVE MEDICAL REVIEW 5

## What Can We Do?

Every year, lives are lost because of the spread of infections in health care settings. Health care workers can take steps to prevent the spread of infectious diseases.

**These steps are part of infection prevention and control.**

**Proper hand hygiene** is the most effective way to prevent the spread of infections.

*Don't be afraid to remind visitors, family and other health care providers to wash their hands before getting close to a resident.*

PROACTIVE MEDICAL REVIEW 6

## Hand Hygiene

- **Hand Washing**
  Cleansing hands with soap and water
- **Hand Sanitizing**
  Rubbing hands with alcohol-based hand rub

PROACTIVE MEDICAL REVIEW 7

## Proper Handwashing Technique

1. Wet hands with clean, warm water and apply soap
2. Lather hands
3. Scrub hands for a minimum of **20 seconds**
4. Rinse hands
5. Dry hands with a clean, disposable towel
6. Turn water off with a disposable towel

PROACTIVE MEDICAL REVIEW 8

## When Should You Wash Your Hands?

| BEFORE | AFTER |
|---|---|
| • Before **eating**<br>• Before having direct contact with a **patient's intact skin** (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed) | • After having direct contact with a **patient's intact skin** (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed)<br>• After contact with **blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressings**<br>• After contact with **inanimate objects** (including medical equipment) in the immediate vicinity of the patient<br>• If hands will be moving from a **contaminated-body site** to a clean-body site during patient care<br>• After **glove removal**<br>• After using a **restroom** |

PROACTIVE MEDICAL REVIEW 9

## Proper Application of Hand Sanitizer

1. Apply enough handrub to cover both hands
2. Rub hands together
3. Continue rubbing until hands are dry

PROACTIVE MEDICAL REVIEW 10

## When Hand Sanitizer Will Not Work

1. **Hand sanitizer is not effective for hands that are visibly soiled.** If you look at your hands and are able to see that they are dirty, you will need to wash your hands with soap and water.

2. **If you are interacting with an individual who has clostridium difficile**, commonly known as C. Diff, you will need to wash your hands with soap and water, as hand sanitizer does not remove the bacteria from hands effectively.
   - The same is true of cryptosporidium and norovirus.
   - After exposure to any of the three of these infections, hand washing is the best practice and should be done as soon as possible.

PROACTIVE MEDICAL REVIEW 11

## Other Steps

**Other steps health care workers can take to prevent infections include:**

- Covering coughs and sneezes
- Staying up-to-date with immunizations
- Using gloves, masks and protective clothing
- Making tissues and hand cleaners readily available
- Following facility policies and procedures when dealing with blood or contaminated items

PROACTIVE MEDICAL REVIEW 12

## Cleaning

- Germs from a person may be found on any object the person touched or on equipment that was used during the person's care. *Some germs can live up to **5 months** on a dry surface.*
- Germs on any surface can pass to you or another person. Cleaning helps prevent the spread of germs.
- Refer to facility policies about how to clean:
  - Patient rooms, Spills or contamination, Supplies and equipment that are reusable

PROACTIVE MEDICAL REVIEW 13

## Soiled Linens

**When you remove soiled linens such as bed sheets and towels:**

- Hold them **away** from your body and DO NOT shake them.
- Watch for needles and other sharps.
- **DO NOT** put the soiled linens down on another surface in the room. Place them in a bag or approved container.
- Items that are wet or moist should go into a container that will not leak.

PROACTIVE MEDICAL REVIEW 14

## Standard Precautions

- Follow standard precautions with all patients.
- When you are close to or handling blood, bodily fluid, bodily tissues, mucous membranes, or areas of open skin, you must use personal protective equipment (PPE).

**Depending on the anticipated exposure, types of PPE required include:**

- Gloves
- Masks and goggles
- Aprons, gowns, and shoe covers

*It is also important to properly clean up afterward.*

PROACTIVE MEDICAL REVIEW 15

## Transmission-Based Precautions

Transmission-based precautions are extra steps to follow for illnesses that are caused by certain germs. Transmission-based precautions are followed in addition to standard precautions. Some infections require more than 1 type of transmission-based precaution.

- Follow transmission-based precautions when an illness is first suspected. Stop following these precautions only when that illness has been treated or ruled out and the room has been cleaned.
- Patients should stay in their rooms as much as possible while these precautions are in place. They may need to wear a mask when they leave their rooms.

PROACTIVE MEDICAL REVIEW 16

## Airborne Precautions

"Airborne precautions" Actions taken to prevent or minimize the transmission of infectious agents/ organisms that remain infectious over long distances when suspended in the air. These infectious particles can remain suspended in the air for prolonged periods of time and can be carried on normal air currents in a room or beyond, to adjacent spaces or areas receiving exhaust air.

- Airborne precautions may be needed for germs that are so small they can float in the air and travel long distances.
- Airborne precautions help keep staff, visitors, and other people from breathing in these germs and getting sick.
- Germs that warrant airborne precautions include chickenpox, measles, and tuberculosis (TB) bacteria.
- People who have these germs should be in special rooms where the air is gently sucked out and not allowed to flow into the hallway. This is called a negative pressure room.
- Anyone who goes into the room should put on a well-fitted respirator mask before they enter.

PROACTIVE MEDICAL REVIEW 17

## Contact Precautions

"Contact precautions" Measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment.

- Contact precautions may be needed for germs that are spread by touching.
- Contact precautions help keep staff and visitors from spreading the germs after touching a person or an object the person has touched.
- Some of the germs that contact precautions protect from are C. difficile and norovirus. These germs can cause serious infection in the intestines.
- Anyone entering the room who may touch the person or objects in the room should wear a gown and gloves.

PROACTIVE MEDICAL REVIEW 18

## Droplet Precautions

"Droplet precautions" Actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

- Droplet precautions are used to prevent contact with mucus and other secretions from the nose and sinuses, throat, airways, and lungs.
- When a person talks, sneezes, or coughs, droplets that contain germs can travel about 3 feet (90 centimeters).
- Illnesses that require droplet precautions include influenza (flu), pertussis (whooping cough), and mumps.
- Anyone who goes into the room should wear a surgical mask.

PROACTIVE MEDICAL REVIEW 19

## Personal Protective Equipment (PPE)

- Personal protective equipment is special equipment you wear to create a barrier between you and germs. This barrier reduces the chance of touching, being exposed to, and spreading germs.
- Personal protective equipment (PPE) helps prevent the spread of germs in the hospital. This can protect people and health care workers from infections.

All facility staff, patients, and visitors should use PPE when there will be contact with blood or other bodily fluids.

PROACTIVE MEDICAL REVIEW 20

## Personal Protective Equipment (PPE)

**Gloves**

- Wearing gloves protects your hands from germs and helps reduce the spread of germs.

**Masks**

- Masks cover your mouth and nose.
- Some masks have a see-through plastic part (face shield) that covers your eyes.
- A surgical mask helps stop germs in your nose and mouth from spreading. It can also keep you from breathing in some germs.
- A special respiratory mask (respirator) forms a tight seal around your nose and mouth. It may be needed so that you do not breathe in small germs like tuberculosis bacteria.

**Goggles**

- Eye protection includes face shields and goggles. These protect the mucous membranes in your eyes from blood and other bodily fluids. If these fluids make contact with the eyes, germs in the fluid can enter the body through the mucous membranes.

PROACTIVE MEDICAL REVIEW 21

## Choose the Right PPE

You may need to use different types of PPE for different people. Your facility has written instructions about when to wear PPE and what type to use. You need PPE when you care for people who are in isolation as well as other patients.

*At times, you may also need to wear shoe covers and special gloves.*

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## After Using PPE

Remove and dispose of PPE safely to protect others from being exposed to germs. Before leaving your work area, remove all PPE and put it in the right place.

This may include:

- Special laundry containers that can be reused after cleaning
- Special waste containers that are different from other waste containers
- Specially marked bags for cytotoxic PPE

PROACTIVE MEDICAL REVIEW 23

## Donning & Doffing PPE

PPE should be put on and removed in a specific order:

| Donning | Doffing |
|---|---|
| 1. Gown | 1. Gloves |
| 2. Mask | 2. Goggles or Face Shield |
| 3. Goggles or Face Shield | 3. Gown |
| 4. Gloves | 4. Mask |

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## "Peak Season"

During times of increased prevalence of respiratory infections in the community, facilities must have facemasks available and should offer facemasks to coughing or sneezing visitors and other symptomatic persons (e.g., family who accompany ill residents upon entry to the facility).

Symptomatic (e.g., coughing) visitors should wear a facemask or maintain at least a three foot separation from others in common areas (e.g., admitting office).

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## "Peak Season"

In addition, the facility should consider posting signs in the facility with instructions to family/visitors with symptoms of respiratory infection to cover their mouth/nose when coughing or sneezing; use and dispose of tissues; perform hand hygiene after contact with respiratory secretions; and to take appropriate precautions if they are having symptoms of respiratory infection or other communicable diseases.

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## Tools and Resources

- https://medlineplus.gov/infectioncontrol.html
- http://www.idsociety.org/Facts_About_ID/
- https://www.cdc.gov/infectioncontrol/spread/index.html

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## Proper Handwashing Technique

1. Wet hands with warm water
2. Apply soap
3. Lather hands (remember back of hands, between fingers, and under nails)
4. Scrub hands for at least 20 seconds (sing "Happy Birthday" twice)
5. Rinse hands with water
6. Dry hands with paper towel
7. Turn water off with paper towel

## Proper Application of Hand Sanitizer

1. Apply enough hand sanitizer to cover both hands
2. Rub hands together (remember back of hands, between fingers, and under nails)
3. Continue rubbing until hands are dry

## Types of Precautions:

Standard
Airborne
Contact
Droplet

## Preventing the Spread of Infection...

- ☐ Hand Hygiene
- ☐ Covering coughs and sneezes
- ☐ Staying up-to-date with immunizations
- ☐ Using gloves, masks, and protective clothing
- ☐ Making tissues and hand cleaners readily available
- ☐ Cleaning and sanitizing surfaces and equipment

## When Should I Wash My Hands?

- ☐ Before **eating**
- ☐ Before and after having direct contact with a **patient's intact skin** (taking a pulse or blood pressure, performing physical examinations, lifting
- ☐ After contact with **blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressings**
- ☐ After contact with **inanimate objects** (including medical equipment) in the immediate vicinity of the patient
- ☐ If hands will be moving from a **contaminated-body** site to a clean-body site during patient care
- ☐ After **glove removal**
- ☐ After using a **restroom**

## Instructions:

*Indicate the level of staff competency in donning & doffing non-sterile gloves by checking the appropriate response:*

*S= Satisfactory, I= Intermediate, U=Unsatisfactory*

| # | Competency Item | S | I | U |
|---|---|---|---|---|
| | **Donning Non-Sterile Gloves** | | | |
| 1. | Performs hand hygiene by rubbing with an alcohol-based hand rub or by washing with soap and water | ☐ | ☐ | ☐ |
| 2. | Removes one glove from its original box | ☐ | ☐ | ☐ |
| 3. | Touches only the top edge of the cuff and places the glove on the hand | ☐ | ☐ | ☐ |
| 4. | Removes the second glove with the bare hand and touches only the surface corresponding to the wrist | ☐ | ☐ | ☐ |
| 5. | Turns the external surface of the glove to be donned on the folded fingers of the gloved hand, thus permitting to glove the second hand | ☐ | ☐ | ☐ |
| 6. | Once gloved, hands do not touch anything else that is not defined by indications and conditions for glove use | ☐ | ☐ | ☐ |
| | **Doffing Non-Sterile Gloves** | | | |
| 1. | Pinches one glove at the wrist level without touching the skin of the forearm and peels the glove away from the hand, thus allowing the glove to turn inside out | ☐ | ☐ | ☐ |
| 2. | Holds the removed glove in the gloved hand and slides the fingers of the ungloved hand inside between the glove and wrist | ☐ | ☐ | ☐ |
| 3. | Removes the second glove by rolling it down the hand and folding into the first glove | ☐ | ☐ | ☐ |
| 4. | Discards the removed gloves | ☐ | ☐ | ☐ |
| 5. | Performs hand hygiene by rubbing with an alcohol-based hand rub or by washing with soap and water | ☐ | ☐ | ☐ |

## Comments:

Staff Name: _____ Date: ____ / ____ / ____

Competency Monitor: _____

## Instructions:

*Indicate the level of staff competency in donning & doffing PPE by checking the appropriate response:*

*S= Satisfactory, I= Intermediate, U=Unsatisfactory*

| # | Competency Item | S | I | U |
|---|---|---|---|---|
| | **Donning Personal Protective Equipment (PPE)** | | | |
| 1. | **Gown** | ☐ | ☐ | ☐ |
| | Fully covers torso from neck to knees, arms to end of wrists, and wraps around the back | ☐ | ☐ | ☐ |
| | Fastens at the back of the neck and waist | ☐ | ☐ | ☐ |
| 2. | **Mask** | ☐ | ☐ | ☐ |
| | Secures ties or elastic bands at middle of head and neck | ☐ | ☐ | ☐ |
| | Fits flexible band to nose bridge | ☐ | ☐ | ☐ |
| | Fits snug to face and below chin | ☐ | ☐ | ☐ |
| 3. | **Goggles or Face Shield** | ☐ | ☐ | ☐ |
| | Places over face and eyes and adjusts to fit | ☐ | ☐ | ☐ |
| 4. | **Gloves** | ☐ | ☐ | ☐ |
| | Dons per proper procedure and extends to cover wrist of isolation gown | ☐ | ☐ | ☐ |
| | **Doffing Personal Protective Equipment (PPE)** | | | |
| 1. | **Gloves** | ☐ | ☐ | ☐ |
| | Doffs per proper procedure and discards in waste container | ☐ | ☐ | ☐ |
| 2. | **Goggles or Face Shield** | ☐ | ☐ | ☐ |
| | Removes by handling headband or ear pieces and places in receptacle for reprocessing or in waste container | ☐ | ☐ | ☐ |
| 3. | **Gown** | ☐ | ☐ | ☐ |
| | Unfastens ties | ☐ | ☐ | ☐ |
| | Pulls away from neck and shoulders, touching inside of gown only | ☐ | ☐ | ☐ |
| | Turns gown inside out, folds or rolls into a bundle and discards in waste container | ☐ | ☐ | ☐ |
| 4. | **Mask** | ☐ | ☐ | ☐ |
| | Grasps bottom, then top ties or elastics to remove and discards in waste container | ☐ | ☐ | ☐ |

## Comments:

Staff Name: _____ Date: ____ / ____ / ____

Competency Monitor: _____

## Instructions:

*Indicate the level of staff competency in hand hygiene by checking the appropriate response:*

*S= Satisfactory, I= Intermediate, U=Unsatisfactory*

| # | Competency Item | S | I | U |
|---|---|---|---|---|
| | **Handwashing** | | | |
| 1. | Wets hands with clean, warm water and applies soap | ☐ | ☐ | ☐ |
| 2. | Lathers hands by rubbing them together with the soap. Lathers the backs of hands, between fingers, and under nails | ☐ | ☐ | ☐ |
| 3. | Scrubs hands for at least **20 seconds**. | ☐ | ☐ | ☐ |
| 4. | Rinses hands well with water starting at the wrists and letting the water run off the fingertips | ☐ | ☐ | ☐ |
| 5. | Dries hands using a clean disposable towel | ☐ | ☐ | ☐ |
| 6. | Turns water off with disposable towel | ☐ | ☐ | ☐ |
| | **Using Alcohol-Based Hand Rub** | | | |
| 1. | Applies enough sanitizer to completely cover both hands | ☐ | ☐ | ☐ |
| 2. | Rubs hands together palm to palm | ☐ | ☐ | ☐ |
| 3. | Rubs back of each hand with palm of other hand | ☐ | ☐ | ☐ |
| 4. | Spreads sanitizer over and under fingernails | ☐ | ☐ | ☐ |
| 5. | Spreads sanitizer between fingers | ☐ | ☐ | ☐ |
| 6. | Continues rubbing until hands are dry | ☐ | ☐ | ☐ |

## Comments:

Staff Name: _____ Date: ____ / ____ / ____

Competency Monitor: _____

## Pre/Post-Test

Name: _____ Title: _____

Date: ____ / ____ / ____ Check one: □ Pre-Test □ Post-Test

1. **Proper hand hygiene is the most effective way to prevent the spread of infection.**
   a. True
   b. False

2. **To properly wash my hands, I should scrub them for no less than:**
   a. 10 seconds
   b. One minute
   c. 30 seconds
   d. 20 seconds

3. **Hand sanitizer if effective in removing C. diff bacteria from my hands**
   a. True
   b. False

4. **Germs can live up to how many months on a dry surface?**
   a. 6 months
   b. 5 months
   c. 4 months
   d. 3 months

5. **When removing soiled linens, I should:**
   a. Hold them away from my body
   b. Place them in a bag or approved container
   c. Watch for needles and other sharps
   d. All of the above

6. **All of the following are types of transmission-based precautions except:**
   a. Airborne
   b. Contact
   c. Droplet
   d. Standard

7. **The proper sequence for removing Personal Protective Equipment (PPE) is:**
   a. Gown, Mask, Goggles, Gloves
   b. Mask, Gloves, Goggles, Gown
   c. Gloves, Goggles, Gown, Mask
   d. Mask, Gown, Goggles, Gloves

8. **Infectious diseases are caused by microorganisms that penetrate the body's natural barriers and multiply.**
   a. True
   b. False

9. **Common ways in which infectious agents enter the body are through: (mark all that apply)**
   a. Skin contact
   b. Inhalation of airborne microbes
   c. Insect bites
   d. Ingestion of contaminated food

10. **Using hand sanitizer is as effective as washing hands with soap and water.**
    a. True
    b. False

## Pre/Post-Test Questions with Answers

1. **Proper hand hygiene is the most effective way to prevent the spread of infection.**
   a. True
   b. False

2. **To properly wash my hands, I should scrub them for no less than:**
   a. 10 seconds
   b. One minute
   c. 30 seconds
   d. 20 seconds

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   b. Mask, Gloves, Goggles, Gown
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   d. Mask, Gown, Goggles, Gloves

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