

The Aide's Role in Infection Prevention and Control

A Webinar • Thursday, March 14, 2019 • 2:00—3:00 p.m. CST

Presented by **Michelle White, DNP, RN, CNL**

This workshop will focus on understanding the basic principles of infection prevention and control. This workshop will also focus on Blood Borne Pathogens and the principles surrounding transmission and methods in which the aide can protect themselves and the patient.

Use this session to meet your training requirements. All in-services emphasize the role of home care aides in observation and reporting. It is the responsibility of the home care company to determine if this workshop meets the specific requirements of its aides. The Missouri Department of Health & Senior Services affirms that this session meets the requirements found at 484.36[b] of the Medicare Conditions of Participation and for in-home service companies, this session meets the required standard for on-going training of aides.

Registration Form

No Recordings will be available for this webinar.

How the In-Service Works:

- ◆ The conference is scheduled from 2:00 to 3:00 p.m. CST.
- ◆ Register in advance; one fee per connection—**Registration DEADLINE is March 13, 2019.**
- ◆ MAHC will provide a GoToWebinar link that will be e-mailed to you the day before the webinar. You will need to register through this link to attend the webinar. Once registered you will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available, the sign-in sheet, and evaluation before the webinar.
- ◆ Listen to the presentation.
- ◆ Participate in the question & answer session.

Company _____

Address _____

Phone _____ Fax _____

Name _____ Email _____

Registration Fees **Payable by check or credit card** Check Credit Card

Name as it appears on card: _____

CC#: _____ Visa MC Discover Am. Express

Billing Address: _____

Exp. Date: _____ CVC(3 digit code on back): _____ Signature: _____

For security reasons, if paying via credit card please fax or mail (not e-mail) your registration form)

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Registration Fees:

MAHC Members: \$99 per connection _____ x \$99 = _____

Non-Members: \$198 per connection _____ x \$198 = _____

TOTAL= _____



Mail Registration & Payment to:

Missouri Alliance for Home Care
2420 Hyde Park Rd., Suite A
Jefferson City, MO 65109
(P) 573-634-7772 (F) 573-634-4374
abby@mahcmail.org

Cancellations: Refunds will NOT be issued for cancellations received less than 2 business days prior to the event and non-paid registrations will be billed full price. Cancellations received prior to 2 business days before the event will receive a 90% refund.