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An Infection Control Module:

STANDARD PRECAUTIONS

IN THE KNOW

Inservices For Nursing Assistants

An Infection Control Module:

Standard Precautions

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page

THANK YOU!

We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you.

After finishing this inservice, you will be able to:

- Describe standard precautions and discuss why they are so important in the healthcare setting.
- List at least 5 of the "Top Ten" standard precaution guidelines.
- Discuss the difference between standard precautions and transmission-based precautions.
- Explain how healthcare workers can break the chain of infection.
- Demonstrate proper infection control precautions in your daily work.

IN THE KNOW

An Infection Control Module:

Standard Precautions

WILL YOU DO THE RIGHT THING?

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WHAT I KNOW!

Take a minute to jot down a few things you already know about standard precautions before reading this inservice.

You work in a germ factory! Your clients, their environment, and even your co-workers carry, grow and spread germs everywhere. Some of these germs can be serious. And, some can even be deadly.

Because you spend so much time in the germ factory - your chances of being exposed are pretty good. You might pick up a germ by *touching* it, *breathing* it, or by having a *droplet* land on the mucus membrane in your nose or eye.

Once you've been exposed - you may become infected. That's when you actually get sick from the germ. Or, you may never get sick . . . but unknowingly pass the germ on to someone else who will get sick.

This cycle is known as the ***chain of infection.*** It's a pretty tough cycle to break. But, the good news is . . . there is a proven method to keep yourself and others safe. It's called **Standard Precautions.**

STANDARD PRECAUTIONS are basic infection control guidelines for you to follow as you perform your daily work. Standard Precautions include:

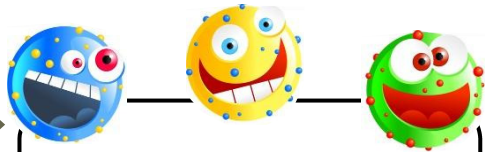
- Washing your hands.
- Using protective equipment like gloves, gowns and masks.
- Handling infectious waste material properly.

Standard Precautions are written and regulated by OSHA (Occupational Safety and Health Administration). It is important to remember that ***OSHA regulations are federal law***. This makes following Standard Precautions guidelines ***mandatory*** within all U.S. healthcare facilities.

Unfortunately, no one is going to follow after you and remind you to wash your hands or put on a gown and gloves before handling bodily fluids. It's completely up to you . . . to **DO THE RIGHT THING** . . . and follow standard precautions to protect yourself and others from infection.

THE CHAIN OF INFECTION

THE CHAIN STARTS HERE



1. INFECTIOUS AGENT: *This is any organism with the ability to cause disease. It may be a virus, bacteria, fungus, or a parasite.*

Break this Chain!

Clean, clean and clean some more! *Disinfect surfaces and equipment to destroy infectious agents. Without an infectious agent, there is no Chain of Infection!*

2. RESERVOIR: *This is any place where the infectious agent is happy to live and grow! The best reservoirs are* ***people****, like your clients and co-workers—plus certain places in the* ***environment****, like tables doorknobs, and bathrooms.*

3. MODE OF TRANSMISSION: *This is the way the organism gets from one place to another. In the healthcare setting—this is almost always* ***YOU!***

The most common mode of transmission in healthcare settings is by the hands of healthcare workers.

4. SUSCEPTIBLE PERSON: *This is any person who cannot block germs from invading the body, or from multiplying, and causing an infection. Most of your* ***clients*** *are considered susceptible people.*

Will YOU break the chain?

Break this Chain!

Wash your hands *before and after* ***any*** *contact with clients and their environments!*

Break this Chain!

Apply ***standard precautions*** *to everyone. And, identify, isolate and use* ***transmission-based precautions*** *with people who have known infections.*

WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!

OVERVIEW OF PRECAUTIONS

STANDARD PRECAUTIONS: Standard precautions are the "common sense" infection control guidelines you should follow as you perform your daily tasks with clients. (See detailed the TOP TEN guidelines on page 4.)

Standard Precautions apply to **all** your clients, no matter what their diagnosis—even if they don't seem sick!

Standard Precautions means you ***assume all blood, body fluids, secretions, open wounds, and mucous membranes contain an infection***, and use:

- **Gloves** – As needed, to protect hands your hands.
- **Gowns** – As needed, to protect your skin and clothing.
- **Masks** – As needed, to protect you mouth and nose.

RESPIRATORY HYGIENE AND COUGH ETIQUETTE: This is a fairly new recommendation from the CDC that applies to everyone with a cough or cold symptoms, especially those with fever. It requires that everyone cover their noses and mouths with a tissue or the inside of the elbow when coughing or sneezing, dispose of tissues properly, and perform frequent hand washing.

TRANSMISSION-BASED PRECAUTIONS: These are the guidelines used when a client has a ***highly contagious infection***. Transmission-based precautions include:

PRECAUTION	WHAT EQUIPMENT IS NEEDED?	WHEN IS THIS USED?
Contact Precautions	Gloves and gown must be worn for all contact with the client and the client's environment.	MRSA, VRE, e-coli, pink eye and hepatitis A.
Droplet Precautions	A mask must be worn for all contact within 3 feet of the client.	Pertussis, flu, strep throat, mumps, and rubella.
Airborne Precautions	A mask must be worn when ever you are in the same room as the client.	Measles, chickenpox, and shingles.
Expanded Airborne Precautions	A fit tested respirator must be worn for all contact with the client.	Tuberculosis (TB), smallpox and SARS

(See detailed descriptions of transmission precautions on pgs. 5-7.)

WHAT excites YOU?

LOOK HOW FAR WE'VE COME!

- In the 1830's, most people believed that sunlight and *fresh air* killed germs.
- Up until the mid-1800's, surgeons rarely washed their hands or a patient's skin before surgery. Surgical instruments were only *rinsed* and sponges were reused.
- In 1860, Joseph Lister began to spray carbolic acid on surgical wounds, instruments and dressings. This reduced the number of deaths from surgery.
- Gloves were first used in the early 1900's to protect nurses' hands from chemicals used during surgery. Years later, gloves became a barrier, protecting patients and healthcare workers from infection.
- Until 50 years ago, patients with all different kinds of diseases stayed in the same room or ward.

In another hundred years, people will look back at the way things are done today. What do you think they will consider absurd or crazy about the way we did things in the 2000's?

What changes do you think will happen in this century to improve infection control?

STANDARD PRECAUTIONS TOP TEN LIST

Here are the **TOP 10 STANDARD PRECAUTIONS** guidelines (recommended by the CDC) that you must follow at all times—for *every client* in *every situation*—even if the person doesn't seem sick.

#1. WASH YOUR HANDS! Wash your hands before and after any contact with the client or the client's environment.

- In addition, you must wash your hands before putting on gloves and after taking them off. Wearing gloves is not a substitute for washing your hands.

#2. WEAR GLOVES! Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes or any non-intact skin (example: cuts, wounds, stitches).

- Situations when gloves must *always* be worn include mouth care, assisting with toileting, cleaning up spills, cleaning urinals or bedpans, and disposing of waste.
- Remove gloves when finished with the procedure. Never leave the client's care area with dirty gloves on your hands. Avoid touching clean objects, such as doorknobs, light switches, computer keyboards or your pen while wearing used gloves.

#3. WEAR A GOWN. Wear a disposable gown as needed to protect your skin and clothing from getting splashed with blood or body fluids.

- Wear a *waterproof* gown if you are likely to be heavily splashed with body fluids.
- Remove your dirty gown and wash your hands before leaving the client care area.

#4. WEAR A MASK OR GOGGLES. Wear a mask and eye protection as needed to protect your mucous membranes if you might get splashed or sprayed by blood or body fluids.

- Situations when you might get sprayed or splashed include emptying bedpans and urinals, suctioning, and emptying a catheter bag.

#5. USE GLOVES AND CAUTION WITH SHARPS! Wear gloves and practice extreme care when handling needles, razor blades or any other "sharp" object.

- Never attempt to re-cap a needle or syringe. If you find one, carefully pick it up and dispose of it in a designated biohazard waste box.
- Always wear gloves when shaving clients.

#6. DISINFECT THE ENVIRONMENT. Routinely clean environmental surfaces, especially frequently touched surfaces like table tops, the remote control, telephone, bed rails, door knobs, and light switches.

#7. DISPOSE OF CONTAMINATED WASTE. Waste containing blood or body fluids is considered a biohazard and should be disposed of according to your workplace policy.

- Put on gloves before handling biohazardous waste. Remove gloves and wash your hands after disposing of biohazardous waste.
- In general, liquids can be flushed through the regular sewer system. Solid wastes, such as soiled wound dressings must be placed in specially marked biohazard bags and removed by professional biohazard waste removal services. Local, state and federal regulations outline how biohazardous waste is handled in your area.

#8. DISINFECT SHARED CLIENT EQUIPMENT. Carefully clean equipment every time it must be used from client to client, such as thermometers, blood pressure cuffs, bed pans, bedside commodes, walkers and wheelchairs.

#9. CLEARLY LABEL SPECIMENS. Label all specimens, such as urine, stool, or sputum as biohazardous by placing in a specified biohazard container and sealed bag for transport.

#10. USE A MOUTHPIECE FOR CPR. Use a mouthpiece, resuscitation bag, other ventilation devices to prevent contact with mouth and oral secretions when performing CPR.

A CLOSER LOOK AT CONTACT PRECAUTIONS

Diseases that are spread by contact transmission are spread by people directly or indirectly touching the germ. **Direct contact** means that the skin of an *infected* person touches the skin of an *uninfected* person. **Indirect contact** means that an uninfected person touches an *object* that has been touched by an infected person.

When a client is on Contact Precautions: Gloves and gown must be worn for all contact with the client and the client's environment.

Studies have shown that in health care facilities, the most common way infections are spread is by indirect contact from the hands of healthcare workers!

Here are some examples of contact transmission:

- Without wearing gloves, you change the clothes of a client who has a rash infected with staph germs (MRSA). Then, you bathe your next client without washing your hands and without wearing gloves.
- You wear gloves when you turn a client with scabies, but since the gloves are still dry, you forget to change them for the next client.

FOR CLIENTS ON CONTACT PRECAUTIONS, YOU SHOULD:

- Place clients with contact infections in a private room or with other clients who have the same kind of infection.
- Put on gloves and gown just before you enter the client's room (or home).
- Change your gloves during client care, especially after contact with highly contaminated items.
- Remove the gown right before leaving the area. Place used gowns in a specially marked biohazard laundry or trash bag—even if the gown does not seem soiled. Never reuse gowns for isolation precautions.
- Take your gloves off right before you leave the client's room (or home). Be careful not to touch contaminated items on your way out and wash your hands immediately!
- Avoid taking personal items, like your pen, stethoscope, sweater, or cell phone into the care area of a client on contact precautions. This will keep you from carrying the disease to your home or out into the community.
- Disinfect any client care equipment used on a client with a contact infection.

TALK about it!

Open the Discussion

WHAT'S STOPPING YOU?

Take a poll of your co-workers. Ask which of the following situations is the most likely reason they would give for *not* washing their hands.

❑ **Skin Irritation:** The soap is too harsh and damages the skin.

❑ **Supplies are not available:** Sinks are not conveniently located or are not stocked with soaps and towels.

❑ **Urgent or emergency care:** The client needs immediate care, there is no time to wash hands.

❑ **Wearing of gloves:** The belief that if gloves were worn, hands do not have to be washed after client care.

❑ **Not enough time:** High workload and understaffing.

Now, take your findings to your supervisor. There may be an easy solution! For example, if the reason is that the soap is too harsh, a different brand may be tested.

Your employer deserves to know the truth so the situation can be fixed.

A CLOSER LOOK AT AIRBORNE PRECAUTIONS

Some diseases are known to be spread by airborne transmission. This means that the germs that cause these diseases are so tiny that they can float in the air for long periods of time. These germs can also "catch a ride" on dust particles, traveling wherever the dust particles go. So, keep in mind:

- Germs that are spread by airborne transmission can travel across a room or even farther.
- Airborne germs can be helped to spread by things like an electric fan.
- Airborne diseases are often very contagious since the germs can travel a long way and be breathed in by many people.
- **Expanded Airborne Precautions:** Some airborne diseases, like TB and SARS are more difficult to control. It's not enough to just wear a mask. You have to be fitted with a special ***respirator mask*** to care for these clients. And, special air ventilation must be used to prevent the spread of germs outside of the room.

When a client is on Airborne Precautions: A mask must be worn whenever you are in the room with the client.

These precautions are used ***in addition to*** Standard Precautions for clients who have (or might have) airborne infections.

It's important to know if you are immune to certain airborne infections like measles or chickenpox. If you are, you can work with infected clients without worrying about getting the disease yourself. You still have to follow all infection control precautions ordered for that client.

FOR CLIENTS ON AIRBORNE PRECAUTIONS, YOU SHOULD:

- Place them in private rooms or in rooms with patients who have the same diagnosis. Some facilities have rooms with special air filter systems for clients on Airborne Precautions.
- Keep the door to their room closed.
- Wear a special respirator mask when you work with clients who have (or might have) TB.
- Encourage them to cover their nose and mouth with a tissue or the inside of the elbow when sneezing and coughing.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Avoid transporting these clients unless at is absolutely necessary. If the client must be moved, cover the mouth with a surgical mask to reduce the risk of spreading germs.

GET OUT!

Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 79 year old woman who is currently suffering from shingles. She has the itchy rash on her abdomen and back with some smaller patches on her arms and face.
- The nurse has asked you to keep the rash covered as much as possible and has placed the client on airborne precautions.
- **WHAT YOU KNOW:** You know that shingles comes from the virus that causes chickenpox—which you have never had. You know that since you have never had chickenpox, you may not be immune to it. You also know the client has a new granddaughter who is too young to have gotten vaccinated yet.
- **GET CREATIVE**: Think of **3 creative solutions** you might try so you can provide the best possible care to your client while keeping yourself and your client's granddaughter from getting sick.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

A CLOSER LOOK AT DROPLET PRECAUTIONS

Some diseases are spread through droplet transmission. These germs fly through the air, but are **too heavy** to float. They drop quickly—and so it's called "droplet" transmission. Because droplets are too heavy to float, they usually don't travel more than three feet. These diseases are commonly spread during coughing, sneezing and talking. Here are examples of droplet transmission:

- You might be transferring a client with the flu and he sneezes on you. The droplets from the sneeze go in your eyes.
- You are bathing a child with the mumps. She coughs and the droplets from her cough spray up into your nose.

When a client is on Droplet Precautions: A mask must be worn for all contact within three feet of the client.

These precautions are used ***in addition to*** Standard Precautions for clients who have (or might have) infections spread by droplets.

Remember that droplets can only travel a *short* distance, but you can get "hit" by many droplets at once because:

- A sneeze zooms out of the nose at over 100 miles per hour!
- A cough sends out an explosion of air going over 60 miles per hour!

FOR CLIENTS ON DROPLET PRECAUTIONS, YOU SHOULD:

- Place them in private rooms or in an area with other clients who have the same disease. (The door to their room may stay open.)
- Wear a surgical mask when working within 3 feet of the client.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Resist moving them from the room unless it is absolutely necessary. If the client must be moved, place a surgical mask on the client to reduce the risk of spreading germs.

CONNECT it now!

Apply what you know

KEEPING EVERYONE SAFE

You work in healthcare . . . so you understand the importance of standard precautions and you know what to do when a client is on isolation for transmission-based precautions.

Unfortunately, your clients' visitors may not understand the seriousness of the situation.

How would you explain to a visitor the importance of washing hands before and after the visit?

_____

_____

_____

_____

What would you say to a visitor who refuses to wear a gown and gloves when visiting a client on contact precautions?

_____

_____

_____

THE FACTS ABOUT HANDWASHING

Scientists have known for more than 100 years that handwashing helps prevent infection. Yet, people continue to get sick because hands are not washed often enough.

The handwashing procedure at your workplace probably calls for you to wash your hands for 30 to 60 seconds. Yet, studies have shown that most health care workers spend *less than 15 seconds* washing their hands. Why? The reasons given include:

- *"I don't have time to keep washing my hands all the time."*
- *"My skin gets dry if I wash my hands too often."*
- *"There's never a sink around when I need to wash my hands."*
- *"I don't need to wash my hands. I wear gloves."*

ALCOHOL BASED HAND SANITIZERS

In 2002, the CDC approved the use of alcohol based hand rubs in healthcare facilities. These waterless hand sanitizers eliminate some of the problems that health care workers face when taking care of clients.

- Alcohol based hand rubs are faster because you can rub your hands while you are moving between clients.
- Hand rubs are gentler and do not cause the irritation, drying and cracking you find with hand soaps.

To use: Place a small amount in the palm of one hand. Rub hands together, being sure to cover all surfaces of hands and fingers. ***Rub until hands are dry.***

- Only use waterless hand rubs when hands are *not* visibly soiled. If hands are visibly soiled always wash with soap and water.

REMEMBER!

- Keep your fingernails clean and short. You should avoid wearing nail polish or artificial nails.
- Do not wear rings or other hand jewelry. The skin underneath will have more bacteria because jewelry can block soap and water from reaching those areas.
- Make sure that you cover any cuts or abrasions with a waterproof dressing.
- Be sure to wash your hands before and after wearing gloves. Wearing gloves does *not* take the place of handwashing.

THINK about it!

ARE YOU ALLERGIC TO YOUR GLOVES?

Latex allergies develop over time with repeated or prolonged exposure. So, while you may not have been allergic to latex in the past, there is a chance you could develop a latex allergy in the future.

Latex contains certain ***proteins*** that cause allergic reactions. At least 10 different proteins have been linked to allergic reactions.

Other chemicals in gloves, known as *accelerators* and *antioxidants* may also cause allergic reactions.

Typical allergic reactions to latex include ***itching, hives, swelling and runny nose.***

More serious symptoms may involve ***wheezing***, difficulty breathing, nausea, heart palpitations, decreased blood pressure and ***anaphylactic shock***.

Ask your supervisor for latex-free gloves if you are experiencing a latex allergy.

HANDLING CLIENT CARE EQUIPMENT

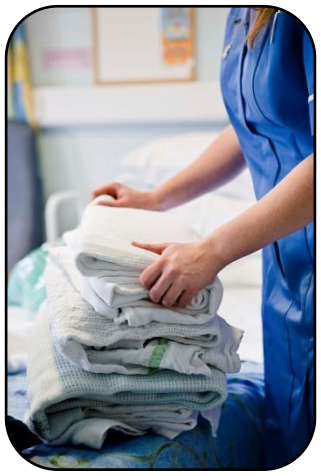
Client care equipment includes everything you useduring your work with a client such as thermometers, blood pressure cuffs, bath basins, bed pans, bedside commodes, walkers and wheelchairs.

Carefully clean any equipment that must be used from one client to another. If possible, limit equipment to only a single client. Any "used" client care equipment should be cleaned according to your workplace policy.

- If you work in a facility, you probably use a product like Cavicide® to clean equipment and surfaces. Be sure to read the label and follow the directions carefully. Always wear gloves when using these products to prevent damage to your skin.
- If you work in clients' homes, common products that are available in grocery stores should work. Read the label and look for products that list staph and e-coli among the "germs" it kills.
- Remember that sponges and cleaning rags carry lots of germs. If you "clean" client areas with a dirty sponge, you might just be spreading germs around. Be sure to change your sponge or rag frequently.
- If a client care item is only meant to be used once, be sure to throw it away after using it.
- Dishes and silverware used by clients with bloodborne diseases do not have to be washed separately. Regular dishwashing soap and hot water will kill bloodborne germs.

LINENS AND BEDS

- Do not *shake* dirty client linens. Instead, roll them up and place them in a hamper or bag for cleaning.
- Be careful when you handle dirty linens so that you don't soil your clothes. Hold dirty linen *away* from your body.
- Linen that is soiled with blood and/or other body fluids should be washed according to your workplace policy. It does not have to be washed separately from other laundry.
- In the home, clothing and bedding should be machine washed often and thoroughly. Machine drying instead of hanging (to air-dry) works much better at killing germs.



THE NEXT step!

Apply what you've learned!

WHAT IF YOU ARE EXPOSED?

Ask your supervisor for the written policy and procedure on what you should do if you are exposed to bodily fluids. Then, answer the following questions:

If I am stuck by a used needle, I should:

_____

_____

_____

If I get bodily fluid splashed in my eyes, I will:

_____

_____

_____

If I have been exposed a client that is later found to have TB, I should:

_____

_____

_____

If I have an open wound, I will:

_____

_____

_____

HANDLING BIOHAZARDOUS WASTE

Biohazardous waste is any waste that has been contaminated with germs that can cause disease. It includes things like:

- Discarded wound dressings.
- Used needles.
- The contents of a bedpan, urinal or Foley catheter bag.
- Gowns and gloves used on clients with transmission based precautions.

Follow your workplace policies and procedures for disposing of biohazardous waste. Here are some general guidelines:

- Bodily wastes like urine, stool or vomit can be flushed through the regular sewer system. Be sure to empty contents into the toilet—not the sink or tub.
- Solid wastes should be bagged in an appropriately labeled red plastic biohazard bag.

DISPOSING OF SHARPS

Be extra careful with any client care equipment that might cut or stick you.

- Never recap used needles.
- Use only one hand or a mechanical device and hold the needle with the point away from any part of the body.
- Never remove used needles from disposable syringes by hand.
- Never bend or break needles by hand.
- Used "sharps" must be disposed of in a puncture-resistant container.

In the Home: Official sharps containers are available for sale at most home health supply stores and can be found online.

In some states, it is okay to use a hard plastic container, like a soda bottle or bleach bottle with a screw top lid for sharps disposal. Check the law by contacting your county Department of Health.

Do You Recognize This Symbol? It's the symbol for *biohazardous waste*. Never put your bare hand into a bag or other container marked with this symbol! These containers are used to dispose of used sharps and infectious waste.

It is estimated that each year 385,000 needlesticks happen to healthcare personnel. That's an average of over 1,000 per day!

5 KEY points

Key Points to Remember

1. You work in a germ factory! You are constantly surrounded by germs. Some may be serious, and some may even be deadly.
2. Using **Standard Precautions** is the only proven way to protect yourself and others from germs. It is the only way to break the **Chain of Infection**.
3. Standard Precautions are ***basic infection control guidelines*** for you to follow as you perform your daily work. They include guidelines that require you to wash your hands, use protective equipment like gloves, gowns and masks, and handle infectious waste material properly.
4. Standard Precautions are written and regulated by OSHA. And, ***OSHA regulations are federal law***. This makes following Standard Precautions guidelines ***mandatory*** within all U.S. healthcare facilities.
5. Unfortunately, no one is going to follow you around and make sure you are following standard precautions all the time. It's up to you to **DO THE RIGHT THING** to keep yourself and your clients safe.

FINAL THOUGHTS ON STANDARD PRECAUTIONS

We should all take great care to prevent the spread of illness and infection. With attention to detail and sensible work habits, most infection control-related accidents can be avoided. Here are some important safety reminders:

- Remember to stay focused on what you are doing. Don't let yourself go on "autopilot" because you have done the task so many times before.
- Get enough sleep. Being tired can lead to careless behavior.
- Don't be afraid to ask for help if you need it.
- Don't try to do too many things at once.
- Never take shortcuts when it comes to infection control.
- Avoid thinking that you have nothing to learn about infection control—even if you have been working in health care for years.

TELL YOUR CLIENTS WHY STANDARD PRECAUTIONS ARE IMPORTANT

Some clients may get offended when they see you wearing gloves. They may say something like, *"Oh, you don't need gloves. I don't have anything that's contagious."* Be sure to explain that protective barriers like gloves, gowns and masks are for their protection as well as yours. Tell them:

- These precautions can prevent the spread of infection from one part of their body to another (cross-contamination).
- That gloves prevent the spread of disease and infection from one client to another.
- That they should insist on the use of *clean* gloves from each of their healthcare workers—and that they should ask all employees who come in their room to wash their hands.

WHY REVIEW BLOODBORNE PATHOGENS EVERY YEAR?

If you've been working in health care for a while, you've probably noticed that you have to review information about Standard Precautions and bloodborne pathogens every year.

Why? It's the law! All healthcare employees are required to participate in an annual review of bloodborne pathogens and Standard Precautions. While it may seem pointless to go over the same information every year, remember that infection control procedures are in place to protect you as well as your clients. So, take the time to read up on Standard Precautions each year.

WHAT I KNOW NOW!

Now that you've read this inservice on standard precautions, take a moment to jot down a couple of things you learned that you didn't know before.