

Guidance and responses were provided based on information known on 06.30.2022 and may become out of date.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

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DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

June 30, 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

July 5, 2022 Office Hours: A Retrospective of Top COVID-19 Response Strategies

10:30 a.m. CT

[Register](#)

July 12, 2022 Q&A: NHSN Reporting on COVID-19 Boosters

10:30 a.m. CT

[Register](#)

Upcoming TMF QIN-QIO Training

July 19, 2022 Office Hours: Q & A

10:30 a.m. CT

[Register](#)

**July 21, 2022 LTC Connect – Infection Control
Practices and Training**

[Register](#)

1:30 p.m. CT

Upcoming TMF QIN-QIO Training

**July 26, 2022 Office Hours: Engaging Family
Members in Medical Decision Making**

10:30 a.m. CT

[Register](#)

NHSN Updates for Vaccinations

- New up to date vaccination definition started Monday, June 27th [Covid-19 Up to Date Vaccination Guidance](#) See page 2

Up to date with COVID-19 vaccines

Individuals are considered up to date with their COVID-19 vaccines during the surveillance period of **June 27, 2022 through September 2, 2022** for the purpose of NHSN surveillance if they meet (1) of the following criteria*:

| If Under 50 Years: | If 50 Years and Older: |
|---|---|
| Received at least one booster dose | Received second booster dose (<u>or</u> received first booster dose less than 4 months ago and not yet eligible for a second booster dose) |
| <u>or</u> | <u>or</u> |
| Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose . This includes: | Recently received all recommended doses in the primary vaccine series but is not yet eligible for a booster dose . This includes: |
| a) Those who completed their 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 . | a) Those who completed their 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 . |

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

- 1) Received an additional dose less than three months ago, if primary series was the Moderna or Pfizer-BioNTech COVID-19 vaccine; or
- 2) Received an additional dose less than two months ago, if primary series was the Janssen COVID-19 vaccine; or
- 3) Received an additional dose and one booster dose **less than four months ago; or**
- 4) **Received a second booster dose.**

Primary vaccine series

Completing a primary vaccine series means receiving:

- A 2-dose series of an mRNA COVID-19 vaccine (Pfizer-BioNTech and Moderna), **OR**
- A single dose of Janssen COVID-19 vaccine

Booster dose

A booster dose is a subsequent dose of vaccine administered to enhance or restore protection which might have waned over time after primary series vaccination.

NHSN Updates for Vaccinations

- Event-Level Tool requires **date of birth** as a new field both residents and Healthcare Workers
- [Weekly HCP & Resident COVID-19 Vaccination](#)

Event-Level Error Message for Birthdate



Event-Level COVID-19 Vaccination Form - HCW

+ Add Row...

View Reporting Summary & Submit...

Upload CSV...

Export CSV...

Required fields marked with * Conditionally required fields marked with **

| Duplicate Row | Unique HCP Identifier (DOB) | HCP Start of | HCP End of | Errors | | |
|---------------|-----------------------------|--------------|------------|--------|-----------|-------------|
| + 123 | | | | Orgid | ID | Record Date |
| + 123 | | | | Field | Skippable | Message |
| + 123 | | | | 60683 | 101 | 05/05/2022 |
| + 123 | | | | 60683 | 110 | 03/03/2022 |
| | | | | 60683 | 112 | 03/02/2022 |
| | | | | 60683 | 1120 | 03/30/2022 |
| | | | | 60683 | 113 | 03/02/2022 |
| | | | | 60683 | 115 | 03/02/2022 |
| | | | | 60683 | 120 | 03/04/2022 |
| | | | | 60683 | 121 | 03/07/2022 |
| | | | | 60683 | 122 | 03/07/2022 |
| | | | | 60683 | 123 | 03/07/2022 |
| | | | | | | |

View Reporting Summary & Submit



Event-Level COVID-19 Vaccination Form - HCW

+ Add Row...

View Reporting Summary & Submit...

~ Upload CSV...

~ Export CSV...

Required fields marked with * Conditionally required fields marked with **

| Duplicate Row | Unique HCP Identifier (DOB, License #, etc.) * | HCP Start of Employment Date * | HCP End of Employment Date | HCP First Name * |
|---------------|--|--------------------------------|----------------------------|------------------|
| + | 123 | 04/0 | | |
| + | 1234 | 01/0 | | |
| + | 1235 | 01/0 | | |
| + | 1236 | 01/0 | | |

View Reporting Summary & Submit...

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

TRACKING WORKSHEET

| | |
|---|--|
| Facility ID#: | 30078 |
| Vaccination type: | COVID19 |
| Week of data collection first day (Monday): | 3/28/2022 |
| Week of data collection last day (Sunday): | 3/28/2022 |
| Cumulative Vaccination C | 4/4/2022 |
| | 4/11/2022 (Never submitted using the Tracking Worksheet) |
| | 4/18/2022 |
| | 4/25/2022 (Never submitted using the Tracking Worksheet) |
| | 5/2/2022 (Never submitted using the Tracking Worksheet) |
| | 5/9/2022 (Never submitted using the Tracking Worksheet) |
| | 5/16/2022 (Never submitted using the Tracking Worksheet) |

Event-Level COVID-19 Vaccination Data .CSV Data Import Files Updates

- [Variable description and file layout for event-level \(person-level\) vaccination forms June 2022](#)
- [.CSV File Template for LTCF Residents June 2022](#)
- [Example .CSV File for LTCF Residents June 2022](#)
- [.CSV File Template for LTCF HCP June 2022](#)
- [Example.CSV File for LTCF HCP June 2022](#)

NHSN Tips

- **Event-Level:** Sort, put the discharged/left at the bottom of the list, then add the birthdates to those who are currently in the facility
 - › If you don't update this you will get the error message for each person, in 1 big error message
- Complete Event-Level first, then you'll know Up To Date status for those you are putting in the **Resident Impact and Facility Capacity Pathway** for Newly Confirmed SARS-CoV-2 Viral Test Result.

NHSN Training Resources

- [LTCF COVID-19 Module: Surveillance Pathway Updates – May 2022 Video](#) 35 minutes
- [Up to Date Vaccination Status: Surveillance Definition Change – June 2022 Slideset](#)
- [NHSN Event-Level Vaccination Forms: Office Hours and FAQs – June 2022 Slideset](#)

TMF QIN-QIO Resources

- New Video: [COVID-19 Vaccinations and Health Equity](#) (27 minutes)
 - › [Handout](#)

TMF QIN-QIO Resources

Website: tmfnetworks.org

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

[TMF Events Calendar](#)

[Nursing Home Resources](#)

[Quality Measures Video Series](#)

[QAPI Video Series](#)

Need Assistance?

Email nhnetwork@tmf.org.

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

Nebraska Statistics





Congratulations on your
retirement,
Margaret Drake!

Thank you for your service, we will
miss you.

**If you contacted Margaret Drake
directly, please use:**

Call: 402-552-2881

E-mail:

NebraskaICAP@nebraskamed.com



Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K

22.7

INFECTION RATE

1.09

POSITIVE TEST RATE

22.2%



Over the last week, Nebraska has averaged 439 new confirmed cases per day (22.7 for every 100,000 residents). [About this data](#)

Share 

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



Nebraska Statistics

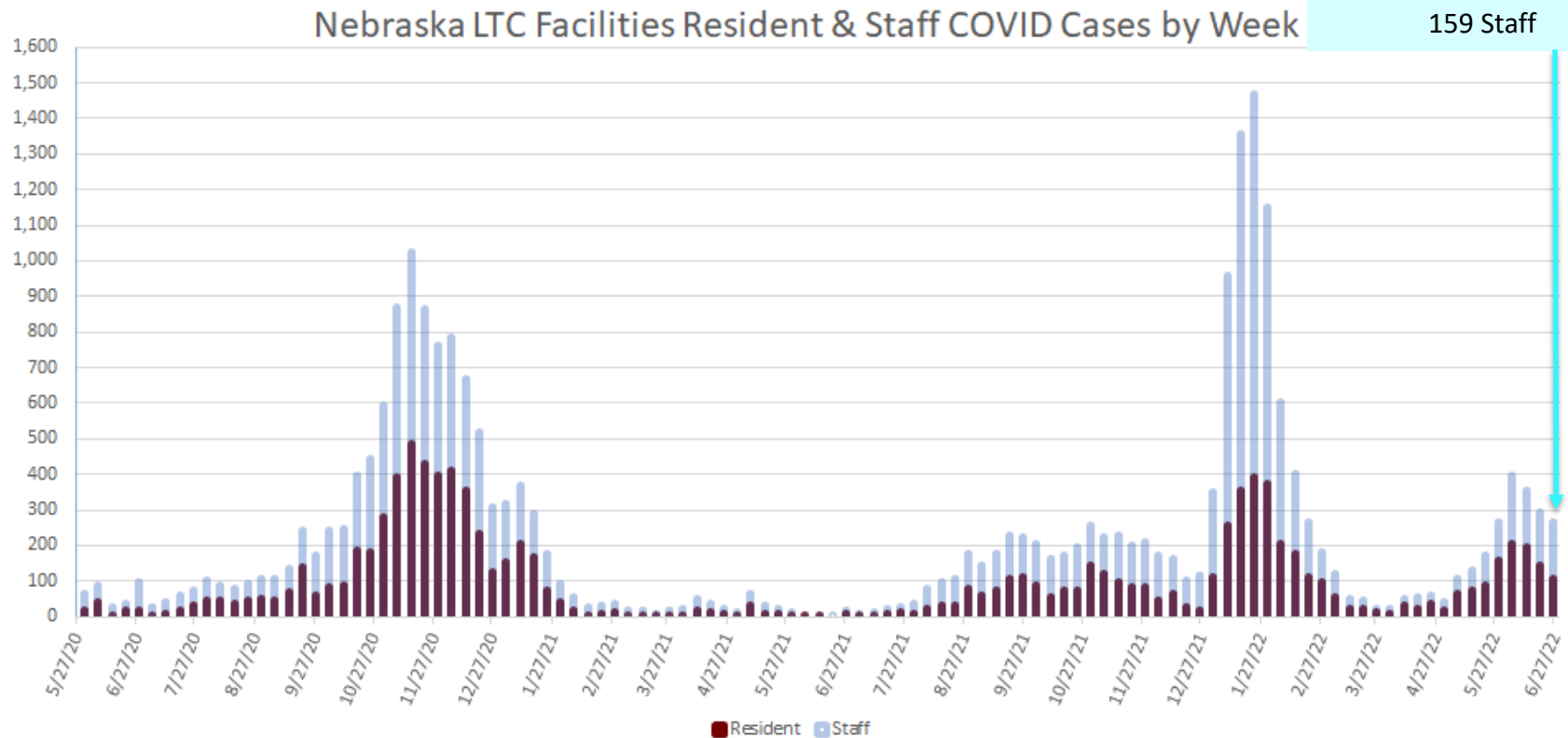
| Week | Daily New Cases/ 100K | Infection Rate | Positive Test Rate | ICU Capacity Used | Vaccinated 1+ | Vaccinated + Booster |
|------------|--------------------------|----------------|--------------------|-------------------|---------------|----------------------|
| 03/03/2022 | 3.8 | 0.43 | 8.1% | 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% |
| 6/16/22 | 17.6 | 1.09 | 18.5% | 71% | 70.7% | 32.9% |
| 6/23/22 | 22.7 | 1.03 | 20.3% | 72% | 70.7% | 32.9% |
| 6/30/22 | 22.7 | 1.09 | 22.2% | 71% | 70.8% | 33.0% |

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



Nebraska LTC Facility COVID-19 Cases

267 total cases
108 Residents
159 Staff

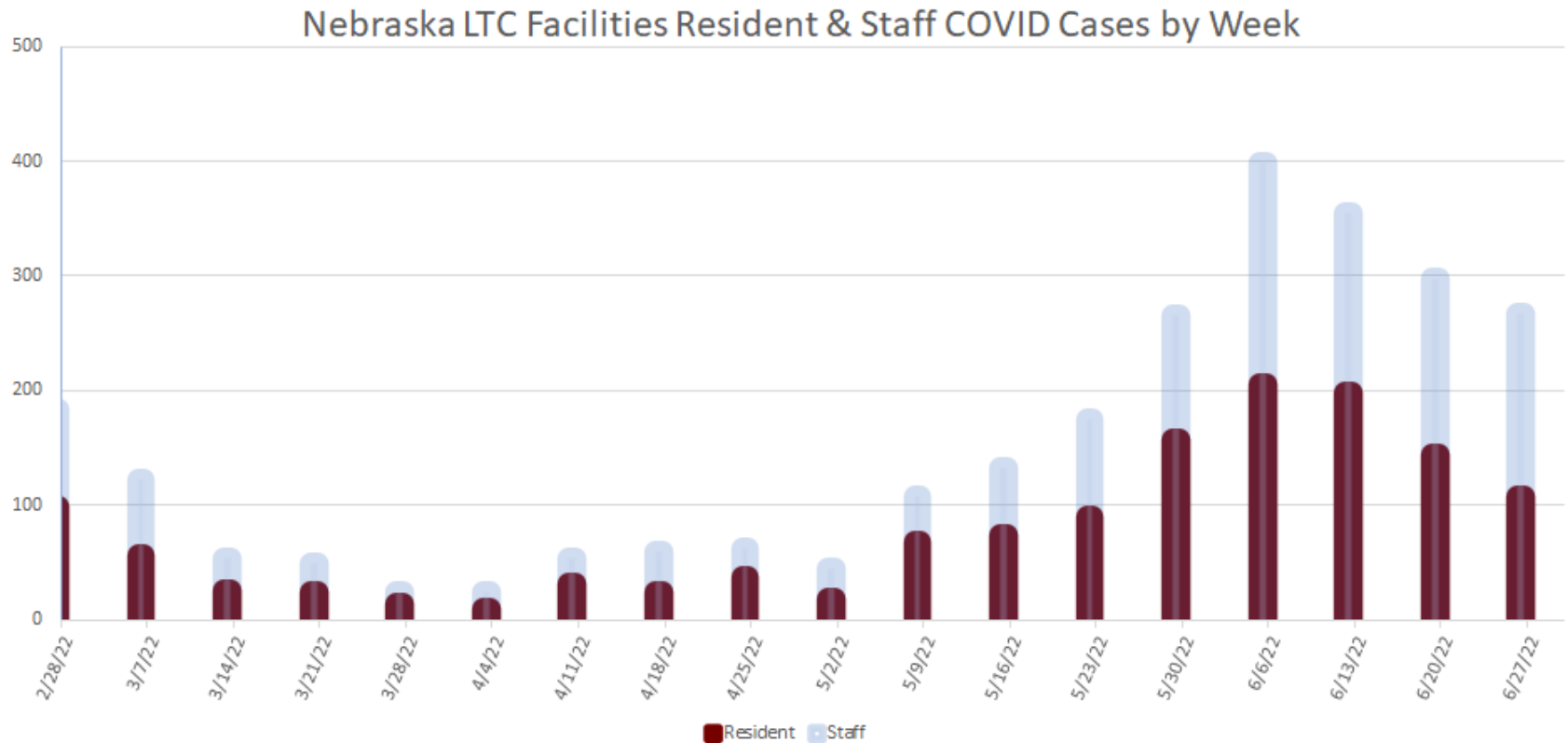


**Updated: 6/27/2022

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



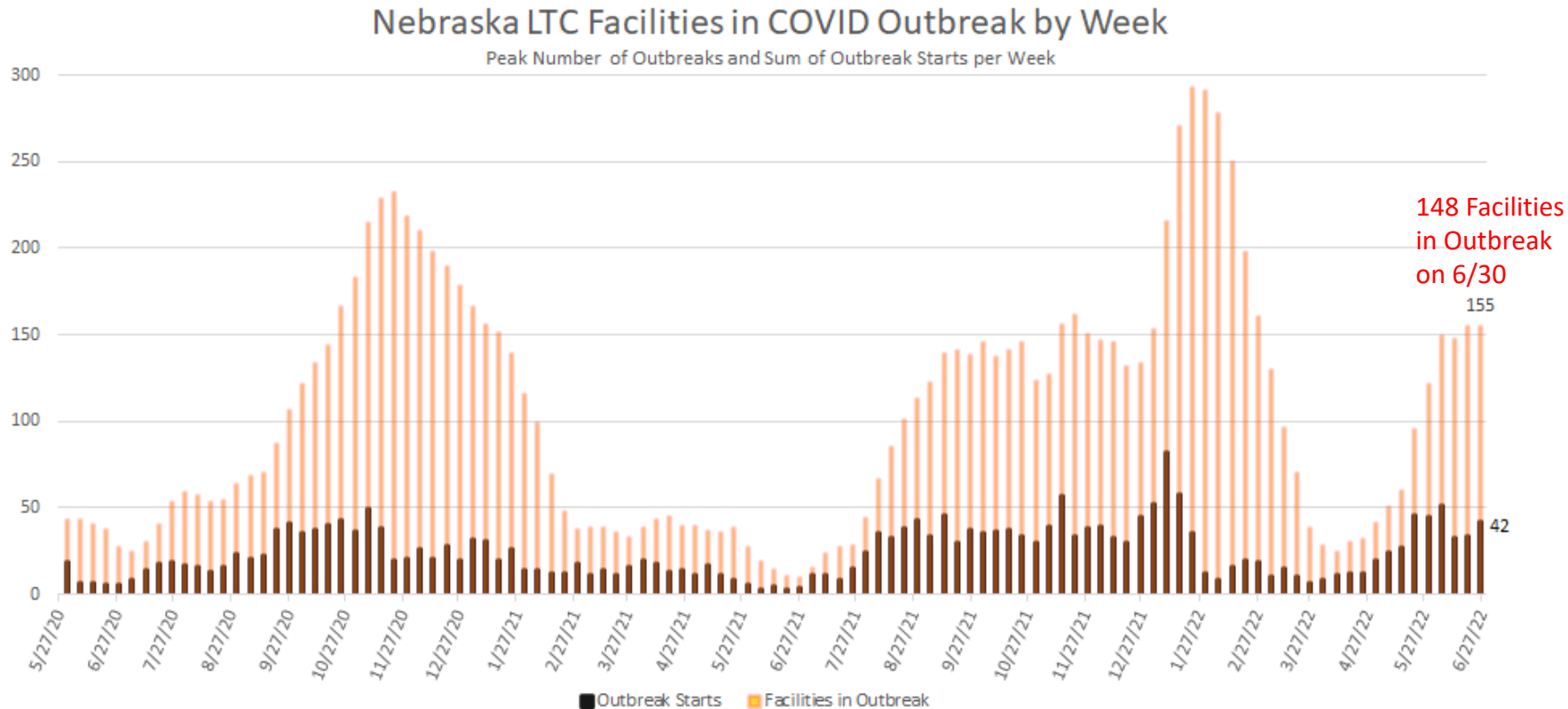
Nebraska LTC Facility COVID-19 Cases



**Updated: 6/27/2022

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: 6/27/2022

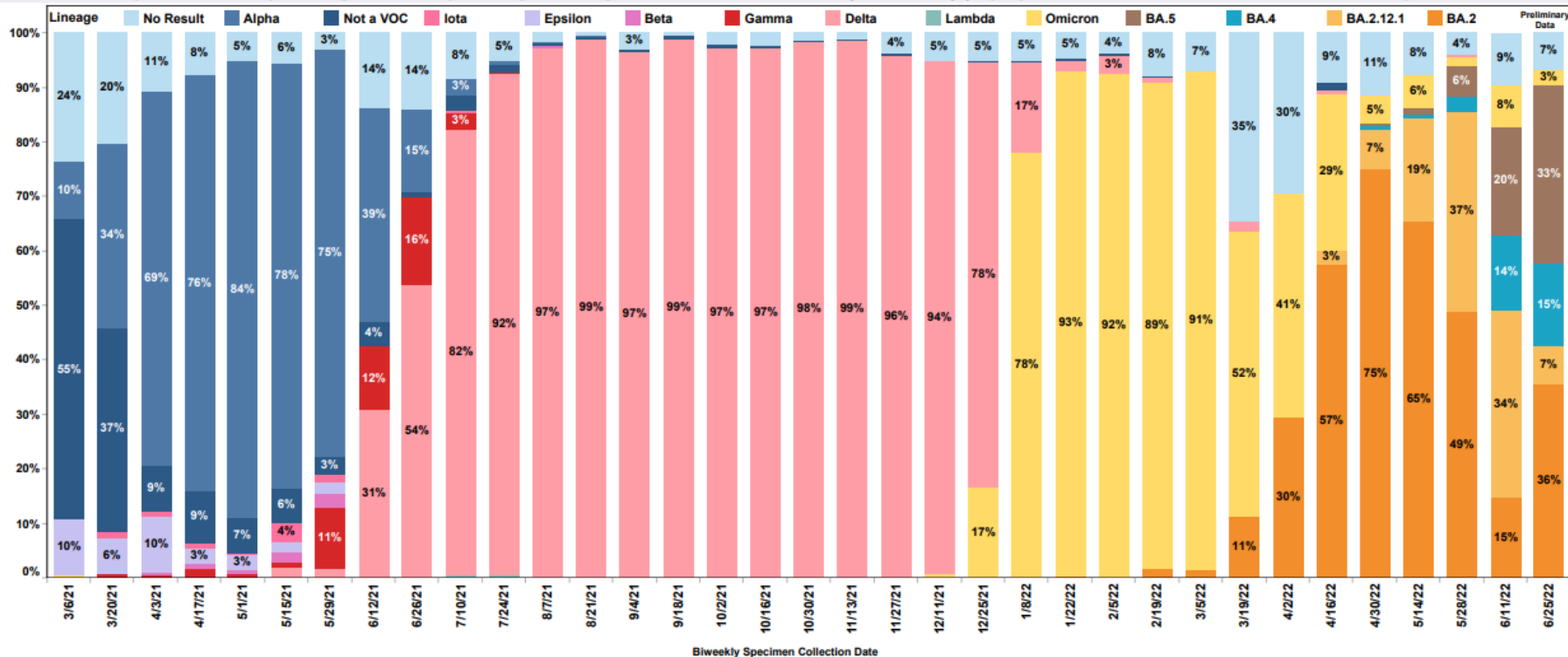
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.



NE Genomic Surveillance

Nebraska SARS-CoV-2 Genomic Surveillance Report

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=19,815) | By Specimen Collection Date, Since February-2021



Data Source: COVID-19 Whole Genome Sequencing Lab Reports, Nebraska Electronic Disease Surveillance System (NEDSS)

Note:

1. Each bar in the graph represents a two week period that ends on Saturday. The date label above is the last day in that two week period.

2. "No Result" means there is an insufficient level or quality of sequence specimen to detect a lineage successfully.

3. Results are continuously updated as DHHS receives additional sequences for partner laboratories. All results should be considered preliminary as we frequently receive sequences that are months old from external partners. The most recent bar is marked as preliminary in the graph because that bar is expected to change the most as more sequences are received in upcoming weeks.

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.



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Paxlovid Studies

Paxlovid Study – MMWR June 21, 2022

Hospitalization and Emergency Department Encounters for COVID-19 After Paxlovid Treatment — California, December 2021–May 2022

Weekly / June 24, 2022 / 71(25);830-833

On June 21, 2022, this report was posted online as an MMWR Early Release.

Deborah E. Malden, DPhil^{1,2}; Vennis Hong, MS²; Bruno J. Lewin, MD^{2,3}; Bradley K. Ackerson, MD²; Marc Lipsitch, DPhil^{4,5}; Joseph A. Lewnard, PhD⁶; Sara Y. Tartof, PhD^{2,3}
([View author affiliations](#))

What is added by this report?

- COVID-19–related hospital admissions and emergency department (ED) encounters occurring 5–15 days after Paxlovid treatment were described using data from a large integrated health care system. Reports of such hospitalizations or ED encounters occurred infrequently, representing <1% of Paxlovid-treated patients over the study period.

What are the implications for public health practice?

- When administered as an early-stage treatment, Paxlovid might prevent COVID-19–related hospitalization among persons with mild-to-moderate COVID-19 who are at risk for progression to severe disease.

Paxlovid Study – MMWR June 24, 2022

Dispensing of Oral Antiviral Drugs for Treatment of COVID-19 by Zip Code–Level Social Vulnerability — United States, December 23, 2021–May 21, 2022

Weekly / June 24, 2022 / 71(25);825-829

On June 21, 2022, this report was posted online as an MMWR Early Release.

Jeremy A.W. Gold, MD¹; James Kelleher²; Jake Magid; MEng²; Brendan R. Jackson, MD¹; Meghan E. Pennini, PhD³; Diana Kushner, MPH³; Emily J. Weston, MPH^{1,3}; Bobby Rasulnia, PhD¹; Sachiko Kuwabara, PhD^{1,3}; Kelly Bennett, MPH³; Barbara E. Mahon, MD¹; Anita Patel, PharmD¹; John Auerbach, MBA¹ ([View author affiliations](#))

What is added by this report?

- During December 23, 2021–May 21, 2022, 1,076,762 oral antiviral prescriptions were dispensed in the United States. The overall number of antivirals dispensed increased; however, by the end of the study period, dispensing rates were lowest in high vulnerability zip codes, despite these zip codes having the largest number of dispensing sites.

What are the implications for public health practice?

- Additional public health, regulatory, and policy efforts might help decrease barriers to oral antiviral access, particularly in communities with high social vulnerability.

Order Paxlovid from Nebraska ASAP



[Click here COVID-19 Treatment - Antibiotic Stewardship Assessment & Promotion Program - Nebraska Medicine](#)

- Paxlovid (nirmatrelvir; ritonavir) is offered as the recommended first-line agent.
- When Paxlovid is not feasible due to contraindications and/or major drug interactions, we also offer oral molnupiravir or IV monoclonal antibody.
- IV Remdesivir is also a treatment option, though not available through ASAP program.

[Click here](#) to access the Monoclonal Antibody Resources
[Click here](#) to access the Paxlovid Resources
[Click here](#) to access the Molnupiravir Resources

Survey for New COVID-19 Cases Eligible to Receive COVID-19 Treatment



Please complete the survey below.

This survey is designed to capture information on patients eligible to receive Monoclonal Antibody or Paxlovid or Molnupiravir. Entering this information here does not qualify as a prescription, and a prescriber at your institution will still need to write an order for the drug to be included in the medical record. Once your new case(s) have been entered and processed, Andrew Watkins, pharmacist coordinator for Nebraska ASAP, will be in contact to coordinate drug distribution.

This survey requires contact information as well as questions regarding baseline requirements to receive this drug. After these, there are questions about specific COVID-19 positive patients. We are including enough blanks for 5 patients per survey. If your facility has less than 5, leave the additional patient fields blank. If your facility has more than 5, you will have to fill out the survey multiple times.

Please note that Molnupiravir option is intended only for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.

Contact Information

Facility Name

* must provide value

Facility City

* must provide value

Facility County

* must provide value

Facility Type

* must provide value

☐ SNF/NF

☐ ALF

reset

COVID Updates & Resources



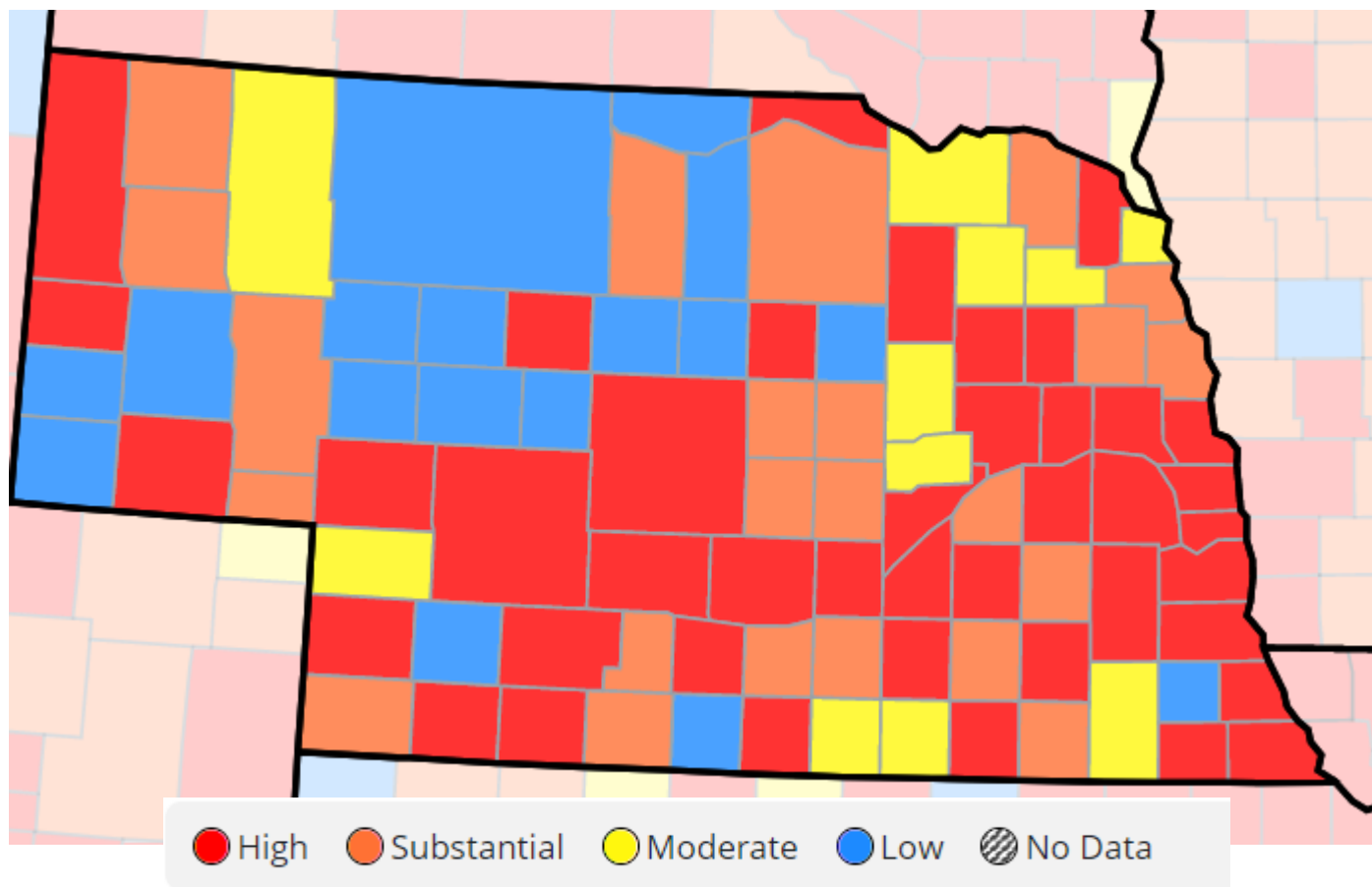
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Community Transmission Rate



Community Transmission Rate Influences. . .

HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below:

- NIOSH-approved N95 or higher-level respirator used for all aerosol-generating procedures.
 - To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of N95 during all patient care encounters.
- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.
 - [ICAP Eye-Protection-Risk-Assessment-updtd-03.24.22.pdf \(nebraskamed.com\)](#)

Community Transmission Rate Influences. . .

In nursing homes located in counties with substantial to high community transmission, HCP that are not up to date with all recommended COVID-19 vaccine doses should have a viral test twice a week.

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

| Level of COVID-19 Community Transmission | Minimum Testing Frequency of Staff <i>who are not up-to-date</i> ⁺ |
|--|---|
| Low (blue) | Not recommended |
| Moderate (yellow) | Once a week* |
| Substantial (orange) | Twice a week* |
| High (red) | Twice a week* |

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Community Transmission Rate Influences. . .

Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for **everyone in a healthcare setting**. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with substantial to high community transmission.



Community Transmission Rate Influences. . .

While it is generally safest to implement universal use of source control for everyone in a healthcare setting, the following allowances could be considered for **individuals who are up to date with all recommended COVID-19 vaccine doses** (who do not otherwise meet the criteria described above) in healthcare facilities located in counties with **low to moderate community transmission**.

- **HCP** who are up to date with all recommended COVID-19 vaccine doses could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
- If the **resident and all their visitor(s)** are up to date with all recommended COVID-19 vaccine doses, they can choose not to wear source control and to have physical contact.
- Consideration could be given to allowing **residents** who are up to date with all recommended COVID-19 vaccine doses to not use source control when in communal areas of the facility.

7 or 14 days or quarantine and testing?

- Quarantine (yellow zone) and Outbreak Testing are two different control measures.
- Quarantine residents who are close contacts for at least 7 days since last exposure while continuing to test.
- When there is a positive resident or staff; complete outbreak testing for 7 days since last exposure on the staff and residents in the area/unit who were around the positive person.
- Outbreak testing to be completed at least twice weekly for 7 days. If no new cases are identified, then quarantine and outbreak testing stops.



Note that in general, the 7-day standard will be used; however, for on-going transmission especially with more resident cases, outbreak testing may continue with a 14-day standard and quarantine extended as applicable after discussion with ICAP

Duration of Isolation – Resident(s)

Residents with mild to moderate illness who are not moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Residents with severe to critical illness and who are not moderately to severely immunocompromised: **At least** 10 days and up to 20 days have passed *since symptoms first appeared* **and**

- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

The test-based strategy should be used to inform duration of isolation for moderately to severely immunocompromised residents.

Duration of Isolation & Quarantine – Staff

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

| Vaccination Status | Conventional | Contingency | Crisis |
|-------------------------------|---|--|---|
| Up to Date and Not Up to Date | 10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms) | 5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms) | No work restriction, with prioritization considerations (e.g., types of patients they care for) |

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

| Vaccination Status | Conventional | Contingency | Crisis |
|--------------------|---|---|---|
| Up to Date | No work restrictions, with negative test on days 1 [‡] and 5–7 | No work restriction | No work restriction |
| Not Up to Date | 10 days OR 7 days with negative test [†] | No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7) | No work restrictions (test if possible) |

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



CS32856-A | 01/07/2022

cdc.gov/coronavirus

SAVE THE DATE

Friday, August 12, 2022
7:30 am – 4 pm

NE Antimicrobial Stewardship Summit **Refocusing on Stewardship**

Embassy Suites by Hilton | Downtown Omaha Old Market



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Continuing education credits will be available.

- Content targeted at providers, pharmacists, nurses, medical directors, quality program leaders, infection preventionists, and other staff interested in stewardship
- Presentations about antimicrobial stewardship strategies and implementation, the role of IP surveillance on stewardship, management of infections in the nursing home, and the role of consultant pharmacists on stewardship, among others
- Dedicated breakout session in the afternoon for long-term care providers/staff



2022 Nebraska Antimicrobial Stewardship Summit

- August 12, 2022 **in-person** at Embassy Suites in Downtown Omaha
- Physician, nurse, pharmacist, and medical laboratory scientist CE credits will be available
- Registration fee: \$99
- Register now at the following link:
 - <https://www.unmc.edu/cce/catalog/clinicmed/neb-asap-summit/index.html>

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:

- Rick Starlin, MD
- Kate Tyner, RN, BSN, CIC
- Margaret Drake, MT(ASCP),CIC
- Lacey Pavlovsky, RN, MSN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Daniel Taylor, DHHS
- Becky Wisell, DHHS
- Cindy Kadavy, NHCA
- Kierstin Reed, LeadingAge
- Melody Malone, PT, CPHQ, MHA
- Debi Majo, BSN, RN
- Carla Smith, RN, CDP, IP-BC, AS-BC

Moderated by Marissa Chaney

Supported by Margaret Deacy

Slide support from Josette McConville

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COVID-19 RESOURCES – SCHOOLS & BEHAVIORAL HEALTH

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