

Guidance and responses were provided based on information known on 07.28.2022 and may become out of date.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

July 28, 2022

Presentation Information:

Panelists today are:

Dr. Salman Ashraf, MBBS

Andrew Watkins, PharmD, BCIDP

Kate Tyner, RN, BSN, CIC

Josette McConville, RN, CIC

Lacey Pavlovsky, RN, MSN, CIC

Rebecca Martinez, BA, BSN, RN, CIC

Sarah Stream, MPH, CDA, FADAA

Jody Scebold, EdD, MSN, RN

Daniel Taylor, DHHS

Becky Wisell, DHHS

Cindy Kadavy, NHCA

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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

TMF Health Quality Institute CMS Quality Improvement Organization

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

NHSN Updates

- Changes will take effect after the July 30, 2022 NHSN release
- Changes will be visible on the application on August 1, 2022
- Review your email from NHSN sent 7/27/2022
- Updated files, instructions, etc. will be available on:
 - › [Weekly HCP & Resident COVID-19 Vaccination](#)
 - › [COVID-19 Module](#)
- Training will be coming, soon.

NHSN Updates

- **Resident Impact and Facility Capacity Pathway:** The **Table of Instructions** will be updated with additional information for Up-to-Date to provide further clarity regarding the reporting process for this data element.
- **Staff and Personnel Impact Pathway:** The **Table of Instructions** will be updated with additional information regarding the reporting process for re-testing staff members for COVID-19.

NHSN Updates

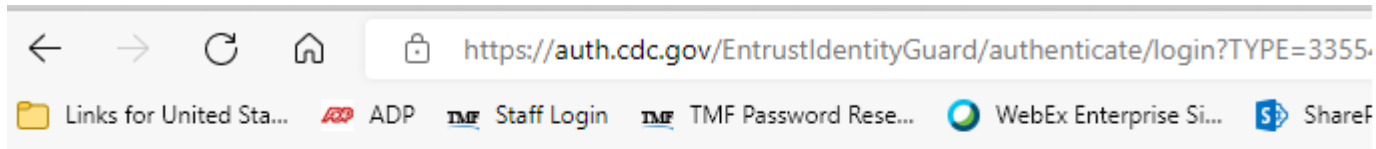
- **Therapeutics Pathway:** A **new check box** labeled “Did not administer any Therapeutics” has been added to the Therapeutics Pathway.
- This checkbox allows for users to select this option if the facility has NOT administered any of the listed Therapeutics to residents during the reporting week.
- If the checkbox is selected, all listed Therapeutics will be auto populated to “0”. The auto-populated 0’s are not editable unless the user de-selects the checkbox. **OR ...**

NHSN Updates

- **Therapeutics Pathway: All fields** within the Therapeutics pathway will be required, users will not be able to leave any fields blank.
- A number (including 0's) must be entered in each field or the new checkbox must be selected in order to **save successfully**.

Trouble Logging Into SAMS

- Close your browser and all tabs.
- Leave it closed for 10 seconds.
- Reopen browser and type in fully the website: `sams.cdc.gov` Don't use a saved link.
- For some reason the links can go bad over time.
- Error message example:



Message from the Web Server:

`Incorrect configuration. Cannot continue.`

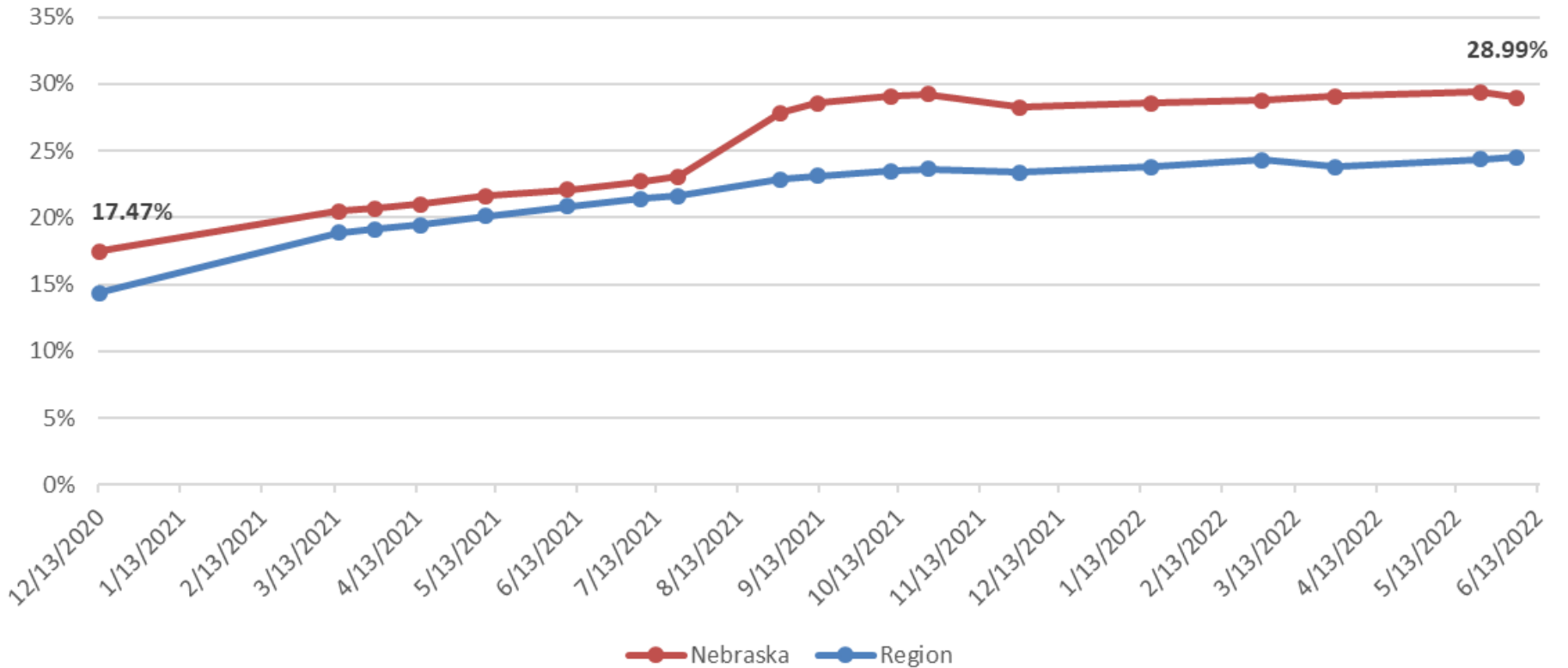
Trouble Logging Into SAMS

- Another log in option is to go to: <https://www.cdc.gov/nhsn/index.html> and select NHSN Member Login
- Try clearing cookies and cache and maybe your history.
- See our TMF QIN-QIO Resource: [I Have Errors in NHSN. What Should I Do?](#)

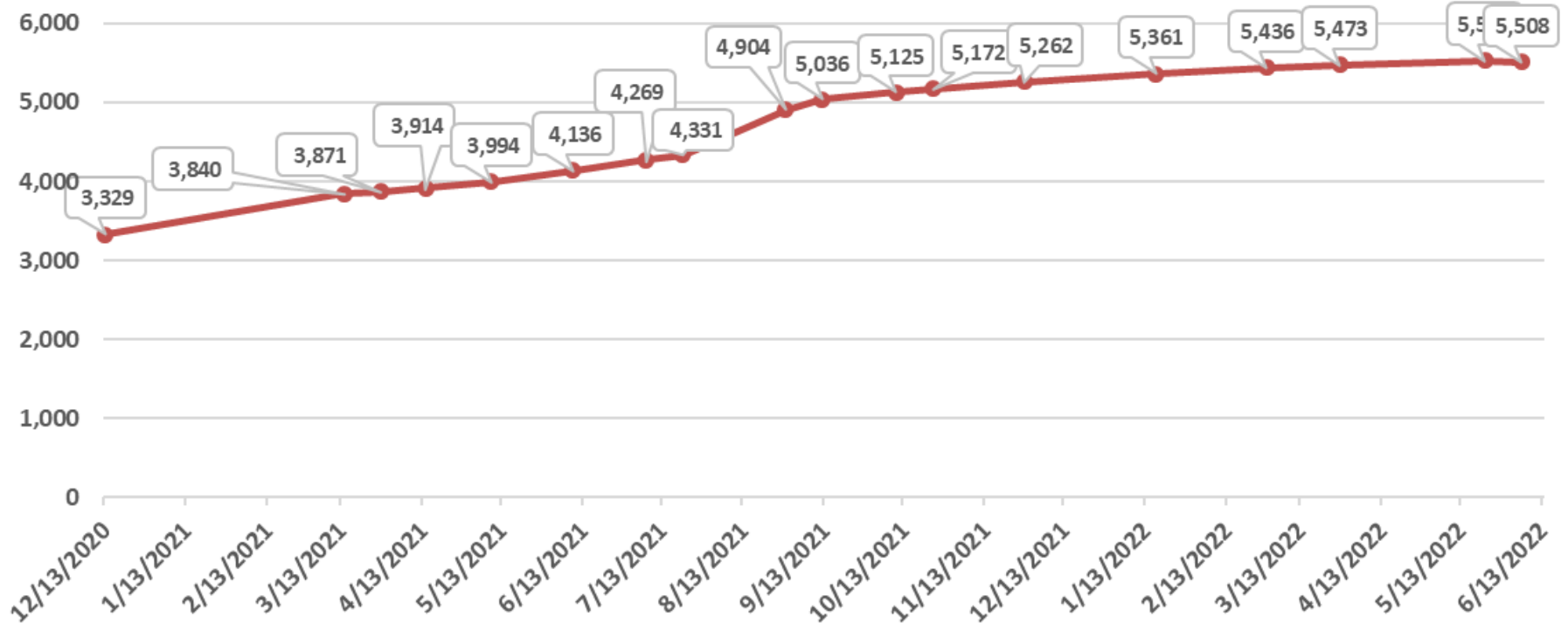
NHSN Training Resources

- [Up to Date Vaccination Status: Surveillance Definition Change – June 2022 Video](#) (40 minutes)
- [Up to Date Vaccination Status: Surveillance Definition Change – June 2022 Slideset](#)

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](#)

CMS-Targeted COVID-19

These modules can be completed on a cell phone.

Frontline nursing home staff modules:

- Module 1: Hand Hygiene and PPE
- Module 2: Screening and Surveillance
- Module 3: Cleaning the Nursing Home
- Module 4: Cohorting
- Module 5: Caring for Residents with Dementia in a Pandemic

Three hours total training time

Management staff modules:

- Module 1: Hand Hygiene and PPE
- Module 2: Screening and Surveillance
- Module 3: Cleaning the Nursing Home
- Module 4: Cohorting
- Module 5: Caring for Residents with Dementia in a Pandemic
- Module 6: Basic Infection Control
- Module 7: Emergency Preparedness and Surge Capacity
- Module 8: Addressing Emotional Health of Residents and Staff
- Module 9: Telehealth for Nursing Homes
- Module 10: Getting Your Vaccine Delivery System Ready

Four hours total training time

General Resource

- [ASPR TRACIE: Tips for Retaining and Caring for Staff After a Disaster](#)

TMF QIN-QIO Resources

- [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#)
- [Mission Possible: 100% Nursing Home Vaccination Rate](#) Success Story
- LTC Connect [Slides Handout July 21, 2022](#)
 - › [High Five Flyer](#)
- [Office Hours Engaging Family Members in Medical Decision Making Slides](#)

Upcoming TMF QIN-QIO Training

LTC Connect

August 18, 2022

LTC Connect

1:30 p.m. CT

[Register](#)

Nursing Home Office Hours

August 2, 2022

**Quality Assurance and Performance
Improvement (QAPI) Learning and
Sharing Series Kick-Off**

10:30 a.m. CT

[Register](#)

Upcoming TMF QIN-QIO Training

Nursing Home Office Hours

August 9, 2022

QAPI Series 2: Problem-Solving Tools

10:30 a.m. CT

[Register](#)

August 16, 2022

QAPI Series 3: Implement Plan and Measure Progress

10:30 a.m. CT

[Register](#)

August 23, 2022

QAPI Series 4: Use Data to Drive Decisions

10:30 a.m. CT

[Register](#)

August 30, 2022

Open Q & A Session

10:30 a.m. CT

[Register](#)

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?

CONNECT WITH US!



EMAIL

nhnetwork@tmf.org

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



Follow Us on Facebook

- [TMF QIN Nursing Home
Quality Improvement
Facebook](#)

Nebraska Statistics



Nebraska Statistics

Transmission metrics

DAILY NEW CASES PER 100K

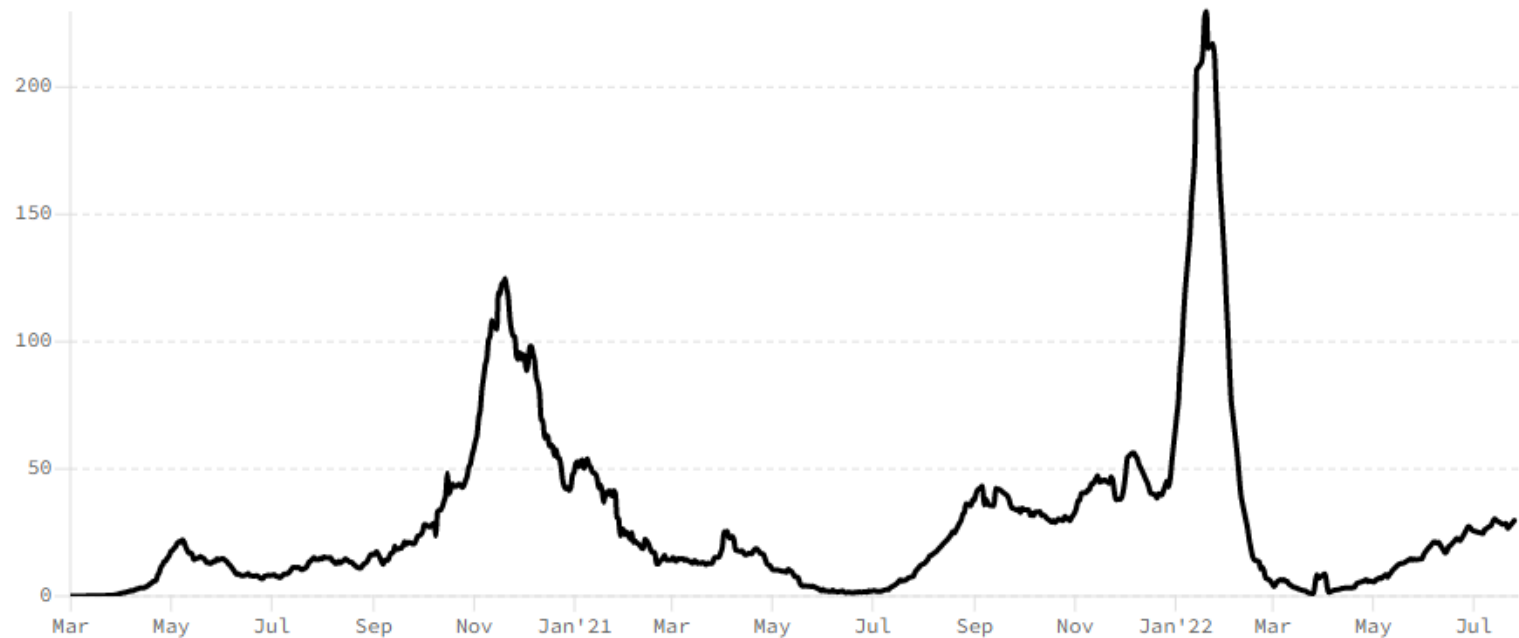
29.7

INFECTION RATE

1.01

POSITIVE TEST RATE

26.5%



Over the last week, Nebraska has averaged 575 new confirmed cases per day (29.7 for every 100,000 residents). [About this data](#)

Share 

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



Nebraska Statistics

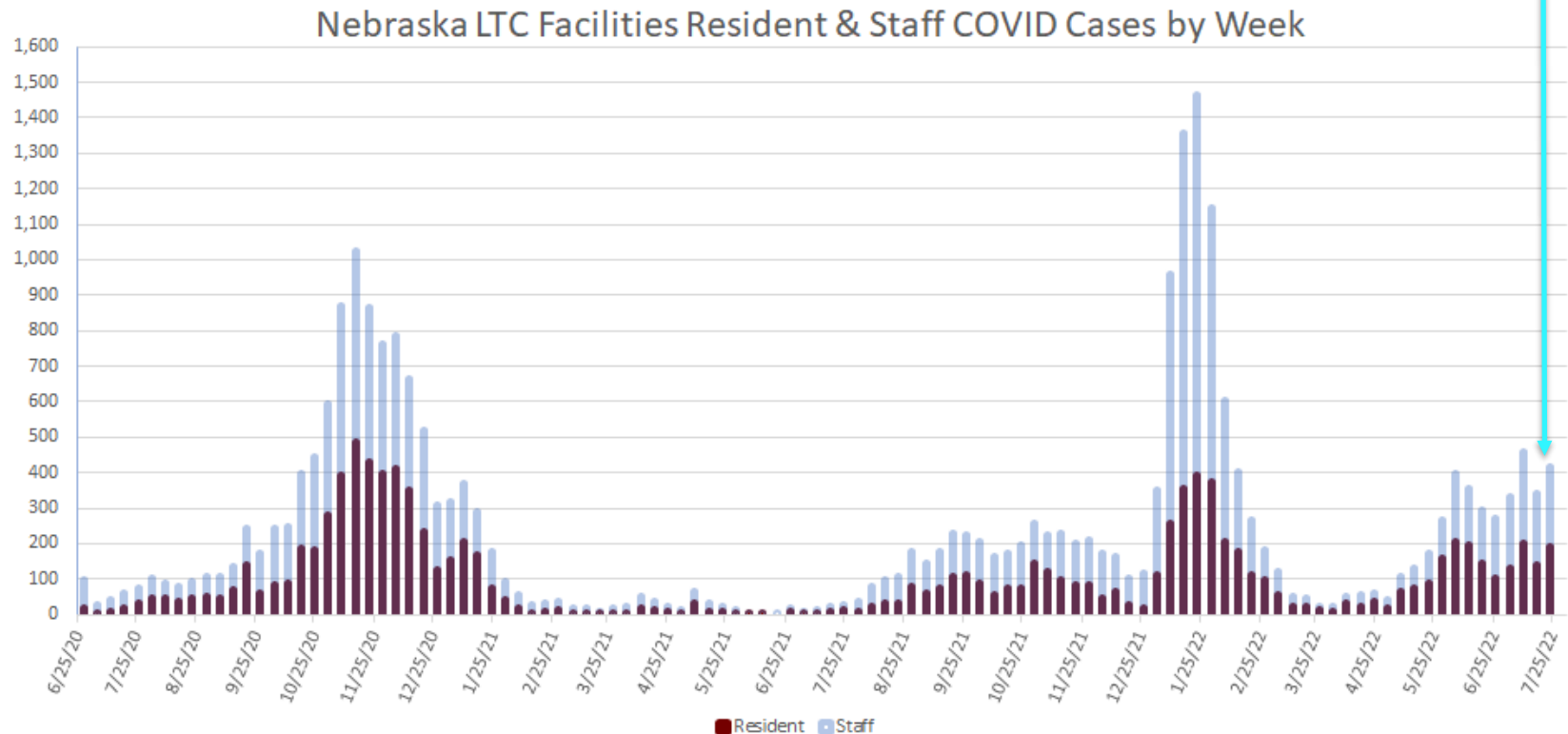
Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	ICU Capacity Used	Vaccinated 1+	Vaccinated + Booster
4/7/2022	1.3	1.06	3.7%	71%	70.0%	31.7%
4/14/2022	3.0	0.81	4.5%	71%	70.0%	31.7%
4/21/2022	3.4	0.95	5.1%	67.0%	70.1%	31.9%
4/28/2022	6.1	1.21	5.6%	65%	70.2%	32.1%
5/5/2022	6.5	1.17	7.7%	70%	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%
7/7/22	25.7	1.15	25.7%	77%	70.9%	33.4%
7/14/22	27.9	1.16	27.5%	78%	71%	33.5%
7/21/22	28.2	1.06	26.9%	73%	71.1%	33.6%
7/28/22	29.7	1.01	26.5%	77%	71.1%	33.6%

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



Nebraska LTC Facility COVID-19 Cases

418 total cases
192 Residents
226 Staff

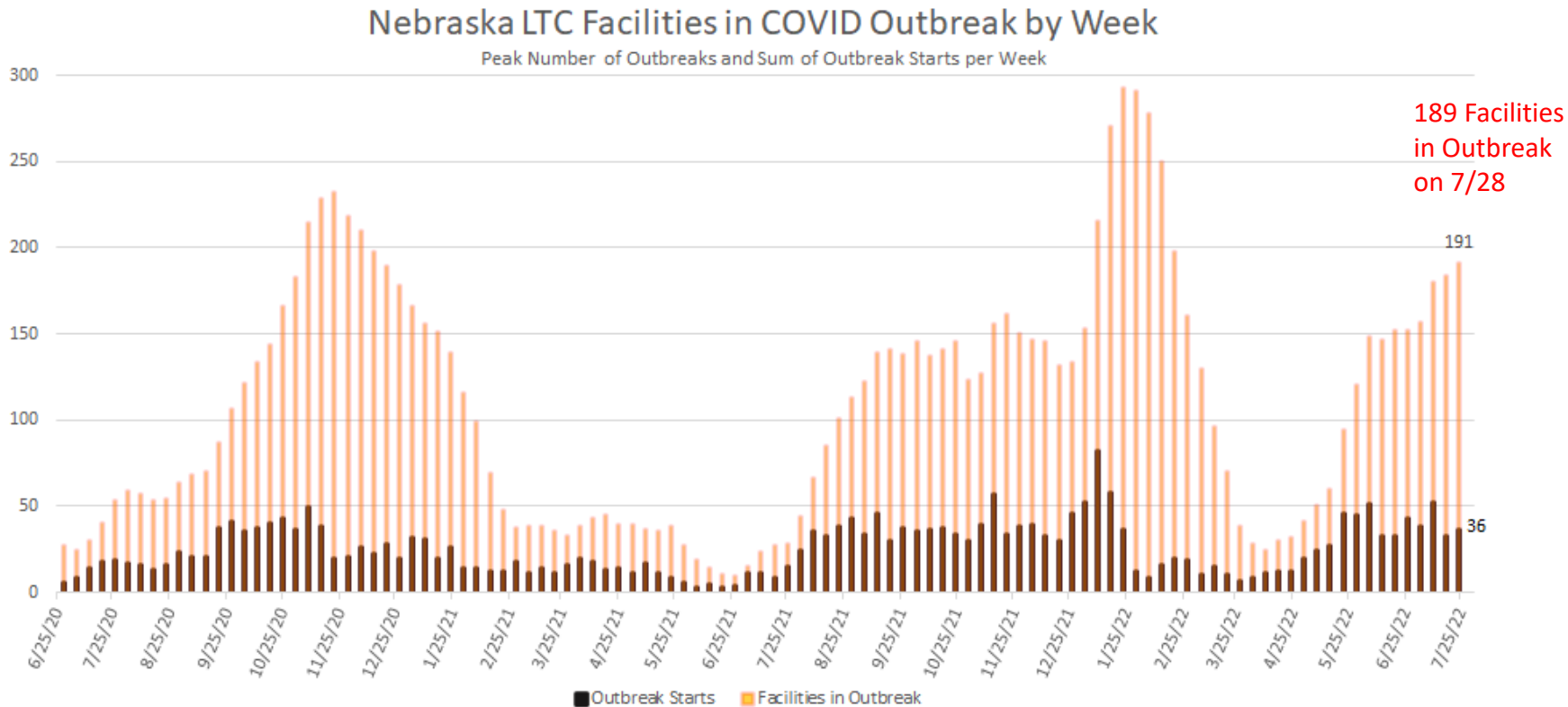


**Updated: 7/25/2022

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: 7/25/2022

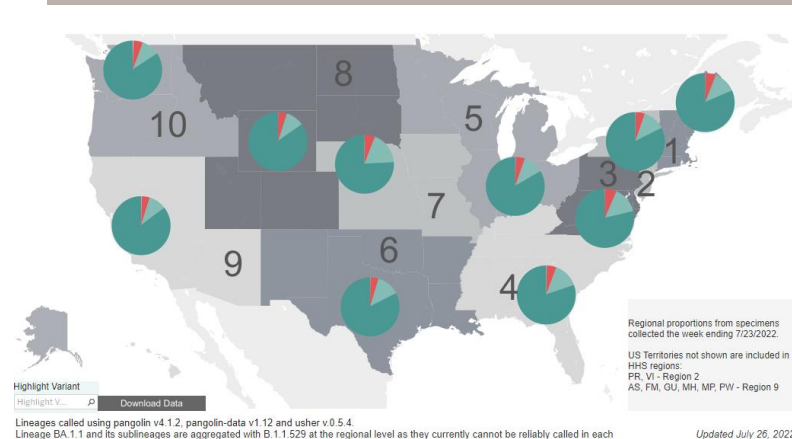
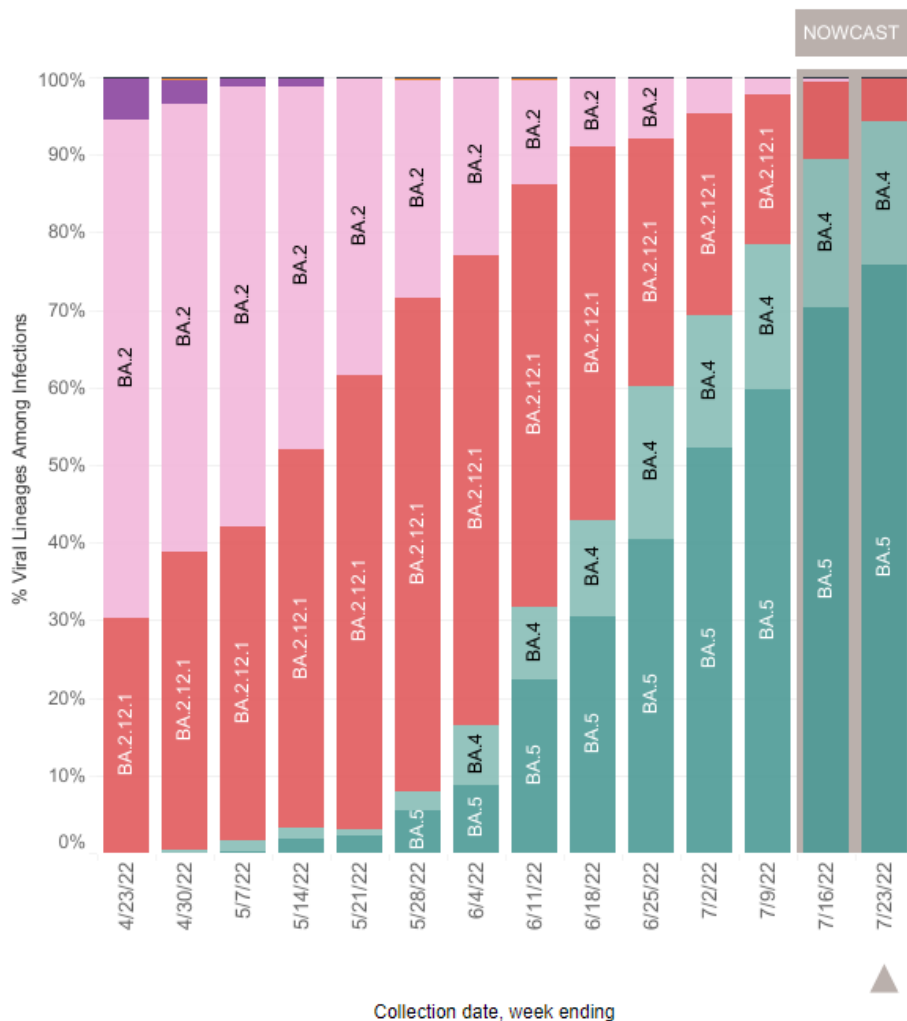
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.



What's happening with variants?

HHS Region 7: 4/17/2022 – 7/23/2022

United States: 7/17/2022 – 7/23/2022 NOWCAST



Region 7 - Iowa, Kansas, Missouri, and Nebraska

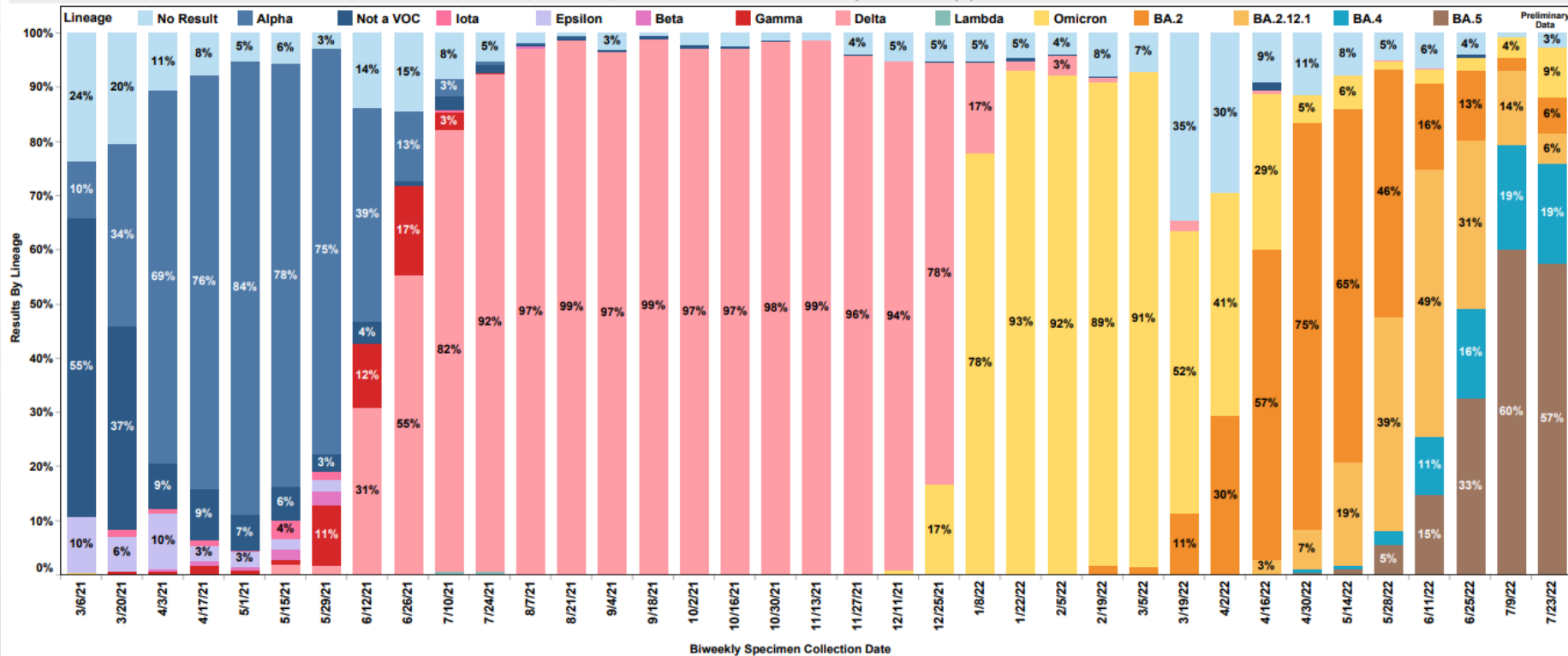
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	75.8%	72.1-79.2%
	BA.4	VOC	18.4%	14.3-23.4%
	BA.2.12.1	VOC	5.5%	4.0-7.6%
	BA.2	VOC	0.3%	0.2-0.3%



Nebraska Genomic Sequencing

Nebraska SARS-CoV-2 Genomic Surveillance Report

Proportion of Sequencing Results by Lineage Among Residents in Nebraska (N=21,048) | 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.

CMS Survey Updates



CMS Revised LTC Surveyor Guidance



Centers for Medicare & Medicaid Services

Medicare

Medicaid/CHIP

Medicare-Medicaid Coordination

Private Insurance

Innovation Center

Regulations & Guidance

Research, Statistics, Data & Systems

Outreach & Education

[Back to Policy & Memos to States and Regions](#)

Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide

Title	Revised Long-Term Care Surveyor Guidance: Revisions to Surveyor Guidance for Phases 2 & 3, Arbitration Agreement Requirements, Investigating Complaints & Facility Reported Incidents, and the Psychosocial Outcome Severity Guide
Memo #	QSO-22-19-NH
Posting Date	2022-06-29

Effective Date: Surveyors will begin using this guidance to identify noncompliance on October 24, 2022.

[Revised Long-Term Care Surveyor Guidance | CMS QSO-22-19-NH \(cms.gov\)](#)



Staff Training

SOM - Appendix PP (cms.gov)

(p. 775)

The IP should review and approve infection prevention and control training topics and content, as well as ensure facility staff are trained on the IPCP (for further information, see §483.95(e), F945, Infection Control Training). However, the IP is not required to perform the IPCP training, since some facilities may have designated staff development personnel.

(p. 823)

All facilities must develop, implement and permanently maintain an effective training program for all staff, which includes, training on the standards, policies, and procedures for the infection prevention and control program as described at §483.80(a)(2), that is appropriate and effective, and as determined by staff need. For the purposes of this training requirement, staff includes all facility staff (direct and indirect care functions), contracted staff, and volunteers (training topics as appropriate to role).

Staff Training

SOM - Appendix PP (cms.gov)

(p. 823-824)

Such infection control training must, at a minimum, include the following areas (as described in §483.80(a)(2)):

- The facility's surveillance system designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
- When and to whom possible incidents of communicable disease or infections in the facility should be reported;*
- How and when to use standard precautions, including proper hand hygiene practices and environmental cleaning and disinfection practices;*
- How and when to use transmission-based precautions for a resident, including but not limited to, the type and its duration of use depending upon the infectious agent or organism involved;*
- Occupational health policies, including the circumstances under which the facility must enforce work restrictions and when to self-report illness or exposures to potentially infectious materials (See 483.80(a)(2)(v)); and*
- Proper infection prevention and control practices when performing resident care activities as it pertains to particular staff roles, responsibilities, and situations.*

COVID-19 FAQs



Modified Yellow Dining

Q.

Can you please clarify for me guidance for modified yellow and communal dining. I was under the impression that dining should stop with modified yellow.

A.

Masking is required for modified yellow quarantine, therefore consideration should be given to temporarily stop communal dining, especially if resident cases are identified in the building.

ICAP can help with individual facility risk assessment of each situation. If facility decides to continue with communal dining based on low-risk determination in the risk assessment, consider additional safety measures such as physical distancing.

90-day Infection Window

Q. Our facility recently had a large outbreak. Do I need to include the staff and residents in current outbreak testing that have had a recent infection?

A.

For persons who remain asymptomatic following recovery from COVID-19, retesting (e.g., as part of a contact tracing investigation) is not necessary during the first 3 months after the date of symptom onset.

If a person develops symptoms consistent with COVID-19 within 3 months of a confirmed infection, they should be evaluated to identify potential causes for their symptoms. They may need to be retested for SARS-CoV-2 infection. If testing is performed, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.

Symptomatic Staff

Q.
If a staff member is having symptoms but tests negative, do we have to send them to in for a PCR test before we let them work?

A.
In conventional staffing strategies, yes, you would keep this person off work while sick pending a PCR test.

We would recommend that they see their provider to determine another cause of their symptoms before they return to work. For example, strep throat has been going around and could cause the same symptoms.

Decisions about duration of work restriction should be based upon their suspected diagnosis.

Location of Routine Testing

Q.

Our testing supplies are by our front door where staff and visitors are screened. For infection control purposes, should we be moving the testing area to a different location or is this okay to keep where it is at?

A.

Routine point of care (POC) tests should be collected with the assumption that positive results are a possibility. Staff responsible for collecting and running the POC test should don full COVID PPE (gown, gloves, N95, protective eye wear).

Routine testing should be performed in a designated area separate from employee, visitor, or resident traffic. Consider performing routine testing in a designated room near the employee entrance (not main/visitor entrance), to prevent potentially positive staff from traveling through the building. Ideally, the testing room should have negative air flow in relation to the adjacent hallway.

Outbreak Testing

Q.

We had an asymptomatic staff member test positive today. They last worked 4 days ago. Do we have to initiate outbreak testing?

A.

Determining the time period when the patient, visitor, or HCP with confirmed SARS-CoV-2 infection could have been infectious:

- a. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets [criteria for discontinuation of Transmission-Based Precautions](#)
- b. For individuals with confirmed SARS-CoV-2 infection who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with SARS-CoV-2 infection may have been exposed could help inform the period when they were infectious.
 - i. If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.

CPAP

Q.

Can you tell me what the recommendations are for a resident that uses CPAP? Can they share a room, or do they have to have a private room?

A.

CDC lists non-invasive ventilation, such as CPAP or BIPAP, to be an aerosol generating procedure.

Private rooms are preferred for CPAP. Having said that many LTCF may not have that capacity to accommodate this. We are not aware of any regulation that requires a resident using CPAP to have a private/single occupancy room.

If facility is following COVID-19 infection control measures (e.g., daily screening of residents, screening of staff and visitors, gray zones based on risk assessment, testing protocols, etc.) along with basic infection control practices (e.g., hand hygiene, cough etiquettes, environmental cleaning, etc.) the risk of transmission of COVID-19 in the building will be lower.

N95/Protective Eye Wear

Q.

Do staff need to replace their N95 every time they leave the red zone? Can staff continue to wear goggles in the modified yellow zone after being in the red zone?

A.

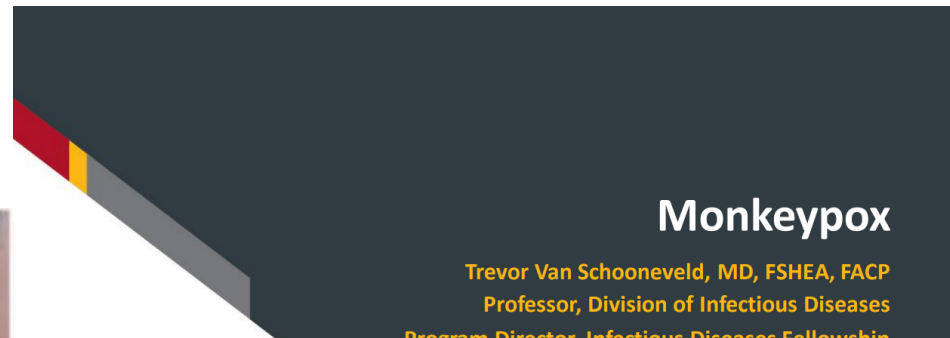
Extended use refers to the practice of wearing the same N95 respirator and protective eye wear for repeated close contact encounters with several different patients, without removing the respirator or eye wear between patient encounters.

Mixed Zones (e.g. yellow and red zoned residents in same hallway) – Staff can be educated to practice extended wear of N95 and face-shields/protective eyewear. N95 should be changed and protective eyewear should be disinfected if it becomes obviously soiled.

Dedicated Zones – Educate staff to doff N95 and disinfect protective eyewear when leaving dedicated red zone. New N95/procedure mask should be donned based on the individual situation. Mask change should occur in an area where the air is considered to not be contaminated.

Always perform hand hygiene after doffing contaminated PPE.

Monkeypox



07.27.22 ICAP hosted Acute & OP Webinar – Monkeypox Information and Updates

Webinar recording: [Video1488336971.mp4 \(echo360.org\)](https://echo360.org/Video1488336971.mp4)

Webinar Slides: [2022.07.27-Acute-and-OP-Webinar.pdf \(nebraskamed.com\)](https://nebraskamed.com/2022.07.27-Acute-and-OP-Webinar.pdf)



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



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, use of EHR and clinical decision support systems to improve antibiotic use, management of patients with antibiotic allergies, and bacterial resistance mechanisms, among others
- Dedicated breakout session in the afternoon for acute care and outpatient providers/staff



Nebraska Antimicrobial Stewardship Summit

Refocusing on Stewardship



AGENDA — Aug. 12, 2022

7:30 a.m.	Registration / Welcome <i>Matthew Donahue, MD</i>
8:00	Keynote: Trends in Antibiotic Prescribing and the Importance of Antimicrobial Stewardship <i>Sharon Tsay, MD</i>
8:40	Nebraska Healthcare Associated Infections and Antimicrobial Resistance Program (HAI-AR) Update <i>M. Salman Ashraf, MBBS</i>
9:10	Interventions and Best Practices for Improving Antibiotic Use <i>Jeffrey A. Linder, MD, MPH, FACP</i>
9:50	Break
10:20	Management of Patients with Reported Antibiotic Allergies <i>Sara May, MD</i>
11:00	Role of Infection Prevention Program Surveillance on Antimicrobial Stewardship and Quality Improvement <i>Sharon Conroy, BSN, RN, CIC and Kristi Felix, MSN, RN, CRRN, CIC, FAPIC</i>
11:30	Lunch
12:30 p.m.	Reliability of Non-Localizing Signs and Symptoms as Indicators of Presence of Infection in Nursing Home Residents <i>Christopher Cmich, MD, PhD</i>
1:10	Primer on Bacterial Resistance Mechanisms, Testing, and Incorporating Lab Into Antimicrobial Stewardship <i>Paul Fey, PhD</i>
1:40	Break

Agenda Continued – 2022 Nebraska Antimicrobial Stewardship Summit

	Breakout Sessions	
	Post-Acute and Long-Term Care Track <i>Moderator: Anna Fisher, DHA, CMDCP, CDP, QCP</i>	Acute Care and Ambulatory Track <i>Moderator: Scott Bergman, PharmD, FCCP, FIDSA, BCPS, BCIDP</i>
2:00	Antimicrobial Stewardship in Long Term Care Facilities (LTCF)-Data for Action <i>Sarah Kabbani, MD, MSc</i>	Using the Electronic Health Record (EHR) and Clinical Decision Support Systems to Enhance Antimicrobial Stewardship <i>Jennifer Anthonie, PharmD, BCPS; Dayla Boldt, PharmD, BCPS-AQ ID; Sarah Hayes, PharmD</i>
2:40	Managing Common Infections in the Nursing Home <i>Ghinwa Khalid Dumyati, MD</i>	Development of Clinical Pathways to Improve Antimicrobial Stewardship in the Outpatient Setting <i>Jennifer Zwiener, PharmD, BCPS</i>
3:20	The Role of Consultant Pharmacists in Antimicrobial Stewardship <i>Alex Neukirch, PharmD</i>	Need For and Best Practices in Outpatient Parenteral Antibiotic Therapy (OPAT) <i>Bryan Alexander, PharmD, BCIDP, AAHIVP</i>
4:00	Closing Remarks / Q&A	
4:10	Adjourn	

2022 Nebraska Antimicrobial Stewardship Summit

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

ICAP Updates and Information





REGISTER HERE - eventbrite

- **2022 Fall Conference**

- **Date: Friday August 5th**, 2022 from 8 am-3:30pm, registration opens at 7 am
- Location: The Leadership Center, Aurora, NE
- Cost: \$65 per attendee-Lunch is provided
- 6 CNE's Provided through Great Plains Health

- Sessions include topics such as
- TB trends and updates, the role of public health, TB case studies
- Use of ATP/Blacklight testing for environmental cleaning and shared patient equip.
- Creating clear communication with no ambiguity, establish and/or improve relationships
- Environmental cleaning
- PIV access vs. central lines
- Continuous active disinfection. The science behind and differentiate it from traditional disinfection
- Healthcare personnel vaccine hesitancy





Primary Infection Prevention - Two Tracks!

**Track 1: Prevention for All Health Care Settings, Acute Care
Hospital, Ambulatory Care & Surgical Centers**

**Track 2: Prevention for All Health Care Settings and Long-Term
Care and Assisted Living Facilities**

The Nebraska Infection Control Network (NICN) Primary Infection Prevention course offers a combination of lectures, discussions and educational activities pertaining to the prevention and control of infections in a variety of health care settings. The first day will focus on infection and prevention for all health care settings, and all attendees will be together for this day. Day two will focus on Acute Care Hospital, Ambulatory Care & Surgical Centers, or Long-Term Care and Assisted Living Facilities. Participants will choose which track when registering.

We welcome nurses and any other healthcare providers interested in learning more about the core components of infection prevention and control in healthcare settings.

These activities are being jointly provided by Nebraska Methodist College Professional Development and The Nebraska Infection Control Network (NICN).

Primary Infection Prevention Track Two: Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

This session offers a Long-Term Care certificate of knowledge validation by taking a written post-test at the end of the training. This certificate is issued by NICN in collaboration with Nebraska ICAP and Nebraska DHHS Epidemiology Unit, and it is valid for three years.

Dates/Times/Locations: Day 1: Wednesday, September 28, 8:00 am to 4:30 pm, Methodist Estabrook Cancer Center, 8303 Dodge Street, Omaha NE, 68114.
Day 2: Thursday, September 29, 9:00 am to 5:00 pm, Centennial Room, second floor of Methodist Hospital by the cafeteria, 8303 Dodge Street, Omaha, NE 68114

Value: \$600, Cost: \$300



NICN Primary Infection Prevention Course (Nebraska Infection Control Network)

Primary Infection Prevention Track Two: Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

[Registration Link is now open](#)



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 electronically mailed 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, MBBS
- Andrew Watkins, PharmD, BCIDP
- Kate Tyner, RN, BSN, CIC
- Lacey Pavlovsky, RN, MSN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Sarah Stream, MPH, CDA, FADAA
- 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

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COVID-19 LTCF Webinar Slides

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COVID-19 LTCF Webinar Recordings

Access the COVID-19 Webinar for LTCF – Recording 04.30.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.23.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.16.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.09.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 04.02.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.26.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.19.2020 [here](#)

Access the COVID-19 Webinar for LTCF – Recording 03.12.2020 [here](#)

COVID-19 RESOURCES – PPC

COVID-19 RESOURCES – SCHOOLS & BEHAVIORAL HEALTH

COVID-19 RESOURCES – EXPERT INFORMATION

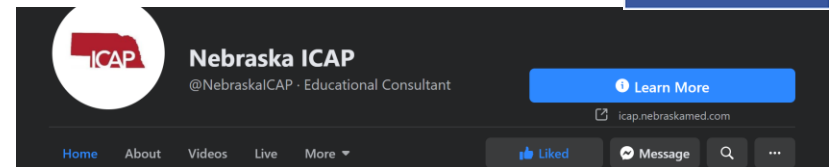
COVID-19 WEBINARS

COVID-19 TOOLS FOR LTCF

STAFFING RESOURCES

[COVID-19 Webinars - CDC Nebraska Infection Control Assessment & Promotion Program \(nebraskamed.com\)](#)

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Moderated by Marissa Chaney
Supported by Margaret Deacy
Slide support from Lacey Pavlovsky, RN, MSN, CIC

