PROJECT FIRSTLINE

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

Project Firstline
Facilitator Toolkit Guide

Contents

Introduction

This section of the toolkit offers resources and strategies to support your role as a facilitator of Project Firstline training sessions. You will find background on Project Firstline and the current series of training materials, resources to help you prepare as a facilitator, and supporting items for your training sessions. Keep it handy for future reference and thank you for joining the Project Firstline team in this important role.

Overview of Project Firstline

- Project Firstline, CDC's new national training collaborative for infection control, is a comprehensive infection control program designed to help prevent the spread of infectious diseases in U.S. healthcare settings.

- Project Firstline aims to provide foundational and practical knowledge directly to frontline healthcare personnel and the public health workforce.

- Project Firstline emphasizes the "why" behind infection control actions so that no matter their varied experiences, backgrounds, and work environments, participants have the skills and knowledge to make informed decisions to keep themselves, their coworkers, and their patients safe.

- Training materials will expand over time to cover these and other infection control topics:
  - Infection Control: The Basics
  - Source Control
  - PPE: Basics
  - PPE: Donning and Doffing
  - Hand Hygiene
  - Crisis Standards of Care
  - Triage and Screening
  - Microbiology Basics
  - Recognizing Risk
  - Environmental Cleaning and Disinfection

Inside Infection Control by CDC's Project Firstline Video Series

The materials in this toolkit will provide you, as a provider of the Project Firstline training, with the necessary knowledge and skills to use Project Firstline materials to educate your audience about infection control.

- This toolkit focuses on the first seven episodes of ***Inside Infection Control***, Project Firstline's video series. The first series of video episodes answer questions that CDC has received about COVID-19, viruses, and how disease spreads.

- As additional videos and materials become available from Project Firstline, the toolkit will be updated.

Inside Infection Control Video Series

Topics	Videos
Welcome + Concept of "Infection Control"	What's the Goal of Infection Control?
The Basic Science of Viruses	■ SARS-CoV-2? COVID-19? What's the Difference? ■ What's a Virus? ■ How Do Viruses Make You Sick?
How Respiratory Droplets Spread COVID-19	What's a Respiratory Droplet? Why Does It Matter?
How Viruses Spread from Surfaces to People	How Do Viruses Spread from Surfaces to People?
How COVID-19 Spreads: A Review	How Does COVID-19 Spread? A Review.

Session Plans and Toolkit Content

Session Plans

This toolkit includes sample "Session Plans" to help guide you to use the video episodes and materials to create well-rounded training events.

- The Session Plans suggest ways to "mix and match" video episodes to illustrate different infection control concepts, in different possible session lengths:
  - ▶ 60 minutes (e.g., dedicated training session)
  - ▶ 20 minutes (e.g., "Lunch and Learn" or agenda add-on)
  - ▶ 10 minutes (e.g., "micro-learning" or agenda add-on)
- The Session Plans are designed with the assumption that sessions will be virtual.
  - ▶ The plans are adaptable for users who have in-person session capability.
  - ▶ Materials will be added to this toolkit to provide additional, specific guidance for in-person events in the future.

Toolkit Content

To familiarize you with the material covered in the video series, this toolkit includes, for each video episode:

- An outline of the content covered in the episode: what are people who watch the episode going to learn?
  - ▶ The Content Outlines are intended to help you answer questions that your audience may raise during the sessions.
  - ▶ For questions that aren't answerable immediately or addressed within your organization, we ask that you submit these questions via email to CDC at ProjectFirstline@cdc.gov. We look forward to supporting you collaboratively.
- Key Educational Takeaways: what are the main points that people who watch the episode should remember?
- Learning Objectives: what should people who watch the episode be able to do after watching?
  - ▶ For this series, the Learning Objectives typically focus on being able to explain an infection control concept, and to relate it to their daily work.
- Discussion Starters: suggested questions and prompts to help you guide discussion about an episode, focusing on linking the information in the episode to your audience's daily work and experiences.
- Links to additional resources.
- A Participant Booklet for your audience to use as a companion resource.

Facilitator Responsibilities

Your role as a facilitator is very important. Successful training using Project Firstline materials can help your audiences build a culture of providing safer, higher-quality care, and prevent infections –not only among patients, but also among staff.

- The sessions you present should be interactive and provide several opportunities for you to engage with the audience.
  - ▶ The Session Plans provide additional, specific suggestions for ways to engage your audience.
- The Content Outlines for the video episodes will give you the knowledge you need to answer many questions that your audience may ask.
- To the extent possible, it is important to capture questions, comments, concerns, suggestions, and the flow of discussion during each session, whether this interaction takes place through a chat function or in conversation.
  - ▶ Capturing this information will help you be responsive to your audience during the session.
  - ▶ This information is useful for follow-up and extended discussion.
  - ▶ This information is also useful for your organization and Project Firstline staff, as future infection control training materials are developed.

Building a Session

The following elements make for effective sessions. Each session you lead, regardless of its length, platform, or format, should have them, in the format that works best for your group.

- An agenda. The invitation to join the session should include the session date and time, detailed information to access it, and agenda items (e.g., Introductions, Discussion, Breakout Discussion, etc.).
- A record or minutes of the session.
  - ▶ Depending upon your organization's wishes and the platform used, virtual sessions can be recorded (e.g., Zoom's recording function or other means).
  - ▶ Questions and conversation using the chat function should be saved.
  - ▶ Take detailed notes or minutes.
    - » It is best if notes are taken by someone other than the facilitator.
    - » The note-taker and the facilitator can meet after the session to review the notes and any other information captured during the session.
  - ▶ It is important to capture your audience's comments, questions, discussion, and suggestions.
    - » This information can be used by your organization and Project Firstline for program improvement, and to shape future infection control training events.
    - » This information can also help you improve as a facilitator.
- Follow-up and evaluation.
  - ▶ Reach out to your audience after the session to gauge the session's effectiveness.
  - ▶ This toolkit provides ideas for follow-up and evaluation questions.

Time Factors

There are three different session lengths for you to choose from based on time available for training:

- 60 minutes (e.g., dedicated training session)
- 20 minutes (e.g., "Lunch and Learn" or agenda add-on)
- 10 minutes (e.g., "micro-learning" or agenda add-on)

Due to time constraints, the 10- and 20-minute sessions will have less opportunity for interactive discussion. We invite you to extend sessions for greater engagement whenever possible. We have also provided recommendations for using chat functions and other activities to draw your audience into the materials when you are limited to only short amount of time.

These time lengths are not intended to be prescriptive and are instead provided simply as a tool which you may tailor to best match your specific audience and their needs. When you schedule your session, use your knowledge about your audience's availability and learning needs to adapt these materials as needed.

Preparing and Conducting a Session

The most important aspect of presentation is preparation before you host a Project Firstline session.

You should:

- Review the Session Plans, Content Outlines, Learning Objectives, Key Educational Takeaways, Videos, and Learning Activities for each topic so that you know the material thoroughly.

- Review the discussion questions for each session and be prepared to modify them to suit your audience, and as your audience gives you feedback.

- Anticipate potential questions and comments and prepare yourself to answer them.

- Be familiar with your organization's policies and procedures (if applicable) so that you can provide specific instruction.

- Practice!
  - Practice using the virtual format (e.g., Zoom, Microsoft Teams, etc.).
    - » Make sure you are familiar with specific features of the format (how to use the chat feature, mute buttons, etc.).

- Rehearse presenting the material to a "test" audience.

- It is helpful if your practice sessions include any of your colleagues who will assist during the session (by taking notes, monitoring the chat, etc.) so that you are all comfortable with the session format and flow.

- Get feedback.
  - The toolkit includes a sample self-assessment form and participant feedback form. These essential resources will help you strengthen your skills and sessions over time.

Understanding Your Audience

Before the session begins, take time to think about how your audience is learning about the session, what they are expecting, and the information that is available to them in advance, either from your organization and Project Firstline, or from other sources.

- Who is your audience—what are their general job duties, what have their experiences been, how familiar are they likely to be with infection control?

- What is your audience expecting, based on the event announcement?

- Is there an opportunity to share information before the session?

- How can you best set the proper expectations, in advance and at the beginning of the session?

- Do the participants understand what is expected after the session (e.g., evaluation and follow-up)?

- How will you manage large or smaller groups?

You Have the Floor

As you lead and facilitate the session, use effective, respectful, and appropriate communication skills. Here are some ideas to help guide you:

- Speak slowly and clearly.
- As much as possible, reduce environmental distractions and noise.
  - ▸ Choose a simple background for yourself.
  - ▸ Avoid shuffling papers during the session.
  - ▸ Do your best to work from a quiet place, without phones ringing, HVAC noise, typing on a keyboard, etc.
  - ▸ Use and encourage mute options for yourself and your audience.
- Make eye contact with the camera rather than looking at the screen.
- Be mindful of non-verbal cues: keep your facial expressions open, but neutral, and avoid crossing your arms, shrugging your shoulders, etc.
- Use active listening skills to engage your audience (see below).

Pay Attention

- When someone is speaking, give them your undivided attention and acknowledge the message.
- Recognize that non-verbal communication plays an important role: keep your focus on the camera and avoid glancing away, except to take notes.
- Look at the speaker directly (by looking directly into the camera).
- Put aside distracting thoughts.
- Don't mentally prepare a response: listen to a question or comment fully before replying.
  - ▸ Your preparation, thinking about potential questions and answers, should give you a foundation, not a word-for-word, "canned" response.

Encourage Participation

- Show that you're listening: use your own body language and gestures to show that you are engaged.
  - ▸ When it's appropriate to do so, smile!
  - ▸ Make sure that your posture is open and interested.
- Encourage the speaker to continue with small verbal comments like "yes" and "I see".
- Provide feedback.
  - ▸ Our personal filters, assumptions, judgments, and beliefs can distort what we hear.
  - ▸ As a listener, your role is to understand what is being said, which may require you to ask questions.
    - » Reflect on what has been said by paraphrasing, and importantly, check with participants to make sure you paraphrased correctly.
    - » "What I'm hearing is...," and "it sounds like you are saying..." are great ways to reflect back and summarize past conversation.

Tell Me More

Questions that can be answered with a simple "yes" or "no" are often great icebreakers to get a content-focused conversation started or to get feedback in a short period of time. You should follow up with richer open-ended questions whenever possible. Open-ended questions encourage your audience to share more of their thoughts and apply what they're learning to their experiences.

Potential phrases for open-ended questions include:

- How so?
- Would you explain that a bit more?
- What do you mean when you say...?
- And what was the result?
- Can you expand on that, please?
- How did you react to that?

Adult Learners

Drawing on the Strengths of Adult Learners

Good facilitation requires practice, commitment, and an eagerness to engage with others. Drawing on the assets of your audience of adult learners will help you share information in a way that this audience will value and internalize. Some points to keep in mind as you prepare to engage them in Project Firstline sessions:

- Adults' prior knowledge and experience allows them to make connections to associated ideas and theories easily.
- Adult audiences are typically receptive to new information and are motivated learners.
  - They will compare new information to what they already know, and analyze how new information is different, or expands upon, what they already know.
- Adults look for ways that new knowledge is relevant to their current role, and they want to apply new knowledge as soon as possible.
  - Adults will also personalize new knowledge to their role or experience.
  - Facilitators should be prepared to answer questions in a way that relates to the audience's experience and general job duties.

How to Deepen Learning

Regardless of the length of your session, you will present information to your audience, and some of that information will be new to them. To deepen their learning, challenge your participants to further apply and analyze the new information and, ultimately, realize how it applies to their work, and how they can implement it.

It can help to think of a three-step process (examples following are from **Topic One: The Concept of Infection Control**):

Level of learning	Facilitator Prompts	Example	Discussion Starter
Step 1: Remember/ Understand	Identify a key educational takeaway	The goal of everything we do in infection control, for any disease, is to keep people from getting sick.	What are some examples of things we do in infection control that keep people from getting sick?
Step 2: Apply/Analyze	Ask how the educational takeaway applies to the audience's work	How do you use infection control actions in your work?	Are there actions that have been named that are new to you?
Step 3: Evaluate/Create	Ask what needs to change for improvement	Are there ways to do these things better?	What else would you like to learn about so that you can do these things better?

Content Outlines

Topic One:
The Concept of Infection Control

Overview

Topic One: Welcome + Concept of "Infection Control"

Content summary: The goal of infection control is to keep people from getting sick.

***Inside Infection Control* Video:** *What's the Goal of Infection Control?*

Learning Objectives

By the end of this episode, participants will be able to:

Articulate at least one (1) primary goal of infection control

Key Educational Takeaways

- The goal of everything we do in infection control, for any disease, is to keep people from getting sick.
- The goal of Project Firstline is to make sure you have the infection control knowledge that you need and deserve to keep yourself, your patients, your colleagues, and your family safe.

Content Outline

- This session will cover the basic ideas behind infection control, and how they apply to COVID-19.
- This session will also explain how infection control actions help keep you, your patients, your coworkers, and your community safe.
- The goal of everything we do in infection control, for any disease, is to keep people from getting sick.
- The goal of CDC's infection control recommendations is to protect you, and everyone in the facility, from getting infected while you're giving your patients the essential care they need.
- The goal of Project Firstline is to make sure you have the infection control knowledge that you need and deserve to keep yourself, your patients, your colleagues, and your family safe.
- There are a lot of infection control recommendations for COVID-19, and it's really important to do them right: we're here to help with that.
- We're here to help you understand not just *what* we're doing to control COVID-19 in healthcare, but why we're doing it, because we believe that you can do your job best when you understand why you're doing what you're doing.

Topic Two:
The Basic Science of Viruses

Please note that the following three pages are all part of Topic Two: The Basic Science of Viruses.

Overview

Topic Two: The Basic Science of Viruses

Content summary: SARS-CoV-2 is the *virus* that causes the *disease* COVID-19.

***Inside Infection Control* Video:** *SARS-CoV-2? COVID-19? What's the Difference?*

Learning Objective

By the end of this episode, participants will be able to:

Differentiate one (1) core difference between SARS-CoV-2 and COVID-19

Key Educational Takeaways

- SARS-CoV-2 is the official, scientific name of the virus, the germ that causes the disease COVID-19.
- COVID-19 is the name of the disease—the fever, cough, chills and other symptoms that people have when they are infected with the virus SARS-CoV-2.

Content Outline

- SARS-CoV-2 is the *virus* that causes the *disease* COVID-19.
- We get infected with SARS-CoV-2 the virus, which makes us sick with COVID-19 the disease.
- Having one name for the virus, and another name for the disease it causes, happens in other places in medicine – like with the disease chickenpox, which is caused by the varicella zoster virus.
- Since SARS-CoV-2 is the official, scientific name of the virus that causes COVID-19, we use that name when we talk about what it does to make people sick, when test results are recorded, and often when we talk about vaccines.
- COVID-19 stands for COronaVIrus Disease 2019: CO – VI – D - 19.
- COVID-19 is the illness that people come down with fever, chills, cough, difficulty breathing, and all the other symptoms that people have.
- COVID-19 is the "disease," and it's how we mostly talk about the pandemic.
- We don't want to get infected with SARS-CoV-2 or sick with COVID-19, and we don't want anyone else to, either—that's where infection control comes in.

Topic Two: Continued

Overview

Topic Two: The Basic Science of Viruses

Content summary: SARS-CoV-2 is a virus. Viruses have three main parts: genes, proteins, and an envelope.

***Inside Infection Control* Video:** *What's a Virus?*

Learning Objective

By the end of this episode, participants will be able to:

Identify, and explain to others, the three (3) main parts of a virus

Key Educational Takeaways

- All viruses have two parts:
  - ▶ Genes that contain all the information needed to make more virus copies
  - ▶ Proteins that protect the genes and help the virus spread
- Some viruses—SARS-CoV-2 is one of them—also have a third part: an envelope made of special fats that protects the genes and proteins.

Content Outline

- If we know a little bit about viruses, then we can understand how it travels between people and makes us sick, and why the things we do for infection control work to stop this from happening.
- COVID-19 is caused by a virus: SARS-CoV-2.
- Viruses use living things, including people, to make copies of themselves, and then keep spreading from one living thing to another.
- All viruses have *genes* that contain all the information needed to make more virus copies, like an "instruction booklet" or a "blueprint."
- Viruses have *proteins* that come together to create a shell that protects the "blueprint" genes.
- Some proteins stay inside the shell and are only used when it's time to build more virus copies, but other proteins can stick out from the shell and help the virus get from one place to another in the body, and also from one person to another.
- Some viruses—not all, but SARS-CoV-2 is one of them – have another protective layer covering the shell called an *envelope*.
- The envelope is made of fats with some proteins mixed in.
- Some proteins stick out of the envelope to help the virus get around and into cells, and also to help it spread from one person to another.

Topic Two: Continued

Overview

Topic Two: The Basic Science of Viruses

Content summary: How do viruses make you sick?

***Inside Infection Control* Video:** *How Do Viruses Make You Sick?*

Learning Objectives

By the end of this episode, participants will be able to:

- Describe three (3) steps showing how viruses use of the cells of living things to make more copies of themselves

- Explain one (1) reason why infection control actions focus on keeping respiratory droplets out of the air and away from other people

Key Educational Takeaways

- Viruses are able to use cells in living things, including people, to make copies of themselves. It's how viruses spread within a body, and from person to person.

- When enough viruses have been able to get into our cells and make copies of themselves, the body recognizes that there's an infection, and our immune system revs up to fight off the virus.

- It is the activity of our immune system fighting the virus that makes us feel sick.

Content Outline

- Viruses are able to use cells in living things, including people, to make copies of themselves. It's how viruses spread within a body, and from person to person.

- Our bodies are made up of billions of microscopic cells.

- On the outside of our body's cells, there are tiny parts that stick out, that are made of proteins.

- These tiny parts act like a lock on a door: if you have the right "key" for the "lock," then you can get into the cell. If you don't, then you can't.

- Some viruses have a little part that sticks out on their outside of the virus that works like a false key that will fit the lock to at least one type of our cells.

- The virus's false key isn't an exact match to our cell's lock, but it's close enough that the virus can hack in and invade that type of cell.

- When the virus can get inside, it hijacks the cell's machinery and uses it to make more copies of itself.

- Those new virus copies, with their false keys on the outside, then break out of the infected cell and move on to infect new cells.

- In many cases, the cell that's been hijacked and infected is destroyed in the process.

- Our bodies don't mean for this to happen. The locks on our cells are for other things that our bodies naturally do.

- When enough viruses have been able to use their false keys to get into our cells and make copies of themselves, the body recognizes that there's an infection, and our immune system revs up to fight off the virus.

- Sometimes we know that our immune system is fighting something, because we feel sick – but sometimes we don't know it's happening at all.

- When someone who is infected with a respiratory virus, whether they feel sick or not, breathes out or talks, their respiratory droplets, with virus in them, are carried out.

- Those droplets with virus could reach other people, getting into their nose, throat, lungs, and eyes, and letting the virus use its key on their cells to start the process all over again.

- To keep this from happening, many of the things we do for infection control focus on keeping respiratory droplets out of the air and away from other people.

Topic Three:
How Respiratory Droplets Spread COVID-19

Overview

Topic Three: How Respiratory Droplets Spread COVID-19

Content summary: How does SARS-CoV-2 get from one person to another: what is a respiratory droplet?

***Inside Infection Control* Video:** *What's a Respiratory Droplet? Why Does It Matter?*

Learning Objectives

By the end of this episode, participants will be able to:

- Describe one characteristic (1) of respiratory droplets

- Understand one (1) primary way that SARS-CoV-2 moves between people

- Explain one (1) reason why infection control actions focus on keeping respiratory droplets out of the air and away from other people

Key Educational Takeaways

- Our breath contains a lot of water that you can't usually see.

  ▶ When we see our breath in cold air or see our glasses fog up when we're wearing a mask, what we're seeing is all the water in our breath.

  ▶ Those are our respiratory droplets.

- The main way that SARS-CoV-2, the virus that causes the disease COVID-19, travels between people is through respiratory droplets.

  ▶ When someone is infected with SARS-CoV-2, the droplets that they breathe out have virus particles in them.

  ▶ People who are close by can breathe the droplets in, or the droplets can land on their eyes, and they can get infected.

Content Outline

- Different viruses spread from person to person in different ways.

- The main way that SARS-CoV-2, the virus that causes the disease COVID-19, travels between people is through respiratory droplets.

- These droplets aren't large, like you would see from a splash in a sink. They're very tiny.

- The droplets have different sizes, but most of them are so small that we can't see them most of the time.

- We usually can't see the water in our breath, but when we do things like breathe on a mirror and fog it up, we're seeing our respiratory droplets.

- We're also seeing our respiratory droplets when we're outside in cold weather and can see our breath, or when our eyeglasses fog up when we're wearing a mask.

- Every time we let breath out of our nose or mouth, we're letting out respiratory droplets – when we're talking, singing, coughing, or even just breathing normally.

- The droplets not only have different sizes, they also travel in the air for different distances.

- The droplets are small and light enough that they can reach other people who are close by.

- When someone is infected with SARS-CoV-2, the droplets that they breathe out have virus particles in them.

- If people who are close by aren't wearing masks or aren't behind a barrier, then they can breathe the droplets in, or the droplets can land on their eyes.

- When droplets carrying virus get into someone's nose, mouth, or eyes, or travels to their lungs, the virus lands on cells.

- Like many other respiratory viruses, SARS-CoV-2 is able to get into a lot of cells in the nose, throat, eyes, and lungs. The virus can then hijack those cells and make the person sick with COVID-19.

- Since respiratory droplets are the main way that SARS-CoV-2 moves between people, many of the infection control actions we need to take in healthcare are things to keep people, including our patients, our coworkers, and ourselves, from breathing in each other's respiratory droplets.

Topic Four:
How Viruses Spread from Surfaces to People

Overview

Topic Four: How Viruses Spread from Surfaces to People

Content summary: How can the virus be transmitted on surfaces?

***Inside Infection Control* Video:** *How Do Viruses Spread from Surfaces to People?*

Learning Objectives

By the end of this episode, participants will be able to:

- Describe two (2) ways viruses can spread from surfaces to people
- Explain one (1) reason why good hand hygiene and environmental cleaning are important to keep germs from spreading in healthcare

Key Educational Takeaways

- Although COVID-19 is mainly spread through respiratory droplets, another way you can get sick is if you touch something that has live virus on it and then touch your face without cleaning your hands first.
- Virus can get on surfaces when respiratory droplets land on those surfaces.
- Virus can also get on surfaces when body fluids from an infected person—like spit and snot—get onto things nearby.

Content Outline

- We get sick with COVID-19 when the virus SARS-CoV-2 gets to our nose, mouth, or eyes, mainly by breathing it in, or when respiratory droplets from someone who's infected with the virus get on our eyes.
- The virus can also be carried to our mouth, nose, and eyes if we touch something that has live virus on it, and then you touch our face without cleaning our hands first.
- Respiratory droplets are all very small, but they are different sizes.
- When they're breathed out, some of the droplets will be carried away by the air and travel wherever the air currents are flowing.
- Many of those droplets are big enough—still tiny, but big enough—that they won't travel very far in the air, but will instead start falling downwards.
- When the droplets fall, they don't just fall on the ground. Some of them will fall things that are nearby, like patient beds, tables, waiting room chairs, desks, our clothes, and more.
- Once the droplets land on something, the virus in them can survive for a little while – it's not long for most surfaces, but it's enough for someone to touch the surface and get the virus onto their hands.
- From the hands, the virus can get into the body if you touch your face without cleaning your hands first, and it happens a lot.

- Virus can also get onto surfaces when an infected person touches their eyes, nose, or mouth and gets virus on their hands, and then touches another surface. This leaves virus on that surface that someone else can pick up on their hands and transfer to their face.

- In healthcare, body fluids—including spit and snot—can get onto things near a patient. If anyone touches those surfaces and doesn't clean their hands, they can spread virus around that way, to themselves, to other surfaces, and to other people.

- Understanding how viruses spread on surfaces helps show the importance of good hand hygiene and good cleaning of the environment for infection control, so viruses and other germs don't spread.

Topic Five:
How COVID-19 Spreads: A Review

Overview

Topic Five: How COVID-19 Spreads: A Review

Content summary: Brief review of how viruses spread by respiratory droplets and on surfaces.

Inside Infection Control **Video:** *How Does COVID-19 Spread? A Review*.

Learning Objectives

After viewing this video, learners will be able to:

Describe two (2) ways that SARS-CoV-2 spreads

Key Educational Takeaways

- The main way that SARS-CoV-2, the virus that causes the disease COVID-19, travels between people is through respiratory droplets in our breath.
- Another way you can get sick with COVID-19 is if you touch something that has live SARS-CoV-2 virus on it, and then touch your face without cleaning your hands first.

Content Outline

- The main way SARS-CoV-2 spreads is by respiratory droplets.
- When someone who's infected with the virus breathes out, coughs, or talks, the tiny droplets of water that are carrying virus particles that are in their breath can reach a person who's close by.
- Then those droplets are breathed in, or land on the other person's eyes.
- This can happen whether the infected person knows they have the virus or not.
- The virus can also get around when the droplets carrying them get on surfaces, and then from surfaces onto your hands.
- Droplets can fall onto things from a cough or sneeze, or just from just being breathed out.
- Droplets can also be spread around through someone's hands, if they're infected and touch their nose and mouth and then touch something else, like a door handle or an IV pole, without cleaning their hands first.
- Then the virus can get picked up by someone else on their hands, and make its way to their eyes, nose, or mouth, eventually infecting them and making them sick.
- The next series of videos from Project Firstline will focus on the infection control actions that are recommended to stop germs, including SARS-CoV-2, the virus that causes COVID-19, from spreading in healthcare.

PROJECT FIRSTLINE

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

For more information please contact
Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30329-4027
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Web: www.cdc.gov/projectfirstline

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