Guidance and responses were provided based on information known on 12.22.2022 and may become out of date.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

## December 22, 2022

# Presentation Information:

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| | |
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Slides and a recording of this presentation will be available on the ICAP website:
https://icap.nebraskamed.com/events/webinar-archive/

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.

ICAP

# 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

ICAP

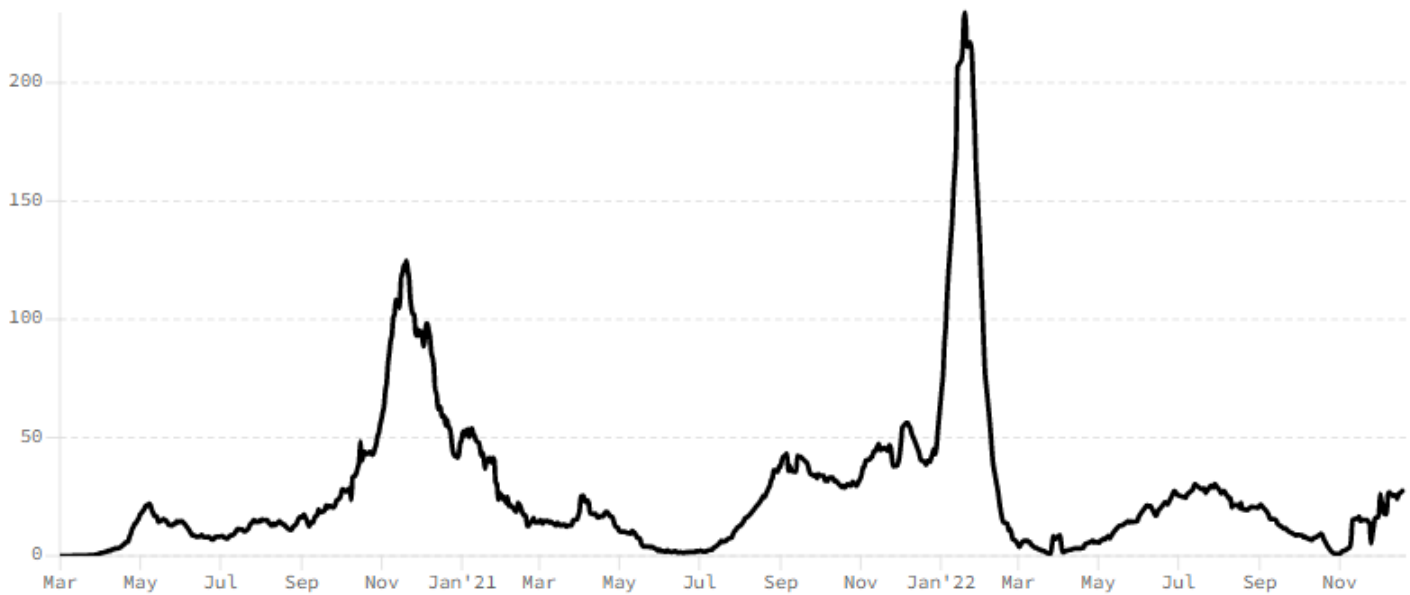
# Nebraska Statistics

Infection Control Assessment
and Promotion Program

# Nebraska Statistics

## Transmission metrics

| DAILY NEW CASES PER 100K | INFECTION RATE | POSITIVE TEST RATE |
|---|---|---|
| 27.5 | 1.08 | 16.1% |




Over the last week, Nebraska has averaged 532 new confirmed cases per day (**27.5** for every 100,000 residents). About this data

Share

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

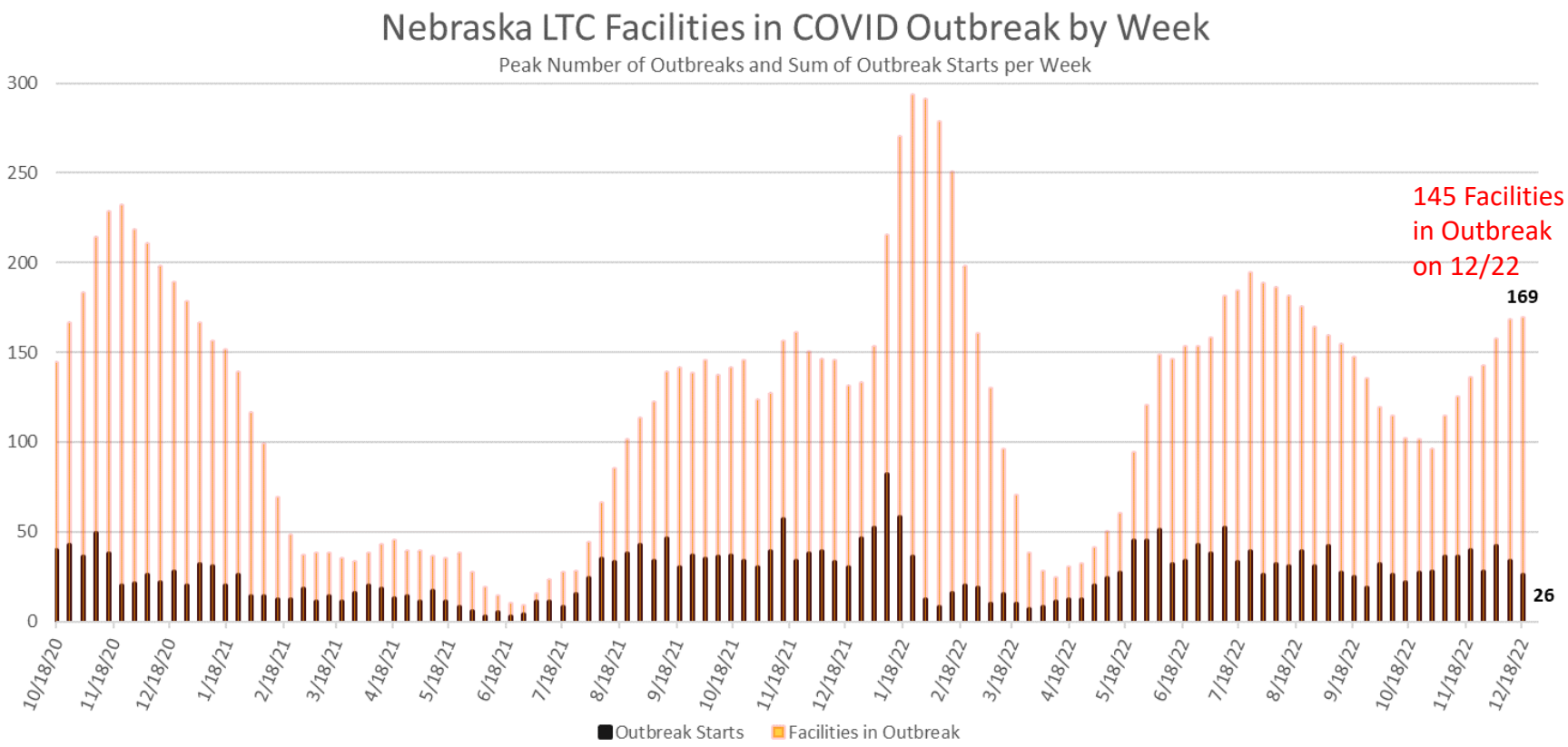
# Nebraska Statistics

| Week | Daily New Cases/ 100K | Infection Rate | Positive Test Rate | ICU Capacity Used | Vaccinated 1+ | Vaccinated + Booster |
|---|---|---|---|---|---|---|
| 8/11/22 | 30.4 | 1.04 | 25.8% | 73% | 71.3% | 33.9% |
| 8/18/22 | 24.2 | 0.99 | 26.0% | 77% | 71.3% | 33.9% |
| 8/25/22 | 21.5 | 1.00 | 23% | 53% | 71.5% | 34.2% |
| 9/1/22 | 19.4 | 0.97 | 23.1% | 75% | 71.6% | 34.3% |
| 9/8/22 | 20.4 | 1.00 | 21.8% | 72% | 71.6% | 34.4% |
| 9/15/22 | 19.2 | 0.98 | 19.2% | 69% | 71.7% | 34.5% |
| 9/22/22 | 15.4 | 0.90 | 18.0% | 78% | 71.8% | 34.6% |
| 9/29/22 | 11.5 | 0.86 | 15% | 76% | 71.8% | 34.6% |
| 10/6/22 | 9.0 | 0.87 | 13.1% | 72% | 71.9% | 34.7% |
| 10/13/22 | 6.7 | 0.91 | 10.3% | 72% | 72.1% | 34.9% |
| 10/20/22 | 7.8 | 0.99 | 10.3% | 77% | 72.2% | 35.0% |
| 10/27/22 | 8.8 | 0.99 | 12.0% | 77% | 72.3% | 35.2% |
| 11/17/22 | 15.8 | 1.46 | 14.3% | 79% | 72.5% | 35.4% |
| 12/8/22 | 17.7 | 1.14 | 17.7% | 76% | 72.9% | 36.1% |
| 12/22/22 | 27.5 | 1.08 | 16.1% | 75% | 73% | 36.2% |

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

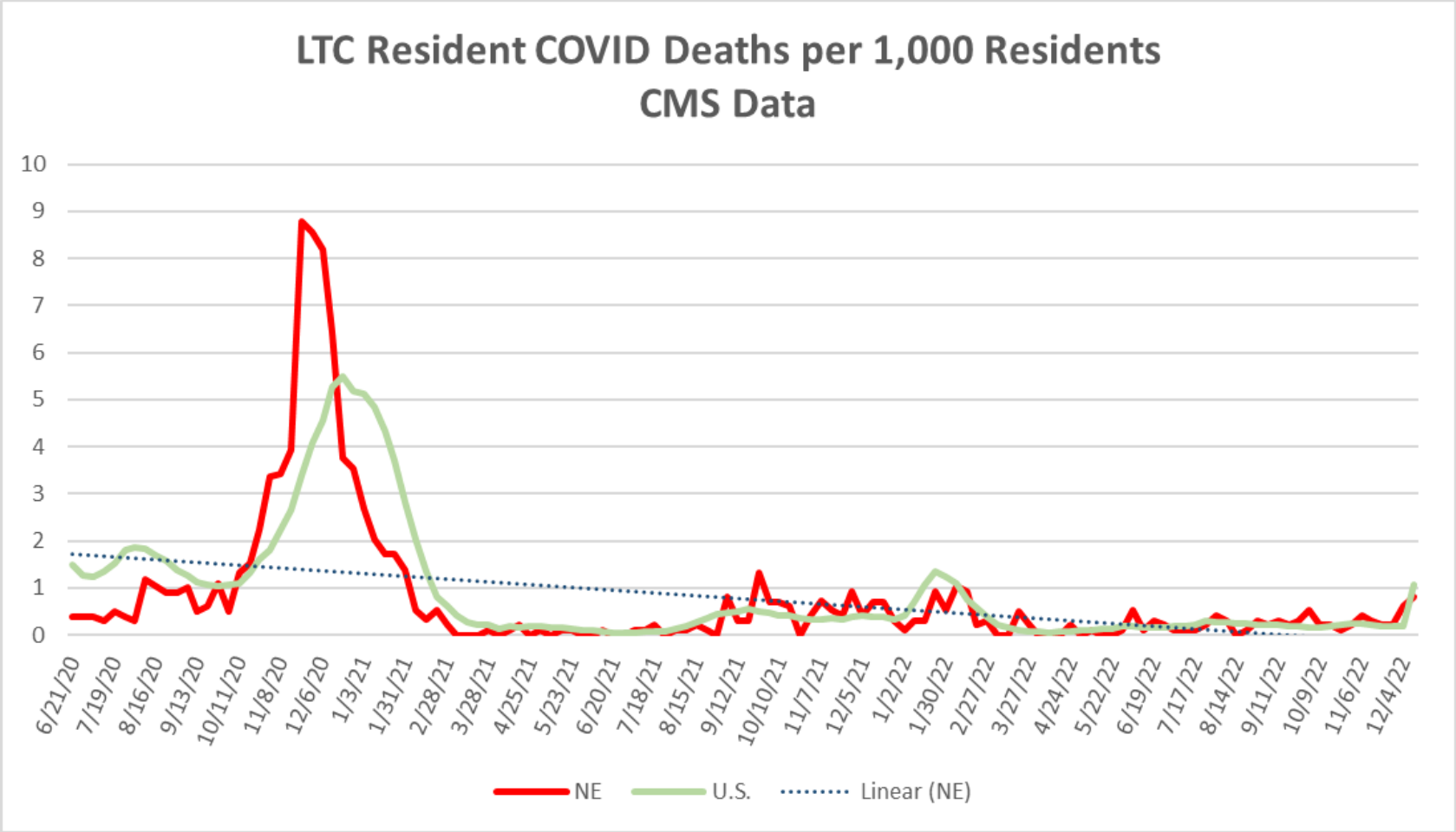
ICAP

# Nebraska LTC Facility COVID-19 Cases



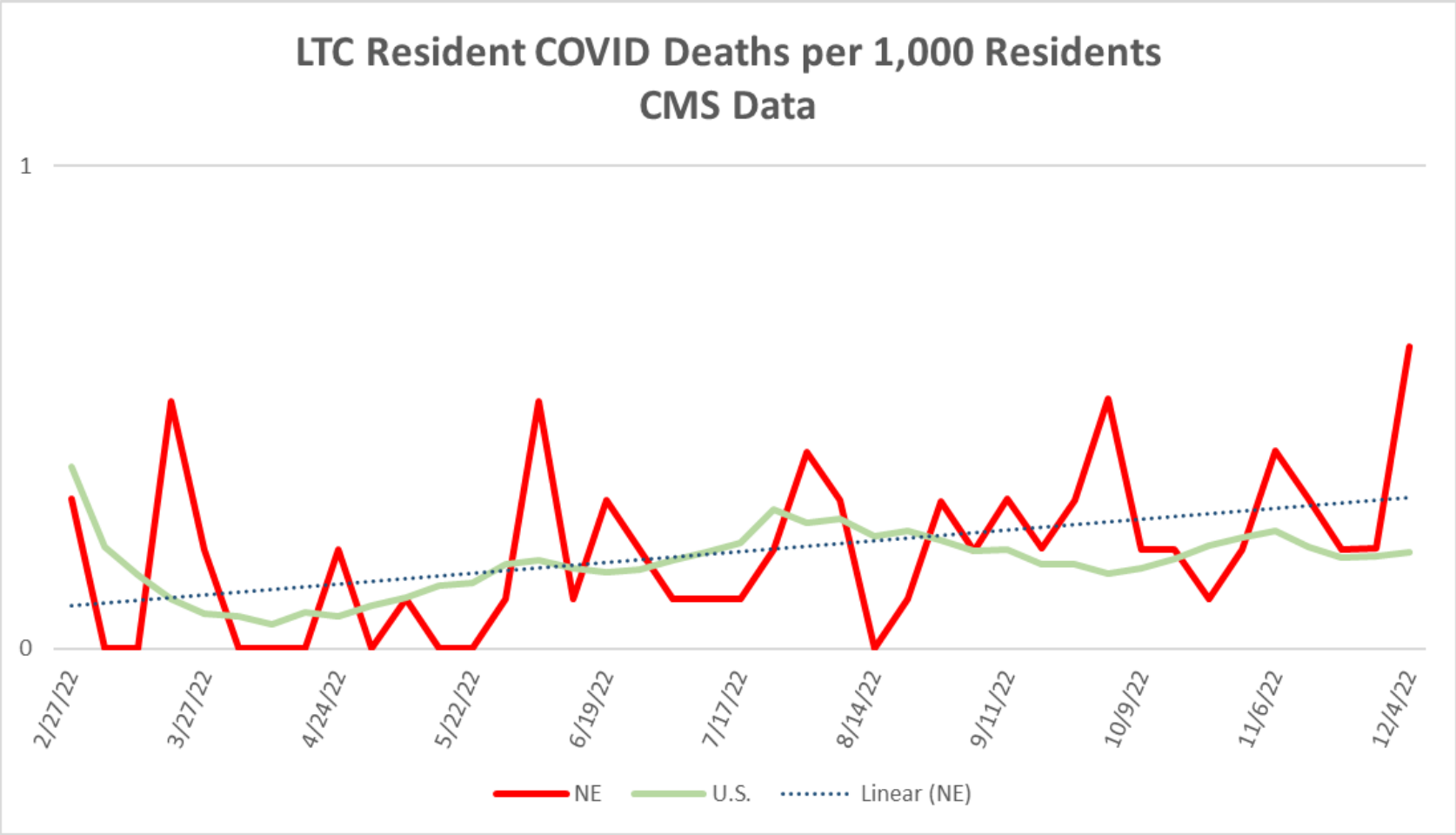

**Updated: 12/18/2022
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

# Nebraska LTC Facility COVID-19 Deaths



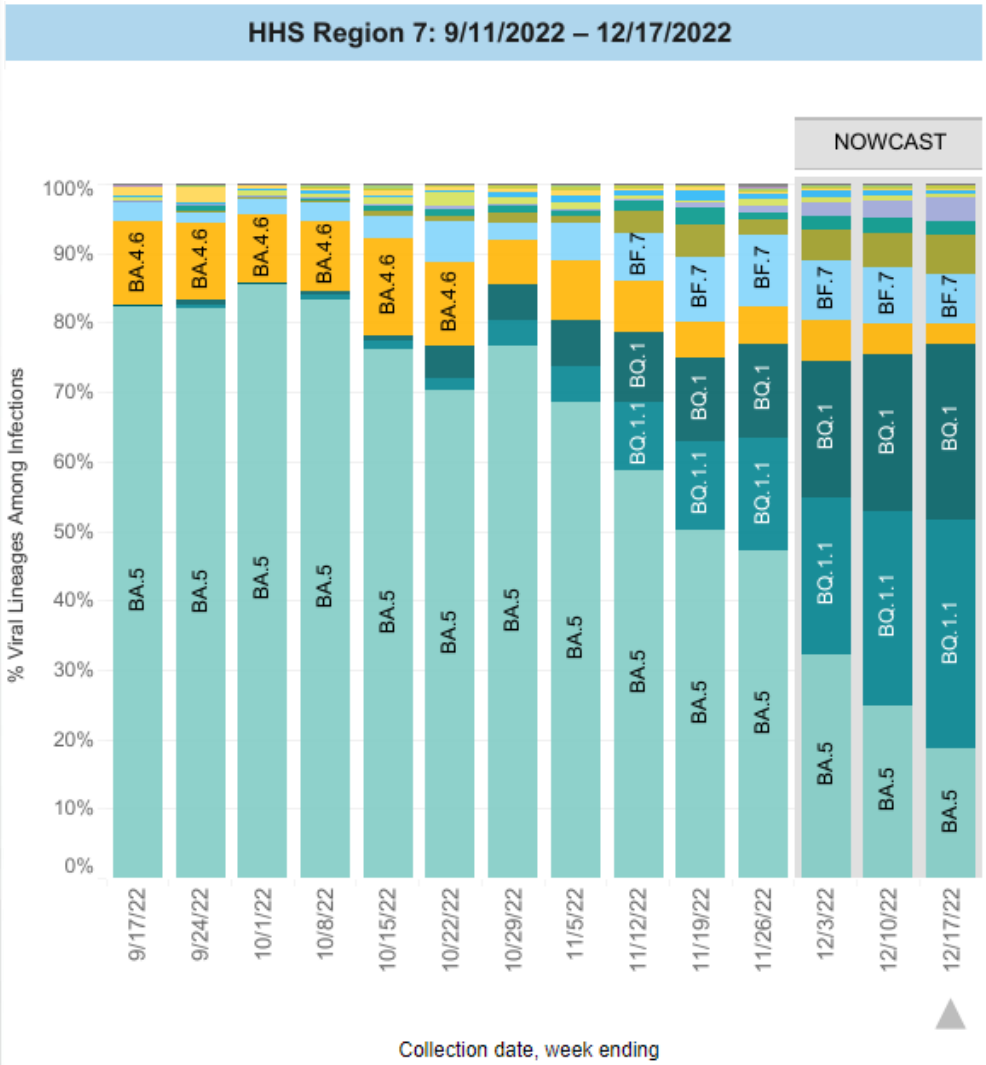

**Updated: 12/4/2022
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

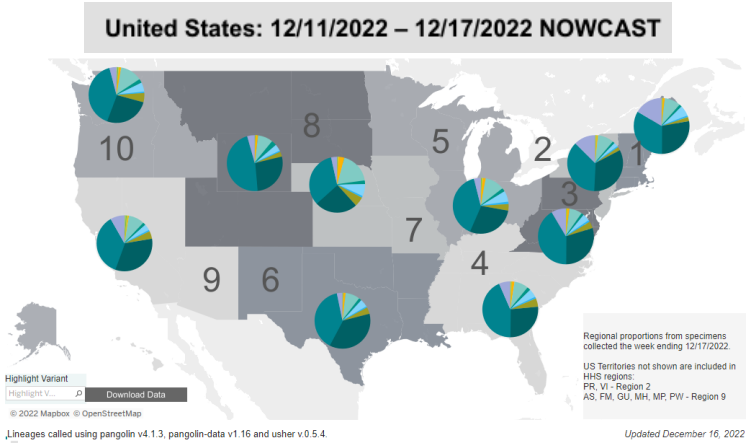
# Nebraska LTC Facility COVID-19 Deaths




**Updated: 12/4/2022
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?



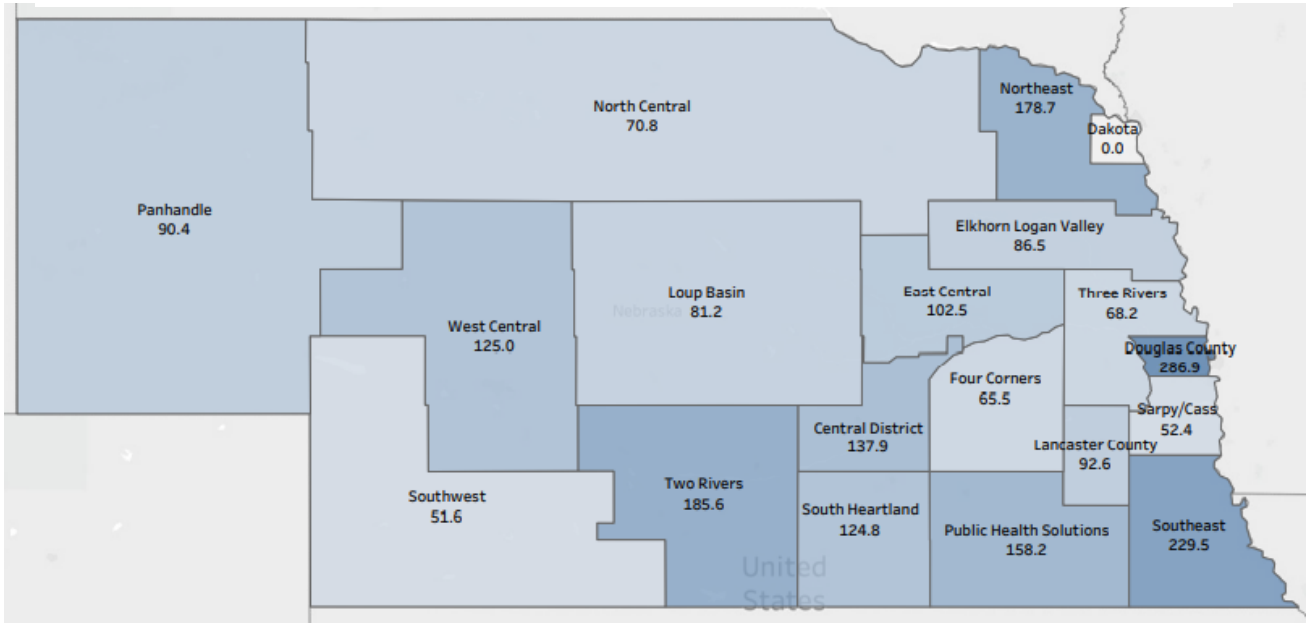

**Region 7 - Iowa, Kansas, Missouri, and Nebraska**

| WHO label | Lineage # | US Class | %Total | 95%PI |
|---|---|---|---|---|
| Omicron | BQ.1.1 | VOC | 33.1% | 28.1-38.5% |
| | BQ.1 | VOC | 25.1% | 22.6-27.9% |
| | BA.5 | VOC | 18.6% | 14.1-24.1% |
| | BF.7 | VOC | 7.3% | 6.3-8.4% |
| | BN.1 | VOC | 5.6% | 3.8-8.0% |
| | XBB | VOC | 3.5% | 1.2-9.0% |
| | BA.4.6 | VOC | 3.0% | 2.5-3.5% |
| | BA.5.2.6 | VOC | 1.9% | 1.5-2.3% |
| | BF.11 | VOC | 0.7% | 0.6-0.9% |
| | BA.2.75 | VOC | 0.6% | 0.4-0.9% |
| | BA.2.75.2 | VOC | 0.3% | 0.2-0.6% |
| | BA.2 | VOC | 0.3% | 0.1-0.7% |

CDC COVID Data Tracker: Variant Proportions

# Influenza Weekly Summary

Weekly Influenza Case Rate (per 100,000 population) by Local Health Department for Week Ending 12/10/22




Positive Influenza A & B Tests, Percent Positive, and Change from Last Week

| Week Ending Date | Influenza A Positives | Change from Last Week | Influenza B Positives | Change from Last Week | Overall Percent Positive | % Change from Last Week |
|---|---|---|---|---|---|---|
| 12/10/22 | 2,996 | ▲ 729 | 54 | ▼ 2 | 32.6% | ▲ 3.9% |
| Grand Total | 9,473 | | 260 | | | |

LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

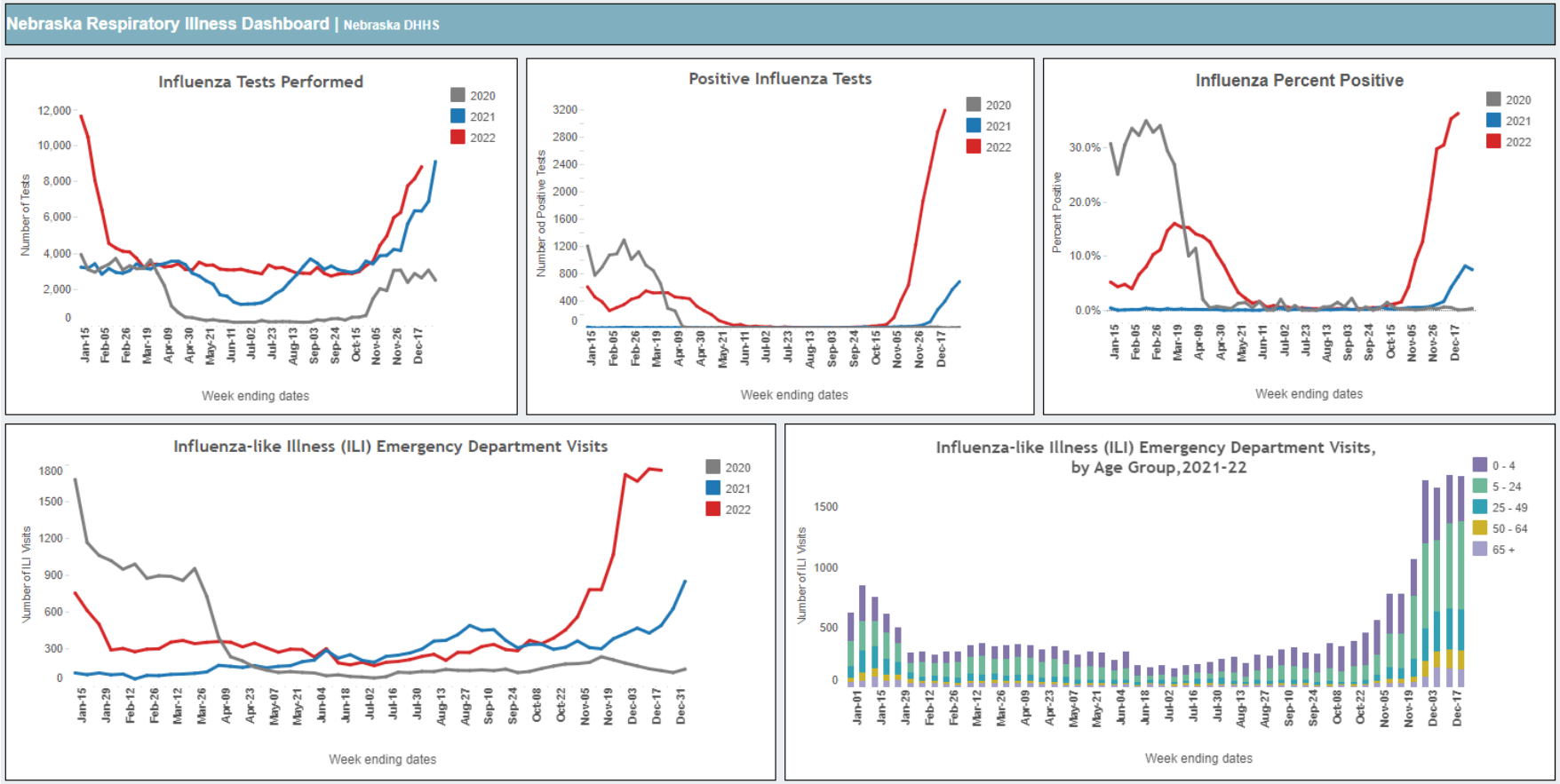
16 influenza-associated outbreaks have been reported for the surveillance season

MORTALITY SURVEILLANCE

14 influenza-associated deaths have been reported for the surveillance season, including 1 pediatric death

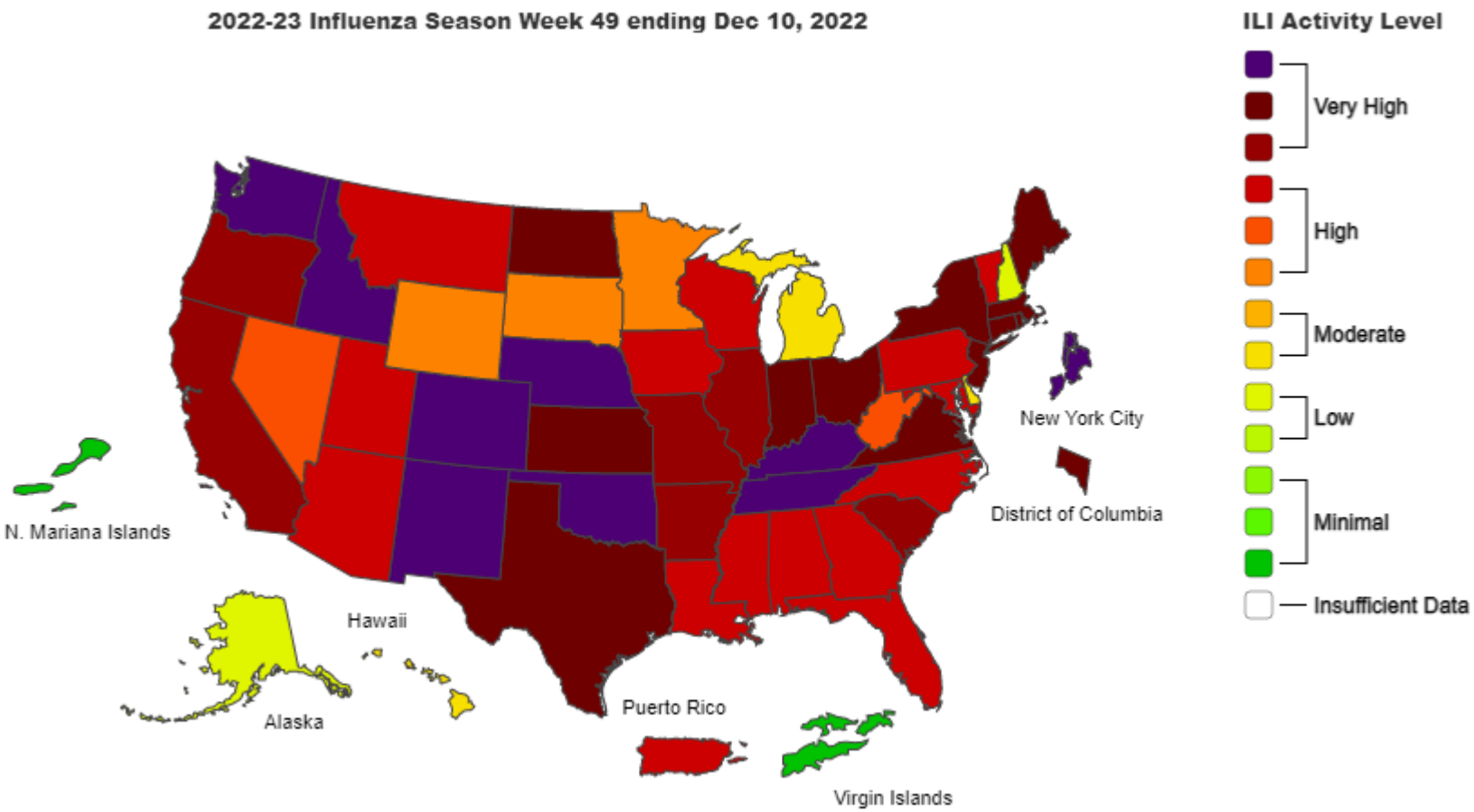
Influenza (Flu) (ne.gov)

# Respiratory Illness Dashboard - Flu




[Respiratory Illness Dashboard - Atlas Public Health Visualizations]

# Weekly US Map: Influenza Summary Update




[Weekly US Map: Influenza Summary Update | CDC]

# Nebraska ASAP & DHHS Updates –

Jenna Preusker, Pharm.D., BCPS

December 22, 2022

Infection Control Assessment and Promotion Program

Nebraska Department of Health and Human Services

# Health Alert Network

## Update

December 7, 2022

## COVID-19 therapeutics updates & shortages of oseltamivir, amoxicillin, & amoxicillin-clavulanate

- On November 30, 2022, the FDA paused authorization of the mAb bebtelovimab due to resistance of subvariants BQ.1 and BQ1.1. There are no currently authorized monoclonal antibodies available for COVID-19 treatment
  - Many subvariants are also resistant to tixagevimab/cilgavimab (Evusheld), current recommendation is to continue administration but advise patients to seek timely medical attention if symptoms occur
- Oral antivirals and remdesivir remain effective against these variants
- **Paxlovid (nirmatrelvir/ritonavir) = oral treatment of choice for COVID-19**
  - Contraindication exists in poor renal function or certain drug-drug interactions, Lagevrio (molnupiravir) is an alternative option in these situations
- COVID-19 bivalent vaccine boosters are recommended 2 months after completion of the primary series or 2 months after the last monovalent booster
- Influenza vaccination is highly recommended and can be administered at the same time as a COVID-19 vaccination

https://dhhs.ne.gov/han%20Documents/UPDATE12082022.pdf

ASAP

# Molnupiravir Administration

- Nebraska ASAP pharmacist contacted Merck regarding ability to open molnupiravir capsules for patients unable to swallow capsules whole
- Merck has internal study data to support opening of molnupiravir capsules

UNPUBLISHED DATA

Granules — Mixing with Food

- Molnupiravir is highly soluble and the contents (granules) of the molnupiravir capsule show very rapid dissolution.
- Administration of molnupiravir capsule contents with soft foods (e.g., applesauce and pudding) which contain less than 200 calories per serving (mainly coming from carbohydrates, with relatively low fat content) should have no clinically meaningful impact on drug absorption and systemic exposure (AUC).

Data on File, Merck & Co., Inc., Kenilworth, N.J., U.S.A.

ASAP

# Molnupiravir Administration

UNPUBLISHED DATA

Oral Suspension Dose Preparation

1. Open FOUR (4) capsules and transfer contents into a cup or syringe.
2. Add approx. 40 mL of water to the cup or syringe.
3. Mix/stir the capsule contents and water for 3 minutes. a. NOTE: Insoluble capsule contents may not dissolve completely. b. Reconstituted suspensions prepared according to directions may have visible undissolved particulates and are acceptable for oral administration.
4. Administration should occur as soon as possible after the preparation and no later than 1 hour after the preparation.
5. Additional water may be administered to chase oral dose and ensure swallowing of all suspension matter, up to a total of 240 mL.

NG/OG Admin Guidance

1. Mix/shake the administration syringe for 1 minute prior to administration to re-mix the suspension.
2. Flush NG/OG tube with 5 mL of water prior to administration.
3. Administer entire volume from the administration syringe.
4. Flush tube with 5 mL of water TWICE (10 mL total) after administration of the suspension.

Data on File, Merck & Co., Inc., Kenilworth, N.J., U.S.A.

ASAP

Nebraska Department of Health and Human Services

# Health Alert Network

## Update

December 7, 2022

## COVID-19 therapeutics updates & shortages of oseltamivir, amoxicillin, & amoxicillin-clavulanate

- Pharmacies across the country are experiencing a nationwide shortage of oseltamivir (Tamiflu), the primary antiviral agent used for the treatment of influenza
  - Consider treating only hospitalized patients and high-risk symptomatic outpatients with a positive test
  - Treatment must be started <48 hours from symptom onset to be effective
  - Medication supply for post-exposure chemoprophylaxis will likely be unavailable during the drug shortage
  - Baloxavir (Xofluza), inhaled zanamivir, and intravenous peramivir are alternatives
  - **Vaccination, vaccination, vaccination!**

- Antibiotics on shortage – amoxicillin and amoxicillin/clavulanate
  - Providers are encouraged to familiarize themselves with antibiotic alternatives per indication
  - See resources in HAN document (Children's Hospital, AAP)

https://www.fda.gov/media/120654/download

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# Subscribe to the Nebraska Health Alert Network to receive timely updates from DHHS

https://dhhs.ne.gov/Pages/Health-Alert-Network.aspx

NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

## Health Alert Network

Subscribe For Updates

# Contact Nebraska ASAP

https://asap.nebraskamed.com/

## Antimicrobial Stewardship Assessment and Promotion Program

Providing You with the Resources to Promote Appropriate Antibiotic Use, Improve Patient Outcomes and Prevent Antibiotic Resistance. Learn More

Request COVID-19 Treatment for LTCF Residents

ASAP

# COVID-19 Updates

Infection Control Assessment
and Promotion Program

# NHSN Memo: Influenza Vaccination Data Reporting

Facilities that are required to report **annual** healthcare personnel influenza vaccination data into NHSN must do so using the Healthcare Personnel Safety (HPS) Component.

- The deadline to report the annual healthcare personnel influenza vaccination summary data through the NHSN HPS Component is May 15, 2023.

Please ignore tabs for reporting weekly influenza vaccination data for residents and healthcare personnel in the LTC Facility Component.

- Theses tabs are scheduled to be removed in January 2023 to avoid further confusion.

# CDC Update

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Infection Control

CDC > Infection Control > Guideline Library

Infection Control
How Infections Spread
Infection Control Basics +

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

**Key information**

- Two new practices were added:
  - 5c. Injection and Medication Safety: Prepare medications in a designated clean medication preparation area that is separated from potential sources of contamination, including sinks or other water sources.
  - 5e. Minimizing Potential Exposure: Develop and implement systems for early detection and management of potentially infectious persons at initial points of patient encounter in outpatient settings and at the time of admission to hospitals and long-term care facilities.

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC

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# CDC Update

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Infection Control

CDC > Infection Control > Guideline Library

Infection Control
How Infections Spread
Infection Control Basics +

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

**Key information**

- Addition of consideration for broader use of source control during periods of higher levels of community respiratory virus transmission was also added to the section addressing Minimizing Potential Exposures.
  - During periods of higher levels of community respiratory virus transmission, facilities should consider having everyone mask upon entry to the facility to ensure better adherence to respiratory hygiene and cough etiquette for those who might be infectious. Such an approach could be implemented facility-wide or targeted toward higher risk areas (e.g., emergency departments, urgent care, units experiencing an outbreak) based on a facility risk assessment.

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC

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# CMS Memo

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

**Center for Clinical Standards and Quality**

**Ref: QSO-23-03-All**

| | |
|---|---|
| **DATE:** | November 22, 2022 |
| **TO:** | State Survey Agency Directors |
| **FROM:** | Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG) |
| **SUBJECT:** | The Importance of Timely Use of COVID-19 Therapeutics |

- The purpose of this memo is to highlight the importance of providing timely access to available COVID-19 therapeutics to patients who test positive for the virus.

- In addition to providing timely access to available COVID-19 therapeutics to patients who test positive for the virus, staying up to date with COVID-19 vaccinations, including boosters, is the best defense against severe illness, hospitalization, and death from the virus. CMS requires nursing homes to educate residents and staff on the risks and benefits of the vaccines, offer to administer the vaccine, and report resident and staff vaccination data to CDC's National Healthcare Safety Network.

QSO-23-03-ALL (cms.gov)

ICAP

# Vaccine Effectiveness

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

## Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Emergency Department or Urgent Care Encounters and Hospitalizations Among Immunocompetent Adults — VISION Network, Nine States, September–November 2022

*Early Release* / December 16, 2022 / 71

### Summary

**What is already known about this topic?**

Bivalent mRNA COVID-19 booster doses containing an Omicron BA.4/BA.5 sublineage component were recommended on September 1, 2022. The effectiveness of these updated vaccines against COVID-19–associated medical encounters has not been established.

**What is added by this report?**

Bivalent booster doses provided additional protection against COVID-19–associated emergency department/urgent care encounters and hospitalizations in persons who previously received 2, 3, or 4 monovalent vaccine doses. Because of waning of monovalent vaccine-conferred immunity, relative effectiveness of bivalent vaccines was higher with increased time since the previous monovalent dose.

**What are the implications for public health practice?**

All persons should stay up to date with recommended COVID-19 vaccinations, including receiving a bivalent booster dose if eligible.

- Study includes all adult age groups
- Compared to no prior vaccination, effectiveness of the fall booster against emergency room or urgent care visits was 56%.
- Compared to 2 or more previous mRNA vaccines, effectiveness was 31-50%, dependent on timing of last dose

Reference:
Tenforde MW, Weber ZA, Natarajan K, et al. Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Emergency Department or Urgent Care Encounters and Hospitalizations Among Immunocompetent Adults — VISION Network, Nine States, September–November 2022. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2022. DOI: http://dx.doi.org/10.15585/mmwr.mm715152e1

# Vaccine Effectiveness

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

## Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022

*Early Release* / December 16, 2022 / 71

### Summary

**What is already known about this topic?**

Immunity from monovalent COVID-19 mRNA vaccination wanes over time. A bivalent COVID-19 mRNA booster dose is recommended for all eligible persons; however, little is known about its effectiveness against COVID-19 hospitalization.

**What is added by this report?**

Among immunocompetent adults aged ≥65 years hospitalized in the multistate IVY Network, a bivalent booster dose provided 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only.

**What are the implications for public health practice?**

To maximize protection against severe COVID-19 this winter season, all eligible persons, especially adults aged ≥65 years, should receive a bivalent booster dose and consider additional prevention strategies, including masking in indoor public spaces.

- Study looks at adults >65 years
- Compared to no prior vaccination, effectiveness of the bivalent booster against hospitalization was 84%.
- Compared to 2 or more previous mRNA vaccines, effectiveness against vaccine was 73%.

Reference:
Surie D, DeCuir J, Zhu Y, et al. Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged ≥65 Years — IVY Network, 18 States, September 8–November 30, 2022. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2022. DOI: http://dx.doi.org/10.15585/mmwr.mm715152e2

ICAP

# Vaccine Effectiveness

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

## Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022

*Weekly* / December 2, 2022 / 71(48);1526–1530

### Summary

**What is already known about this topic?**

Monovalent mRNA COVID-19 vaccines were less effective against symptomatic infection during the period of SARS-CoV-2 Omicron variant predominance.

**What is added by this report?**

In this study of vaccine effectiveness of the U.S.-authorized bivalent mRNA booster formulations, bivalent boosters provided significant additional protection against symptomatic SARS-CoV-2 infection in persons who had previously received 2, 3, or 4 monovalent vaccine doses. Due to waning immunity of monovalent doses, the benefit of the bivalent booster increased with time since receipt of the most recent monovalent vaccine dose.

**What are the implications for public health practice?**

All persons should stay up to date with recommended COVID-19 vaccinations, including bivalent booster doses for eligible persons.

- Bivalent vaccine effectiveness increases with longer time since last monovalent dose.

Reference:
Link-Gelles R, Ciesla AA, Fleming-Dutra KE, et al. Effectiveness of Bivalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection — Increasing Community Access to Testing Program, United States, September–November 2022. MMWR Morb Mortal Wkly Rep 2022;71:1526–1530. DOI: http://dx.doi.org/10.15585/mmwr.mm7148e1

# Continuing Education Opportunity

## Recent COCA Calls/Webinars

**Title:** COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines

= **Free Continuing Education** CE

### Overview

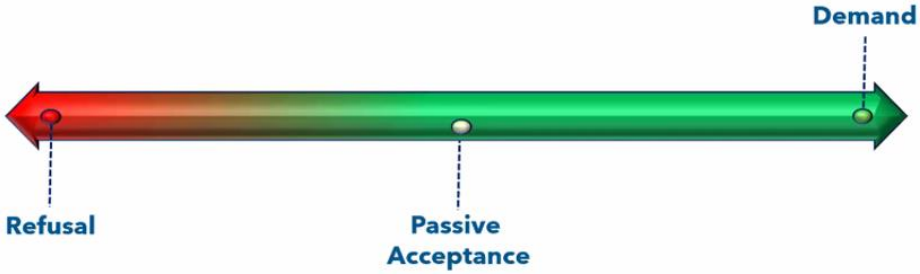
COVID-19 vaccination provides protection against serious illness and outcomes associated with COVID-19, including emergency department or urgent care visits, hospitalizations, and death. Bivalent COVID-19 vaccines, containing original and Omicron BA.4/5 spike protein components, help restore protection that has waned since previous vaccination. During this COCA Call, presenters will discuss updates on bivalent vaccines including the most recent vaccine effectiveness data, the Centers for Disease Control and Prevention's clinical guidance for bivalent vaccines, and strategies for communicating with patients about COVID-19 vaccination.

Webinar Tuesday, December 13, 2022 - COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines (cdc.gov)

ICAP

# Key Takaways

- **You** are your resident's most trusted source of information on vaccine.
- Every conversation about vaccines imparts vaccine confidence in both routine and COVID-19 vaccines.
- CDC recommends using a presumptive approach in recommending vaccination.
  - Assume the resident will choose to vaccinate.
- View the recorded webinar for training on motivational interviewing to promote vaccine acceptance.

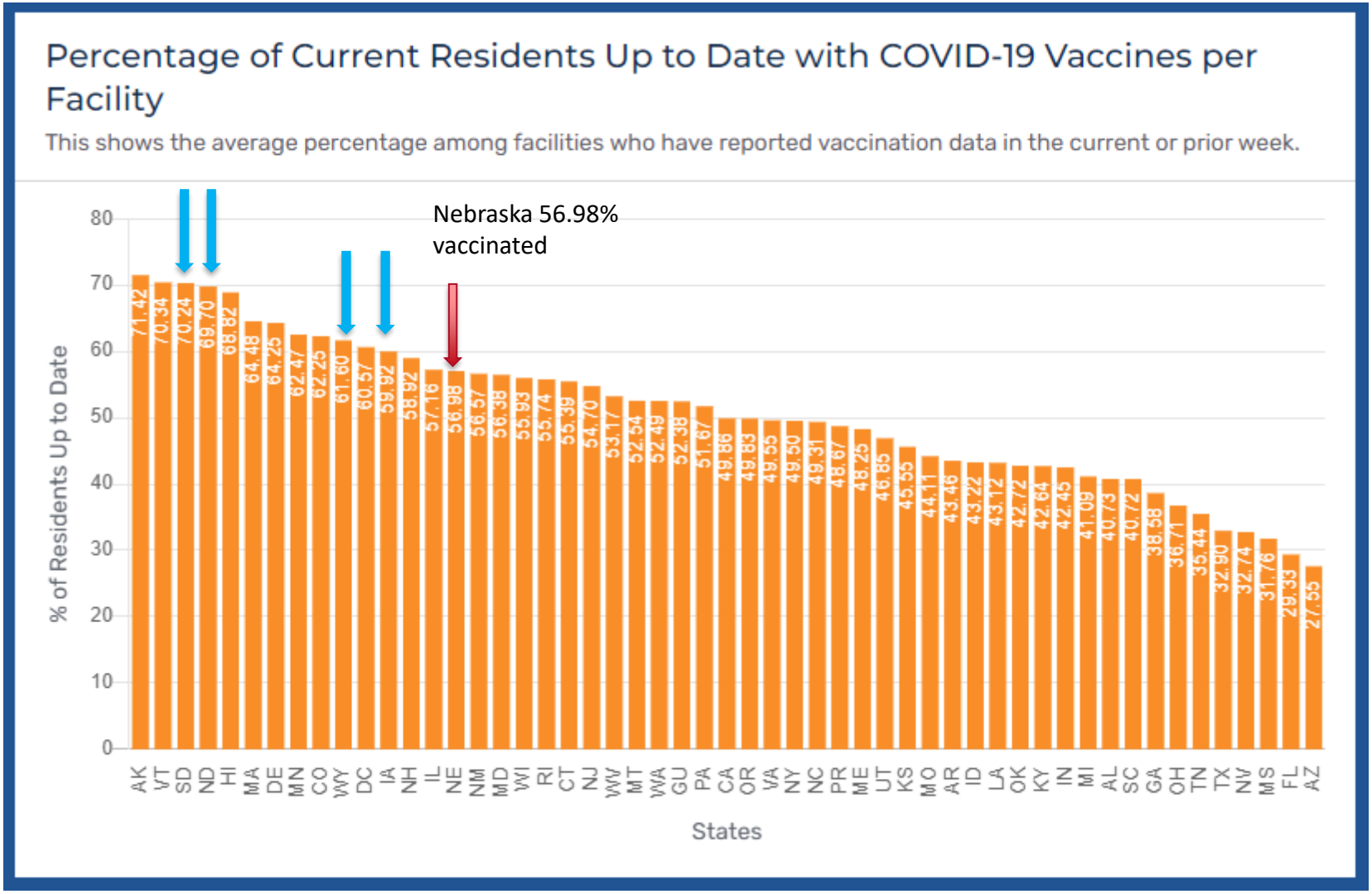



Willingness to accept vaccine falls on a continuum.

[Webinar Tuesday, December 13, 2022 - COVID-19 Update: Clinical Guidance and Patient Education for Bivalent COVID-19 Vaccines (cdc.gov)]

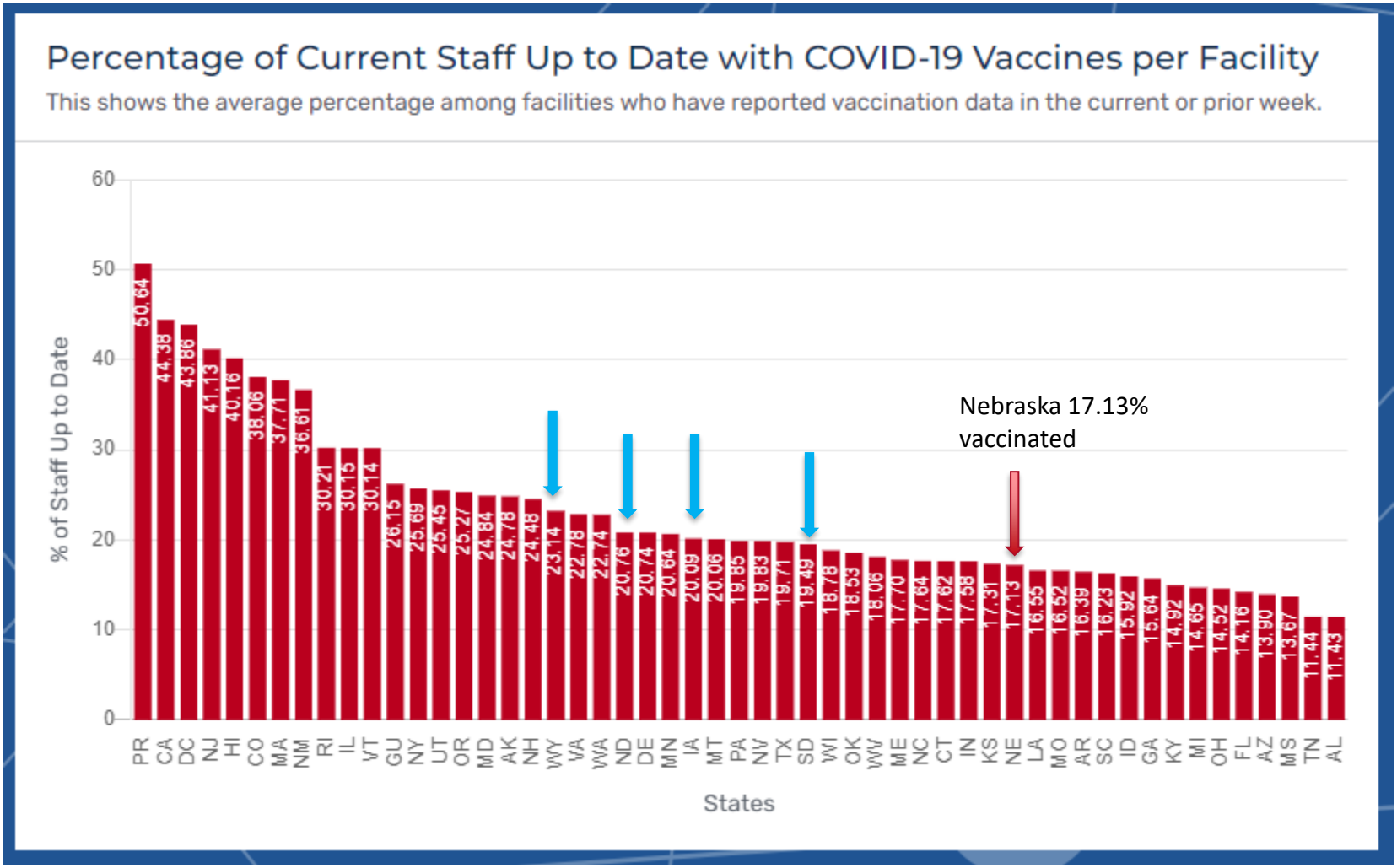
ICAP

# UTD Residents




[COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data (cms.gov)]

# UTD Staff




[COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data (cms.gov)]

# Vaccination During an Outbreak

Green Zone/Tan Zone

- LTCF may choose to vaccinate and/or observe residents either within their own rooms or in a large common area.
- Don source control per Community Transmission Rate, outbreak status, and facility policy

RED ZONE

- Residents in the red zone should not receive COVID-19 vaccine.
- The vaccination can be offered to these residents once they have recovered and completed their isolation period.

YELLOW ZONE

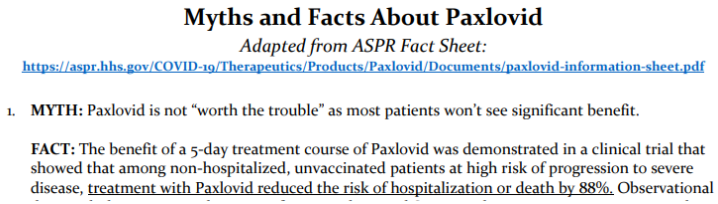
• COVID-19 vaccination and observation should preferably be done in the resident own room.
• Room doors should be kept open for the duration of monitoring (15 or 30 minutes) if a staff cannot be with the resident physically in the room for observation.
• LTCF should ask all residents to wear mask during vaccination and continue to wear the mask for the duration of the observation.
• LTCF should follow their yellow zone PPE protocol(s) when entering or exiting the rooms of the resident in the yellow zones.
• If vaccination and/or observation within resident own room is not logistically possible due to a specific reason (e.g., room set-up in a way making it difficult to keep an eye on the resident), then as an alternative option it is OK to vaccinate and/or observe residents in the common area in small numbers.

ICAP

# Resident/Family Education Resources

AMDA

- Pax & Vax Toolkit COVID-19 Vaccination and Therapeutics in PALTC Toolkit: Resources for Clinicians



**Myths and Facts About Paxlovid**

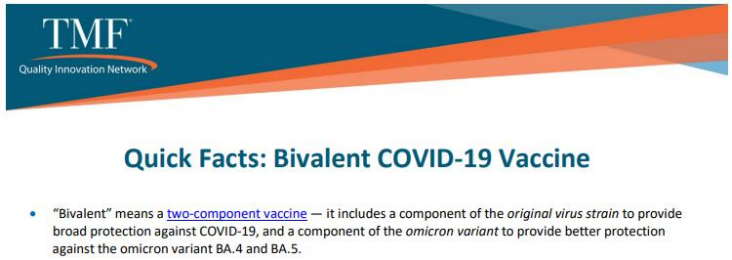
*Adapted from ASPR Fact Sheet:*
https://aspr.hhs.gov/COVID-19/Therapeutics/Products/Paxlovid/Documents/paxlovid-information-sheet.pdf

1. **MYTH:** Paxlovid is not "worth the trouble" as most patients won't see significant benefit.

   **FACT:** The benefit of a 5-day treatment course of Paxlovid was demonstrated in a clinical trial that showed that among non-hospitalized, unvaccinated patients at high risk of progression to severe disease, treatment with Paxlovid reduced the risk of hospitalization or death by 88%. Observational

TMF Quick Facts: Bivalent COVID-19 Vaccine

- English Bivalent Fact Sheet (tmfnetworks.org)
- Spanish Bivalent Vaccine Fact Sheet (U.S. Spanish) (tmfnetworks.org)



TMF
Quality Innovation Network

**Quick Facts: Bivalent COVID-19 Vaccine**

- "Bivalent" means a two-component vaccine — it includes a component of the *original virus strain* to provide broad protection against COVID-19, and a component of the *omicron variant* to provide better protection against the omicron variant BA.4 and BA.5.

ICAP

# ICAP Updates and Information

Infection Control Assessment
and Promotion Program

# Get in the spirit with Holiday signage!

NE ICAP Sign - Happier When Wash Hands
NE ICAP Sign - Even Santa Wears Mask
NE ICAP Sign - All I Want For Christmas

# New Year's Resolution: IPC Improvement How can ICAP help meet your goals?

Free Nebraska ICAP Services

- Proactive Infection Control Review and Support
- Antimicrobial Stewardship Review and Support
- IPC and Antimicrobial Stewardship Educational Opportunities
- Access to Comprehensive IPC and Antimicrobial Stewardship Resources

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# 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/

# 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.

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# 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 <u>emergencies only</u>**
Weekends and Holidays from 8:00 AM- 4:00 PM
**Please call the main hotline number only during on-call hours**

ICAP

# Where can you find us?

Follow us on Facebook at @NebraskaICAP or https://www.facebook.com/NebraskaICAP/

Follow us on Twitter at @dirty_drinks  and @Mouthy_IP

Listen to Dirty Drinks and The Mouthy IP wherever you listen to podcasts!

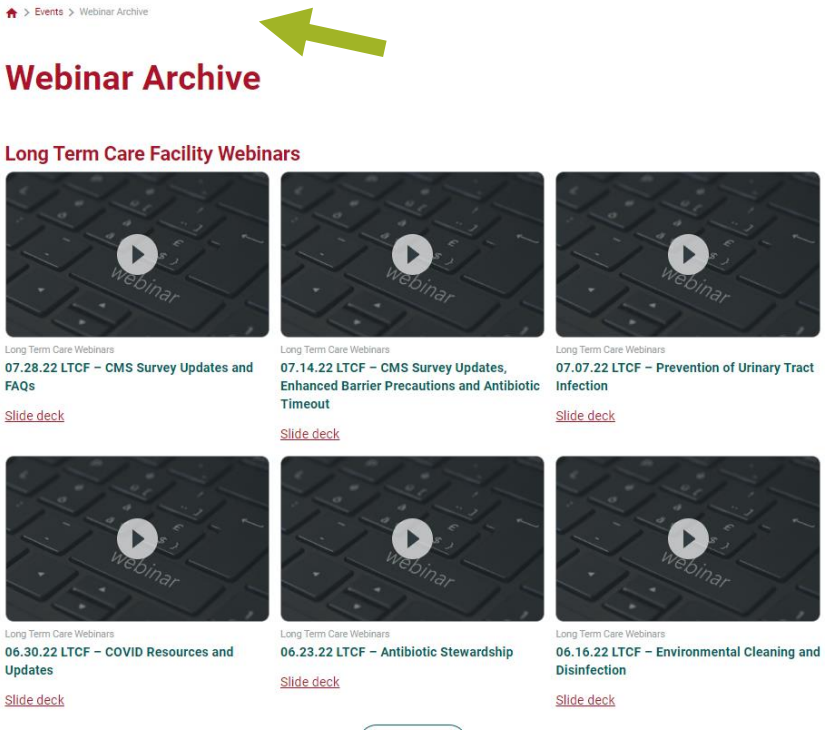
Find resources for all facility types at our website: https://icap.nebraskamed.com/

# 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
- Kate Tyner, RN, BSN, CIC
- Josette McConville, 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




Webinar Videos and Slide decks

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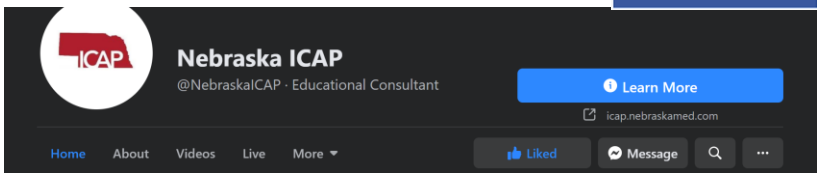


Moderated by Marissa Chaney
Supported by Margaret Deacy
Slide support from Josette McConville, RN, BSN, CIC