

Guidance and responses were provided based on information known on 06.09.2022 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.



Infection Control Assessment
and Promotion Program

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

June 9, 2022

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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

TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

Upcoming TMF QIN-QIO Training

June 14, 2022

Office Hours: Preparing for the Next Pandemic

10:30 a.m. CT

[Register](#)

June 16, 2022 **LTC Connect: Up to Speed...NHSN Updates**

1:30 p.m. CT

[Register](#)

Upcoming TMF QIN-QIO Training

June 21, 2022 **Office Hours: Competency Check
Versus Observational Audit for Infection Control**

10:30 a.m. CT

[Register](#)

June 28, 2022 **Office Hours: COVID-19 Vaccinations
and Health Equity**

10:30 a.m. CT

[Register](#)

Increase Access to Level 3

- Go to: [Increasing LTCF SAMS Level Access to NHSN](#)
All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.
- See the [SAMS Identity Verification Documents](#) (cdc.gov) **first**.
- Email nhsn@cdc.gov with **“SAMS LEVEL 3 ACCESS”** **in the subject line** for assistance with any questions related to this process.

New Method to have Identity Verified for new users

- Use the Experian (Credit System) option
- It can provide verification in 1-2 days without submitting your documents
- This will be in the email received from SAMS as an option.

New Security Option: Entrust Soft Token

- The SAMS grid card is the Entrust Hard Token. The Mobile Option is the Entrust Soft Token.
- The Entrust Soft Token is available to all NHSN users:
 - › The new users being added now to your NHSN application
 - › Prior users who do already have a SAMS card
- It is included in the SAMS email as an option to select
- It requires an application download to your phone and/or computer (preferred web browser: Microsoft Edge)

New Security Option: Entrust Token

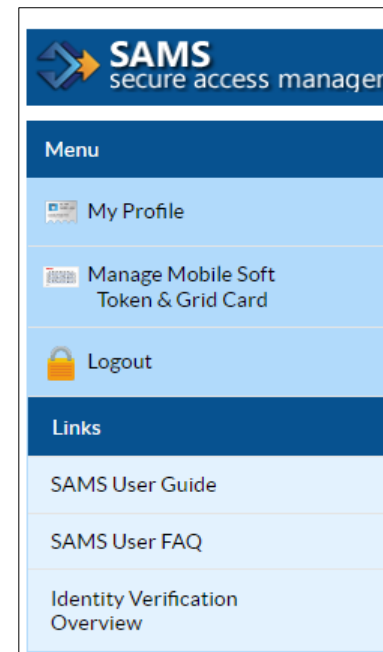
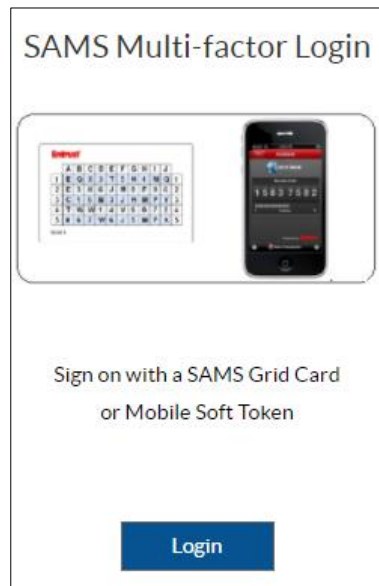
- Pros on the Entrust Soft token option:
 - › Get NHSN access immediately after the download the application, create a PIN. Immediate Use.
- Cons on the Entrust Soft token option:
 - › Facility computer may block downloads of external applications
 - › User and/or phone not able to download the application.
 - › Some corporate phones do not allow for external application downloads.
 - › Downloading, installing the application and completing the soft token process still has many steps to it.

New Security Option: Entrust Token

- Benefit
 - › Once a user is authorized by SAMS to access NHSN, there is no need to request and wait for SAMS grid card to arrive in the mail.
- But, hang on to your SAMS grid card as a second form of access into NHSN, if you have it.

New Security Option: Entrust Token

- To learn more, log into SAMS selecting:
- Review the Documents then start the process at the 1st arrow:



To Report An Issue With NHSN

- **Email:** nhsn@cdc.gov
- **Put in the subject line of your email something direct about the problem and the module/pathway: **Error Message in the HCW Vaccination module****
- **Add in the body of the email:**
 - › Any screenshots and details.
 - › Include: your name & role, phone number and facility name/address
 - › Facility NHSN Org ID: Facility CCN:

Email Subject line: Error Message in the HCW Vaccination module

On 3/28/22 I received an error message when finishing the HCW vaccination module. It states that a Zero is being placed in to booster section, which is invalid. See screenshot and What should I do?

The screenshot shows a web application window titled "NHSH 10.1.2.2 Vaccination Summary". The main content area displays a form for reporting vaccination data. A modal alert box is open in the center, displaying the following message:

Alert

You reported that 0 individuals in your facility have received an additional or booster dose at this facility or elsewhere since August 2021. Keep in mind that this question asks you to report cumulative data, meaning that you should report the number of individuals with complete primary series vaccine in question #2 who have ever received an additional or booster dose, not the number who were vaccinated with an additional or booster dose that week.

The alert box has "OK" and "Cancel" buttons. The background form shows various input fields for vaccination counts, including "3.2 *Offered but declined COVID-19 vaccine", "3.3 *Unknown COVID-19 vaccination status", "4. *Cumulative number of HCP in Question #2 who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021:", "4.1 *Additional dose or booster of Pfizer-BioNTech COVID-19 vaccine", "4.2 *Additional dose or booster of Moderna COVID-19 vaccine", and "Any Additional dose or booster of COVID-19 vaccine series".

Facility NHCN Org ID: 12345 Facility CCN: 987654

Your Name, Title

Facility Name, Address , NE, Zip code, Phone Number

NHSN New Resources

- [LTCF COVID-19 Module: Surveillance Pathway Updates Training Slides](#) – May 2022

NHSN Up To Date Definition for Vaccination

- Use the CDC's [Up To Date Guidance](#) for the reporting periods of Quarter 4, 2021 through Quarter 2, 2022 (representing vaccination data for October 3, 2021 through June 26, 2022).
- [COVID-19 Vaccination Module for Long-Term Care Residents Table Of Instructions](#)

NHSN UP To Date Definition for Vaccination

“Up to date with vaccination Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of October 3, 2021 through June 26, 2022 for the purpose of NHSN surveillance if they meet (1) of the following criteria*:

1. An individual received all recommended doses in their primary vaccine series and received at least **one booster dose**. An individual does not need to receive a second booster dose to be considered up to date at this time.”

NHSN UP To Date Definition for Vaccination

“2. An individual recently received all recommended doses in the primary vaccine series and is not yet eligible for a booster dose. Individuals who are not yet eligible to receive a booster dose include:

- a. Those who received their second dose of a 2-dose primary series of an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) less than 5 months ago.
- b. Those who received a single dose of Janssen less than two months ago.”

NHSN UP To Date Definition for Vaccination

“*Individuals with a moderately to severely immunocompromising condition are considered up to date in the following cases:

- 1) An individual received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or
- 2) An individual received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or
- 3) An individual received at least one booster dose after receiving an additional dose”

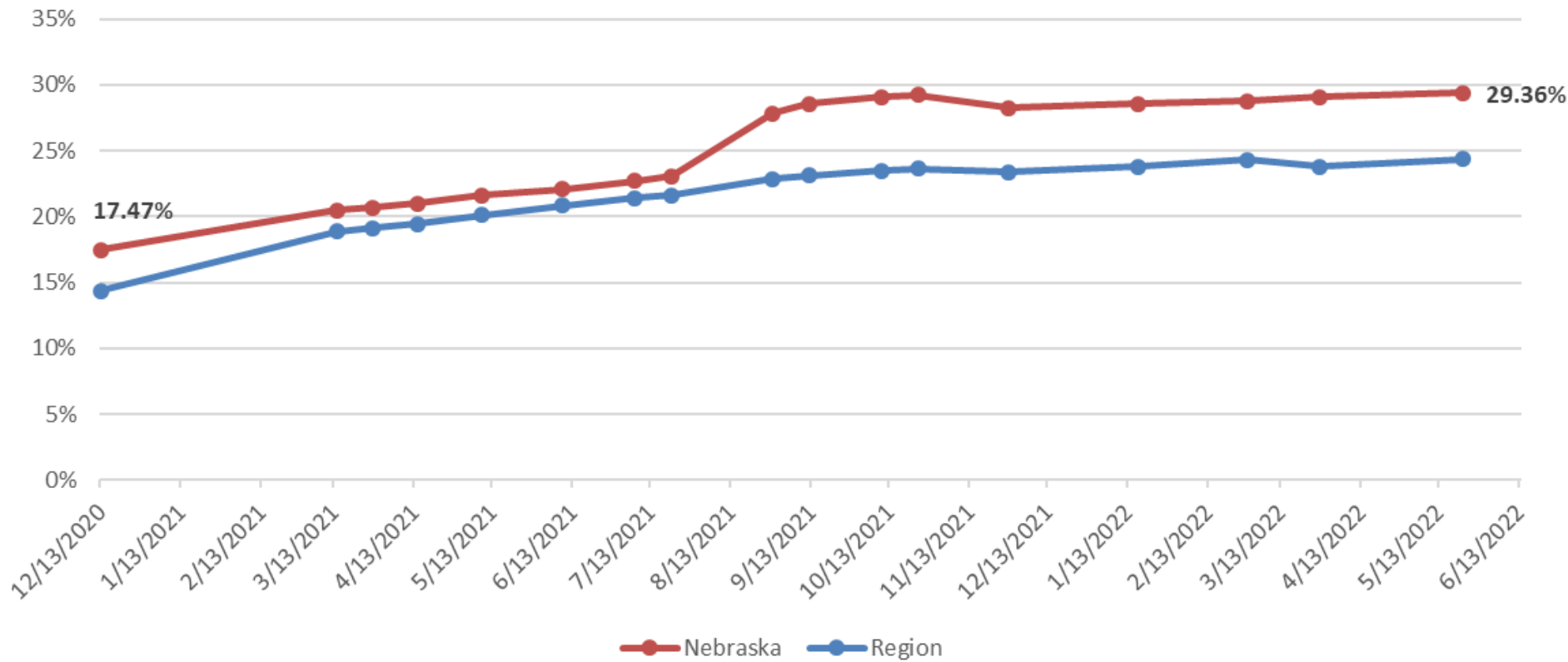
NHSN Report Function Disabled....

....For now.

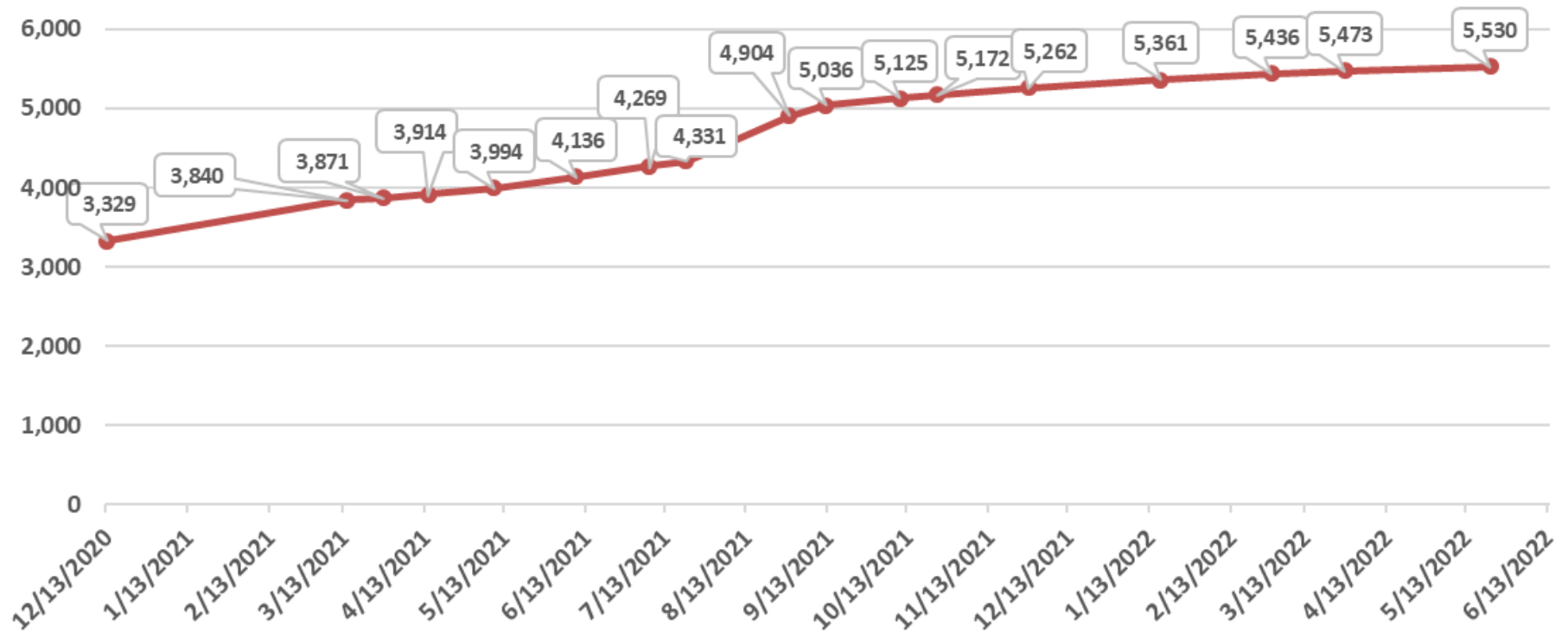
- NHSN Users will be notified when it comes up, via email.
- TMF Resources:
 - › [How to Pull NHSN Reports](#) document
 - › [How to Pull NHSN Reports](#) video

TIP: Pull reports often so you are prepared for survey, QAPI & board reports and to post in your lobby to celebrate your success!

Nebraska Percentage of Individuals that Completed QSEP Training Staff & Management Combined



Nebraska Total Number of Individuals that Completed QSEP Training Staff & Management Combined



CMS-Targeted COVID-19 Training

For frontline nursing home staff and management learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training steps – English](#)
- [QSEP Group Training steps – Spanish](#)

TMF QIN-QIO Resources

New Video: [Is it Allergies, Cold, Influenza, or COVID](#)

[Flyer: Is It Allergies or Something Else?](#)

[TMF Events Calendar](#)

[How to Create an Account on the TMF Network](#)

Website: tmfnetworks.org

Need Assistance?

Email nhnetwork@tmf.org.

Submit requests for help with NHSN and/or quality improvement assistance.

Nebraska Statistics



Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K

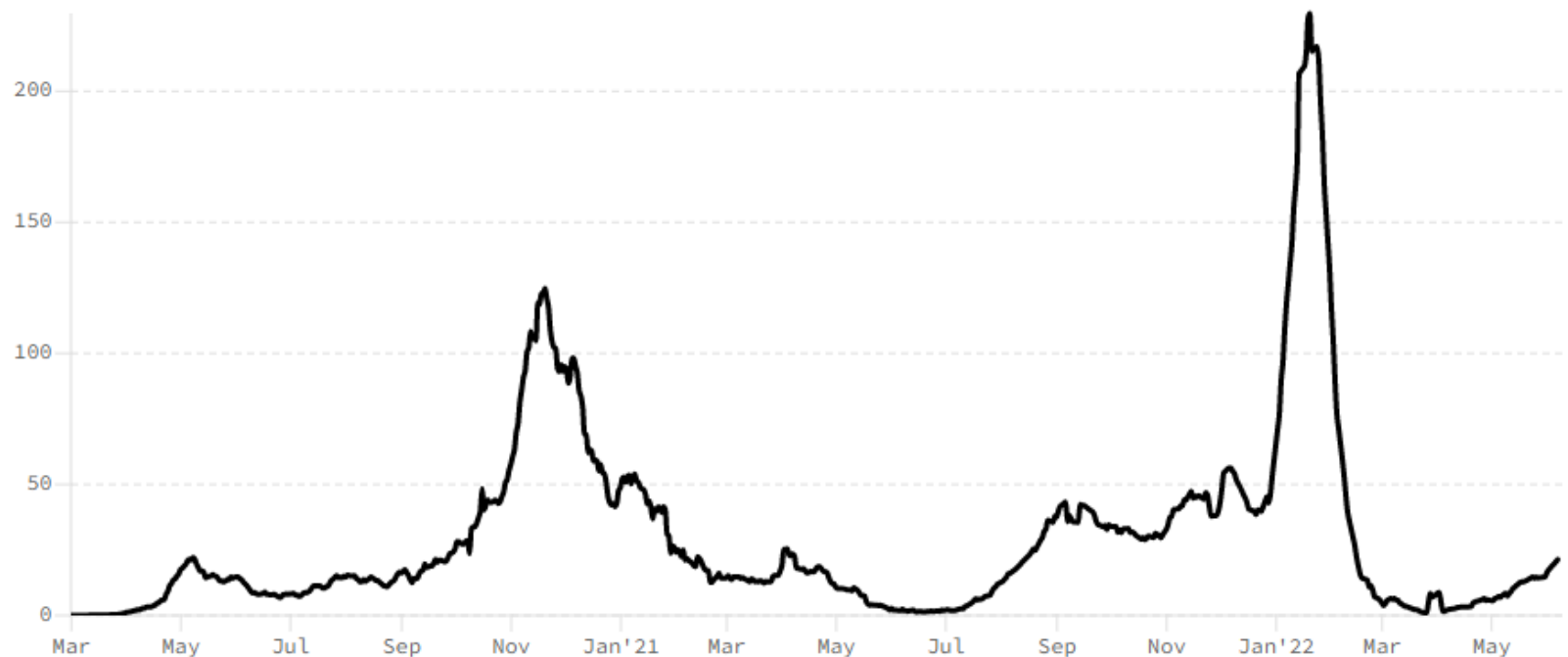
21.3

INFECTION RATE

1.20

POSITIVE TEST RATE

18.5%



Over the last week, Nebraska has averaged 412 new confirmed cases per day (21.3 for every 100,000 residents). [About this data](#)

Share

<https://covidactnow.org/?s=22441170>



Nebraska Statistics

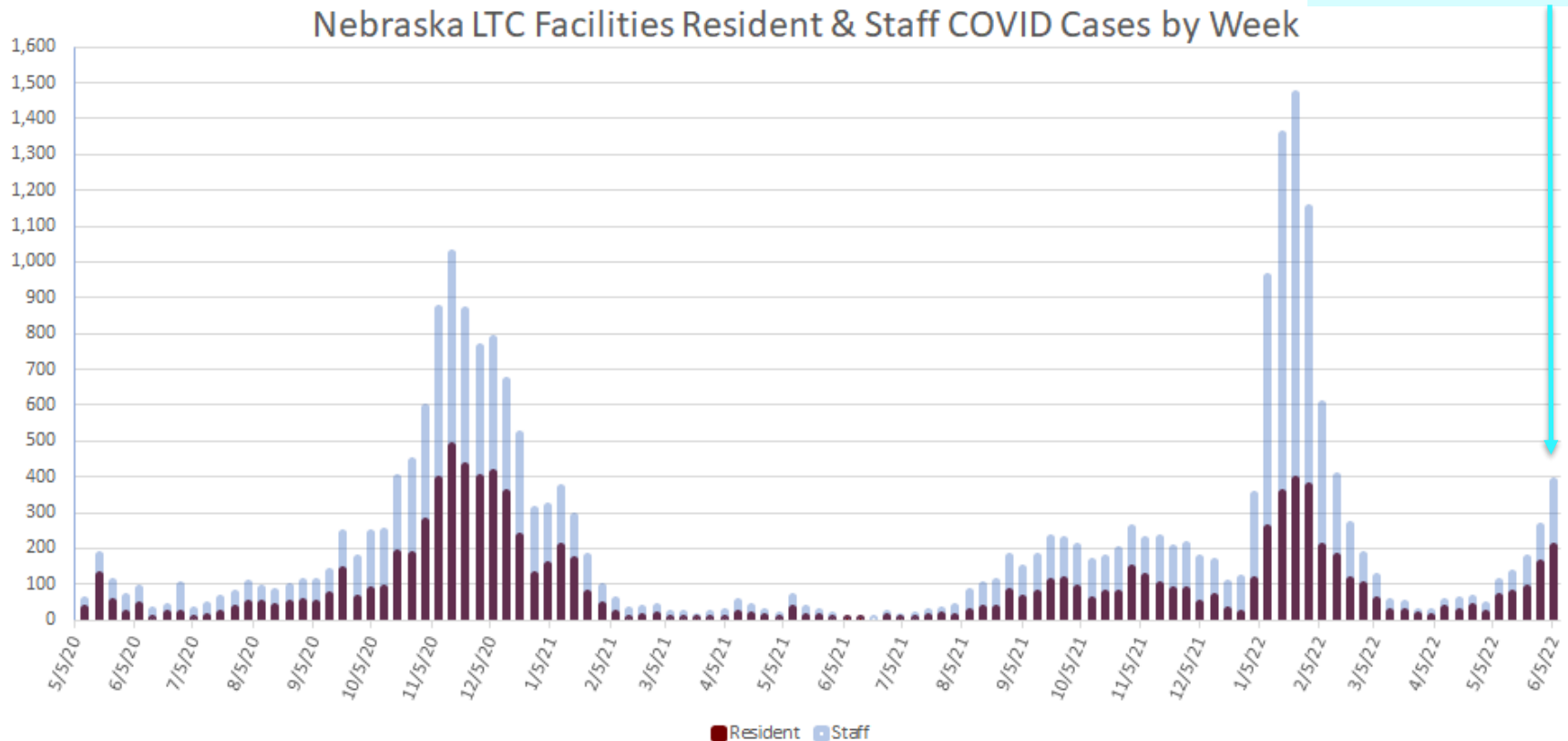
Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	ICU Capacity Used	Vaccinated 1+	Vaccinated + Booster
02/17/2022	22.2	0.42	14.8%	80%	69.1%	
02/24/2022	10.7	0.37	11.6%	73%	69.2%	29.9%
03/03/2022	3.8	0.43	8.1%	73%	69.4%	30.2%
03/10/2022	6.5	0.64	7.3%	71%	69.5%	30.3%
3/24/2022	2.1	0.63	4.5%	71%	69.7%	30.7%
4/7/2022	1.3	1.06	3.7%	71%	70.0%	31.7%
4/14/2022	3.0	0.81	4.5%	71%	70.0%	31.7%
4/21/2022	3.4	0.95	5.1%	67.0%	70.1%	31.9%
4/28/2022	6.1	1.21	5.6%	65%	70.2%	32.1%
5/5/2022	6.5	1.17	7.7%	70%	70.3%	32.2%
5/12/2022	7.4	1.12	9.9%	63%	70.4%	32.3%
5/19/2022	12.6	1.25	12.8%	67%	70.4%	32.4%
5/26/2022	13.1	1.29	14.0%	70%	70.5%	32.4%
6/2/2022	14.7	1.16	15.1%	68%	70.5%	32.5%
6/9/22	21.3	1.20	18.5%	69%	70.6%	32.8%

<https://covidactnow.org/?s=22441170>



Nebraska LTC Facility COVID-19 Cases

388 total cases
206 Residents
182 Staff

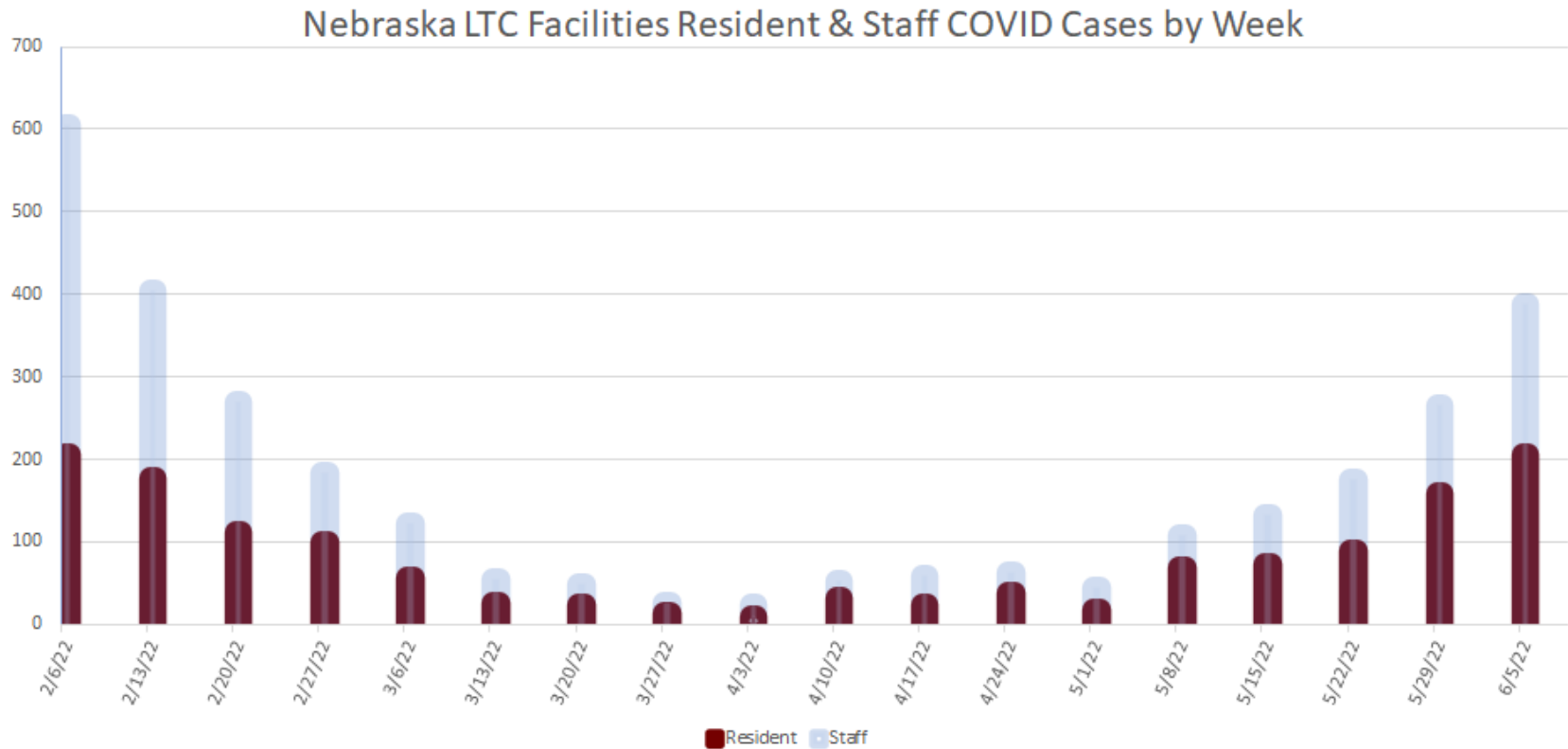


**Updated: 6/5/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly



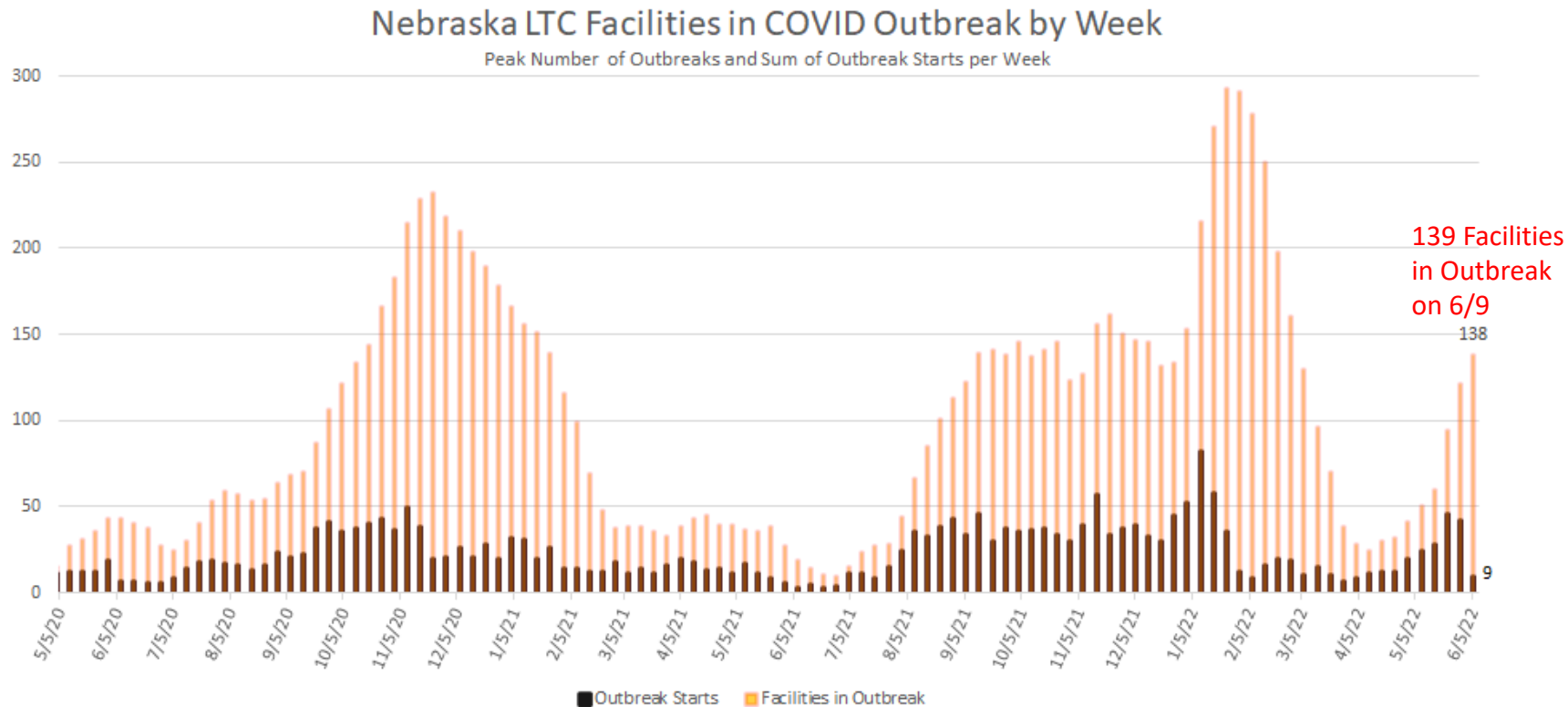
Nebraska LTC Facility COVID-19 Cases



**Updated: 6/5/2022

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly

Nebraska LTC Facility COVID-19 Cases



**Updated: 6/5/2022

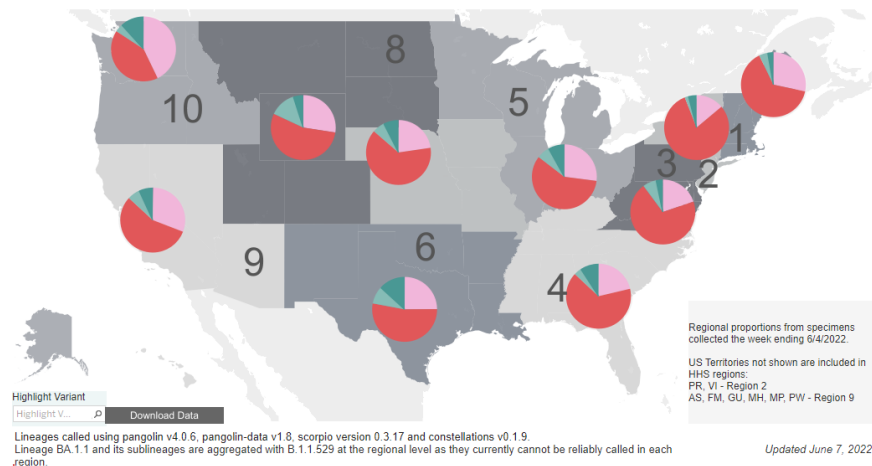
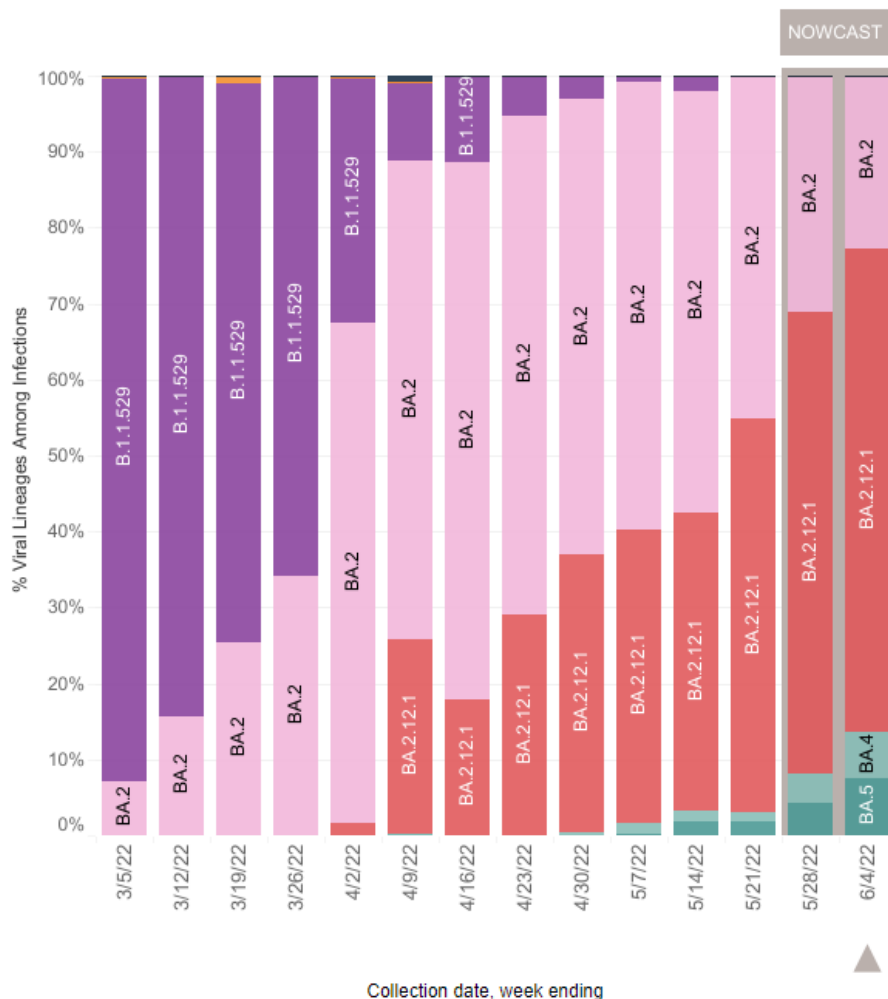
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.



What's happening with variants?

HHS Region 7: 2/27/2022 – 6/4/2022

United States: 5/29/2022 – 6/4/2022 NOWCAST



Region 7 - Iowa, Kansas, Missouri, and Nebraska

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2.12.1	VOC	63.7%	54.6-71.9%
	BA.2	VOC	22.6%	18.0-28.0%
	BA.5	VOC	7.5%	2.7-17.7%
	BA.4	VOC	6.2%	4.1-9.1%



Reminder to Keep Collecting and Sending PCRs for Sequencing

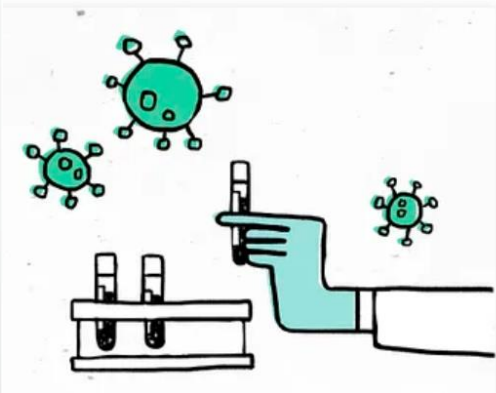


Image Courtesy rawpixel.com

- As COVID-19 case counts and hospitalizations decline throughout the state, the risk of new (variant of concern) VOC introductions remains.
- LTC facilities entering outbreak should send nasopharyngeal specimens to NPHL on initial positive cases
- Obtaining genotypes from residents with COVID-19 will help facilitate earlier detection of a VOC possibly associated with more severe outcomes, if one emerges.

COVID-19 Safe Dining Practices



Infection Control Assessment
and Promotion Program

NEBRASKA

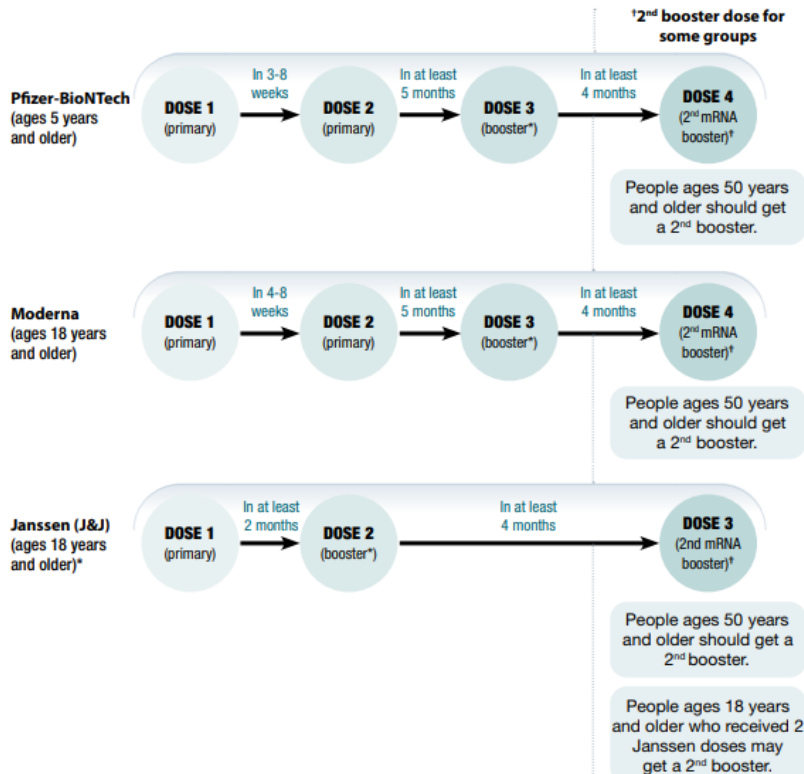
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Vaccine Booster Schedule ¹

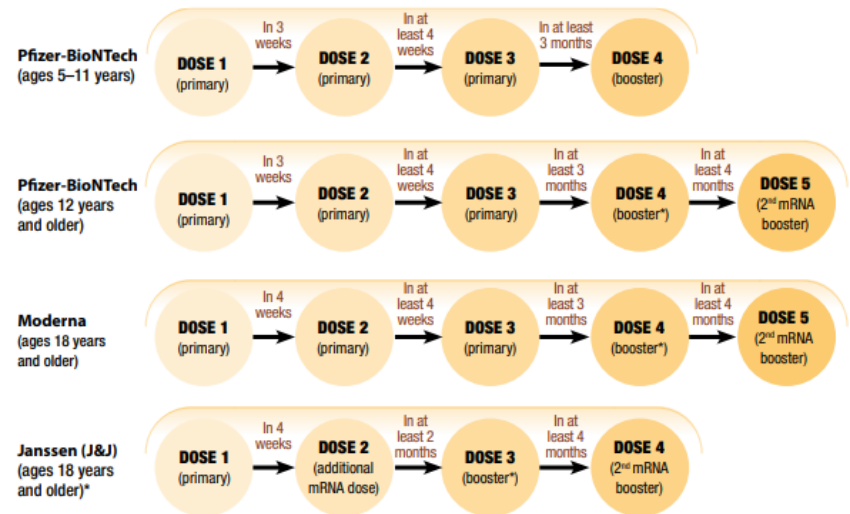
COVID-19 Vaccination Schedule for Most People

Number and intervals of COVID-19 vaccine doses



COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Number and intervals of COVID-19 vaccine doses



* Age-appropriate mRNA COVID-19 vaccines are preferred over Janssen COVID-19 Vaccine for primary and booster vaccination. Janssen COVID-19 Vaccine should only be used in limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#considerations-janssen>.

For more specific clinical guidance, see:

- [Interim COVID-19 Immunization Schedule for Ages 5 Years and Older](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)



CS 537065-A | May 25, 2022

cdc.gov/coronavirus



Up to Date Vaccination Status ²

Up to date: People ages 5 years and older are up to date with their COVID-19 vaccines when they have received all doses in the primary series and all booster doses recommended for them, when eligible.

- Vaccine recommendations differ depending on a person's age, immune status, vaccine received for the primary series (mRNA or Janssen), and time since last dose.
- ★ On May 20, 2022, CDC strengthened its second booster recommendations. People ages 50 years and older and people ages 12 years and older who are moderately or severely immunocompromised should get a second booster dose to be up to date.
- People ages 18 through 49 years who received a Janssen COVID-19 vaccine for both their primary and booster dose may get a second booster dose of either Pfizer-BioNTech or Moderna COVID-19 vaccine, but the second booster dose is not required to be considered up to date.

Up to Date Vaccination Status ³

Stay Up to Date with Your COVID-19 Vaccines

Updated May 24, 2022

Languages ▼

Print

When Are You Up to Date?

You are **up to date** with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

² You are also considered up to date if

- You have completed your primary series – but are not yet eligible for a booster
- You have received 1 booster but are not recommended to get a 2nd booster
- You have received 1 booster but are not yet eligible for a 2nd booster

ICAP ZONES AND PPE 10

Red Zone (Isolation Zone)	Dark Red	Residents with a positive COVID-19 Test	COVID-19 full PPE: Respirator, eye protection, isolation gown, and gloves. Gowns and gloves are <u>doffed</u> and hand hygiene performed between residents. Respirator and eye protection may be used according to extended use guidance [if they are not touched]	Designated zone with designated staffing is ideal; Room door closed; Communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room [unless spa is located in the COVID-19 unit].
Yellow Zone (Quarantine Zone)	Light Red	Residents suspected of having COVID-19 but awaiting confirmation of the diagnosis. Note: do not transfer to the COVID UNIT yet. Isolate in a private room within the yellow zone	COVID-19 full PPE	Room door closed; Communal activity and dining are restricted; and therapy or bathing are preferably performed in the resident room
	Traditional Yellow Zone/ Quarantine Zone	Asymptomatic residents who have been exposed to COVID-19 and <u>are not up to date</u> on vaccination.	COVID-19 full PPE	Room door closed; Communal activity and dining are restricted; and therapy or bathing may be performed in the designated gym or bathhouse if additional precautions are put in place
	Modified Yellow Zone/ Modified Quarantine Zone	Asymptomatic residents who have been exposed to COVID-19 and <u>are up to date</u> on vaccination.	Healthcare personnel wear respirator and eye protection when in the resident room	Resident room door closed when unmasked in their room. Resident should mask in communal areas. Restrict resident from <u>dining, since</u> mask can't be worn while eating. If the resident cannot mask, additional accommodations should be put in place to reduce risk.
Green Zone (COVID-19 Free Zone)		Asymptomatic residents without any exposure to COVID-19 and Asymptomatic residents within 90 days of a COVID-19 infection	Minimum source control for healthcare personnel is a surgical mask. Eye protection per standard precautions	Resident masking in communal areas is recommended in facilities in communities with moderate to high COVID-19 transmission rates.
Gray Zone (Transitional Zone)		Residents that are not up to date on vaccination, without known exposure to COVID-19 who are being transferred from the hospital/ outside facilities are kept in this zone for 7 days if they remain asymptomatic and test negative for COVID-19 at the end of day 7 will be moved to the Green Zone. Note: Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission.	COVID-19 full PPE	Room door closed; Communal activity and dining are restricted; and therapy or bathing may be performed in the designated gym or bathhouse if additional precautions are put in place

Safe Dining

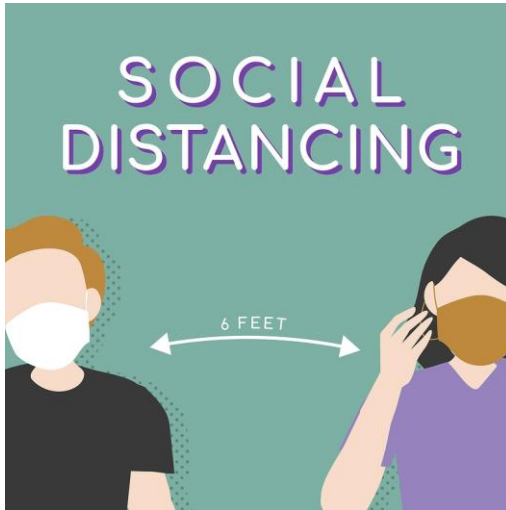
- The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while on in communal areas of the facility.⁶
 - When residents are **up to date** with all recommended COVID-19 vaccine doses and are located in counties **with low to moderate community transmission**, consideration can be given to allow residents to not use source control when in communal areas of the facility.⁴
 - Residents might choose to continue using source control if they are immunocompromised or at increased risk of severe disease.
- A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others.⁶



Safe Dining

- Consider staggering arrival times to maintain physical distancing
 - For example, increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.
- Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
 - Consider use of plexiglass barriers if physical distancing is difficult to maintain due to dining room size.
- Limit residents per table (i.e., 2).
 - Focus on maintaining existing social relationships, recommend pairing roommates and others that associate with each other outside of mealtimes.
 - Limits high-risk exposures and simplifies the process for contact tracing if facility has COVID-19 outbreak

Safe Dining



- Residents who need assistance with feeding should be spaced apart as much as possible (i.e., 6 feet or more).
- Staff members who are assisting more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.
- Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating



Dining During Quarantine/Isolation

- COVID positive residents in red zone isolation. These persons should not participate in communal dining or group activities.
- New admissions and readmissions to the facility that are **not up to date** are in gray zone quarantine. These persons should not participate in communal dining or group activities.
- Residents that are **not up to date** and have had an exposure to someone with COVID-19 are in yellow zone quarantine. These persons should not participate in communal dining or group activities.

Dining in Modified Yellow Zone

- Residents that are **up to date** and have an exposure to someone with COVID-19 are in modified yellow zone.
 - When a resident has a close contact exposure resident should not participate in communal dining ⁶
 - Example of close contact exposure (within 6 feet for a cumulative 15 minutes) include, but are not limited to: exposure to positive family member/visitor, high-risk exposure to a positive staff member that provided bathing services, tablemates of positive resident.

*Note: In general, asymptomatic residents within 90 days of a COVID-19 infection are considered green zone.

Dishware and Eating Utensils ⁹

- The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils when a resident is in quarantine or isolation.
 - No special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils.
 - If adequate resources for cleaning utensils and dishes are not available, disposable products may be used.



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

Gray Zone ^{7, 8}

Who: New admission, readmissions and residents returning from high-risk community outings that are **not up to date** immunization status

How long residents in the gray zone?

7 days if they remain asymptomatic and test negative for COVID-19 at the end of day 7. At that point, it is appropriate to move to the Green Zone.

Note: Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission.

Room door closed; Communal activity and dining are restricted; and therapy or bathing may be performed in the designated gym or bathhouse if additional precautions are put in place

[ICAP Plan for Managing New Admissions and Readmissions](#)

[ICAP COVID-19 Outing Risk Assessment.pdf](#)



Resources:

¹ COVID-19 Vaccination Schedules

- <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>Interim

² Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States

- <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#recommendations>

³ Stay Up to Date with Your COVID-19 Vaccines

- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

⁴ CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

⁵ CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Resources:

⁶ CMS QSO-20-39-NH Nursing Home Visitation – COVID-19 (Revised 3/10/2022)

- <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

⁷ ICAP Suggested Plan for Managing New Admissions, Readmissions and Return from Community Outings

- <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2022/04/ICAP-Suggested-Plan-for-Managing-New-Admissions-Readmissions-and-Return-from-Community-Outings.pdf>

⁸ ICAP COVID-19 Resident Outing Risk Assessment

- <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2022/04/COVID-19-Outing-Risk-Assessment.pdf>

⁹ CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

- <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

¹⁰ Nebraska ICAP Zones and PPE Table

- <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2022/06/Zones-and-PPE-Table.pdf>

ICAP Updates and Information





Infection Control Training For Your Facility

- Project Firstline is Infection Control (IC) training for your frontline healthcare workers
- Why is it important? Infection Control:
 - Works! The right practices can stop germs from spreading in healthcare facilities.
 - Is a Team Effort! Infection control is most effective when all team members use it consistently.
 - Matters! Infection control is a critical part of safe healthcare delivery in all healthcare settings.
- To find out more or to schedule a training for your facility, scan the QR code or visit: icap.nebraskamed.com/project-firstline/

Infection Prevention and Control Hotline Number:

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

On-call hours are available for emergencies only

Weekends and Holidays from 8:00 AM- 4:00 PM

****Please call the main hotline number only during on-call hours****



Webinar CE Process

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

Individual surveys must be completed for each attendee.

Questions? Contact Marissa at:

Machaney@nebraskamed.com 402-552-2881

Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued monthly for all webinars attended
- Certificate comes directly from ICAP via email
- Certificate is mailed by/on the 15th of the next month

NAB:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- **You must have a NAB membership**
- Credit is retrieved by you
- Any issues or questions regarding your credit must be directed to NAB customer service.
 - ICAP can verify survey completion and check the roster list
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when 2022 credits are ready for retrieval.



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
 - Margaret Drake, MT(ASCP),CIC
 - Sarah Stream, MPH, CDA, FADAA
 - Josette McConville, BSN, RN, CIC
 - Rebecca Martinez, BA, BSN, RN, CIC
 - Jody Scebold, EdD, MSN, RN
 - Chris Cashatt RN, BSN, CIC
 - Daniel Taylor, DHHS
 - Becky Wisell, DHHS
 - Cindy Kadavy, NHCA
 - Kierstin Reed, LeadingAge
 - Melody Malone, PT, CPHQ, MHA
 - Debi Majo, BSN, RN
-
- Moderated by Marissa Chaney
 - Supported by Margaret Deacy
 - Slide support from Josette McConville

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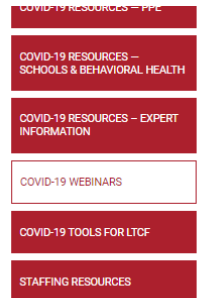
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