

WASHINGTON STATE DEPARTMENT OF HEALTH

# **WA State Project Firstline: Healthcare Training Program Outreach Summary**



**DOH 420-661 March 2025**

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# Background

Project Firstline (PFL) is a Centers for Disease Control and Prevention (CDC) collaborative launched in 2020 designed to provide infection prevention and control (IPC) training to frontline healthcare workers (HCW). PFL addresses training and knowledge gaps found in frontline HCW IPC practices.

The Washington State Department of Health's (WA DOH) Healthcare Associated Infections and Antimicrobial Resistance (HAI/AR) Section partnered with the CDC and the University of Washington's Northwest Center for Public Health Practice (NWCPHP) to create Washington State PFL online IPC training. This six-module training covers the following topics: Infection Control, How Germs Can Spread on Surfaces, How Germs Can Spread via Respiratory Droplets, Proper Use of Hand Hygiene, Proper Use of Personal Protective Equipment (PPE), and Cleaning and Disinfection. Frontline HCWs who complete these six modules can earn free continuing education and continuing nursing education (CE/CNE) credits equal to two contact hours. Two additional modules are also available covering Enhanced Barrier Precautions and Injection Safety. These modules are not currently approved for CE/CNEs. The HAI/AR team also created a Project Firstline podcast series consisting of 18 episodes on a range of related IPC topics and a text messaging program delivering relevant IPC information on a weekly basis.

Development and implementation of these resources were based on the results of a state-wide Learning Needs Assessment (LNA) completed in 2021 by the HAI/AR team and the NWCPHP. This LNA identified IPC topics frontline HCWs wanted additional training on and topics HCWs reported not receiving training on. The topics of greatest need included Triage and Screening, Source Control, and Environmental Cleaning<sup>2</sup>.

Beginning in 2023, the HAI/AR team worked to promote PFL to Certified Nursing Assistant (CNA) training programs with the primary goal of creating a more robust IPC knowledge base for future HCWs before they enter the workforce. This outreach and relationship building was an extension of the work that was already being done to promote PFL within long-term care facilities and other healthcare facilities as a continuing education opportunity. There are over 150 (CNA) training programs run by colleges, high schools, private companies, and hospitals in WA<sup>3</sup>. Outreach efforts included emails, phone calls, and video calls. A secondary goal of connecting with these training programs was to collect information about the current IPC topics taught in their curriculum via an environmental scan with data captured via REDCap. The results of the outreach efforts and the environmental scan are outlined in this report.

# Executive Summary

This report details the design and implementation of an environmental scan and outreach process completed by the Washington (WA) State Department of Health's (DOH) Healthcare Associated Infection and Antimicrobial Resistance (HAI/AR) Section from October 2023 - December 2024. The environmental scan aimed to better understand the current scope of Certified Nursing Assistant (CNA) and Medical Assistant (MA) Infection Prevention and Control (IPC) training curriculum at healthcare provider training programs across WA. Outreach efforts focused on increasing the uptake of WA Project Firstline (PFL) Training modules and resources to fill existing gaps in healthcare provider IPC training. After 14 months of outreach and education, 19 healthcare provider training programs adopted PFL into their curriculum. Over 160 students completed all six PFL modules prior to entering the workforce and are better prepared because of it. Many more students will complete the modules in 2025 as new cohorts enter participating training programs.

# Environmental Scan

## REDCap Survey Instruments

REDCap (Research Electronic Data Capture) was utilized to capture information for the environmental scan as well as to track contacts and outreach progress with each healthcare provider training program. The database was created in September 2023 with the assistance of the REDCap support team at the Washington (WA) State Department of Health (DOH). It consists of six instruments including “Institution/Contact Information”, “Provider Training Program Information”, “Month 3 Follow-Up”, “Month 6 Follow-Up”, “Month 9 Follow-Up”, and “Month 12 Follow-Up”.

Of the six survey instruments, only the “Institution/Contact Information” form was partially pre-filled using data gathered over the previous year such as name and region of the institutions and any contact information found on websites. This form also contains information about the relationship building process with the program. The “Provider Training Program Information” form contains the environmental scan questionnaire. The Month X Follow-Up forms are intended to track which WA PFL training modules were used by the programs and how many students completed the modules.

### Institution/Contact Information form

The Institution/Contact Information form includes the name, region, and website of the healthcare training institutions, any contact information that was gathered for staff, and notes about previous contacts made. Contact attempts and dates were also recorded. This form captures whether the institution agreed to implement Project Firstline for MA students or CNA students. If they did not implement Project Firstline, the reason why was recorded. Finally, this form captures whether a close-out survey was sent to the institution. The PDF copy is in [Appendix A](#).

### Provider Training Program Information form

The Provider Training Program Information form contains the environmental scan data. This survey captures whether nine different IPC topics are covered in CNA or MA training programs’ curriculum prior to implementing PFL. Topics include cleaning and disinfection, environmental cleaning, basics of infection control, hand hygiene, personal protective equipment, triage and screening, source control, spread of infections, and vaccination and injection safety. Training programs were also invited to elaborate on any other pertinent IPC topics they teach. The PDF copy is in [Appendix A](#).

### Month X Follow-Up forms

The Month X Follow-Up forms are designed to be completed by programs that agree to utilize Project Firstline resources as part of their training curriculum. These forms capture information about how many students complete the PFL modules and feedback about using the training resources the program wants to provide.

Reference [Appendix A](#) for the Month 3 Follow-Up PDF copy.

# Environmental Scan Results

Efforts were made to gather information for the environmental scan from all contacted programs, however the actual response rate was 36% (24/66). Environmental scan data were gathered in three ways. First, responses were requested from program staff during the initial conversation (video or phone call). The environmental scan survey was administered verbally. The second method was to request information over email using a template. This process was used with programs who did not want to schedule a meeting on the phone or over video call but did respond to email contact attempts. The third method was to integrate the environmental scan questions into the Project Firstline Feedback Survey. The PFL Feedback Survey was sent to programs who did not respond to email or phone contact attempts and is included in [Appendix B](#). Ultimately, six CNA programs and two MA programs provided environmental scan data via email, while 18 CNA programs and four MA programs provided the information during a video or phone call.

## Urban and rural differences

Table 1 and Table 2 highlight the differences in IPC topic coverage based on urban or rural geographic status for CNA and MA programs. Most notably for CNA training programs, only 33% of rural programs included training on environmental cleaning, versus 72% of urban programs. Additionally, 17% of rural programs included injection and sharps safety, versus 61% of urban programs. While not a standard part of the scope of practice, 0% of rural CNA programs surveyed cover Triage and Screening compared to 22% of urban programs. On the other hand, rural programs demonstrated strength in teaching source control, with 100% of rural programs including this content, compared to 88% of urban programs. Response rates were much lower for MA training programs with only six schools providing data. All topics were covered by at least 75% of both urban and rural programs.

**Table 1. CNA IPC Topic Coverage**

IPC Topic	Urban: Covered in Curriculum n(%)	Rural: Covered in Curriculum n(%)	Total: Covered in Curriculum n(%)
<b>Cleaning and Disinfection</b>	16(88.8%)	5(83.3%)	21(87.5%)
<b>Environmental Cleaning</b>	13(72.2%)	2(33.3%)	15(62.5%)
<b>Introduction to Infection Control</b>	18(100%)	6(100%)	24(100%)

<b>Hand Hygiene</b>	18(100%)	6(100%)	24(100%)
<b>Personal Protective Equipment (PPE)</b>	18(100%)	6(100%)	24(100%)
<b>Triage and Screening</b>	4(22.2%)	0(0%)	4(16.6%)
<b>Source Control</b>	16(88.8%)	6(100%)	22(91.6%)
<b>Spread of Infections</b>	18(100%)	6(100%)	24(100%)
<b>Vaccination and Injection Safety</b>	11(61.1%)	1(16.7%)	12(50%)

**Table 2. MA IPC Topic Coverage**

<b>IPC Topic</b>	<b>Urban: Covered in Curriculum n(%)</b>	<b>Rural: Covered in Curriculum n(%)</b>	<b>Total: Covered in Curriculum n(%)</b>
<b>Cleaning and Disinfection</b>	2(100%)	3(75%)	5(83.3%)
<b>Environmental Cleaning</b>	2(100%)	3(75%)	5(83.3%)
<b>Introduction to Infection Control</b>	2(100%)	4(100%)	6(100%)
<b>Hand Hygiene</b>	2(100%)	4(100%)	6(100%)
<b>Personal Protective Equipment (PPE)</b>	2(100%)	4(100%)	6(100%)
<b>Triage and Screening</b>	1(50%)	3(75%)	4(66.6%)
<b>Source Control</b>	2(100%)	4(100%)	6(100%)
<b>Spread of Infections</b>	2(100%)	4(100%)	6(100%)
<b>Vaccination and Injection Safety</b>	2(100%)	4(100%)	6(100%)



### Program type differences

Table 3 highlights the differences in IPC topic coverage based on program type: high school, private training program, or college. Note that this table includes both MA and CNA programs. The data show Introduction to Infection Control, Hand Hygiene, PPE, and Spread of Infections are covered at 100% of all program types. However, differences are evident in Cleaning and Disinfection where only 62.5% of high school programs cover the topic compared to 100% of private programs and 92.3% of college programs. Similar differences are noticeable in Environmental Cleaning, Source Control, and Triage and Screening where the coverage rate for high school programs is less than that of private and college programs. Conversely, high school programs cover Vaccination and Injection Safety at a higher rate than college programs.

**Table 3. IPC Topic Coverage by Program Type**

IPC Topic	High School: Covered in Curriculum n(%)	Private: Covered in Curriculum n(%)	College: Covered in Curriculum n(%)
Cleaning and Disinfection	5(62.5%)	9(100%)	12(92.3%)
Environmental Cleaning	4(50%)	7(77.7%)	9(69.2%)
Introduction to Infection Control	8(100%)	9(100%)	13(100%)
Hand Hygiene	8(100%)	9(100%)	13(100%)
Personal Protective Equipment (PPE)	8(100%)	9(100%)	13(100%)
Triage and Screening	1(12.5%)	3(33.3%)	4(30.7%)
Source Control	7(87.5%)	9(100%)	12(92.3%)
Spread of Infections	8(100%)	9(100%)	13(100%)
Vaccination and Injection Safety	5(62.5%)	7(77.7%)	6(46.1%)

## Outreach Process



One of the main goals of this project was to build relationships with healthcare provider training programs across WA. To achieve this, an outreach strategy was developed and implemented over a 14-month period. Follow-up is still ongoing with programs who agreed to utilize Project Firstline and programs with whom a relationship has formed.

## Methodology

Outreach was performed in several phases throughout the 14-month process. Private training programs were contacted first, then high school and bridge programs, and finally college level programs. All contact attempts began with an email using a standardized template, followed by a phone call if a number was available. When necessary, the “contact us” form would be used on the school website if no direct phone number or email address was provided. If the program did not respond, a second contact attempt was made within 2-4 weeks. If the program responded, follow-up would begin on the schedule that works best for the program.

### Private Programs

Generally, establishing a relationship with private training programs proved to be the most challenging among all programs. Many private programs did not have active emails listed and did not respond to phone calls on the first attempt. Many private training programs are run by families or have small staff sizes and limited resources. Only 3/24 private training programs responded to the initial contact attempt. However, ten additional programs responded to the second contact attempt. Calling by phone was the best way to work with private training providers and often resulted in rich conversations about infection prevention training.

### High School/Bridge programs

High school training programs presented a unique challenge as the training/skills centers often covered several high schools. Instructors and administrative staff often worked together across schools, but did not share a phone line or single email. However, once the correct contact was found the response rate and enthusiasm was high. A total of 8/15 programs responded to the first contact attempt and two additional schools responded to the second contact attempt.

### College Programs

Outreach to college programs did not begin in earnest until spring of 2024. Contact attempts were initiated with faculty in nursing departments, but college programs were excellent at networking and provided opportunities to present PFL to other departments including MA, dental and pre-physical therapy. While colleges tend to be better funded and have more staffing than private programs, the timing and schedule of classes is more restrictive which prevented some schools from considering PFL when first presented. This meant that the follow up period was much longer for college programs compared to high school or private training programs. However, 7/24 college programs responded to the first contact attempt and colleges became the

biggest adopter of PFL resources.

## **Additional Resources Created**

During the outreach process, several materials were created to guide outreach, describe PFL, and encourage uptake by training programs including email templates, a presentation, a feedback form, certificates of participation, and a newsletter.

### **Email templates**

In the beginning stages of outreach, it was noted that many conversations followed a similar pattern or common questions arose. When possible, presentations were amended to answer these questions. For other situations, email templates were developed to provide concise and consistent information to all training programs. These templates included an initial outreach email, a “no-response” email follow up, a post conversation email, an environmental scan survey email, and finally a close out email for non-responsive programs with a link to the feedback form.

### **Project Firstline Feedback Form**

Despite numerous contact attempts, several programs remained unreachable. In these situations, a final email was sent including the link to the Project Firstline Feedback Form ([Appendix B](#)). This survey contained the environmental scan questionnaire and asked what the program understood about PFL, why the program wasn’t interested in PFL, and any other feedback the program wanted to provide. Only two programs completed the feedback form, and both indicated they would like to be contacted about PFL. One program went on to include PFL in their curriculum and the other is still considering how PFL might work for their program.

### **Virtual Presentation**

A PowerPoint (PPT) presentation was prepared for virtual meetings with training programs. It outlined the goals of the meeting, described PFL, and contained the environmental scan questions. Typically, a portion of the presentation would include a demonstration of the PFL training modules and a tour of the WA PFL website. A standard presentation would take 30 minutes, though this varied depending on the audience. This PPT included all relevant links and information necessary to understand and begin using PFL. This PPT was emailed to program staff following the virtual meeting. Sharing of the PPT to others was encouraged. A PDF of the presentation is available in [Appendix C](#).

### **Certificate of Participation**

To reward programs for incorporating PFL materials into their training curriculum, a Certificate of Participation was offered. An example certificate is included in [Appendix D](#).

### **PFL Healthcare Provider Training Program Newsletter**

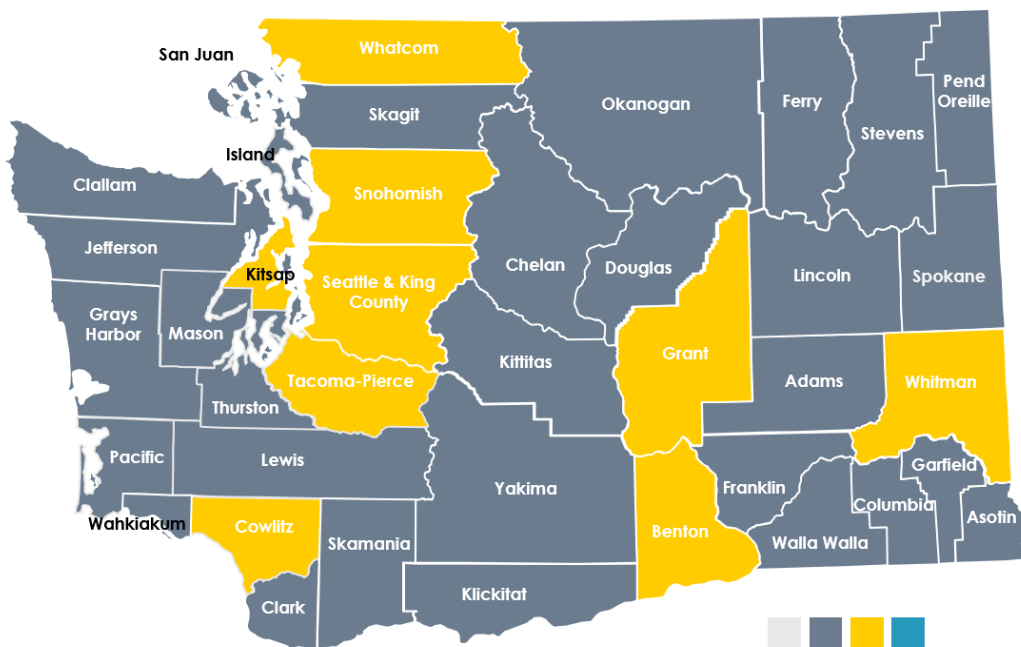
The PFL Healthcare Provider Training Program Newsletter was initiated to keep training programs up to date on new resources that become available, such as the “Injection Safety” and “Enhanced Barrier Precautions” modules. The newsletter also highlights our participating programs and encourages non-participating programs to

engage with PFL resources. The newsletter was sent to all program contacts with the option to opt out. The first PFL Healthcare Provider Training Program Newsletter is included in [Appendix E](#).

## Participating Programs

As of September 2024, 19 training programs across the state have agreed to incorporate Project Firstline resources into their curriculum for CNA, MA, dental, and pre-physical therapy students. These programs are from nine different counties, including a mix of urban and rural areas (Figure 1).

**Figure 1. Map of WA counties with participating training programs highlighted in yellow.**



### Characteristics of Participating Programs

The programs that chose to incorporate PFL into their training curriculum vary in several ways including size, length of program, and population served. Overall, four private training programs, seven high school programs, and eight college programs implemented PFL materials into their curriculum (Table 4). One high school program only enrolls 6-8 students each year while one of the private programs enrolls up to 300 students each year. Similarly, the length of time required to complete the training program is unique to the program type. While a CNA is required to complete a minimum of 85 hours of training, many programs provide more hours (120+), and the training schedule may take between 6 weeks and 9 months. Finally, the population served by the participating programs spans a broad spectrum from high school students

without any clinical care or work experience, to adults who have had previous careers and caretaking or clinical experience.

**Table 4. WA Project Firstline (PFL) Uptake by Program Type**

<b>Private: Agreed to Implement PFL n(%)</b>	<b>College: Agreed to Implement PFL n(%)</b>	<b>High School: Agreed to Implement PFL n(%)</b>	<b>Total: Agreed to Implement PFL n(%)</b>
4(21%)	8(42.1%)	7(36.8%)	19(100%)

### **Feedback from Participating Programs**

Several participating programs have provided positive feedback about PFL. This feedback includes “the modules are easy to understand and straightforward”, “PFL is a very good and helpful resource for our program and students”, and “It is a great training. So glad that I was able to find out about this!”. Ultimately, the time and effort that instructors took to incorporate PFL into their curriculum was the biggest piece of positive feedback.

Several programs also expressed that PFL was not a good fit for their program or that was redundant in the context of their existing curriculum. One comment mentioned by multiple programs was to make PFL able to be integrated into Learning Management Systems (LMS). While this was not possible, programs were encouraged to set up assignments within their LMS and have students upload the certificate of completion for whichever module they assigned. Many programs also expressed a lack of staff hours to review and edit the current curriculum to include PFL. Developing a strategy or being able to provide assistance in the curriculum review process could improve uptake in the future.

## **Lessons Learned**

There is a need for increased infection prevention and control training for frontline healthcare workers. Healthcare provider training programs play a large role in setting their students up for success, which is why including comprehensive IPC education and training in their curriculum is essential. PFL is an important, free tool that can fill IPC training gaps in current CNA, MA, pre-PT, and dental training program curriculum.

### **Flexible, affordable resources**

The ability for a program to pick and choose resources that serve their students is one of the biggest advantages to WA PFL. Each of the 19 participating training programs are using the PFL modules in a different way. Some programs are setting up a single assignment for students to complete the entire training (six modules). Other programs are offering the training as extra credit. One program is walking through the modules as a class and

talking through the reflection questions and interactive scenarios. Another program is using the WA PFL Podcast to open conversations around IPC topics. The job aids, particularly the pocket job aids, have received positive feedback and are being used in many classrooms.

The acceptability of PFL increased through highlighting the flexibility of PFL and providing examples of how programs creatively integrated PFL materials into their curriculum.

### **Relationship building is non-linear**

Outreach and promotional efforts need to meet the audience where they are. Some programs were enthusiastic from the first conversation and worked quickly to incorporate PFL into their curriculum. Other programs responded immediately saying they would not benefit or did not have the capacity to incorporate the PFL resources into their curriculum. Still other programs took months to respond to email and phone call attempts and more months to decide whether PFL was a good fit for them. Each program is unique in the population it serves, the current curriculum needs, and the resources available. Remaining flexible and being a consistent resource can eventually result in excellent relationships with training program staff.

## **Future Implications**

The results of the environmental scan and the enthusiastic response to the Project Firstline resources imply a need for continued effort at improving infection prevention and control training for CNA and MA students in WA. The 19 healthcare provider training programs utilizing WA Project Firstline are ensuring that their students receive excellent IPC education before they enter the workforce. The “Enhanced Barrier Precautions” and “Injection Safety” Modules (released late 2024) offer additional opportunities to expand the usefulness of PFL to a greater audience. The information provided in this report can assist other health departments in promoting PFL for healthcare provider training programs in their states.

## **Next Steps**

Follow-up with the 19 participating healthcare training programs is ongoing to collect data around the number of students trained using PFL. Follow-up typically occurs every three months, though it also depends on the schedule of the participating program. Additionally, the first PFL Healthcare Provider Training Program Newsletter was distributed in December 2024 ([Appendix B](#)) to keep healthcare provider training programs updated on new resources and updated materials. PFL promotional activities and collaboration through our partner networks will continue with a focus on new resources and expanded applications of the training.

# References

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4. Washington State Department of Health. “Project Firstline.” *Washington State Department of Health*, 2024, [doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/project-firstline](https://doh.wa.gov/public-health-provider-resources/healthcare-professions-and-facilities/healthcare-associated-infections/hai-resources-and-tools/project-firstline). Accessed 26 Sept. 2024.

## Appendices

### Appendix A: REDCap Instruments

The following surveys were used to capture information about Healthcare Provider Training Programs across WA. These surveys include the Provider Training Program Information, Institution/Contact Information, and Month X Follow-Up forms.

## Institution/Contact Information

Institution Name

\_\_\_\_\_

### Background Information about Institution and Contacts

Type of Institution

- ☐ College  
☐ High School  
☐ Hospital  
☐ Nursing Home  
☐ Private

City

\_\_\_\_\_

County

\_\_\_\_\_

Region

- ☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9

Institution Website

\_\_\_\_\_

Primary Contact Name

\_\_\_\_\_

Primary Contact Title

\_\_\_\_\_

Primary Contact Email

\_\_\_\_\_

Primary Contact Phone Number

\_\_\_\_\_

Secondary Contact Name

\_\_\_\_\_

Secondary Contact Title

\_\_\_\_\_

Secondary Contact Email

\_\_\_\_\_

Secondary Contact Phone

\_\_\_\_\_



Institution/Contact Notes

\_\_\_\_\_

**Contact Attempt Information**

Was the first contact email sent? ☐ Yes  
☐ No

Date the first email was sent.

\_\_\_\_\_

Was a response received from the institution/contact? ☐ Yes  
☐ No

Date of first response from institution/contact.

\_\_\_\_\_

Was an initial meeting/call scheduled? ☐ Yes  
☐ No

Why was a meeting not scheduled?

\_\_\_\_\_

Date of first meeting with institution.

\_\_\_\_\_

Was a follow up email sent when the institution/contact did not reply? ☐ Yes  
☐ No

Date of second email contact attempt.

\_\_\_\_\_

Was a follow up phone call made when the institution/contact did not respond? ☐ Yes  
☐ No

Date of follow up phone call.

\_\_\_\_\_

Did the institution/contact respond to the second contact attempt? ☐ Yes  
☐ No

Date institution/contact responded to second email attempt.

\_\_\_\_\_

Was an initial meeting/phone call scheduled in response to follow up attempts? ☐ Yes  
☐ No

Date of scheduled meeting/phone call.

\_\_\_\_\_

Any additional notes about conversation with contact?

\_\_\_\_\_

Did the program agree to implement Project Firstline for CNA students? If yes, indicate which modules below.

☐ Yes  
☐ No

Why didn't the program agree to implement the Project Firstline modules for CNA students?

- ☐ Already cover the topics in the CNA curriculum  
☐ Do not have time/resources to incorporate the modules  
☐ Don't think the modules are good/useful  
☐ Don't believe the modules are necessary for CNA training  
☐ No CNA program  
☐ Other

Additional notes about "other" response

\_\_\_\_\_

Date the program agreed to implement Project Firstline for CNA students:

\_\_\_\_\_

	Yes	No
Infection control	<input type="radio"/>	<input type="radio"/>
How germs spread on surfaces	<input type="radio"/>	<input type="radio"/>
How germs spread via respiratory droplets	<input type="radio"/>	<input type="radio"/>
Proper hand hygiene	<input type="radio"/>	<input type="radio"/>
Proper use of PPE	<input type="radio"/>	<input type="radio"/>
Cleaning and disinfection	<input type="radio"/>	<input type="radio"/>

Did the program agree to implement Project Firstline for MA students? If yes, indicate which modules below.

☐ Yes  
☐ No

Why didn't the program agree to implement the Project Firstline modules for MA students?

- ☐ Already cover the topics in the MA curriculum  
☐ Do not have time/resources to incorporate the modules  
☐ Don't think the modules are good/useful  
☐ Don't believe the modules are necessary for MA training  
☐ No MA program  
☐ Other

Additional notes about "other" response

\_\_\_\_\_

Date the program agreed to implement Project Firstline for MA students:

\_\_\_\_\_

	Yes	No
Infection control	<input type="radio"/>	<input type="radio"/>
How germs spread on surfaces	<input type="radio"/>	<input type="radio"/>

How germs spread via respiratory droplets	<input type="radio"/>	<input type="radio"/>
Proper hand hygiene	<input type="radio"/>	<input type="radio"/>
Proper use of PPE	<input type="radio"/>	<input type="radio"/>
Cleaning and disinfection	<input type="radio"/>	<input type="radio"/>

---

Was a close-out survey sent to unresponsive programs? ☐ Yes  
☐ No  
☐ Not necessary due to responses of program.

---

Date the close out survey was sent. \_\_\_\_\_

---

Did the institution receive a Project Firstline Participation Certificate? ☐ Yes  
☐ No

**Provider Training Program Information**

Institution Name \_\_\_\_\_

Does the institution have a CNA/NAC training program?  
If so, what topics are covered in your curriculum? ☐ Yes  
☐ No

	Covered in current curriculum	Not covered in current curriculum
Cleaning and Disinfection i.e., concept definitions, contact time, and reading a disinfectant label	<input type="radio"/>	<input type="radio"/>
Environmental cleaning i.e. how to/use of environmental disinfectants	<input type="radio"/>	<input type="radio"/>
Introduction to or basics of Infection Control	<input type="radio"/>	<input type="radio"/>
Hand Hygiene	<input type="radio"/>	<input type="radio"/>
Personal Protective Equipment (PPE)	<input type="radio"/>	<input type="radio"/>
Triage and Screening i.e. triage=rapid assessment of patients, screening=method to detect potential health issues	<input type="radio"/>	<input type="radio"/>
Source control i.e. reducing disease transmission through precautions (may be covered under PPE)	<input type="radio"/>	<input type="radio"/>
Spread of infections i.e. how germs/respiratory droplets spread	<input type="radio"/>	<input type="radio"/>
Vaccination and injection safety	<input type="radio"/>	<input type="radio"/>

Any other topics currently covered in the CNA curriculum? \_\_\_\_\_

Was the information about the CNA program acquired in an email, in person/in video call, or a combination? ☐ Email  
☐ In person/video call  
☐ Combination

Name of person(s) who provided information about the CNA program: \_\_\_\_\_

Does the institution have an MA training program? If so, what topics are covered in the curriculum? ☐ Yes  
☐ No

Covered in current curriculum	Not covered in current curriculum
-------------------------------	-----------------------------------

Cleaning and disinfection i.e., concept definitions, contact time, and reading a disinfectant label	<input type="radio"/>	<input type="radio"/>
Environmental cleaning i.e. how to/use of environmental disinfectants	<input type="radio"/>	<input type="radio"/>
Introduction to or basics of Infection Control	<input type="radio"/>	<input type="radio"/>
Hand hygiene	<input type="radio"/>	<input type="radio"/>
Personal Protective Equipment (PPE)	<input type="radio"/>	<input type="radio"/>
Triage and screening i.e. triage=rapid assessment of patients, screening=method to detect potential health issues	<input type="radio"/>	<input type="radio"/>
Source control i.e. reducing disease transmission through precautions, may be taught under PPE	<input type="radio"/>	<input type="radio"/>
Spread of infections i.e. how germs/respiratory droplets spread	<input type="radio"/>	<input type="radio"/>
Vaccination and injection safety	<input type="radio"/>	<input type="radio"/>

Any other topics currently covered in the MA  
curriculum?

\_\_\_\_\_

Was the information about the MA program acquired from  
email, in person/video call, or a combination?

- ☐ Email  
☐ In person/video call  
☐ Combination

Name of person(s) who provided information about the  
MA program:

\_\_\_\_\_

**Month 3 Follow Up**

Institution Name \_\_\_\_\_

Was a 3 month follow up discussion completed with the institution?

☐ Yes  
☐ No

Date of 3 month follow up discussion: \_\_\_\_\_

**CNA Program Data**

Did the program implement Project Firstline for CNA students over the last 3 months? If so, please confirm which modules were implemented below

☐ Yes  
☐ No

Why didn't the program implement the Project Firstline modules for CNA students?

- ☐ Already cover the topics in the CNA curriculum  
☐ Do not have time/resources to incorporate the modules  
☐ Don't think the modules are good/useful  
☐ Don't believe the modules are necessary for CNA training  
☐ No CNA program  
☐ Other

Additional notes about "other" response \_\_\_\_\_

	Yes	No
Infection control	<input type="radio"/>	<input type="radio"/>
How germs spread on surfaces	<input type="radio"/>	<input type="radio"/>
How germs spread via respiratory droplets	<input type="radio"/>	<input type="radio"/>
Proper hand hygiene	<input type="radio"/>	<input type="radio"/>
Proper use of PPE	<input type="radio"/>	<input type="radio"/>
Cleaning and disinfection	<input type="radio"/>	<input type="radio"/>

In the past 3 months, how many CNA students were assigned Project Firstline modules? (estimates are fine) \_\_\_\_\_

In the past 3 months, how many CNA students completed all 6 Project Firstline modules? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "Infection Control" module? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "How germs can spread on surfaces" module? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "How germs can spread via respiratory droplets" module? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "Proper hand hygiene" module? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "Proper use of PPE" module? \_\_\_\_\_

In the past 3 months, how many CNA students completed the Project Firstline "Cleaning and disinfection" module? \_\_\_\_\_

#### MA Program Data

Did the program implement Project Firstline for MA students over the last 3 months? If so, please confirm which modules were implemented below

☐ Yes  
☐ No

Why didn't the program agree to implement the Project Firstline modules for MA students?

- ☐ Already cover the topics in the MA curriculum  
☐ Do not have time/resources to incorporate the modules  
☐ Don't think the modules are good/useful  
☐ Don't believe the modules are necessary for MA training  
☐ No MA program  
☐ Other

Additional notes about "other" response

\_\_\_\_\_

	Yes	No
Infection control	<input type="radio"/>	<input type="radio"/>
How germs spread on surfaces	<input type="radio"/>	<input type="radio"/>
How germs spread via respiratory droplets	<input type="radio"/>	<input type="radio"/>
Proper hand hygiene	<input type="radio"/>	<input type="radio"/>
Proper use of PPE	<input type="radio"/>	<input type="radio"/>
Cleaning and disinfection	<input type="radio"/>	<input type="radio"/>

In the past 3 months, how many MA students were assigned Project Firstline modules? (estimates are fine) \_\_\_\_\_

In the past 3 months, how many MA students completed all 6 Project Firstline modules? \_\_\_\_\_

In the past 3 months, how many MA students completed the Project Firstline "infection control" module? \_\_\_\_\_

In the past 3 months, how many MA students completed the Project Firstline "How germs can spread on surfaces" module? \_\_\_\_\_



---

In the past 3 months, how many MA students completed the Project Firstline "How germs can spread via respiratory droplets" module?

\_\_\_\_\_

---

In the past 3 months, how many MA students completed the Project Firstline "Proper hand hygiene" module?

\_\_\_\_\_

---

In the past 3 months, how many MA students completed the Project Firstline "Proper use of PPE" module?

\_\_\_\_\_

---

In the past 3 months, how many MA students completed the Project Firstline "Cleaning and disinfection" module?

\_\_\_\_\_

---

Was the program added to the DOH Project Firstline web page as a participating program?

☐ Yes  
☐ No

---

Notes about 3 month check in conversation:

\_\_\_\_\_

## Appendix B: PFL Feedback Form

The PFL Feedback survey was sent via email to non-responsive programs after numerous contact attempts were made.



## Project Firstline Feedback Form

This form is requesting feedback from CNA/MA training programs that have been contacted by the Washington State Department of Health about Project Firstline Infection Prevention and Control training resources.

Additional Project Firstline information: [www.doh.wa.gov/ProjectFirstline](http://www.doh.wa.gov/ProjectFirstline)

\* Required

1. Name of your training program: \*

2. Do you understand what Project Firstline is and ways you could incorporate the training resources into your CNA/MA training curriculum? \*

☐ Yes

☐ No

3. Do you have questions regarding Project Firstline and/or how to incorporate the training resources into your program? Please ask your questions below.

We will follow up with you individually to address all questions.

4. Does your school have a CNA Training program? \*

☐ Yes

☐ No

5. Are you open to including Project Firstline in your CNA training curriculum in the future?

☐ Yes

☐ No

☐ Other

6. Please provide insight as to why you will not be including Project Firstline in your CNA curriculum in the future:

- ☐ No time/space/resources to incorporate in curriculum
- ☐ I already cover the same information in my curriculum
- ☐ I don't think the modules are very good/useful
- ☐ I don't believe the modules are necessary for CNA training
- ☐ Other

7. Does your CNA program cover the following topics? \*

**Note:** These questions are solely for future resource development purposes.

	Covered in Curriculum	Not Covered in Curriculum
Cleaning and Disinfection i.e., concept definitions, contact time, and reading a disinfectant label	<input type="radio"/>	<input type="radio"/>
Environmental cleaning i.e. how to/use of environmental disinfectants	<input type="radio"/>	<input type="radio"/>
Introduction to or basics of Infection Control	<input type="radio"/>	<input type="radio"/>
Hand Hygiene	<input type="radio"/>	<input type="radio"/>
Personal Protective Equipment (PPE)	<input type="radio"/>	<input type="radio"/>
Triage and Screening i.e. triage=rapid assessment of patients, screening=method to detect potential health issues	<input type="radio"/>	<input type="radio"/>
Source control i.e. reducing disease transmission through precautions (may be covered under PPE)	<input type="radio"/>	<input type="radio"/>
Spread of infections i.e. how germs/respiratory droplets spread	<input type="radio"/>	<input type="radio"/>
Vaccination and injection safety	<input type="radio"/>	<input type="radio"/>

8. Does your school have an MA training program? \*

☐ Yes

☐ No

9. Are you open to including Project Firstline in your MA training curriculum in the future?

- ☐ Yes
- ☐ No
- ☐ Other

10. Please provide insight as to why you will not be including Project Firstline in your MA curriculum in the future:

- ☐ No time/space/resources to incorporate in curriculum
- ☐ I already cover the same information in my curriculum
- ☐ I don't think the modules are very good/useful
- ☐ I don't believe the modules are necessary for MA training
- ☐ Other

11. Does your MA program cover the following topics? \*

**Note:** These questions are solely for future resource development purposes.

	Covered in Curriculum	Not Covered in Curriculum
Cleaning and Disinfection i.e., concept definitions, contact time, and reading a disinfectant label	<input type="radio"/>	<input type="radio"/>
Environmental cleaning i.e. how to/use of environmental disinfectants	<input type="radio"/>	<input type="radio"/>
Introduction to or basics of Infection Control	<input type="radio"/>	<input type="radio"/>
Hand Hygiene	<input type="radio"/>	<input type="radio"/>
Personal Protective Equipment (PPE)	<input type="radio"/>	<input type="radio"/>
Triage and Screening i.e. triage=rapid assessment of patients, screening=method to detect potential health issues	<input type="radio"/>	<input type="radio"/>
Source control i.e. reducing disease transmission through precautions (may be covered under PPE)	<input type="radio"/>	<input type="radio"/>
Spread of infections i.e. how germs/respiratory droplets spread	<input type="radio"/>	<input type="radio"/>
Vaccination and injection safety	<input type="radio"/>	<input type="radio"/>

12. Would you share Project Firstline as a continuing education (CE) resource with former CNA/MA students?

- ☐ Yes
- ☐ No
- ☐ We have no contact with graduated students.
- ☐ Other


13. Would you like to be contacted in the future about Project Firstline?

- ☐ Yes
- ☐ No

14. Do you have any additional questions or comments?

---

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

## Appendix C: WA PFL Presentation

The WA PFL Presentation was presented to all programs who agreed to virtually meet. The presentation was also shared widely with associated program staff.





## PROJECT FIRSTLINE INFECTION PREVENTION AND CONTROL TRAINING MATERIALS

Healthcare-Associated Infections and Antimicrobial Resistance  
Section  
Office of Communicable Disease Epidemiology

### Who I am



**Tess Harpur**

*Healthcare Student Engagement Coordinator*  
Healthcare-Associated Infections and Antimicrobial Resistance Section



@WADepthHealth

---

## My Goals



### Build Relationship

- Work together towards mutual goals



### Identify Needs

- What Infection Prevention(IP) topics does your training currently cover?
- What resources do you currently use to cover IP topics?



### Provide Resources

- Project Firstline Training modules
- WA DOH accompanying podcasts
- Other relevant educational texts and WA PFL offerings

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## What Infection Prevention and Control topics do you cover?

- DOH is interested in knowing if your program covers some, or all, of the following topics:
  - Cleaning and Disinfection
  - Environmental cleaning (e.g., how to/use of disinfectants)
  - Introduction to or basics of Infection Control
  - Hand Hygiene
  - Personal Protective Equipment (PPE)
  - Triage and Screening
  - Source Control
  - Spread of Infections (How they spread)
  - Vaccination and Injection Safety
  - Other

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## Project Firstline | Washington State Department of Health

- Interactive IPC Training
  - Training materials
  - Videos
  - Interactive scenarios
  - Short quizzes
- Six Modules
  - Infection Control
  - Germs: Surfaces
  - Germs: Respiratory
  - Hand Hygiene
  - PPE
  - Cleaning & Disinfection
- Perspective: frontline HCW daily tasks



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## WA DOH Project Firstline Podcast

- Identifying the importance and impact of infection prevention and public health practices on our lives and those of our community
- 16 episodes
- <https://soundcloud.com/user-718826213/sets/pfl>



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## Free Texts from the Washington State Project Firstline Team

- This resource can help engage students in infection prevention. Receive timely infection prevention updates over your phone, wherever you are, including access to:
  - Infection prevention fast facts to help raise awareness and keep engaged with infection control topics.
  - Short, informative infection control training videos from the CDC.
  - Tips and tools for developing foundational infection prevention knowledge.
- Text "JoinWAIPC" to 59309 to receive text updates



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## How could this work with your curriculum?



- Students complete the Project Firstline training modules and submit the certificate
  - This could be one complete assignment or modules could be individually assigned based on topic to align with current curriculum.
- Podcast(s) assigned with discussion questions
- Students could opt-in to DOH Project Firstline text updates and report on what they learned

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## Looking to the future

- I would like to follow up with you to gather feedback about the Project Firstline modules and other resources you implement
  - 3 months
  - 6 months
  - 9 months
  - 12 months

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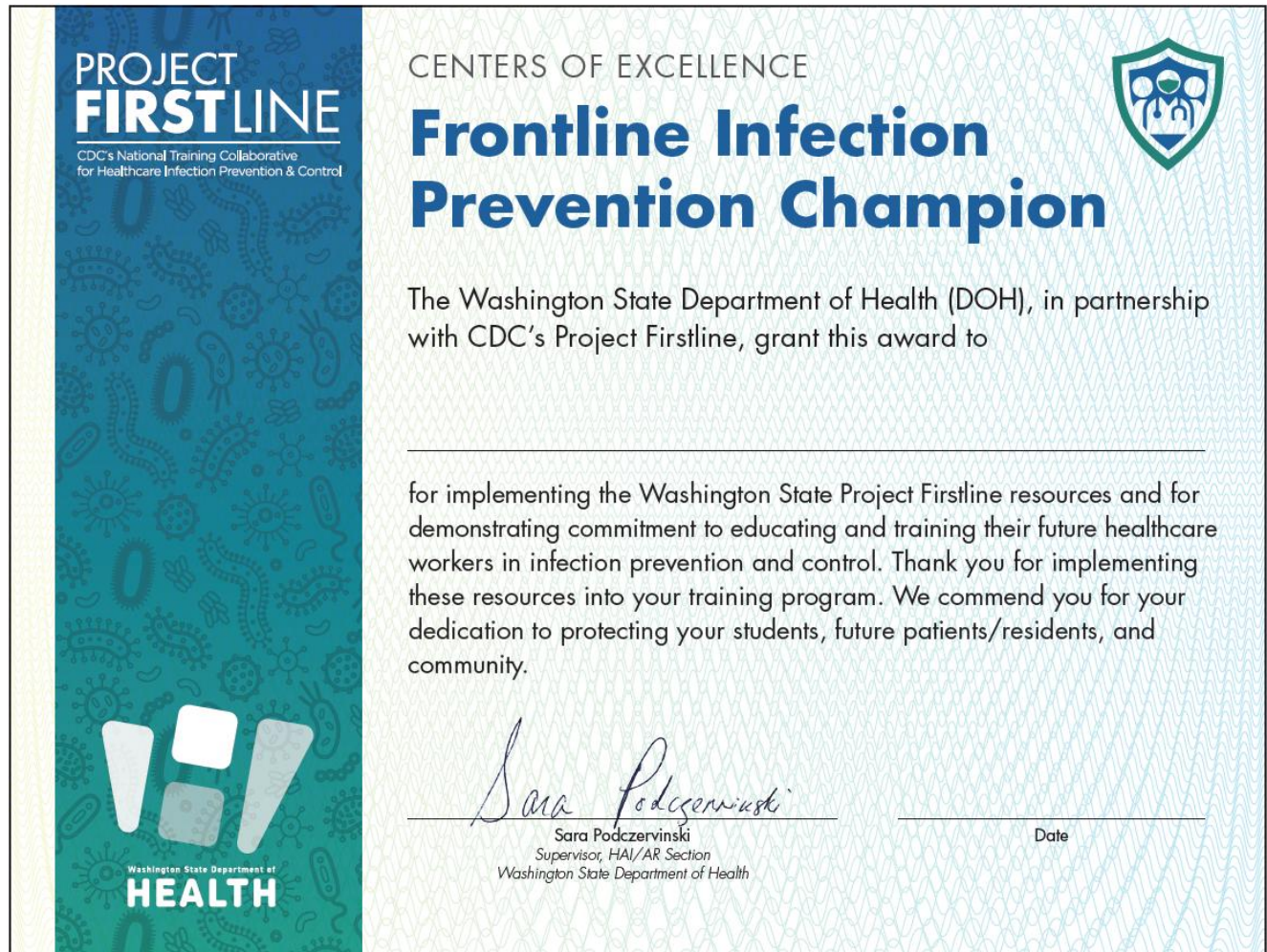


To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).



## Appendix D: WA PFL Certificate of Participation

The WA PFL Certificate of Participation was provided to all participating training programs. The criteria for receiving the certificate was to incorporate PFL training materials in their curriculum.



## Appendix E: WA Project Firstline Biannual Newsletter

The first of the biannual WA PFL newsletter shown below highlights the successes of outreach and expansion of PFL utilization.

# WA Project Firstline Healthcare Provider Training Program Newsletter

The WA Project Firstline Healthcare Provider Training Program Newsletter is a bi-annual newsletter designed to update subscribers on new Project Firstline information and provide infection prevention and control training resources.

If you are interested in incorporating Project Firstline resources into your training curriculum, please contact the [WA Project Firstline](#) team for additional information.

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## Thank you to our Participating Training Programs!

We currently have 19 programs across 16 institutions utilizing Project Firstline materials as part of their curriculum. These include CNA, MA, dental, and pre-PT programs!

- Bellingham Technical College
- Big Bend Community College
- Clover Park Technical College
- Clover Park Technical College at Gar-Pal High School (NAC)
- Crystal Point CNA Training School
- Excel Health Careers Training
- Green River College
- Lower Columbia College
  - Certified Nursing Assistant, Medical Assistant
- Med Smart Academy
- Medical Professions Academy Woodinville High School
- New Market Skills Center
- Olympic College
- Pierce County Skills Center
- Seattle Central Community College
- Sunrise Services
- Tri-Tech Skills Center
  - Pre-Physical Therapy, Dental, and Certified Nursing Assistant programs

To see all of our Champion Training Programs and Champion Facilities, please visit our [website](#).

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# Washington State Project Firstline Resources

## Interactive Training Modules

**WA Project Firstline** (PFL) is a [free](#) interactive infection prevention and control (IPC) training that includes videos, interactive scenarios, and short quizzes. Participants are able to earn continuing education and continuing nursing education (CE/CNE) credits.

The series is based on CDC Project Firstline content and focuses on the following **six modules**: Infection Control, Proper Hand Hygiene, How Germs Can Spread on Surfaces, How Germs Can Spread Via Respiratory Droplets, Proper Use of Personal Protective Equipment (PPE), and Cleaning and Disinfection. The modules are available in English and Spanish.

Job aids for each module are available for download in multiple languages on the [WA State PFL website](#).

## WA Project Firstline Podcast

The **Project Firstline Podcast**, hosted by the Washington State Department of Health, is designed to grow listeners awareness of infection prevention and public health practices and identify the impact of infection prevention on our lives and the lives of our community.

This free podcast contains 18 episodes covering a variety of infection prevention topics. Episodes are short, between 5 and 15 minutes each.

## WA Project Firstline Free Infection Prevention Text Messages

Sign up to receive [free text updates](#) from the Washington Project Firstline team. These texts arrive every Thursday morning and provide timely infection prevention updates over your phone! These include access to short infection control training videos from the CDC and infection prevention facts to raise awareness and keep infection control in mind. Engage your students in infection prevention in just minutes per week!

# How to Utilize these Resources!

## PFL Modules

Our participating programs utilize the PFL modules in many different ways, including:

- Assign all modules as part of the standard curriculum. This can be a great way to ensure students have a basic understanding of IPC concepts.
- Assign all, or some, modules as extra credit. This can help reinforce IPC concepts that may already be included in the curriculum.
- Complete all, or some, modules as a group during class. This is an excellent way to encourage discussion among students. The modules include "reflection points" that can encourage critical thinking. The videos and interactive scenarios provide a change of pace from lecture.
- Share only part of the modules in class i.e. the video or the interactive portion. This can provide very quick snippets of information to students without completing the entire module.

## PFL Podcasts

Our participating programs utilize the podcasts in many different ways, including:

- Play episodes in class. This can provide a great change of pace from lecturing and encourage open discussion.
- Assign podcasts as homework with discussion questions. The podcasts can reinforce topics that were discussed in class and provide real world examples for IPC concepts.

## Text Messaging Program

Our participating programs use the text messaging program as an extra credit opportunity for students who report the text of the week and as a conversation starter for class on Thursday mornings.

# Announcements!

A new training module is available: **Enhanced Barrier Precautions**. Participants can access the associated job aids on the [WA State PFL website](#) and the training module is accessible in **English and Spanish**. Note: this module is not part of the six-module continuing education series. CE credits are not available for this module.

**Coming soon!** The **Injection Safety** module is currently undergoing pilot testing and will be released on December 19th!

