CDC & APHL Cooperative Agreement OE20-2001 Evaluation Highlight

FOCUS AREA H. QUALITY AND SAFETY SYSTEMS REPORTING PERIOD: JULY 2021—JUNE 2022

HIGHLIGHTS: BIOSAFETY PREPAREDNESS FOR NON-LABORATORIES TRAINING, COLORADO GROUP



In June 2022, the Centers for Disease Control and Prevention (CDC) and the <u>Association of Public Health Laboratories</u> (APHL) conducted an in-person training for long term care facility staff in Denver, Colorado. The training covered safety principles when implementing point-of-care (POC) testing at non-laboratory testing sites (NLTS) as a result of a needs assessment conducted in 2021 with individuals from public health laboratories (PHLs) and NLTS in Colorado and Michigan to inform the development of the training. The 2022 training evaluation consisted of 2 surveys — a pre- and post-assessment and a follow-up assessment that offered Professional Knowledge for Continuing Education (P.A.C.E.)® credits. Qualitative feedback was collected from training providers in 2023. This report summarizes the effect of the training on participants' knowledge and intent to use learnings, and improvement suggestions from participants and training providers.

RESULTS OF LABORATORY AND NON-LABORATORY NEEDS ASSESSMENT

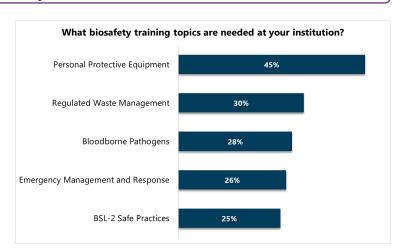
Overall Biosafety Training Needs Identified by PHLs and NLTS



141

respondents from PHLs and NLTS in Colorado and Michigan to the needs assessment

The **5 most requested training topics** were Personal Protective Equipment, Regulated Waste Management, Bloodborne Pathogens, Emergency Management and Response, and Biosafety Level-2 (BSL-2) Safe Practices.



RESULTS OF EVALUATION FROM THE COLORADO TRAINING GROUP

Biosafety Preparedness Training Effect on Knowledge

There were 18 total training participants in Colorado.

Among training survey respondents (pretest: n=17; posttest: n=13), confidence in their knowledge increased for all topics after the training compared to before the training.

The greatest improvements in their confidence in their knowledge were on the topics of **biosafety** and **quality management**.

"This training solidified for me that we are using proper biosafety measures and gave me an idea of several areas we can improve on." - Training Participant







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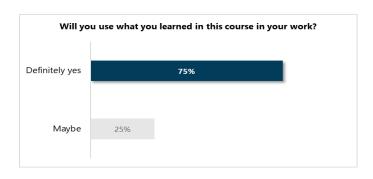
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Biosafety Preparedness Training Intent to Use Learnings

All 18 training participants received the follow-up P.A.C.E® survey.

75% (n=6) of 8 respondents to the follow-up survey for P.A.C.E.® credits intended to use what they learned from the course in their work.

One respondent said they would need additional training on the subject matter to use what they learned in the course.



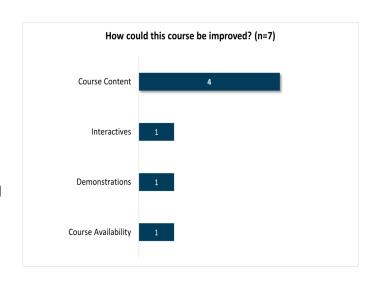
Biosafety Preparedness Training Suggestions For Improvement

7 respondents out of 8 to the follow up survey for P.A.C.E.® credits offered suggestions to improve the training, including:

- Making the course slides more readable.
- Having more group or interactive activities.
- Adding a demonstration and exercise for Polymerase chain reaction (PCR) testing.
- Having more courses available.

One respondent out of 13 on the posttest training suggested future training incorporate COVID-19-related examples rather than generic examples to illustrate the concepts.

"Use more COVID related examples that relate to our field..." - Training Participant



RESULTS OF QUALITATIVE FEEDBACK

Biosafety Preparedness Training Lessons Learned

In 2023, CDC spoke with training provider staff for their perspectives on ways to improve the training. The training providers reflected on the training and reported that the following lessons learned were applied to a second training session held in Michigan in October 2022.



Expand the scenarios for the risk assessment exercise



Condense modules to shorten the length of the training



Assign the instructors to different groups for more 1:1 technical assistance



Future consideration: Offer continuing education credits other than P.A.C.E.® credits as an incentive for the training



