Acute Care & Outpatient Settings Webinar Series

July 9, 2025

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists & Moderator

Presenters today:

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Panelists today:

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Moderator today:

Margaret Deacy	mdeacy@nebraskamed.com

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
  - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the NE ICAP Acute Care webpage
  - After the webinar, slides and a recording will be posted on the NE ICAP Past Webinars and Slides webpage

Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar.
- Nebraska Infection Control Assessment and Promotion Program 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 Commission on Accreditation.
- To obtain nursing contact hours, you must attend the entire live activity and complete the post-course survey form.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.

Nebraska Pathogen Watch

Juan Teran, MD
Medical Director, NE ICAP

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Key Points

- Measles cases are increasing nationwide.
- Influenza and COVID activity is minimal

Measles Cases in US: Update as of 7/2/25

- As of July 2 2025, a total of **1,267** confirmed* measles cases were reported by 38 jurisdictions+

- There have been 27 outbreaks (defined as 3 or more related cases) reported in 2025, and 88% of confirmed cases (1,115 of 1,267) are outbreak-associated.

  - *For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated.*

https://www.cdc.gov/measles/data-research/index.html

+ Alaska, Arkansas, Arizona, California, Colorado, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York City, New York State, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, and Washington

Measles Cases in US: Update as of 7/2/25

U.S. Cases in 2025

Total cases

1267

Age
Under 5 years: **360 (28%)**
5-19 years: **464 (37%)**
20+ years: **431 (34%)**
Age unknown: **12 (1%)**

Vaccination Status
Unvaccinated or Unknown: **92%**
One MMR dose: **4%**
Two MMR doses: **4%**

U.S. Hospitalizations in 2025

12%

12% of cases hospitalized (155 of 1267).

Percent of Age Group Hospitalized
Under 5 years: **21% (74 of 360)**
5-19 years: **8% (36 of 464)**
20+ years: **10% (44 of 431)**
Age unknown: **8% (1 of 12)**

U.S. Deaths in 2025

3

There have been 3 confirmed deaths from measles.

https://www.cdc.gov/measles/data-research/index.html

Cases Nebraska and Iowa

Measles Update

Many countries including the United States are currently experiencing significant measles outbreaks in 2025. As of June 24, 2025, 37 jurisdictions across the United States have reported a total of 1,227 confirmed cases of measles.

View information about the national Measles situation.

Nebraska has identified 1 case of measles in 2025. ***There are currently no active cases of measles in Nebraska***. Prior to 2025, Nebraska identified 1 case of measles in 2017.

Nebraska DHHS and local public health departments conduct thorough investigations of each case including reach-out to any identified contacts, and notifying the public of locations of possible exposure. The best prevention for measles is the measles, mumps, and rubella (MMR) vaccine.

Measles Update

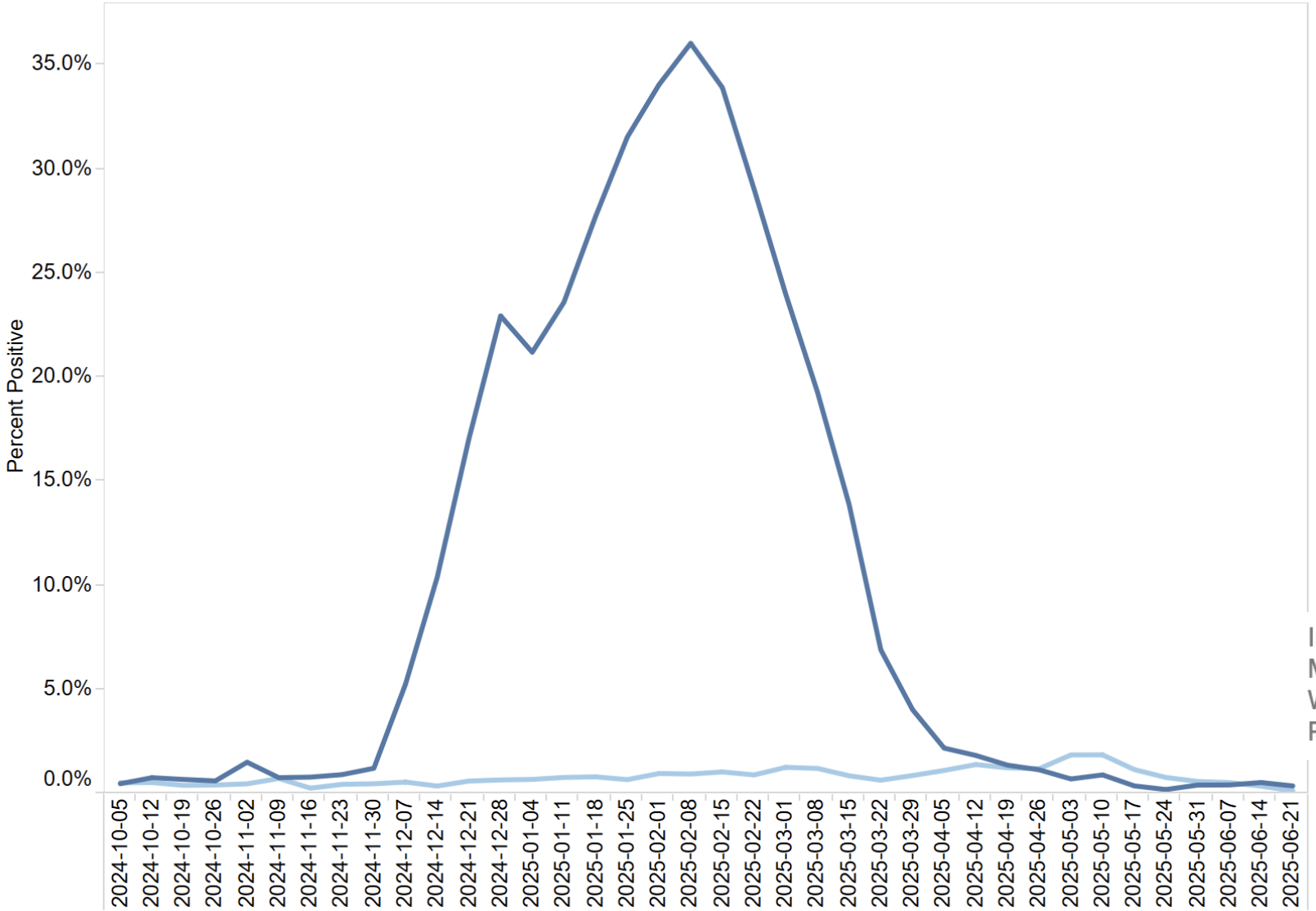
The United States is currently experiencing a multistate measles outbreak that began in early 2025. As of July 2, 2025, 38 jurisdictions across the United States have reported a total of 1,267 confirmed cases of measles.

Learn more about ***national measles outbreaks*** *in the U.S.*

- Iowa has identified **6** cases of measles in 2025.
- Prior to 2025, Iowa identified **2** cases of measles in 2019.

https://dhhs.ne.gov/Pages/Measles.aspx
https://hhs.iowa.gov/center-acute-disease-epidemiology/disease-information

Influenza NE DHHS Report



Influenza Type: **Influenza A**
MMWR Week: **25**
Week Ending Date: **2025-06-21**
Percent Positive: **0.4%**

Influenza Type: **Influenza B**
MMWR Week: **25**
Week Ending Date: **2025-06-21**
Percent Positive: **0.1%**

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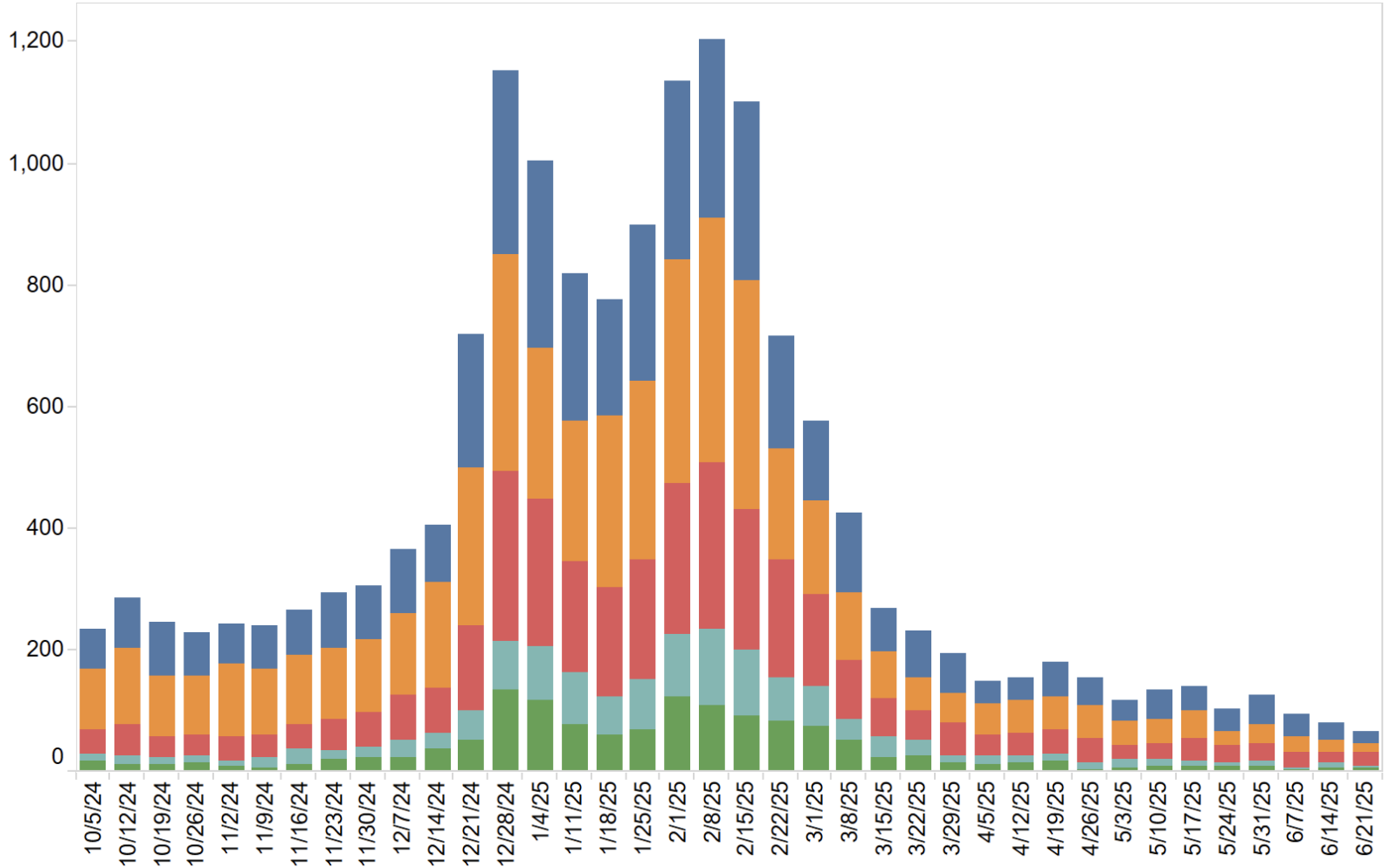
Influenza-like Illness ED Visits



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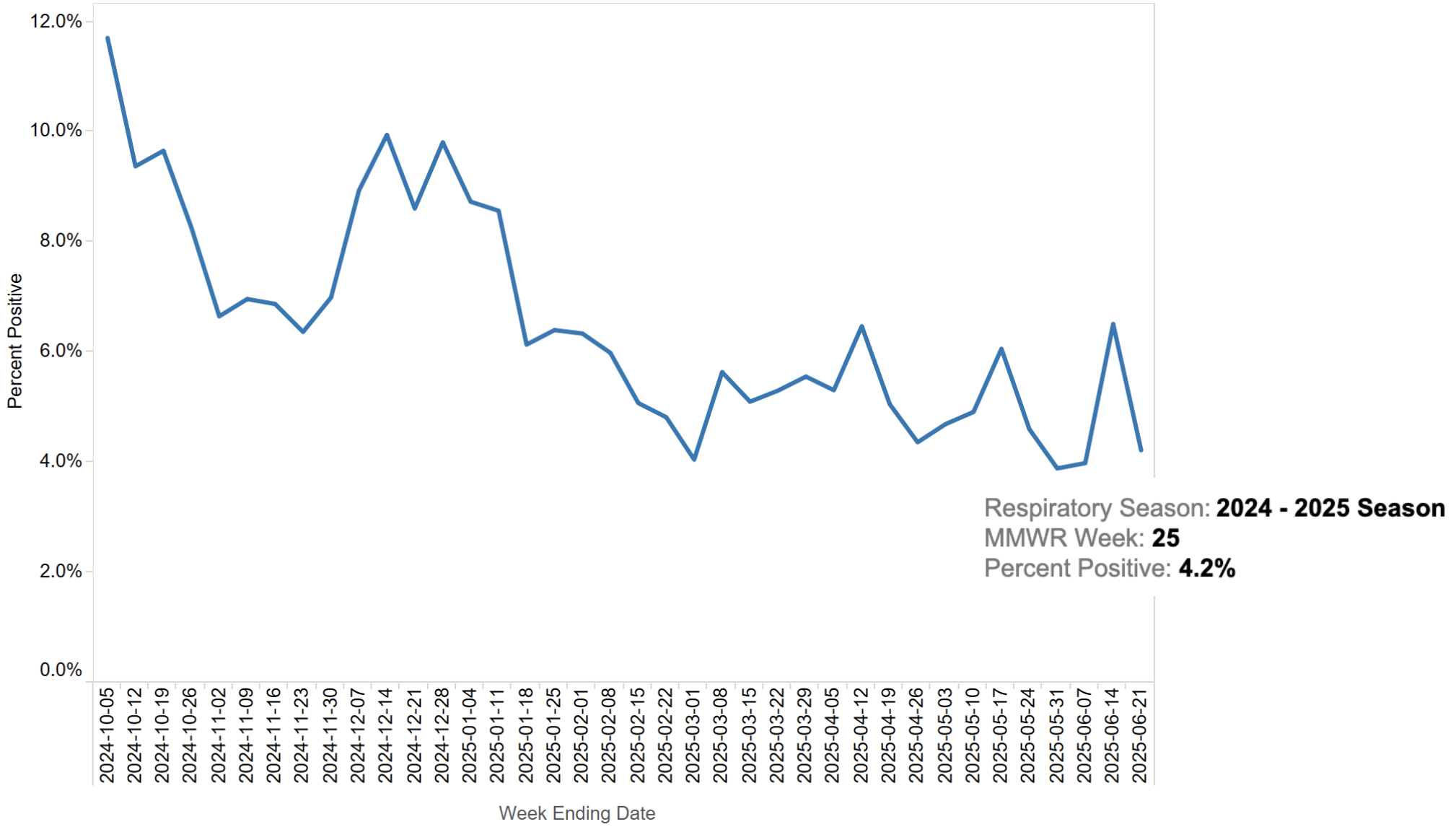
Covid-19 NE DHHS Report



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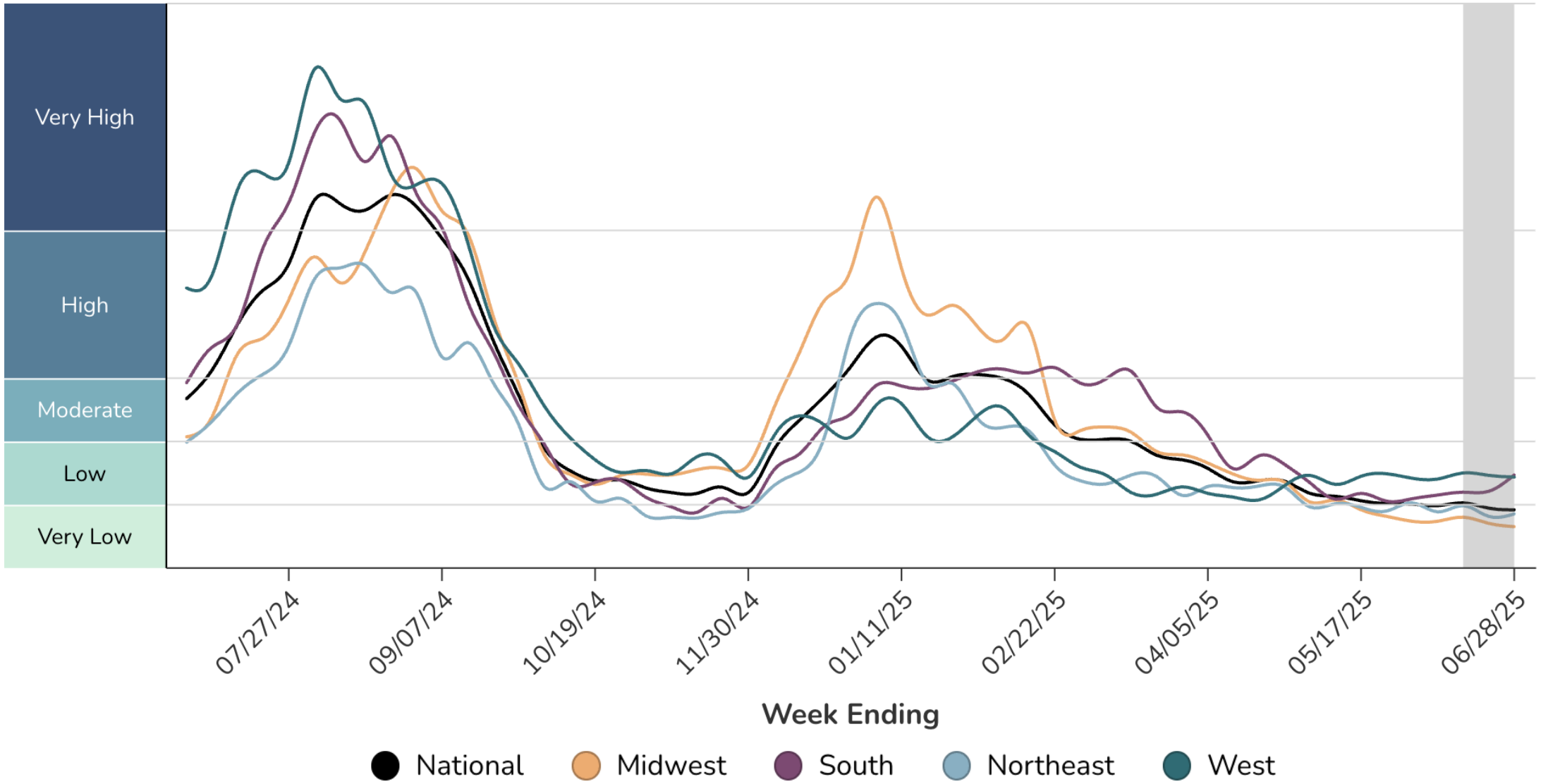
Covid Wastewater Data



COVID Data Tracker

CDC

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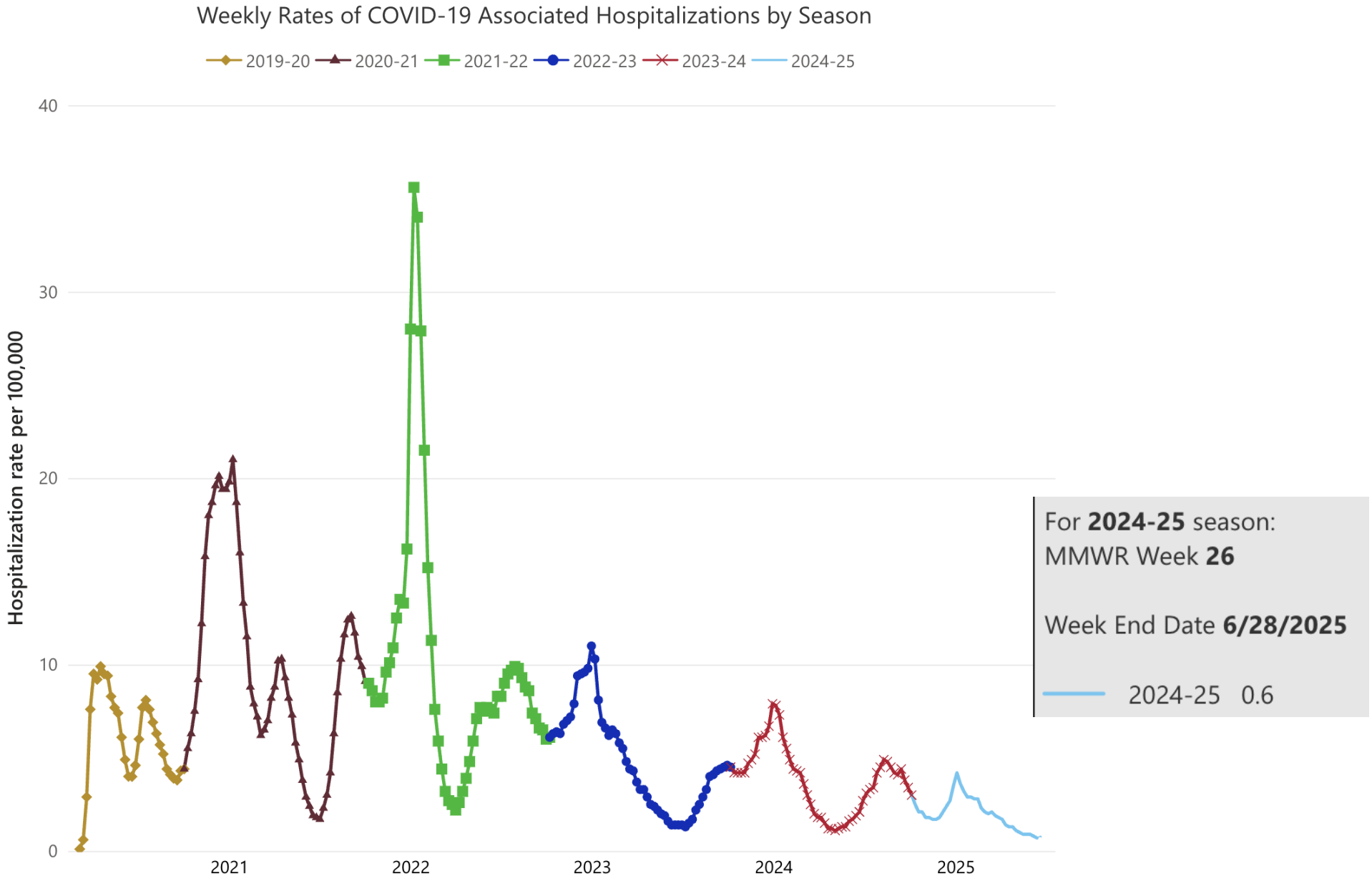
Weekly Rates of COVID-19 Associated Hospitalizations by Season
2019-20
2020-21
2021-22
2022-23
2023-24
2024-25
Hospitalization rate per 100,000
40
30
20
10
0
2021
2022
2023
2024
2025
For 2024-25 season:
MMWR Week 26
Week End Date 6/28/2025
2024-25 0.6

Flexible Endoscope Reprocessing: Reducing Gaps & Validating Practices

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

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Prior NE ICAP Webinars Related to Reprocessing and/or SSI Prevention

DATE	WEBINAR MAIN TITLE	SLIDES	RECORDING
6/9/2021	**Sterilization Peaks and Pitfalls** (timestamp 27:40)	2021.06.09 SLIDES	2021.06.09 RECORDING
6/23/2021	**High-Level Disinfection: Resources for Key Locations**	2021.06.23 SLIDES	2021.06.23 RECORDING
6/22/2022	**Surgical Site Infections** (timestamp 14:33)	2022.06.22 SLIDES	2022.06.22 RECORDING
2/8/2023	**SSI Prevention – Role of the IP & Awareness of SSI Prevention Interventions. Nebraska Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Program Update** (timestamp 13:42)	2023.02.08 SLIDES	2023.02.08 RECORDING
2/22/2023	**SSI: Intraoperative Anesthesia Infection Prevention Audit Tool** (timestamp 1:50)	2023.02.22 SLIDES	2023.02.22 RECORDING
4/12/2023	**Observing and Auditing in the OR: Opening Sterile Supplies** (timestamp 1:23)	2023.04.12 SLIDES	2023.04.12 RECORDING
4/26/2023	**Observing and Auditing in Sterile Processing** (timestamp 1:35)	2023.04.26 SLIDES	2023.04.23 RECORDING
6/14/2023	**Strategies to Prevent Surgical Site Infections in Acute-Care Hospitals** (timestamp 5:33)	2023.06.14 SLIDES	2023.06.14 RECORDING
7/12/2023	**Observing and Auditing in Sterile Processing - Instrument Preparation and Sterilization** (timestamp 11:15)	2023.07.12 SLIDES	2023.07.12 RECORDING
3/12/2025	**Antimicrobial Prophylaxis in Surgery** (timestamp 20:50)	2025.03.12 SLIDES	2025.03.12 RECORDING
4/9/2025	**IPC Practices for SSI Prevention – Reducing Gaps & Validating Practices** (timestamp 13:45)	2025.04.09 SLIDES	2025.04.09 RECORDING

Learning Objectives

Acknowledge Risks and Challenges of Endoscope Reprocessing

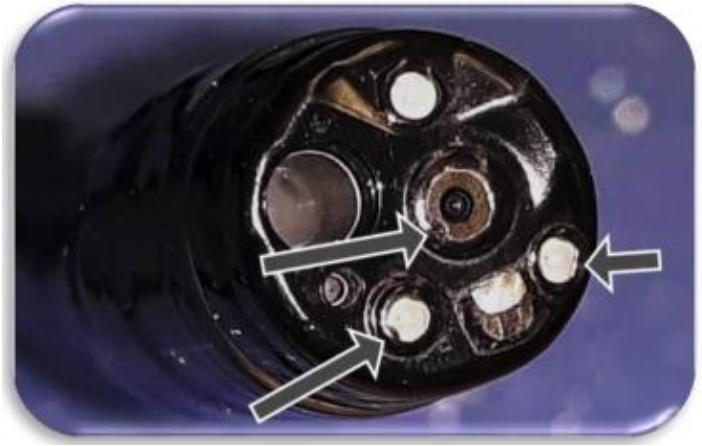
Briefly Describe Endoscope Reprocessing Workflow Steps

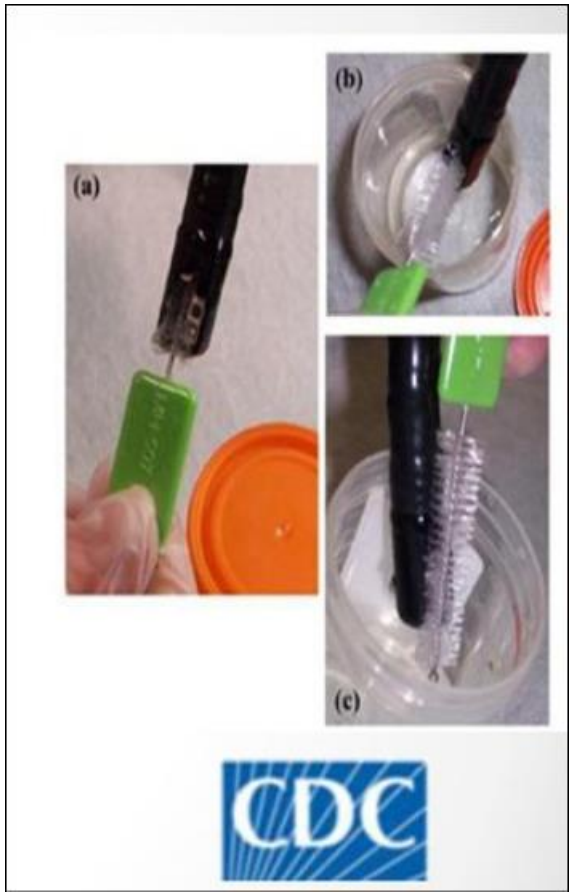
Outline Various Regulations and Recommendations Guiding Processes

Discuss Case Scenarios and Identify Mitigation Options

List Options for Auditing Tools to Validate Practices and Identify Gaps

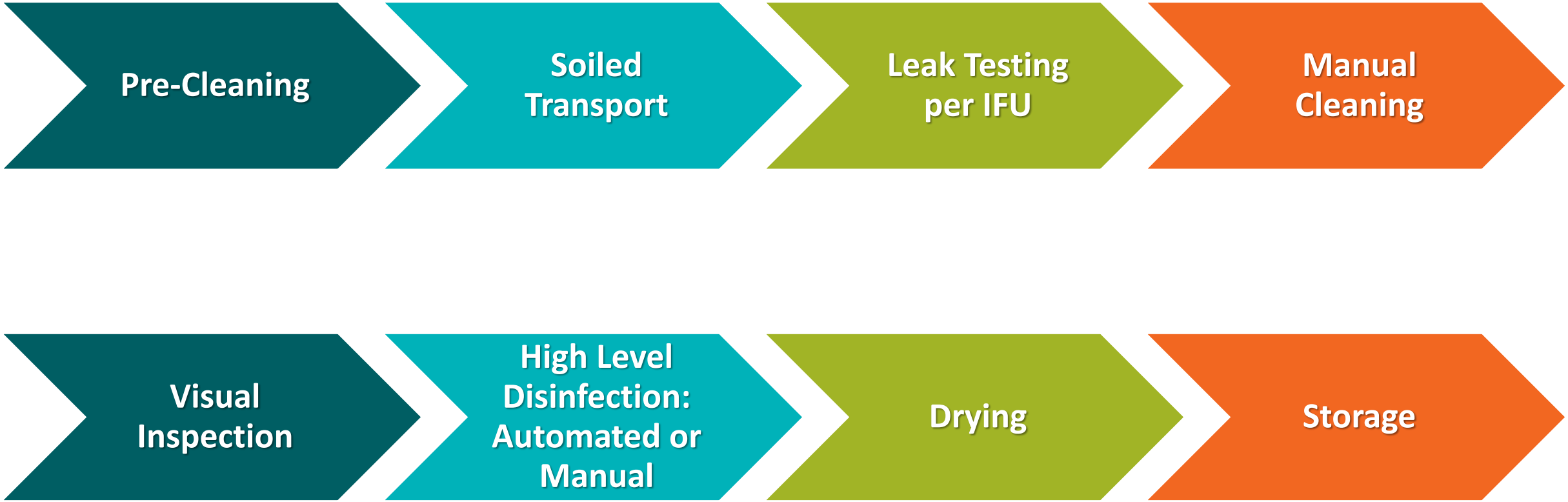
Devices are Complex & Endoscope Reprocessing Can Be Complex





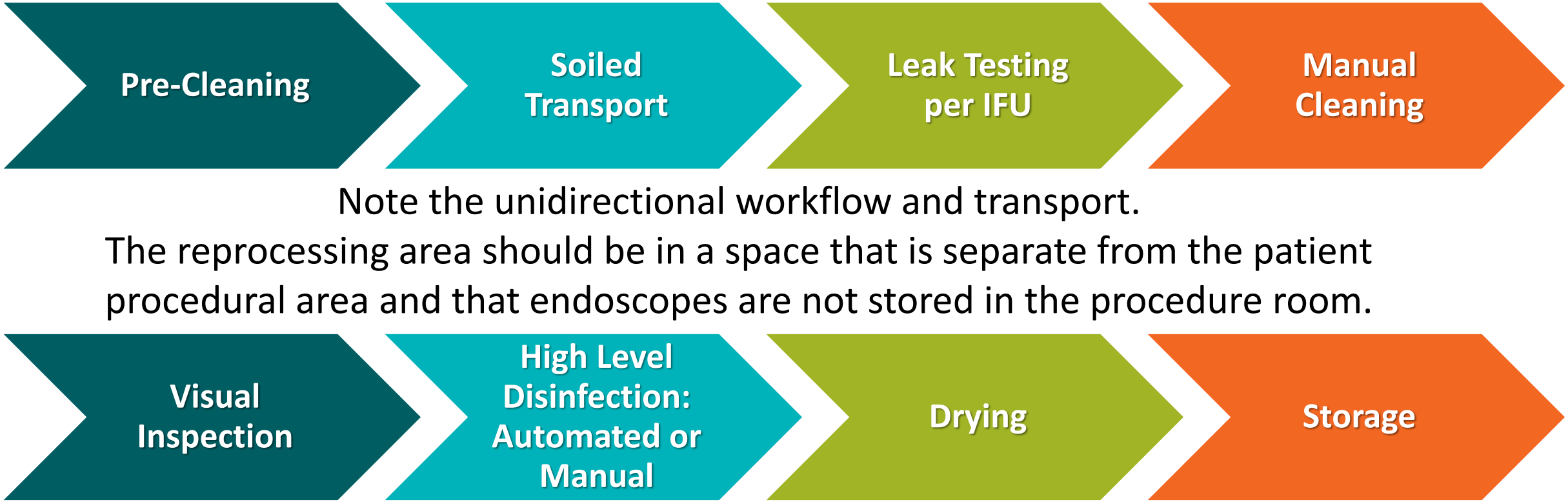
Images Courtesy of CDC

General Flexible Endoscope Reprocessing Steps If High-Level Disinfecting versus Sterilization



CDC - Essential Elements of a Reprocessing Program for Flexible Endoscopes

General Flexible Endoscope Reprocessing Steps If High-Level Disinfecting versus Sterilization



Note the unidirectional workflow and transport.

The reprocessing area should be in a space that is separate from the patient procedural area and that endoscopes are not stored in the procedure room.

AORN - eGuidelines+ - Flexible Endoscopes (section 3 & 12.3)
ANSI/AAMI ST91 (sections 4 and 11.2.2)

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Failure to Properly Reprocess Endoscopes Can Cause Infections - True Burden Might Be Higher

- Failure to effectively sterilize or to high-level disinfect equipment can lead to direct transmission of pathogens to patients through contact with contaminated reusable medical devices. Multiple studies in many countries have documented:
  - Failure to comply with established guidelines for sterilization and disinfection
  - Transmission and outbreaks occurring even without known reprocessing breaches.
    - The complexity of devices has been highlighted as a barrier to cleaning and disinfection.

Image Courtesy of CDC

Shenoy ES, Weber DJ, McMullen K, et al. Multisociety guidance for sterilization and high-level disinfection. Infection Control & Hospital Epidemiology. 2025;46(6):561-583. doi:10.1017/ice.2025.41

Headlines From Outbreaks and Analysis

Scopes Faulted for Hospital 'Superbug' Outbreak Were New, Cleaned Properly, Officials Say

Patients caught drug-resistant "superbug" CRE from two contaminated endoscopes.

By ABC News
February 19, 2015, 5:30 PM

Superbug Scare, 2 Dead 179 Exposed at UCLA Medical Center FDA issues a warning about cleaning medical equipment and warns there is no antibiotic to treat this strain of bacteria.

[ABC News - Scopes Faulted for Hospital Superbug Outbreak]

CNN Health Life, But Better Fitness Food Sleep Mindfulness Relationships Watch Listen

Medical scopes still causing superbug infections and deaths, FDA says

By Debra Goldschmidt, CNN
3 minute read · Published 1:20 PM EDT, Fri April 12, 2019

[CNN - Medical Scopes Still Causing Superbug Infections]

Outpatient Surgery Magazine
A Division of AORN

The Magazine Special Editions

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All Articles

Inside the Deadly Duodenoscope Outbreaks

Infection Prevention

By: Daniel Cook

Published: 4/27/2015

[AORN - Inside the Deadly Duodenoscope Outbreaks]

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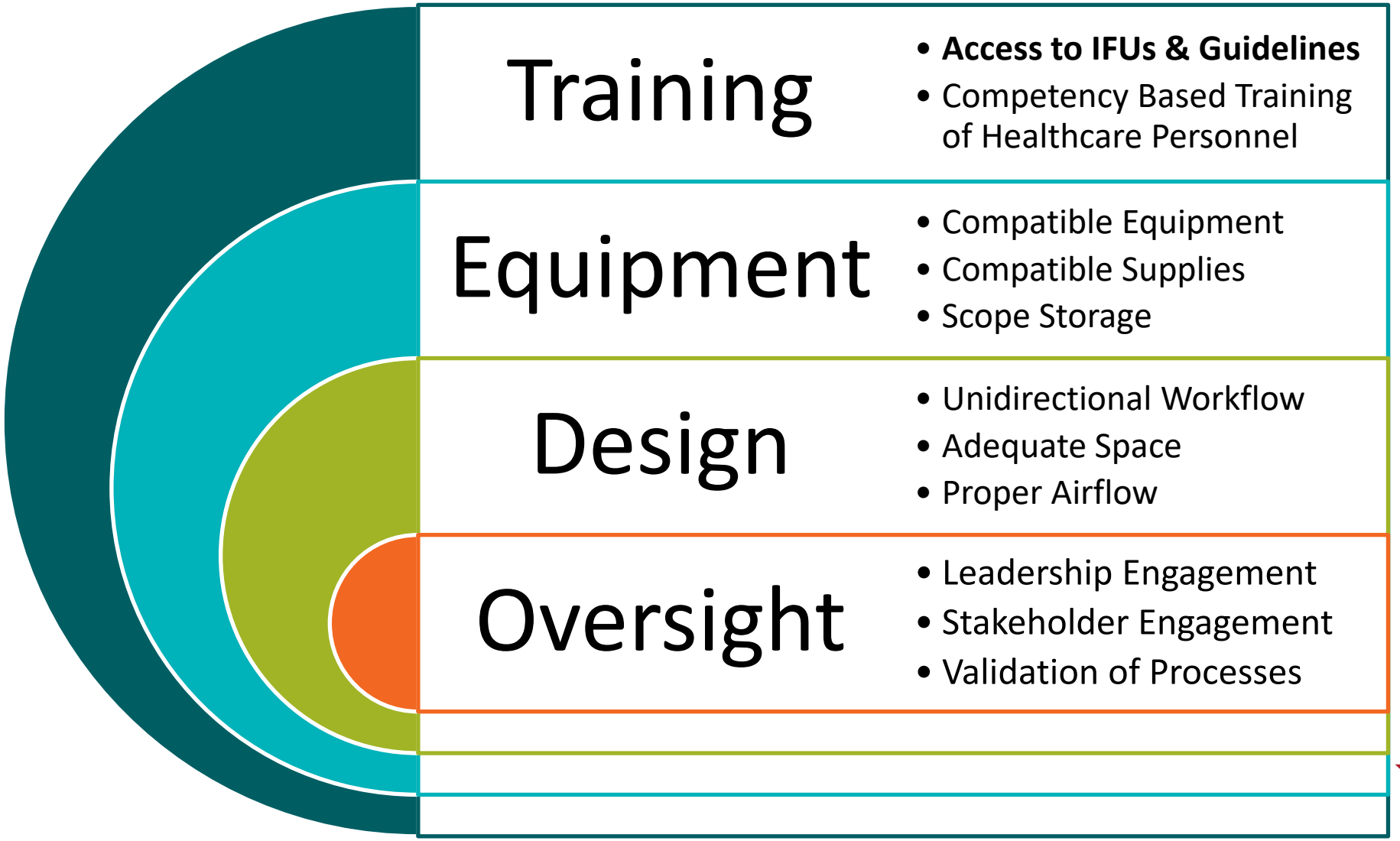
Reduce the Risk of Reprocessing Failure
Ensure Proper Endoscope Reprocessing By:



Shenoy ES, Weber DJ, McMullen K, et al. Multisociety guidance for sterilization and high-level disinfection. Infection Control & Hospital Epidemiology. 2025;46(6):561-583. doi:10.1017/ice.2025.41

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Are Endoscopes Being Properly Reprocessed at Your Facility?

OSHA

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

- The United States Occupational Safety and Health Administration (OSHA) has a mission to assure America's workers have safe and healthful working conditions free from unlawful retaliation.
- Some commonly referenced standards are below:

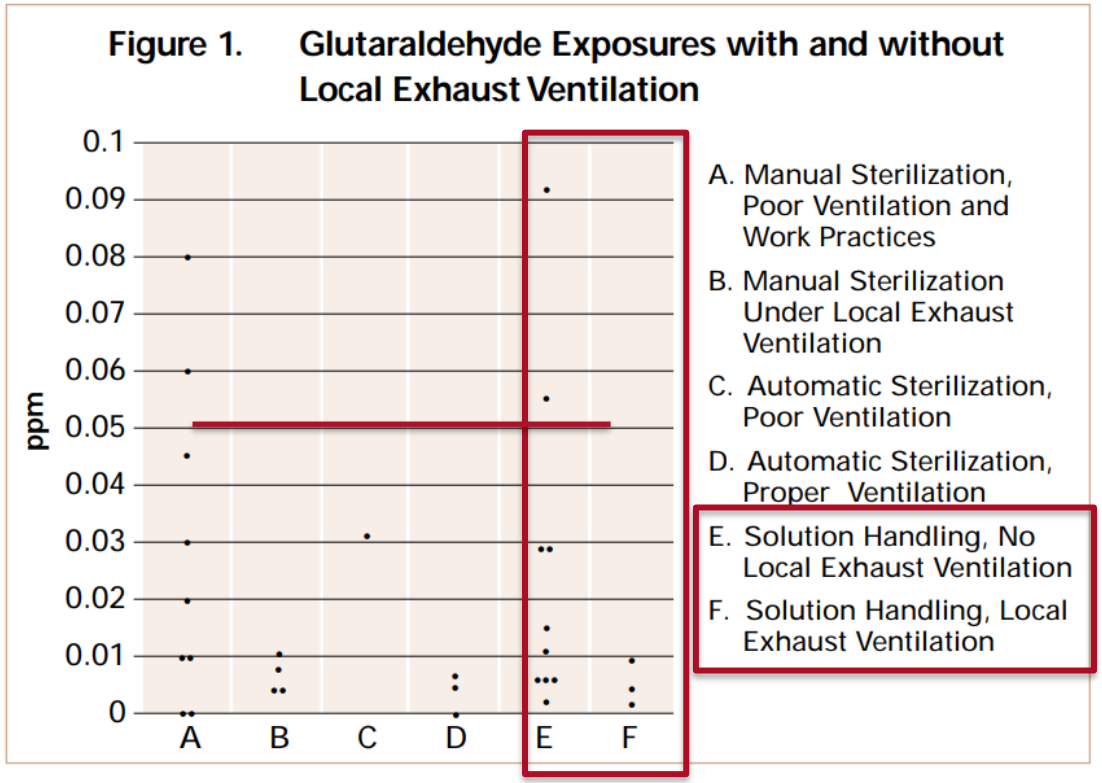
29 CFR 1910.132 - Personal Protective Equipment - General Requirements

29 CFR 1910.141 - General Environmental Controls - Sanitation

29 CFR 1910.1200 - Toxic and Hazardous Substances - Hazard Communication

Glutaraldehyde Hazards

- Most commonly used as a high-level disinfectant (cold sterile solution) in dentistry and some other outpatient settings
- Can cause asthma attacks, reactive airway disease, contact dermatitis, and tissue burns
- OSHA requires that it be identified as a hazard in your hazard communication plan along with conducting a risk assessment before use and identifying protection for employees
- Move away from glutaraldehyde use as soon as possible if your facility is still using it

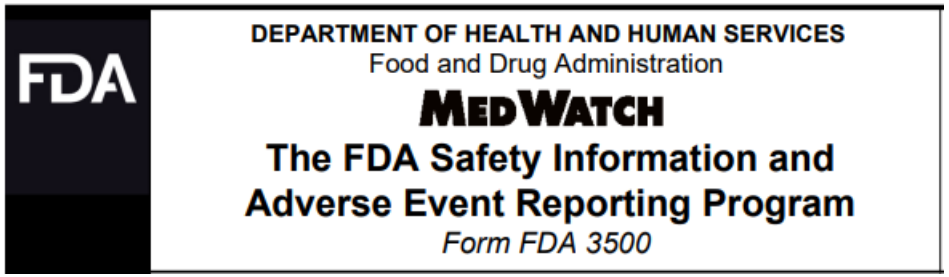


Sources: NIOSH, 1991; NJDOHSS, 1998; Naidu et al., 1995. All exposures are personal breathing zone samples.

https://www.osha.gov/etools/hospitals/hospital-wide-hazards/glutaraldehyde

FDA

- The United States Food & Drug Administration (FDA) has a mission to promote and protect public health.
- FDA regulates food, **drugs, medical devices,** radiation-emitting products, **vaccines, blood, biologics,** animal and veterinary products, cosmetics, and tobacco products.
- FDA will approve products and labels based on claims following instructions for use (IFUs). Examples include:
  - Flexible endoscopes
  - High-level disinfectants
  - Liquid chemical sterilants



- *Manufacturer's IFU*
  - Provide manufacturer-validated information about the correct and safe use of the product
  - IFU for medical devices are cleared by the FDA and include instructions for processing the device to prevent the transmission of pathogens

https://www.fda.gov/

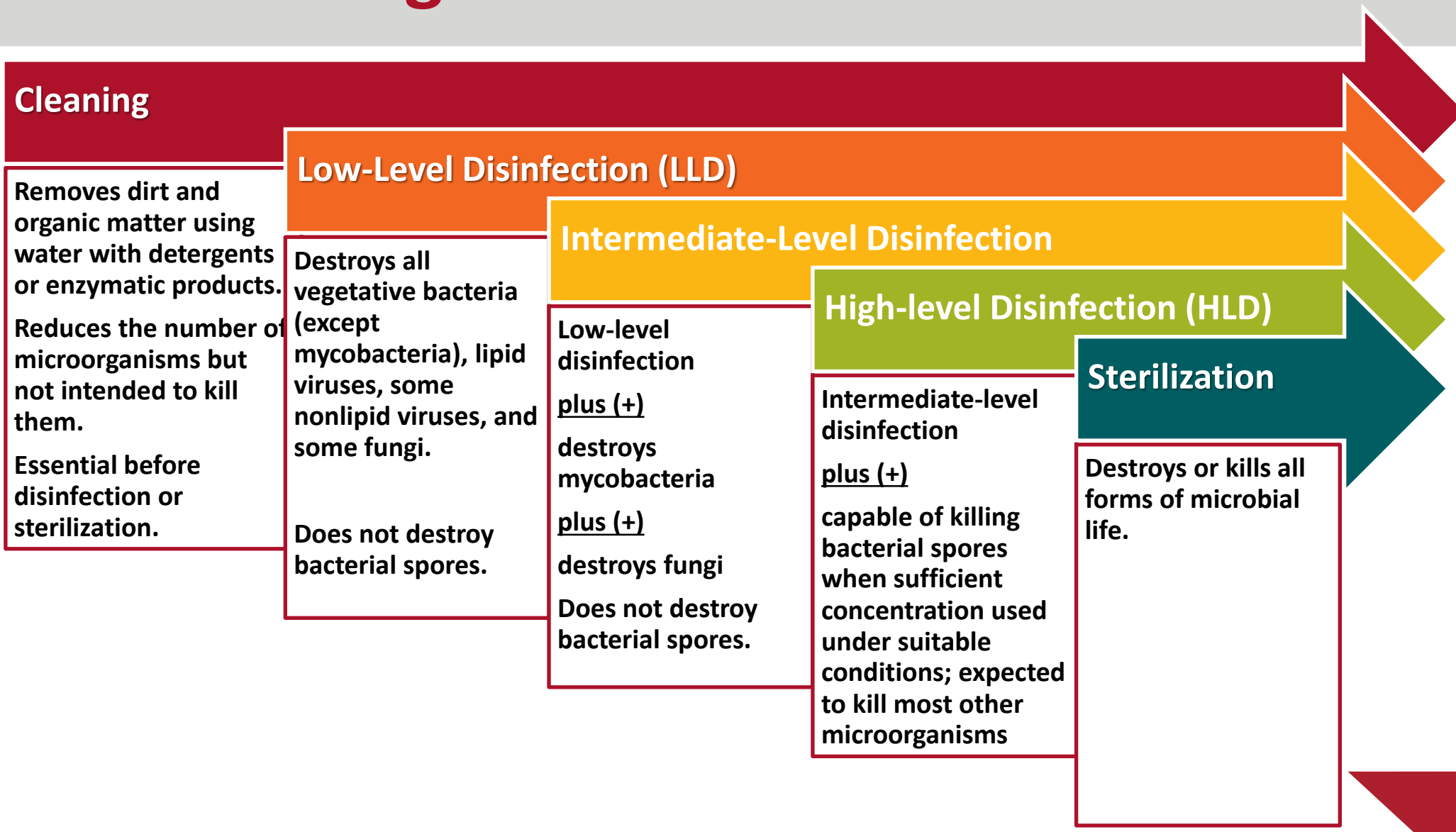
FDA MedWatch

EPA

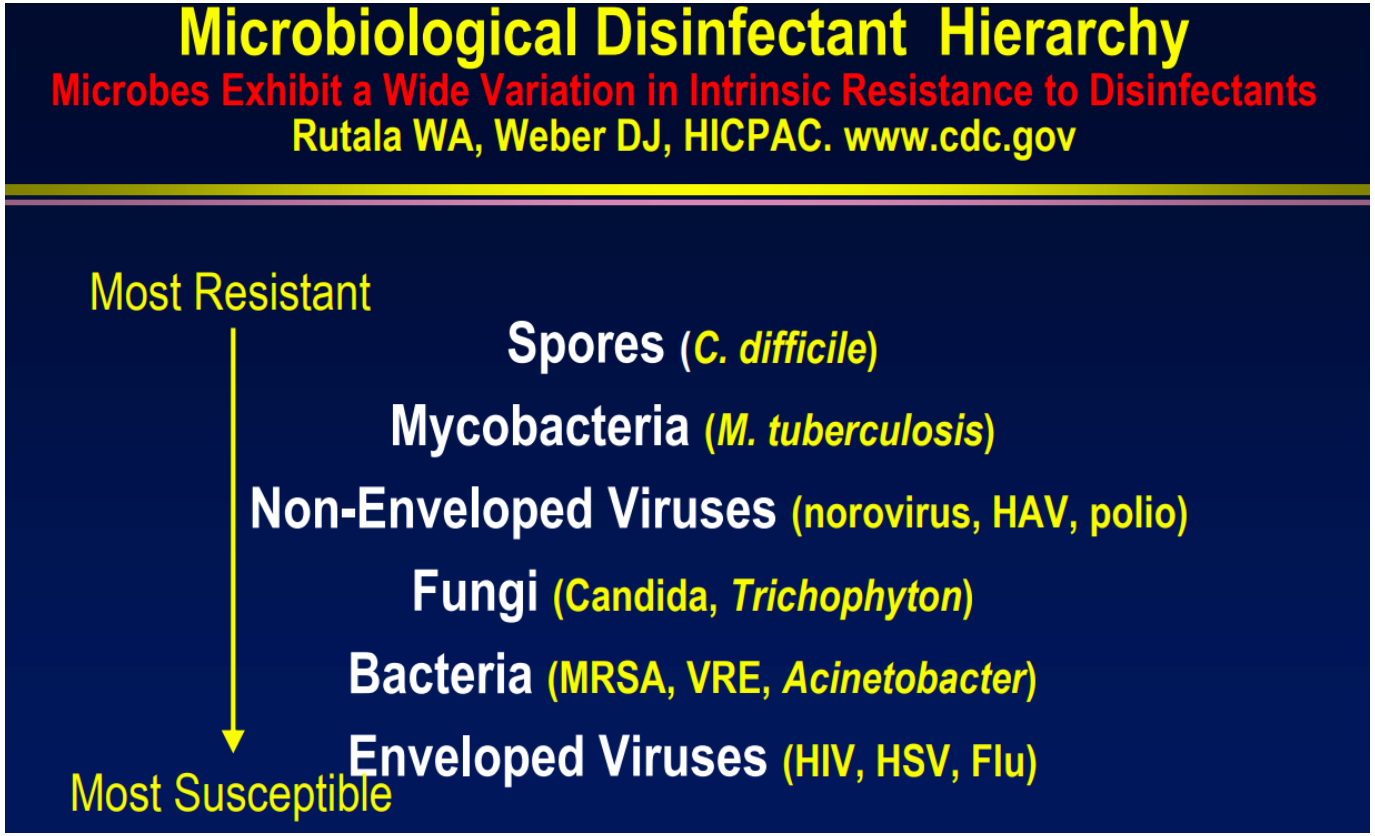
- The United States Environmental Protection Agency (EPA) has a mission to protect human health and the environment.
- EPA reviews chemicals in the marketplace. This includes sanitizers used on surfaces and lower-level disinfectant (LLD) used on surfaces.
  - **General or Broad-spectrum Disinfectant**
    - A disinfectant that is effective against both gram-positive and gram-negative bacteria (*Staphylococcus aureus* and *Salmonella enterica*) is considered to be a general or broad spectrum disinfectant.
  - **EPA Registered Hospital Disinfectant**
    - A disinfectant that is a general or broad-spectrum disinfectant **and also** is effective against the nosocomial bacterial pathogen *Pseudomonas aeruginosa* is a Hospital disinfectant.

EPA Registration Manual Chapter 4

Surface Cleaning, Sanitizing, Disinfecting, and Sterilizing



Microbiological Disinfectant Hierarchy



https://www.epa.gov/sites/default/files/2015-10/documents/rutala_overview_of_current_disinfection_hierarchy_models_final.pdf

Nebraska Statutes & Regulations for Healthcare Facilities and Hospitals

TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 1 GENERAL FACILITY AND SERVICES REGULATIONS

001. SCOPE AND AUTHORITY. These regulations govern credentials issued to health care facilities and health care services set out in Nebraska Revised Statute (Neb. Rev. Stat.) §§ 71-401 to 71-479, except for assisted-living facilities and pharmacies.

TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 9 HOSPITALS

001. SCOPE AND AUTHORITY. These regulations govern the licensing of hospitals under the Health Care Facility Licensure Act, Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 71-401 to 71-479.

https://rules.nebraska.gov/

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175 NAC 1 & 9 Key Excerpts

005.06 INFECTION CONTROL. The licensee must have an infection control program to minimize sources and transmissions of infections and communicable diseases. The program must address:

(A) How the licensee will identify, report, investigate and control infections;

(B) How trends will be tracked and identified;

(C) How treatment of any infections or communicable diseases will be monitored for appropriateness and for alteration of treatment when necessary;

(D) Hand hygiene techniques and how the licensee will ensure compliance;

(E) Use of safe work practices and personal protective equipment;

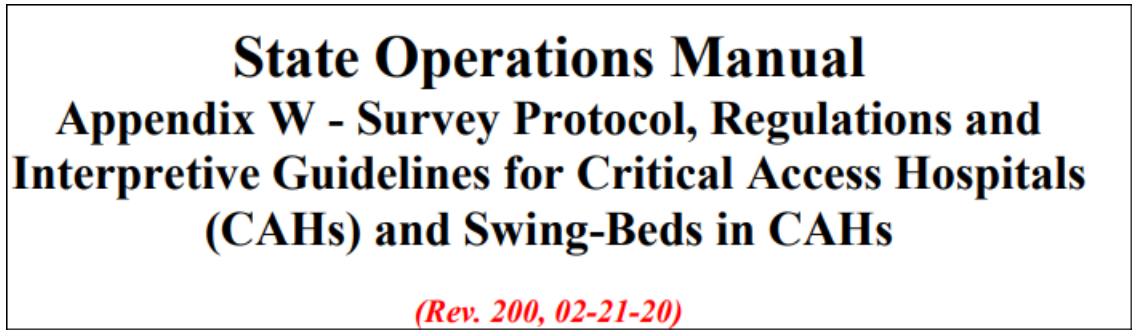
(F) Handling, cleaning, and disinfection of equipment, supplies and linens used to provide care and treatment to the consumer;

(G) How the licensee will educate staff, volunteers, and the consumer regarding infections, modes of transmission, hygienic practices, and methods of infection prevention; and

(H) Identification of the person, by job title, who is responsible for the effectiveness of the overall program.

007.08 ENDOSCOPE CLEANING AND REPROCESSING. Cleaning and reprocessing of contaminated endoscopes must be completed in accordance with current standards of practice, in a room dedicated for this function, which is separate from the area where endoscopic procedures are performed.

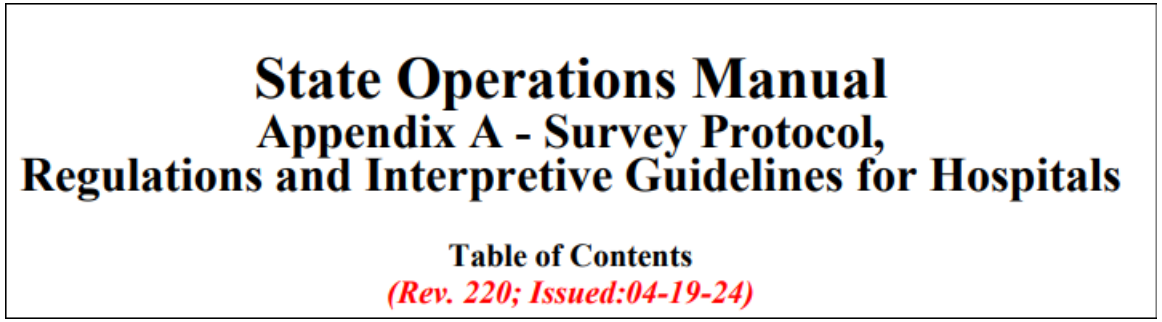
CMS Conditions of Participation (CoPs)



State Operations Manual
Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs

(Rev. 200, 02-21-20)

[CMS - State Operations Manual - Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs - §485.640 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs]



State Operations Manual
Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

Table of Contents
(Rev. 220; Issued:04-19-24)

[CMS - State Operations Manual - Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals - §482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs]

- In summary adhere to nationally recognized guidelines and standards
- Have sterilization and disinfection procedures

Follow Manufacturer Instructions for Use (IFU)

- Follow the manufacturer instructions for use (IFUs) for the medical device (i.e. endoscope), equipment (specific model of automated endoscope reprocessor, specific flushing companion if applicable etc., and related products (e.g. enzymatic cleaner, high-level disinfectant, chemical indicators etc.)

Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling

Guidance for Industry and Food and Drug Administration Staff

Document issued on: March 17, 2015

Appendix E of this guidance was updated on June 9, 2017.

This document supersedes: "Labeling Reusable Medical Devices for Reprocessing in Health Care Facilities: FDA Reviewer Guidance" issued April 1996.

The draft of this document was issued on May 2, 2011.

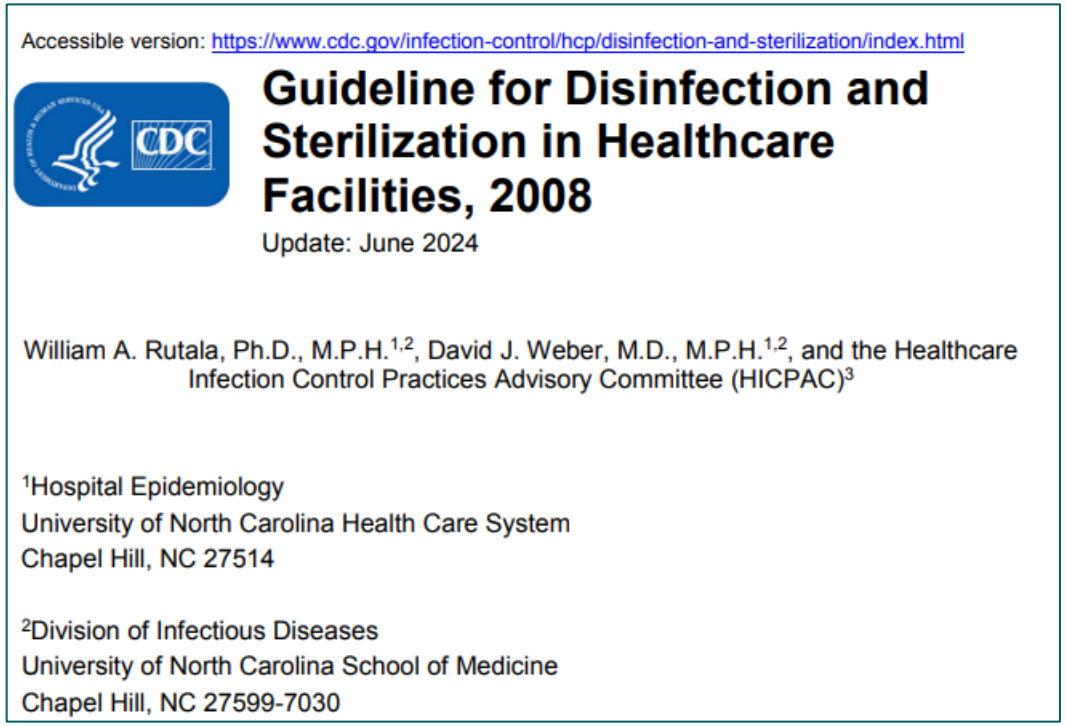
For questions regarding devices regulated by the Center for Devices and Radiological Health, contact the Infection Control Devices Branch (INCB) at (301) 796-5580. For questions regarding devices regulated by the Center for Biologics Evaluation and Research (CBER), contact the Office of Communication, Outreach and Development at 800-835-4709 or 240-402-7800.

FDA U.S. FOOD & DRUG ADMINISTRATION

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health
Center for Biologics Evaluation and Research

Evidence Based Guidelines

- CDC - Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings
- CDC – Disinfection and Sterilization Guideline
  - Whole section on endoscopes
- CDC - Essential Elements of a Reprocessing Program for Flexible Endoscopes – Recommendations of the HICPAC



Accessible version: https://www.cdc.gov/infection-control/hcp/disinfection-and-sterilization/index.html

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Update: June 2024

William A. Rutala, Ph.D., M.P.H.[1,2], David J. Weber, M.D., M.P.H.[1,2], and the Healthcare Infection Control Practices Advisory Committee (HICPAC)[3]

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University of North Carolina Health Care System
Chapel Hill, NC 27514

[2]Division of Infectious Diseases
University of North Carolina School of Medicine
Chapel Hill, NC 27599-7030

https://www.cdc.gov/infection-control/hcp/guidance/index.html

CDC's Core IPC Practices for Safe Healthcare: Reprocessing Reusable Medical Equipment

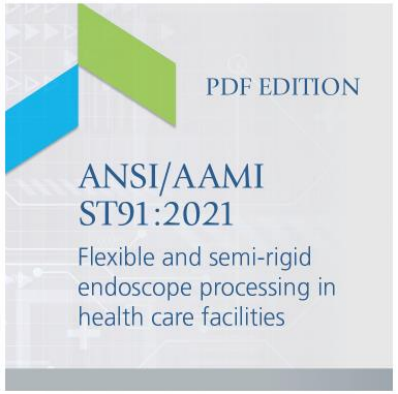
- CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings represent fundamental standards of care that are not expected to change based on emerging evidence or to be regularly altered by changes in technology or practices and are applicable across the continuum of healthcare settings.
  - The proper reprocessing of reusable medical equipment is one of the eight core practices.

- ✓ Manufacturer's IFUs should be readily available and used to establish clear operating procedures and training content for the facility.
- ✓ Instructions should be posted at the site where equipment reprocessing is performed.
- ✓ Reprocessing personnel should have training in the reprocessing steps and the correct use of PPE necessary for the task.
- ✓ Competencies of those personnel should be documented initially upon assignment of their duties, whenever new equipment is introduced, and periodically (e.g., annually).

CDC's Core IPC Practices for Safe Healthcare Delivery in All Settings

Examples of Some Other Evidence Based Guidelines & National Standards

- American National Standards Institute (ANSI) - Association for the Advancement of Medical Instrumentation (AAMI)
  - ANSI/AAMI ST91:2021 Flexible and semi-rigid endoscope processing in health care facilities – American National Standard



- Association of periOperative Registered Nurses (AORN)
  - https://www.aornguidelines.org/
    - Flexible Endoscope Guideline

AORN
eGUIDELINES+

- Society of Gastroenterology Nurses and Associates (SGNA)
  - SGNA Standards of Infection Prevention in Reprocessing Flexible Endoscopes

SGNA
Society of Gastroenterology Nurses and Associates, Inc.

Multisociety Guidance for Sterilization and High-Level Disinfection

- What is it?
  - A free key multi-society infection prevention guidance document for individuals and organizations that engage in sterilization or high-level disinfection (HLD).
- Who developed it?
  - SHEA, in partnership with ASGE, APIC, AAMI, AORN, HSPA, IDSA, SGNA, and The Joint Commission.
- Why is it important?
  - "Facilities without appropriate expertise and resources are not able to implement sterilization and HLD safely and effectively."
  - Failure to effectively sterilize or HLD is unsafe and can lead to direct transmission of pathogens causing infections and outbreaks.

https://doi.org/10.1017/ice.2025.41

Multisociety Guideline on Reprocessing Flexible

ASCA Ambulatory Surgery Center Association

ASCRS American Society of Colon & Rectal Surgeons

SGNA Society of Gastroenterology Nurses and Associates, Inc.

SHEA The Society for Healthcare Epidemiology of America

Multisociety guideline on reprocessing flexible GI endoscopes and accessories

Check for updates

Lukejohn W. Day, MD,[1] V. Raman Muthusamy, MD, MAS,[2] James Collins, BS, RN, CNOR,[3] Vladimir M. Kushnir, MD,[4] Mandeep S. Sawhney, MD, MS,[5] Nirav C. Thosani, MD,[6] Sachin Wani, MD[7]

This document was reviewed and approved by the Governing Board of the American Society for Gastrointestinal Endoscopy.

The American Society for Gastrointestinal Endoscopy Multisociety guideline on reprocessing flexible GI endoscopes and accessories; Volume 93, No. 1 : 2021
Available from https://doi.org/10.1016/j.gie.2020.09.048

- Guidance Topics:
  - Staff training and competency of endoscope reprocessing skills
  - Endoscopy unit layout
  - Precleaning
  - Manual cleaning
  - High-level disinfection
  - Drying
  - Storage
  - Endoscope accessories and associated equipment
  - Maintenance of endoscopes
  - Endoscopy unit infection control leadership

Case Scenario # 1 – Device vs. AER

- Case Scenario #1
  - Hospital had been manually high-level disinfecting but just purchased an automated endoscope reprocessor (AER). Does anything need to be done?

Case Scenario # 1 continued – Device vs. AER

- Case Scenario #1
  - Hospital had been manually high-level disinfecting but just purchased an automated endoscope reprocessor (AER). Does anything need to be done? YES
    - The device's IFU need to be consulted for the specific model of AER to see if they are compatible
    - Also, the facility should develop processes to ensure there are clear roles and responsibilities for reviewing IFUs prior to purchase to ensure the facilities can properly reprocess

Case Scenario # 1 continued – Device vs. AER

- **When facing a conflict between the reusable medical device's MIFU and the accessory used for processing** (e.g., detergent, disinfectant, sterilization container, sterilizer), the *device* drives the process; however, it is important to note that the healthcare facility is responsible for addressing the conflict by first contacting the technical services of the manufacturer of the medical device or accessory.
  - The inquiry may be referred out to the FDA Division of Industry and Consumer Education (DICE) or the Manufacturer and User Facility Device Experience (MAUDE) database.
- ***In this scenario, the endoscope manufacturer did not validate the process in the AER, what should happen next?***

Shenoy ES, Weber DJ, McMullen K, et al. Multisociety guidance for sterilization and high-level disinfection. Infection Control & Hospital Epidemiology. 2025;46(6):561-583. doi:10.1017/ice.2025.41

Case Scenario # 1 continued – Device vs. AER

- **If the manufacturer of a device did not validate the process, but the manufacturer of the accessory specifically validates its process for that device (or vice versa), the process is acceptable.**
  - For example, if a device manufacturer does not provide low temperature sterilization parameters, but a low temperature sterilizer provides validated parameters by manufacturer and model for that medical device, then that process is valid.
  - For example, if an endoscope manufacturer does not identify an automated endoscope reprocessor (AER) as compatible, but the AER's MIFU lists the specific endoscope manufacturer's model(s) as compatible with the AER, the process is valid.
  - If neither manufacturer can validate the process, the process cannot be used.

In this scenario, the AER MIFU listed the specific endoscope as compatible so that is good. Remember to ensure processes for clear roles and responsibilities prior to purchase along with ensuring competency-based training for new processes and maintain access to the IFUs.

Shenoy ES, Weber DJ, McMullen K, et al. Multisociety guidance for sterilization and high-level disinfection. Infection Control & Hospital Epidemiology. 2025;46(6):561-583. doi:10.1017/ice.2025.41

Case Scenario # 2 – Specific Accessories

- Case Scenario #2
  - The endoscope's IFU states a brand name detergent product for cleaning and the processing department would like to use the same detergent they already have in stock instead of having to purchase this brand. Does anything need to be done?

Case Scenario # 2 continued – Specific Accessories

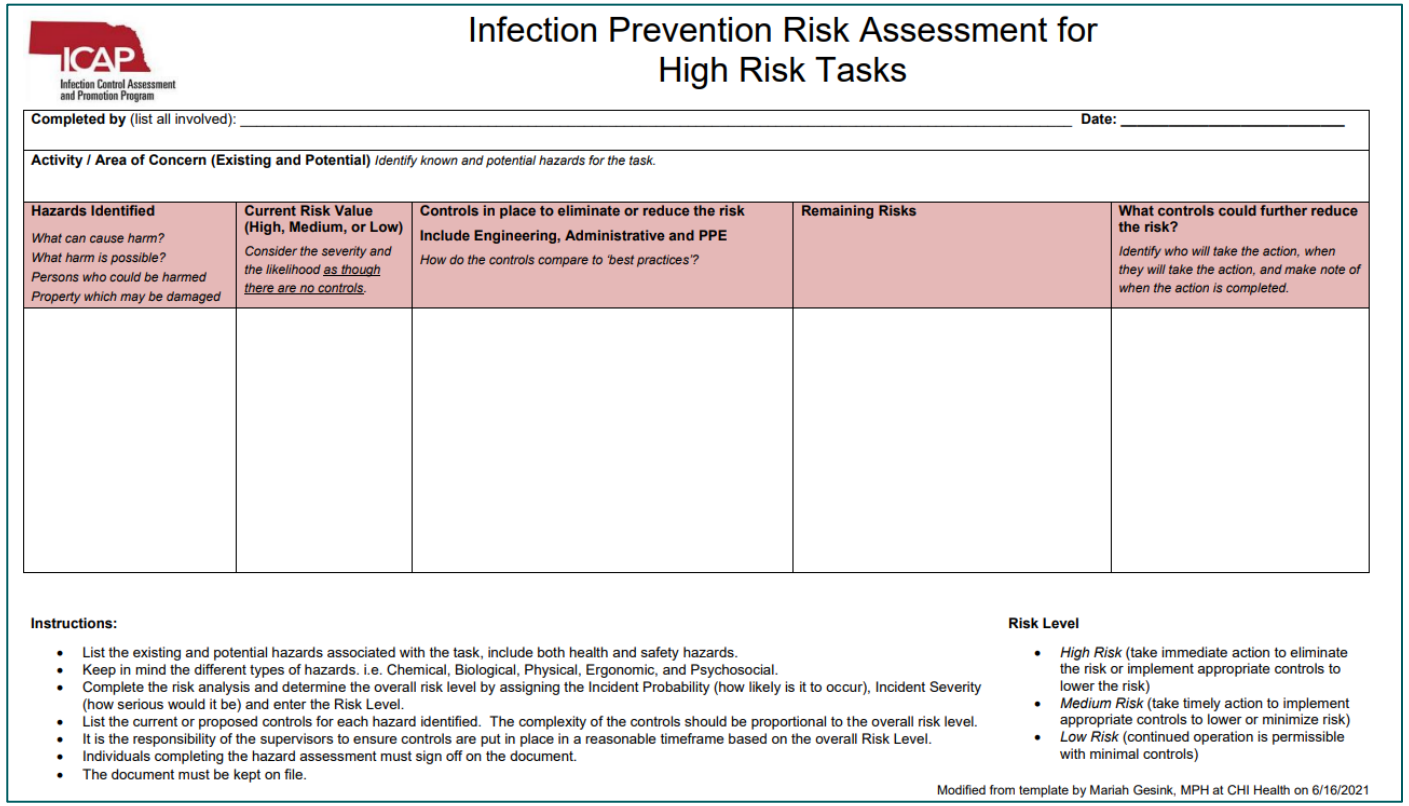
- **Case Scenario #2**
  - **The endoscope's IFU states a brand name detergent product for cleaning and the processing department would like to use the same detergent they already have in stock instead of having to purchase this brand. Does anything need to be done? YES**
    - **The device's (endoscope's) manufacturer should be contacted.**

- **If the MIFU refers to consumable products (e.g., detergents, brushes) by name or with general attributes** (e.g., neutral pH, contains or does not contain alcohol), and:
  - A facility does not want or cannot use the specified product, it should contact the device manufacturer to identify the risks of not using the specified product, and whether the manufacturer recommends or expressly prohibits alternative product(s) based on validation activities, scientifically valid justification, or both.
  - If the manufacturer does not prohibit the alternative product and confirms the product will not create a health or safety risk, the facility may consider using the alternative product. Ideally, the facility would obtain in writing from the manufacturer confirmation that the product will not create a health or safety risk.

Shenoy ES, Weber DJ, McMullen K, et al. Multisociety guidance for sterilization and high-level disinfection. Infection Control & Hospital Epidemiology. 2025;46(6):561-583. doi:10.1017/ice.2025.41

Case Scenario # 2 continued – Specific Accessories

- In this scenario, the manufacturer did not prohibit the use of the desired detergent with similar general attributes to the name brand and verbalized health and safety but is reluctant to put that in writing. In this scenario, complete a risk assessment if considering other detergent use.



ICAP
Infection Control Assessment and Promotion Program

Infection Prevention Risk Assessment for High Risk Tasks

Completed by (list all involved): _____ **Date:** _____

Activity / Area of Concern (Existing and Potential) *Identify known and potential hazards for the task.*

Hazards Identified *What can cause harm?* *What harm is possible?* *Persons who could be harmed* *Property which may be damaged*	**Current Risk Value (High, Medium, or Low)** *Consider the severity and the likelihood as though there are no controls.*	**Controls in place to eliminate or reduce the risk** **Include Engineering, Administrative and PPE** *How do the controls compare to 'best practices'?*	**Remaining Risks**	**What controls could further reduce the risk?** *Identify who will take the action, when they will take the action, and make note of when the action is completed.*

Instructions:

- List the existing and potential hazards associated with the task, include both health and safety hazards.
- Keep in mind the different types of hazards. i.e. Chemical, Biological, Physical, Ergonomic, and Psychosocial.
- Complete the risk analysis and determine the overall risk level by assigning the Incident Probability (how likely is it to occur), Incident Severity (how serious would it be) and enter the Risk Level.
- List the current or proposed controls for each hazard identified. The complexity of the controls should be proportional to the overall risk level.
- It is the responsibility of the supervisors to ensure controls are put in place in a reasonable timeframe based on the overall Risk Level.
- Individuals completing the hazard assessment must sign off on the document.
- The document must be kept on file.

Risk Level

- *High Risk* (take immediate action to eliminate the risk or implement appropriate controls to lower the risk)
- *Medium Risk* (take timely action to implement appropriate controls to lower or minimize risk)
- *Low Risk* (continued operation is permissible with minimal controls)

Modified from template by Mariah Gesink, MPH at CHI Health on 6/16/2021

NE ICAP IPC Risk Assessment Template

Case Scenario # 3 – Brushes and Flushing

- **The facility wants to use bulb syringe instead of the 30 mL or 5 mL syringe for flushing citing in the IFU. They also want to use the same brushes used for sterile processing. What should be done?**
  - **Consider the design of the bulb syringes and the relative ease of IFU compliance using the syringes for connections and amounts for adequate flushing. Recommend to resolve by following the IFU.**
  - **Use cleaning brushes appropriate for the size of the endoscope channel or port (e.g., bristles should contact surfaces). Cleaning items (e.g., brushes, cloth) should be disposable or, if they are not disposable, they should be thoroughly cleaned and either high-level disinfected or sterilized after each use.**
    - **Recommend to resolve by following the IFU.**

CDC - Disinfection and Sterilization Guideline

Case Scenario # 4 – AER with Cleaning Claims

- **Endoscope IFU allows modified processes that omit some precleaning and manual cleaning steps when used with a specific automated endoscope reprocessor with cleaning capability claims. What should a facility do? What are the recommendations?**
  - **Guidance would be to follow IFUs but also consider completing a risk assessment with the multi-disciplinary including the IP etc. to discuss the modified precleaning and modified manual cleaning and decide if that is the option you want to proceed with.**
    - **Inherently, flexible endoscopes themselves can be difficult to clean and the use of a detergent during pre-cleaning along with the flushing of the detergent and rinse water during manual cleaning (essentially standard vs. modified cleaning) may help aide in the cleaning process with the AER to supplement cleaning.**

ASGE Multisociety guideline on reprocessing flexible GI endoscopes and accessories

AORN – Flexible Endoscope Guidelines

CDC - HICPAC - Endoscopes - Recommendations

Facility Specific Policies and Procedures

- Facility-level organizational support is a key program element in the implementation of effective device reprocessing and coordination of associated services.
  - Develop and maintain facility-specific policies and standard operating procedures (SOPs).
  - Policies and procedures should include the facility response and corrective steps in the event of a reprocessing error or failure.
    - Evaluate each breach to determine the risk of pathogen transmission and need for patient notification and testing.
    - Based on risk assessment, facilities may need to notify public health officials (e.g., state or local health department), the device manufacturer, and/or licensing and regulatory agencies (if appropriate).

Example For Specific Dental Setting

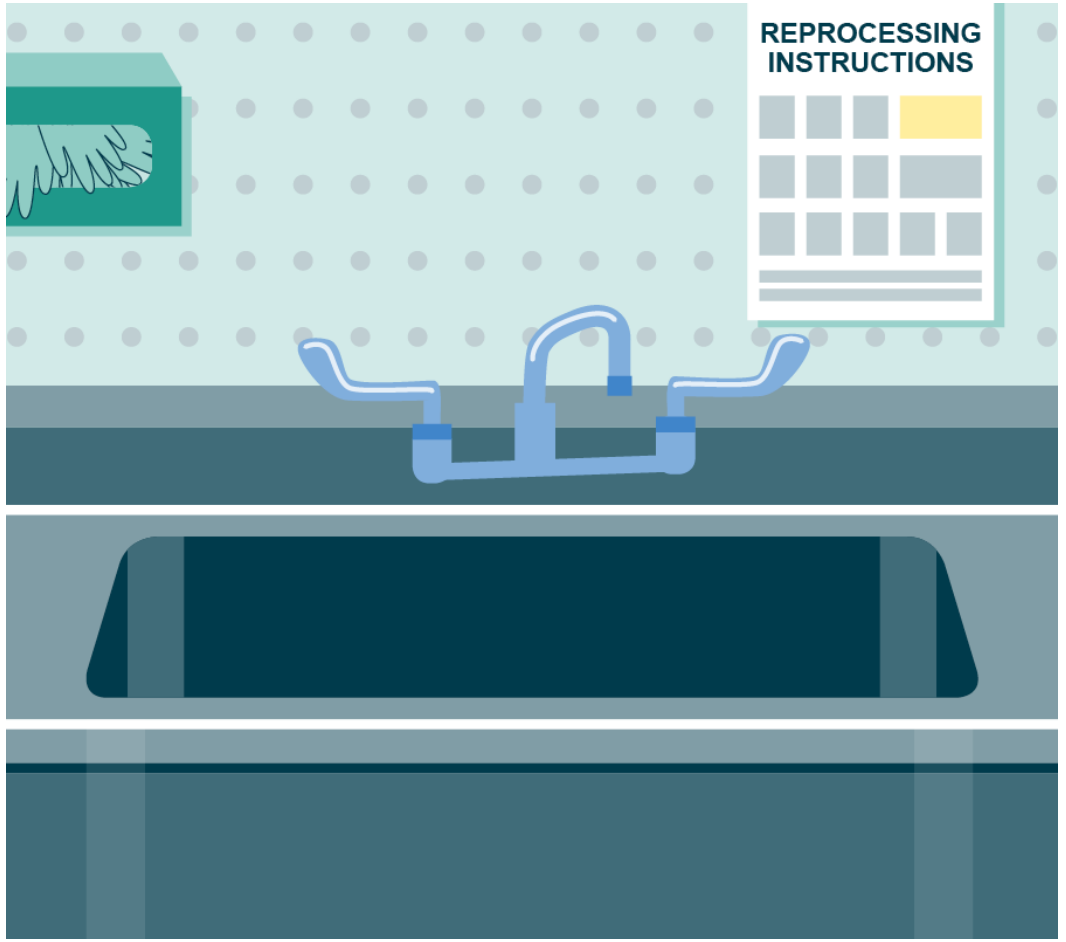
https://icap.nebraskamed.com/facilities/dental/facility-resources/

- ICAP – Community Dental Health IPC Manual
- ICAP – Community Dental Health IPC Quick Guide

ICAP

Ensure Access to Supplies & Instructions

- Ensure that a sufficient quantity of supplies—including appropriate PPE, recommended cleaners, compatible equipment, and reprocessing instructions are available in areas where reprocessing will be performed.
- Ensure that the space is sufficient to maintain separation between clean and dirty equipment and tasks.
- The sink used for cleaning should not be used for handwashing or other activities.



Staff Education, Training & Validation

- Ensure staff involved in endoscope reprocessing are aware of their responsibilities and are appropriately trained.
  - This includes access to IFUs and cited references.

- Ensure that structured training activities are carried out for all new staff and on a periodic basis and as needed.

- Ensure that routine monitoring is implemented and results are used for program improvement.

[CDC's Core IPC Practices for Safe Healthcare Delivery in All Settings]

Consider Utilization of Existing Resources for Training and Support

- Consider maximizing any support provided by your manufacturers for training needs whether on-site, remote, via video, though on-line modules,
  - In the spirt of sharing free resources that can be applicable across settings, https://university.steris.com provides on-line courses for device reprocessing that can be used to help grow competency including but not limited to various courses on endoscope reprocessing.
- Consider using job aides and instructional posters by the manufacturer that can be laminated and posted in reprocessing areas.
- Schedule time to connect with your reprocessing techs to learn more about facility and department specific practices and then build confidence as you use tools to assess for proper reprocessing and identify any gaps for prompt risk assessment and mitigation.

CMS Hospital Infection Control Worksheet

Module 3: Equipment Reprocessing

Section 3.A. Reprocessing of Semi-Critical Equipment

Semi-critical equipment are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (e.g. some endoscopes, speculums, laryngoscope blades)

Elements to be assessed		Surveyor Notes		Surveyor Notes
High-Level Disinfection (HLD) is defined as the complete elimination of all microorganisms in or on an instrument, except for small amounts of bacterial spores. INSTRUCTIONS: • Use the items in Section 3.C. "Single-Use Devices" to assess the reprocessing of any item(s) of semi-critical equipment that is (are) labeled as a single use device. Any item(s) of semi-critical equipment that is (are) labeled as a single use device must be reprocessed by a reprocessor that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. • For all items labeled reusable, use section 3A.				
HLD of Reusable Instruments and Devices is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including:				

https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf

CDC ICAR Tool – Module 5: HLD & Sterilization

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 5: High-level Disinfection and Sterilization Facilitator Guide

High-level Disinfection and Sterilization. This form is intended to aid an ICAR facilitator in the review of the types of medical device reprocessing performed by the healthcare facility (Part A) and guide observations (Parts B and C).

Practices should ideally be assessed in all areas of the facility where high-level disinfection and sterilization of medical devices is performed, which could include areas outside of the main central reprocessing area (e.g., endoscopy suite, bronchoscopy suite). The observation sections address the main steps that should be occurring but likely are not sufficient for a full assessment of practices in a central sterile reprocessing department and are not intended for these settings. For the most accurate assessment, particularly if the ICAR is being performed in response to an outbreak, the ICAR facilitator should use the reprocessing instructions for the device(s) being reprocessed to guide observations.

Categories of Medical Devices:

- Critical items (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use (see Part B).
- Semi-critical items (e.g., endoscopes for upper endoscopy and colonoscopy, vaginal probes) are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (see Part C).
- Non-critical items (e.g., blood pressure cuffs) are objects that may come in contact with intact skin but not mucous membranes and should undergo cleaning and low- or intermediate-level disinfection depending on the nature and degree of contamination (See ICAR Module 4: Environmental Services).
- Single-use devices (SUDs) are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs.

Note: The Essential Elements of a Reprocessing Program for Flexible Endoscopes – Recommendations of the HICPAC (cdc.gov) is referenced in the rationale and relevant guidance section. While specific to endoscopes, many of the essential elements in this guidance are more broadly applicable to other semi-critical instruments.

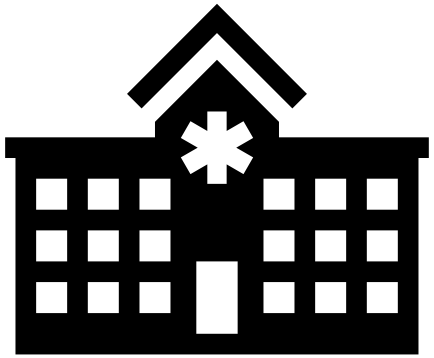
- CDC ICAR Tool can be used to help gather more information and perform a self-assessment
  - Part A
    - Questions
  - Part C
    - Observations

CDC ICAR tool – Module 5 - Parts A and C

ICAP

Infection Control Assessment & Response (ICAR) Visits

- On-site infection control assessment and response visits are available. Can be general or focused including the following:
  - Surgical Site Infection (SSI) Prevention
  - Device Reprocessing
  - Water Management Program
  - Among other domains, it will be tailored to your facility



Summary & Take Aways

- Devices are complex which makes endoscope reprocessing complex.
- There is a general “scope of events” for reprocessing an endoscope.
  - Follow a unidirectional workflow from dirty to clean.
  - Follow instructions for use.
- Consider the hierarchical approach for compliance and review facility cited references and resources in policies and procedures.
- Schedule time one on one to walk through and observe processes with the facility specific devices, equipment, and physical design layout.
- As confidence grows, the assessment tools can be used to validate best practices and identify gaps for mitigation for patient safety.

Image Courtesy of rawpixel.com

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
  - If your question is not answered during the webinar, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the NE ICAP Acute Care webpage
  - After the webinar, slides and a recording will be posted on the NE ICAP Past Webinars and Slides webpage

Misc. Updates & Upcoming Educational Opportunities

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

NE ICAP

NEW – FREE - NE ICAP Safe Injection Practices & Drug Diversion Awareness Module

Learning Center

ICAP/ ASAP Education on Your Own Time

Courses

Thank you for exploring the courses Nebraska ICAP/ ASAP have to offer. All users must be registered to take a course with Nebraska ICAP/ ASAP.

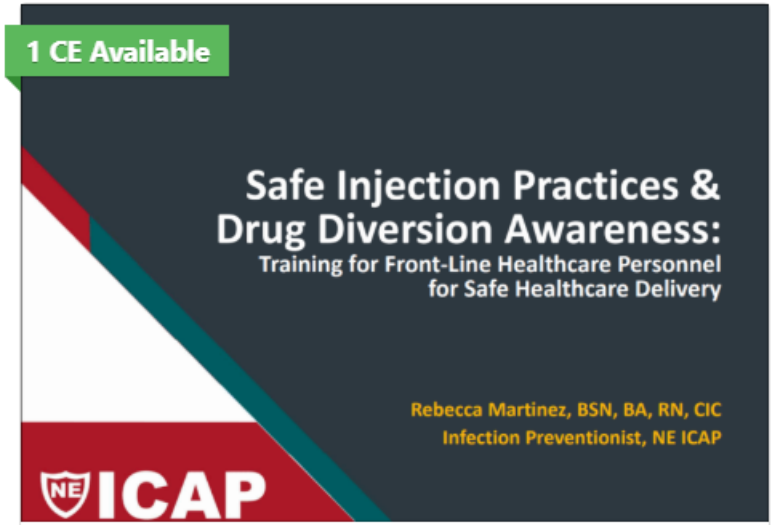
New users: Please click on the "Registration" tab at the top of the page to create an account.

Registered users: Login below or you will be asked to login when you select a course.

Login

https://icapasaplearning.nebraskamed.com/

Designed for front-line HCP but applies to other HCP. Has a quiz and certificate.



Safe Injection Practices and Drug Diversion Awareness

Safe Injection Practices and Drug Diversion Awareness. This course is worth 1.0 CE Credits.

Enroll Now

ICAP

Upcoming NHSN Patient Safety Component (PSC) Annual Training Summer Series

- Details are in the weekly email from the CDC NHSN PSC Annual Training Team but key points are:
  - Tuesdays and Thursdays through July 17th
  - For training, click the link of the presentation you want to join that was sent in the weekly email
    - No registration needed
    - Times are approximate
    - No recordings of training

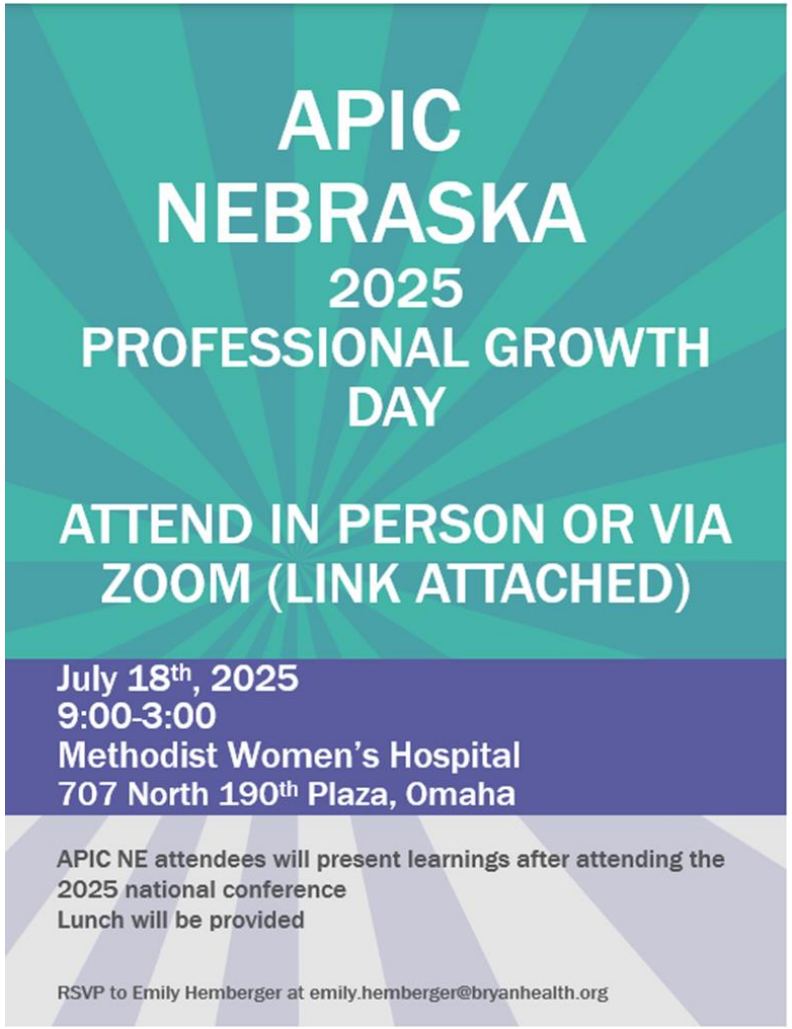
Thursday, July 10th

To join, click, July 10 Annual Training Session to access Teams at 12:00 Noon Eastern (ET).

Title	Duration	Time
Welcome	5 Minutes	12:00 Noon ET
AT- OPC Demonstration of the Updated Outpatient Procedure Component (OPC) User Interface (UI)	60 Minutes	12:05 Noon ET
10 Minute Break		
AT - UTI - Urinary Tract Infection Surveillance: From Definitions with Case Studies (Q & A)	75 Minutes	1:05 PM ET
Rebaseline CAUTI	60 Minutes	2:20 PM ET

- To join the New Annual Training Community in Service Now, register once for access

APIC Professional Growth Day Invite



APIC Nebraska is having a professional growth day and inviting non-members to present learnings after attending the APIC 2025 National Conference.

Please contact Emily Hemberger at Emily.Hemberger@bryanhealth.org to be sent a Zoom link.

If wanting to attend in person, please contact Emily for any details and to RSVP.

APIC NEBRASKA

Nebraska Infection Control Network

NEBRASKA METHODIST COLLEGE
THE JOSIE HARPER CAMPUS
PROFESSIONAL DEVELOPMENT

Agenda

Time CST	Topic/Title/Speaker/Contact Hours Awarded
7:00 am – 8:15 am	Registration/Breakfast
8:15 am – 8:30 am	Welcome: Dr. Richard Starlin (0.25 CH)
8:30 am – 9:15 am	Future of Infection Prevention: Dr. Gonzalo Bearman (0.75 CH)
9:15 am – 10:00 am	Leadership Development & Influencing Change: Dr. Hilary Babcock (0.75 CH)
10:00 am – 10:30 am	Break/Vendors
10:30 am – 11:30 am	Vaccination Promotion: Dr. Peter Hotez (presenting remotely 0.0 CH)
11:30 am – 12:30 pm	Lunch (Provided) and Vendors
12:30 pm – 1:30 pm	Track 1: TBD: LTC Guideline Updates (1.0 CH)
12:30 pm – 1:30 pm	Track 2: Vascular Access Related Infection Prevention and Management/Preventative Technology: Barb Nickel (1.0 CH)
1:30 pm – 2:00 pm	Break/Vendors
2:00 pm – 2:45 pm	MDRO in Animals: Stephen Cole (0.75 CH)
2:45 pm – 3:30 pm	How to Interact with Media and Art of Communication: Cathy Wyatt (0.75 CH)
3:30 pm – 3:45 pm	Closing (0.25 CH)

Join NICN and APIC NE for their 45th anniversary symposium. Join us for an engaging and informative workshop dedicated to infection prevention and control in all healthcare settings. This workshop will feature expert speakers and interactive discussion on infection prevention strategies, leadership development, vaccination promotion, and media interaction skills.

- Friday, August 29, 2025
- 8:00 AM to 3:15 PM
- The Holland Center, Omaha, NE 68102

NICN APIC Nebraska Symposium Registration

CDC’s Project Firstline

CDC's Project Firstline

Devices Infographic from CDC PFL

[CDC PFL - Germs Can Live on Devices]

Join Us - Upcoming NE ICAP Webinars

- August 13, 2025
  - 12:00 – 1:00 PM (CST)
    - Review of HCP recommendations for tuberculosis (TB) screening
    - Typical and atypical patient case scenarios and investigations (e.g. pulmonary TB, extra-pulmonary TB, *M. bovis*)

- September 10, 2025
  - 12:00 – 1:00 PM (CST)
    - To Be Determined

ICAP Contact Information

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

Weekends and Holidays 10:00-4:00 (CST)

On-call hours are available for emergencies only

Scan the QR Code to be taken to our NE ICAP Contact Form.
You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.

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

Webinar CE Process

- **1 Nursing Contact Hour is awarded by Nebraska ICAP**
  - Nebraska Infection Control Assessment and Promotion Program 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 Commission on Accreditation.

- **CNE 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).
  - Survey functionality is lost on mobile devices.
  - One certificate is issued quarterly for all webinars attended.
  - Certificate comes directly from ICAP via email.