

Guidance and responses were provided based on information known on 4/1/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

April 1, 2021

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES



**Infection Control Assessment
and Promotion Program**

Presentation Information:

Panelists today are:

Dr. Salman Ashraf	salman.ashraf@unmc.edu
Kate Tyner, RN, BSN, CIC	ltynern@nebraskamed.com
Margaret Drake, MT(ASCP),CIC	Margaret.Drake@Nebraska.gov
Sarah Stream, MPH, CDA, FADAA	sstream@nebraskamed.com
Karen Amsberry, MSN, RN	kamsberry@nebraskamed.com
Lacey Pavlovsky, RN, MSN, CIC	lpavlovsky@nebraskamed.com
Rebecca Martinez, BSN, BA, RN, CIC	remartinez@nebraskamed.com
Dan German	dgerman@nebraskamed.com

Moderated by Marissa Chaney Machaney@nebraskamed.com

Slides and a recording of this presentation will be available on the ICAP website:

<https://icap.nebraskamed.com/covid-19-webinars/>

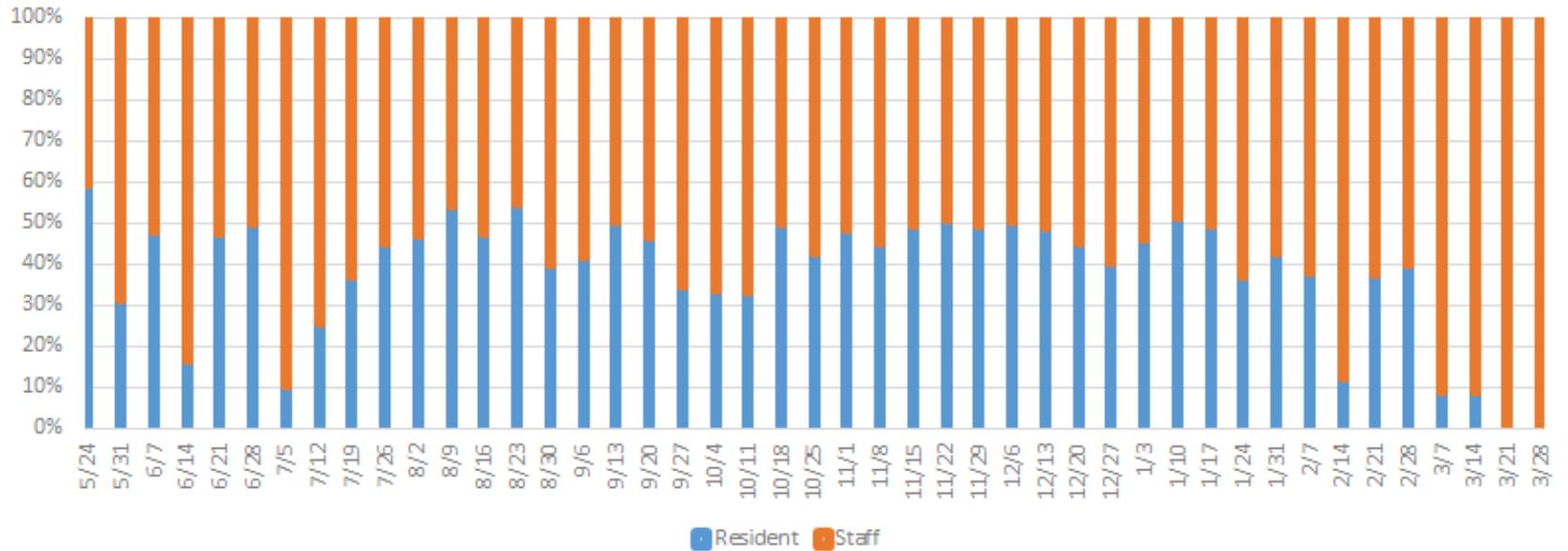
Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator.

If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs.

Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

Nebraska LTCF COVID Cases CMS & NHSN Data through March 28, 2021

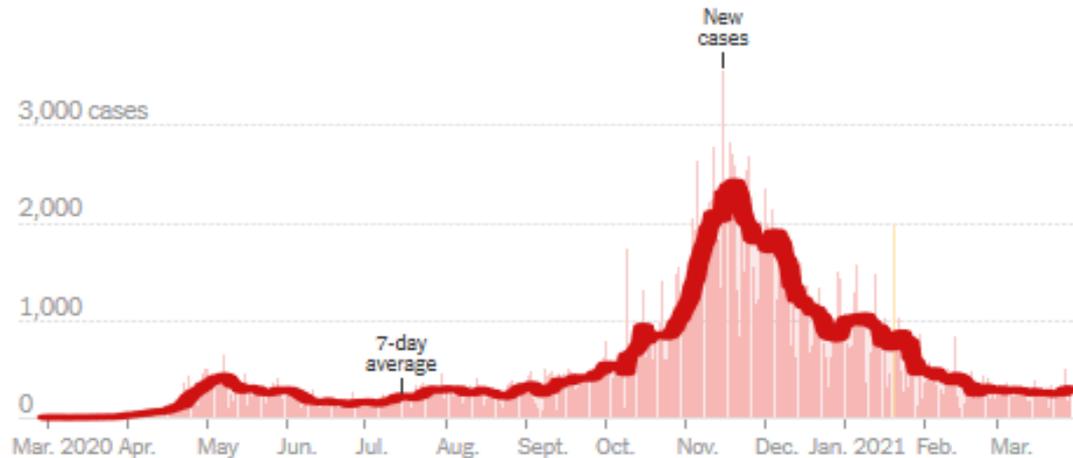


Data source: CMS; Nebraska ICAP Calculations

***Data is aggregated from CMS, NHSN, ICAP, and other sources, and is subject to change

Nebraska Coronavirus Map and Case Count

Updated March 30, 2021, 7:46 A.M. E.T.



	TOTAL REPORTED	ON MARCH 29	14-DAY CHANGE
Cases	209,165	298	+8% ↗
Deaths	2,282	1	+117% ↗
Hospitalized		120	-14% ↘

■ Day with reporting anomaly. Hospitalization data from the U.S. Department of Health and Human Services; 14-day change trends use 7-day averages.

<https://www.nytimes.com/interactive/2020/us/nebraska-coronavirus-cases.html>



Using NESIIS – Required and Best Practice

Rebecca Martinez, BSN, BA, RN, CIC
Infection Preventionist
Nebraska ICAP



Infection Control Assessment
and Promotion Program

Nebraska State Immunization Information System (NESIIS)

- The Nebraska State Immunization Information System (NESIIS) is a secure, statewide, web-based system that connects and shares immunization information among public clinics, private provider offices, local health departments, schools, hospitals, and other health care facilities that administer immunizations and provide medical care to Nebraska residents.
- NESIIS helps to service the public health goal of preventing the spread of vaccine preventable diseases. A major barrier to reaching this goal is continuing difficulty of keeping immunization records accurate and up-to-date. It's difficult for providers and parents to accurately assess the immunization status of their children and patients when records are scattered between medical provider offices and parent records. NESIIS can help eliminate missed opportunities and over-immunization by providing one secure location to store complete immunization records.
- www.dhhs.ne.gov/nesiis



Situations of 3rd COVID-19 Doses

SITUATION

- Reports of some LTC residents receiving a 3rd dose of COVID-19 vaccine

BACKGROUND

- Prior records (for example NESIIS) were not checked and the patients received a 3rd dose
- It is standard of care to assess current vaccination status prior to administering vaccine. This can be done by a combination of:
 - Using NESIIS to look up prior vaccine doses as all COVID-19 vaccines administered in Nebraska are to be in NESIIS
 - Using the COVID-19 Vaccination Card
 - Asking for records from their prior facility

Required Reporting to NESIIS

ASSESSMENT

Did you know that reporting COVID-19 immunizations into the state IIS (NESIIS for Nebraska) is a requirement in order to receive the vaccine and is stated in the below resources?

- Nebraska DHHS COVID-19 Vaccine Information For Health Care Providers
 - <https://dhhs.ne.gov/Pages/COVID-19-Vaccine-Information-For-Health-Care-Providers.aspx> [dhhs.ne.gov]
- CDC COVID-19 Vaccine FAQs for Healthcare Professionals
 - [https://www.cdc.gov/vaccines/covid-19/hcp/faq.html#:~:text=Check%20your%20state's%20IIS%20for,administering%20a%20COVID%2D19%20vaccine\[gcc02.safelinks.protection.outlook.com\]](https://www.cdc.gov/vaccines/covid-19/hcp/faq.html#:~:text=Check%20your%20state's%20IIS%20for,administering%20a%20COVID%2D19%20vaccine[gcc02.safelinks.protection.outlook.com])
- Emergency Use Authorization (EUA) healthcare providers are required to read
 - Pfizer
 - <https://www.fda.gov/media/144413/download> [gcc02.safelinks.protection.outlook.com]
 - Moderna
 - <https://www.fda.gov/media/144637/download> [gcc02.safelinks.protection.outlook.com]
 - Janssen
 - <https://www.janssenlabels.com/emergency-use-authorization/Janssen+COVID-19+Vaccine-HCP-fact-sheet.pdf> [gcc02.safelinks.protection.outlook.com]

Recommendations Moving Forward Using NESIIS

RECOMMENDATIONS

- Protect your residents and the critical vaccine supply, don't over immunize
 - Check immunization records prior to giving vaccine
 - Contact guardians or the Power of Attorney-Healthcare as applicable
 - Report COVID-19 immunizations to NESIIS
 - Most pharmacies already report to NESIIS, consider this when discussing who (LTC or Pharmacy) will ensure the documentation gets into NESIIS
 - Discuss with NESIIS potential options for file formats they may be able to accept into NESIIS for easy reporting
 - Discuss with your IT and NESIIS to see if you are able to data exchange as this may already be set up with your electronic medical record
 - Get trained on manual entry into NESIIS, if applicable
 - Contact NESIIS directly for more information, questions, or training
 - Email dhhs.nesiis@nebraska.gov
 - Call (402) 471-0133 or (888) 433-2510

Update to CDC Guidance

3/29/2021



**Infection Control Assessment
and Promotion Program**

Update on 3/29/2021

Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

Updates are summarized at the top of the guidance, but we have highlighted a few below:

- Two prior guidance documents, “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes” were merged with this guidance.
- Added a section addressing circumstances when quarantine is recommended for new admissions and for residents who leave the facility.
- Added a section addressing quarantine and work exclusion considerations for asymptomatic residents and HCP who are within 90 days of resolved infection.

Create a Plan for Residents Who Leave the Facility

- Residents who leave the facility should be reminded to follow all recommended IPC practices including source control, physical distancing, and hand hygiene and to encourage those around them to do the same.
 - Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

Create a Plan for Residents Who Leave the Facility

- In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
 - Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.
- Facilities **might consider quarantining residents** who leave the facility if, based on an **assessment of risk**, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.
- **Residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section.**

Guidance addressing placement, duration, and recommended PPE when caring for residents in quarantine is described in Section: [Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection.](#)

Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident

- Because of the high risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a [nursing home-onset](#) SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak.
 - Consider increasing monitoring of all residents from daily to every shift to more rapidly detect those with new symptoms.
- **Implement [facility-wide testing](#) along with the following recommended infection prevention precautions:**
 - HCP should care for residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown.
 - Residents should generally be restricted to their rooms and [serial SARS-CoV-2 testing](#) performed.
 - Consideration should be given to halting social activities and communal dining; if these activities must continue for uninfected residents, they should be conducted using source control and physical distancing for all participants.
 - Guidance about visitation during facility outbreaks is available from [CMS](#). Residents could leave their rooms to permit visitation; visitors should be informed about the outbreak in order to make informed decisions about visitation.
 - For additional information about visitation, see section: [Have a Plan for Visitation and CMS visitation](#)
 - [Restrict non-essential HCP](#) for areas where [CMS limits indoor visitation](#)
 - Consider implementing telehealth to offer remote access to healthcare.

Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident

- Continue repeat viral testing of all previously negative residents in addition to testing of HCP, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result.
- Recommended precautions should be continued for residents until no new cases of SARS-CoV-2 infection have been identified for at least 14 days.
- The incubation period for SARS-CoV-2 infection can be up to 14 days and the identification of a new case within that period after starting the interventions does not necessarily represent a failure of the interventions implemented to control transmission.

Considerations for Residents and HCP who are within 3 months of prior infection

CDC currently recommends that asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection.

However, there might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection, Examples could include:

- Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
- Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, antigen test positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
- Residents for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant (e.g., exposed to a person known to be infected with a novel variant) for which the risk of reinfection might be higher.

Summary

In summary, ICAP's suggested plan should be applicable for use at this time.

It is important to note that even though the CDC has not commented on testing after a community outing, the CDC does mention that the testing plan should align with state and federal requirements for testing residents and HCP.

ICAP will continue to recommend to test upon return to the facility.

Communal Dining/Group Activities

Implement Physical Distancing Measures

- Although most care activities require close physical contact between residents and HCP, when possible, **maintaining physical distance between people (at least 6 feet)** is an important strategy to prevent SARS-CoV-2 transmission.
- Remind HCP to practice physical distancing and wear source control when in break rooms or common areas.
- The following activities can be considered for residents who do not have current suspected or confirmed SARS-CoV-2 infection, including those who have fully recovered, and residents who have not had close contact with a person with SARS-CoV-2 infection:
 - **Communal dining and group activities at the facility**
 - **As activities are occurring in communal spaces and *could involve individuals who have not been fully vaccinated*, residents should practice physical distancing, wear source control (if tolerated), and perform frequent hand hygiene.**

Guidance on Communal Dining/ Group Activities for NF and AL

April 1, 2021

DHHS Guidance on Communal Dining/Group Activities for NF and AL

Earlier this week, in response to a question from State Survey Agencies, the Centers for Medicare and Medicaid Services (CMS), Baltimore Office (Evan Shulman, Director, Division of Nursing Homes, CMS) responded that CMS supports the new guidance from the Centers for Disease Control and Prevention (March 29, 2021) for nursing and skilled nursing facilities.

The [new CDC guidance](#) continues to emphasize the need of wearing masks, performing frequent hand hygiene and when possible, maintaining physical distancing in communal spaces. Following these measures are important for various reasons including the fact that communal space may include both vaccinated and unvaccinated residents.

Since the CDC recommendations came out, facilities are wondering whether these measures are still applicable if only fully vaccinated residents are involved in communal dining/activities. Therefore, Nebraska Department of Health and Human Services (DHHS), in collaboration with Infection Control Assessment and Promotion Program (ICAP), issues the following guidance for nursing facilities and assisted living communities.

Communal Dining/Group Activities

1. Best Practice for all residents regardless of their vaccination status (both vaccinated and unvaccinated):

- a. Maintain six-foot distance or use barriers (e.g., plexiglass) between individuals
- b. Wear face coverings, if tolerated and when possible (e.g., remove for meals)
- c. Perform frequent hand hygiene

2. Alternate Practice when best practice recommendations may not be followed due to a compelling reason (e.g., space restrictions, compassionate care situations and medical reasons such as hearing impairment limiting participation in a group activity):

a. When all residents in the room are vaccinated or within their 90-day post-COVID period:

- i. Wear face coverings, if tolerated and when possible (e.g., remove for meals)
- ii. Perform frequent hand hygiene
- iii. Maintain physical distancing to the extent possible given the circumstances

b. When some participating residents in the room are vaccinated, and some are not:

- i. The unvaccinated residents will:
 - A. Maintain six-foot distance or use barriers (e.g., plexiglass) between individuals
 - B. Wear face coverings, if tolerated and when possible (e.g., remove for meals)
 - C. Perform frequent hand hygiene
- ii. The fully vaccinated residents (or residents within 90-day post-COVID-19) will:
 - A. Wear face coverings, if tolerated and when possible (e.g., remove for meals)
 - B. Perform frequent hand hygiene
 - C. Maintain physical distancing to the extent possible given the circumstances

Respiratory Protection



**Infection Control Assessment
and Promotion Program**

OSHA Guidelines

- Any business that requires employees to wear a respirator must follow OSHA guidance for respiratory protection
 1. **Employers must conduct a hazard assessment**
 2. Employers must develop a written Respiratory Protection Plan (RRP)
 3. Employees must have a medical evaluation, an initial fit test and be properly trained in respirator use
 4. Employers must provide annual training on the use and limitations of respirators and provide annual fit testing
 5. Employers must maintain records of respirator training, medical clearance and fit testing
 6. Maintain and evaluate the RRP on a regular basis (yearly)

<https://www.osha.gov/enforcement/directives/cpl-02-02-054>



Hazard Assessment

The **Respirator Program Administrator (RPA)** will select the types of respirators to be used by facility staff based on the hazards to which employees may be exposed and in accord with:

- OSHA regulations
- Centers for Disease Control and Prevention (CDC)
- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- Other public health guidelines

With input from the respirator user, the RPA and supervisor will conduct a hazard assessment for each task, procedure, or work area with the potential for airborne contaminants.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Hazard Assessment

The hazard assessment will include the following as needed:

1. Identification of potential exposures. The most common potential exposure for employees involved in patient care will be pathogens associated with Airborne Transmission of Diseases (ATD) such as tuberculosis or COVID-19.

Maintenance, housekeeping, laboratory, or other staff may have the potential to be exposed to hazardous gases, vapors, or dusts in addition to ATD pathogens.

2. A review of work processes to determine levels of potential exposure for all tasks and locations.
3. Quantification or objective determination of potential exposure levels, where possible.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

Updating the Hazard Assessment

The RPA will use the hazard assessment to assign appropriate types of respirators for use by specific types of personnel during specific procedures or in specific areas of the facility.

Updating the hazard assessment

- The RPA will revise and update the hazard assessment any time an employee or supervisor identifies or anticipates a new exposure or changes to existing exposures.
- Any employee who believes that respiratory protection is needed during a particular activity must contact his or her supervisor or the RPA.
- The supervisor must contact the RPA whenever respiratory protection is requested.
- The RPA will assess the potential hazard with the employee and supervisor.
 - If it is determined that respiratory protection is needed, all elements of this program will be in effect for those tasks and the program will be updated accordingly.

Hazard Assessment

Hazard assessment must:

1. Identify potential hazards
2. Determine potential exposure risk levels for all tasks performed

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
<p>Performing aerosol-generating procedures on patients suspected or confirmed with a disease requiring Airborne Precautions or present when such procedures are performed [see HICPAC 2007 or other public health guidance for lists of diseases], including:</p> <p>{List other clinical procedures that may aerosolize infectious agents} [Name them for your facility either here or in your infection control plan.]</p>	Infectious Aerosol	N95 Respirator	[List employees by job title]

Completing a Hazard Assessment

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
<p>List any other exposures and job tasks for which your facility has determined the use of respiratory protection is required; you may go beyond OSHA requirements</p>	<p>Specify Exposure E.g., Infectious Aerosols</p>	<p>Specify according to your facility's policy E.g.; N95 Respirator</p>	<p>Specify type of personnel, e.g., by job title (all rows)</p>

Example 1

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
<p>Engaging in any of the following activities that involve procedures on healthy (or asymptomatic) people that aerosolize saliva, mucous, or secretions from eyes; or that cause increased or forced breathing (e.g., breathing exercises), coughs, sneezes or yawning:</p> <ul style="list-style-type: none">• administering nebulizer treatments	Infectious Aerosol	N95 Respirator	<ul style="list-style-type: none">• Registered Nurse• Licensed Practical Nurse• Respiratory Therapist• Certified Nurse's Assistant (CNA)

Example 2

Task or Location	Potential Exposure	Respiratory Protection	Employees Included
<p>Performing, or present during, routine patient care and support operations on a resident suspected or confirmed with a disease requiring Airborne Precautions.</p> <p>Example: Resident with confirmed or suspected COVID-19.</p>	Infectious Aerosol	N95 Respirator	<ul style="list-style-type: none">• Registered Nurse• Licensed Practical Nurse• Medical Staff• Respiratory Therapist• Certified Nurse's Assistant (CNA)• Occupational Therapy• Physical Therapy• Activities staff

Updates and Announcements



**Infection Control Assessment
and Promotion Program**

Project Firstline

- CDC Project Firstline and Nebraska ICAP are collecting information on the type of infection control training that frontline healthcare providers would like to see developed
- Our Learning Needs Assessment Survey will be open through the weekend **(April 2, 2021)**
- We would value your participation and help in distributing this to your staff as an opportunity to have their voice heard as we begin to develop trainings



Survey Distribution Steps for CNA/ Nursing Aides

This survey is specific to CNA's and Nursing Aides within your facilities

What to do:

1. Take a picture of this slide (QR Code)
2. Share the QR code with your staff and encourage them to complete this short survey (Print and place it in the breakroom or Nurse's station or email the picture to your staff)
3. Android and iPhone users should be able to scan this code with their camera app and it will give them the option to open the survey in their web browser
4. Survey will close at 8:00 AM on April 5, 2021



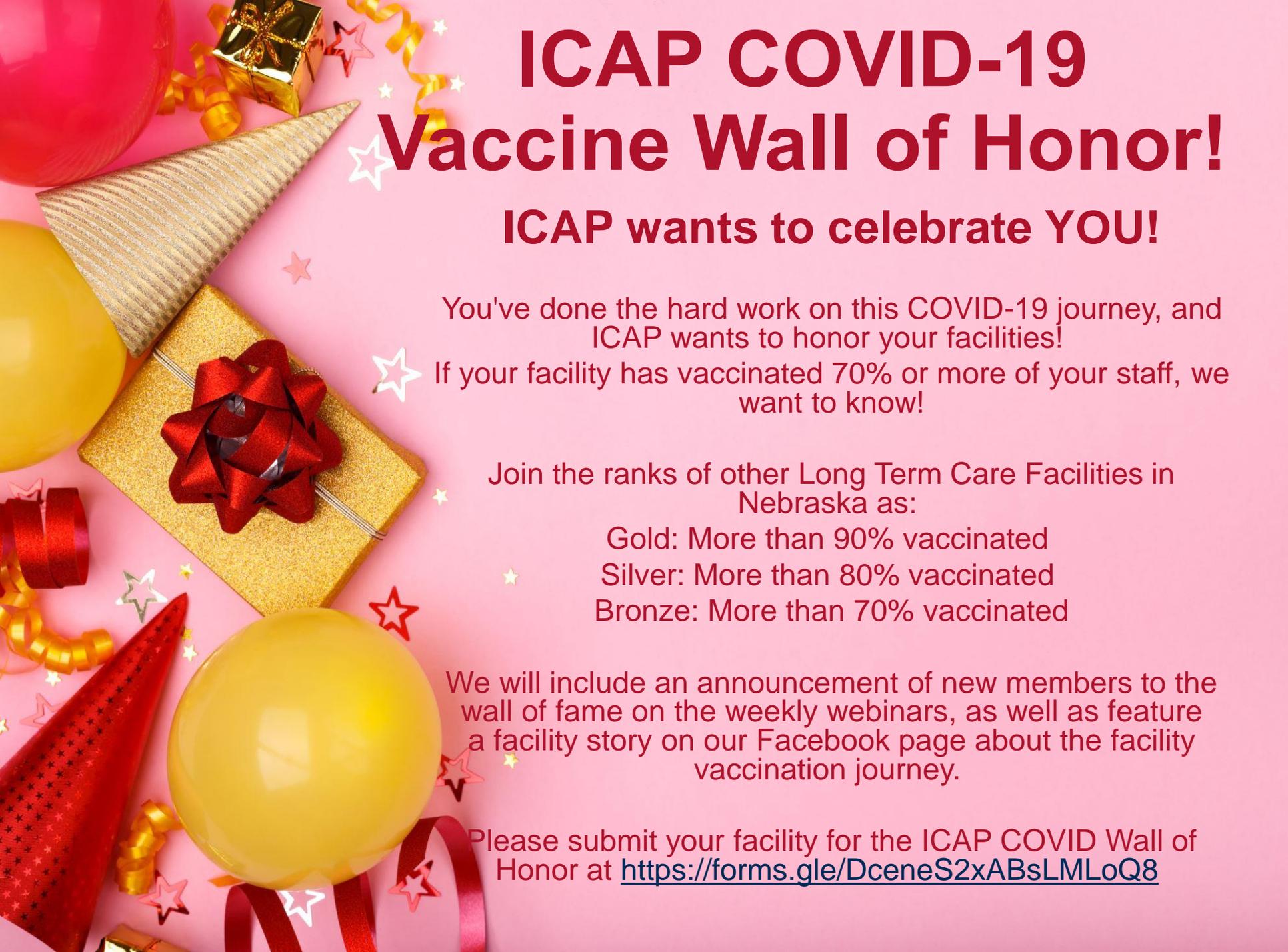
Survey Distribution Steps for General Healthcare Providers

This survey is for everyone else in your facilities (Physicians, Nurses, Dietary Staff, EVS Staff, Maintenance, etc.)

What to do:

1. Take a picture of this slide (QR Code)
2. Share the QR code with your staff and encourage them to complete this short survey (Print and place it in the breakroom or Nurse's station or email the picture to your staff)
3. Android and iPhone users should be able to scan this code with their camera app and it will give them the option to open the survey in their web browser
4. Survey will close at 8:00 AM on April 5, 2021



The background is a light pink color decorated with various festive items. There are several balloons in shades of red and yellow. Ribbons in red and gold are scattered throughout. Gift boxes are wrapped in gold and red paper with large bows. A gold cone-shaped gift is also visible. Small white and red stars are scattered across the background.

ICAP COVID-19 Vaccine Wall of Honor!

ICAP wants to celebrate YOU!

You've done the hard work on this COVID-19 journey, and ICAP wants to honor your facilities!

If your facility has vaccinated 70% or more of your staff, we want to know!

Join the ranks of other Long Term Care Facilities in Nebraska as:

Gold: More than 90% vaccinated

Silver: More than 80% vaccinated

Bronze: More than 70% vaccinated

We will include an announcement of new members to the wall of fame on the weekly webinars, as well as feature a facility story on our Facebook page about the facility vaccination journey.

Please submit your facility for the ICAP COVID Wall of Honor at <https://forms.gle/DceneS2xABsLMLoQ8>

45 LTC Facilities for the ICAP COVID-19 Vaccine Wall of Honor through 3/31/2021

Gold- Level Members

Azria Gretna
Central Ne Veteran's Home
Good Sam Beatrice
Good Shepherd's Village AL
Greeley Care Home and AL
Havelock Manor
Hillcrest Mable Rose
Hillcrest Millard
Hillcrest Silver Ridge
Kingswood Court
Nebraska PEO Home
Rosewood Court Assisted
Living- Henderson Healthcare
Southview Heights
Tabitha in Crete
The Village at Regional West
The Waterford at Miracle Hills
The Willows AL
Valley View
Wakefield Care Centers

Silver- Level Members

Arbor Care Centers Valhaven
Arbor Care Hartington
Cedarwood AL
Falls City Care Center
Hillcrest Grand Lodge
Hillcrest Shadow Lake
Jefferson Community Health
and Life - Gardenside
Pawnee City AL
The Evergreen AL

Bronze-Level Members

Ambassador health Omaha
Blue Valley Lutheran Homes
Christian Homes
Clarkson Comm Care Center
Dunklau Gardens
Eastern Ne Veteran's Home
Good Shepherd Lutheran
Community
Heritage Care Center Fairbury
Hillcrest Firethorn
Legacy Square LTC Facility-
Henderson Healthcare
Louisville Care Community AL
Louisville Care Community LTC
Mid-Ne Lutheran home
Mitchell Care Center
New Cassel Retirement
Prairie Breeze AL
Well-Life Papillion

COVID-19 Tele-ICAP Reviews

- ICAP is offering COVID-19 focused virtual ICAR reviews to LTC, outpatient and acute care facilities
- The review will assess the status of COVID-19 policies and procedures and offer a summary of recommendations from ICAP
- Home Health Agencies fall under the outpatient umbrella and ICAP has developed a HH focused review to support our HH partners
- Contact NE ICAP at 402.552.2881 to be connected with the IP responsible for the facility



Webinar CE Process

1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar

1. A survey will open upon completion of the webinar, **you must complete the survey to get your CE credits.** Please note: Your web browser makes a difference. Google Chrome is the suggested browser.
2. Nursing Credit hours will include the entire month of verified CE on one certificate (Ex: You attended 2 webinars during the month of November, your certificate will reflect the 2 webinar dates and 2 credit hours earned)
3. Nursing Certificates will be emailed to you by the 15th of the following month
4. You must have a NAB account to claim credit with them
5. You must provide your NAB number for us to submit attendance to the NAB system

Direct any CE questions to Marissa Chaney at
machaney@nebraskamed.com

Infection Prevention and Control: Office and On-Call Hours

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 10:00 AM Central Time

2:00 PM - 4:00 PM Central Time

On-Call Hours are

**Monday – Friday 4:00 PM – 8:00 PM and
8:00 AM – 8:00 PM Weekends and Holidays**

Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

Panelists:

- Dr. Salman Ashraf
 - Kate Tyner, RN, BSN, CIC
 - Margaret Drake, MT(ASCP),CIC
 - Sarah Stream, MPH, CDA, FADAA
 - Karen Amsberry, MSN, RN
 - Lacey Pavlovsky, RN, MSN, CIC
 - Rebecca Martinez, BSN, BA, RN, CIC
 - Dan German
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Lacey Pavlovsky, RN, MSN, CIC

The screenshot shows a search bar with 'COVID-19 LTCF Webinar Slides' and a dropdown menu with 'COVID-19 LTCF Webinar Recordings'. Below the search bar is a list of recording links, each with a date and a 'here' link. A green arrow points to the link for the recording dated 04.02.2020. To the right is a sidebar with several red buttons: 'COVID-19 RESOURCES - PPE', 'COVID-19 RESOURCES - SCHOOLS & BEHAVIORAL HEALTH', 'COVID-19 RESOURCES - EXPERT INFORMATION', 'COVID-19 WEBINARS', 'COVID-19 TOOLS FOR LTCF', and 'STAFFING RESOURCES'.

<https://icap.nebraskamed.com/resources/>

Don't forget to Like us on Facebook for important updates!



The Facebook profile card for Nebraska ICAP shows the profile picture (a red outline of Nebraska with 'ICAP' inside), the name 'Nebraska ICAP', and the handle '@NebraskaICAP · Educational Consultant'. There is a blue 'Learn More' button and a link to 'icap.nebraskamed.com'. The navigation bar at the bottom includes 'Home', 'About', 'Videos', 'Live', 'More', 'Liked', 'Message', and search icons.

Later-Poll Question

Please let us know

- Do you have a designated staff member entering data into NESIIS for your facility?
- Who is interested in reporting via manual entry into NESIIS directly?
- Who is interested in reporting via a file exchange?
- Who is interested in reporting via a data exchange with your electronic medical records getting IT and NESIIS to exchange data?