

Guidance and responses were provided based on information known on 05.25.2023 and may become out of date.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

May 25, 2023

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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.



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 by 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 Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

NHSN Updated Group CSV Upload

- **New:** [Person-Level Group Upload CSV Instructions – LTC](#) – May 2023
- [NHSN Quick Learn Demonstration: Data Entry of Weekly Cumulative COVID-19 Vaccination Data](#) – April 2023

NHSN Webinars

- **Same topic:** *New Updates to the NHSN LTCF COVID-19 Module Surveillance Pathways Webinars, multiple sessions:*
- [Register June 1st](#) - 1 p.m. CT
- [Register June 7th](#) - 12 noon CT
- [Register June 8th](#) - 1 p.m. CT
- [Register June 13th](#) - 1 p.m. CT

TIP: Attend Live!



Increase Access to Level 3

1. Go to [SAMS NHSN User FAQs](#) and [How to Add a User](#).
 - › All facilities are strongly encouraged to have **at least two** registered users with Level 3 access.
2. Experian ID verification process is **recommended**.
3. See the [All About SAMS website](#).
4. Email nhsn@cdc.gov with *SAMS LEVEL 3 ACCESS* in the subject line for assistance with any questions related to this process.
5. [How to Set Up the Entrust Soft Token Using a Mobile Device, Tablet or Computer](#) (PDF), TMF QIN-QIO

Level 3 SAMS Access

- Always log in with the SAMS grid card or the Entrust soft token option
- Always go to the National Healthcare Safety Network System Application: **NHSN Reporting**

 **SAMS**
secure access management services

- Menu
-  My Profile
 -  Logout
- Links
- SAMS User Guide
 - SAMS User FAQ
 - Identity Verification Overview

My Applications

National Healthcare Safety Network System

- [NHSN Reporting *](#)

Always select to report

NHSN Long Term Care Reporting

- ~~[NHSN LTC Reporting](#)~~
- ~~[NHSN LTC Enrollment](#)~~

Do Not Use.

* Strong credentials required.



CMS Training for the MDS 3.0 RAI v1.18.11 Updates

- [TMF Forum Post](#)
- 11 pre-training videos to view at: [CMS YouTube](#) – about 4.5 hours total training time
- [Live session registration](#) for June 21st training from 11:30 p.m. and 4 p.m. CT.
- [SNF Quality Reporting Program \(QRP\) Training page.](#)

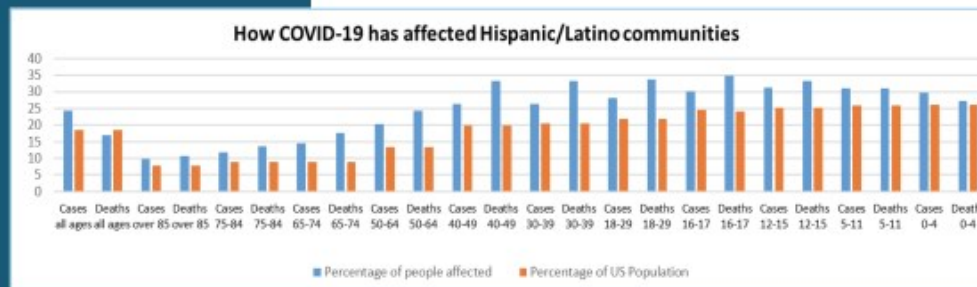
Protect
the Ones
You Love

Get Your
COVID-19
Bivalent
mRNA
Vaccine
Now



Did you know?

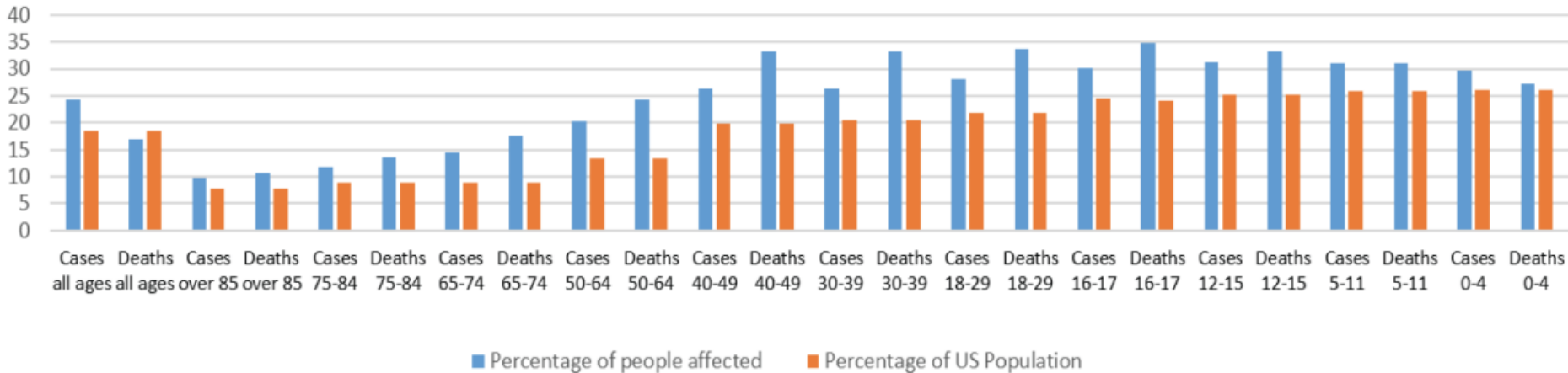
- In clinical trials for the Pfizer-BioNTech COVID-19 vaccination, 26.2% of participants were Hispanic/Latino.
- In clinical trials for the Moderna COVID-19 vaccination, 20% of participants were Hispanic/Latino.
- Only 26.6% of persons that identify as Hispanic/Latino are up to date with COVID-19 vaccinations.
- COVID-19 vaccines are SAFE.
- COVID-19 vaccines are FREE.
- Vaccination does not prevent you from getting COVID-19. It decreases your risk of severe illness and/or death.
- The COVID-19 virus has changed (mutated) over time. This is why staying up to date is important!



COVID-19 Health Equity Infographic

COVID-19 Cases and Deaths in the Hispanic/Latino Communities

How COVID-19 has affected Hispanic/Latino communities



- [CDC COVID Data Tracker: Trends in Cases and Deaths by Race/Ethnicity, Age, and Sex](#) - accessed 5/9/2023
- [COVID-19 Health Equity Infographic](#)

Am I Up to Date?



Anyone 6 years and older is considered “Up to Date” with COVID-19 vaccinations if they have received one updated Pfizer-BioNTech or Moderna COVID-19 **bivalent mRNA vaccine**.



Those over age 65 or moderately or severely immunocompromised may get additional bivalent vaccines for additional protection.

The bivalent mRNA vaccine was introduced Aug. 31, 2022. If you have not received the bivalent vaccine since then, you are **NOT** “Up to Date.”

NOTE: The updated bivalent mRNA vaccine protects against both the original virus that causes COVID-19 and the Omicron variants BA.4 and BA.5.



Please talk to a nurse about vaccinations if you are unsure of your status.

Source: [Stay Up to Date with COVID-19 Vaccines](#), Centers for Disease Control and Prevention (CDC)

Am I Up to Date? Infographic



Quality Improvement
Organizations
Sharing Knowledge, Improving Health Care,
CENTERS FOR MEDICARE & MEDICAID SERVICES



WWW.TMFNETWORKS.ORG

April Showers Bring May Flowers... and Seasonal Allergies



Be safe.

**COVID-19
symptoms can
be similar.**

**Get tested
to be sure.**

**Ask a nurse if
you're up to date
with COVID-19
vaccinations!**

[May Vaccine Flyer](#)



WWW.TMFNETWORKS.ORG

Upcoming TMF QIN-QIO Training

LTC Connect

Preventing ED Visits

Thursday, June 15, 2023

1:30 – 2:30 p.m. CT

Nursing Home Office Hours

NHSN Toolkit and Reporting Update

May 30, 2023

10:30 – 11:30 a.m. CT

Staff Culture – Stability and Retention

Thursday, July 20, 2023

1:30 – 2 p.m. CT

Register [once](#) for multiple TMF QIN-QIO events

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on the TMF Network](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement 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

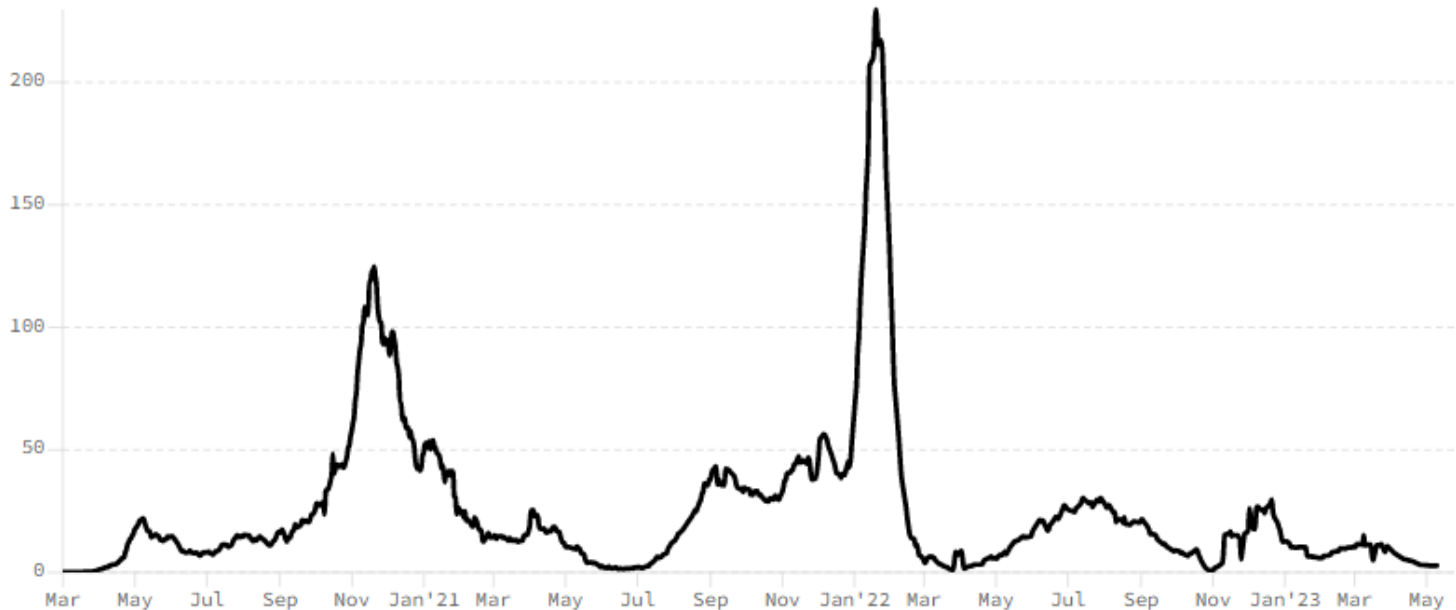
2.8

INFECTION RATE

1.00

POSITIVE TEST RATE

6.0%



Over the last week, Nebraska has averaged 54 new confirmed cases per day (2.8 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
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%
1/12/23	10.1	0.74	14.2%	84%	73.1%	36.4%
1/26/23	6.6	0.80	10.6%	77%	73.3%	36.6%
2/9/23	6.8	0.96	10.4%	73%	73.3%	36.6%
2/23/23	9.6	1.06	13.0%	77%	73.4%	36.7%
3/9/23	11.3	0.97	15.4%	80%	73.4%	36.8%
3/23/23	11.2	1.01	15.0%	79%	73.5%	36.9%
4/13/23	7.5	0.82	12.9%	80%	73.6%	37%
4/27/23	4.7	0.94	8.9%	78%	73.7%	37.1%
5/11/23	2.8	0.79	6.8%	79%	73.7%	37.1%
5/25/23	2.8	1.00	6.0%	73%	73.7%	37.1%

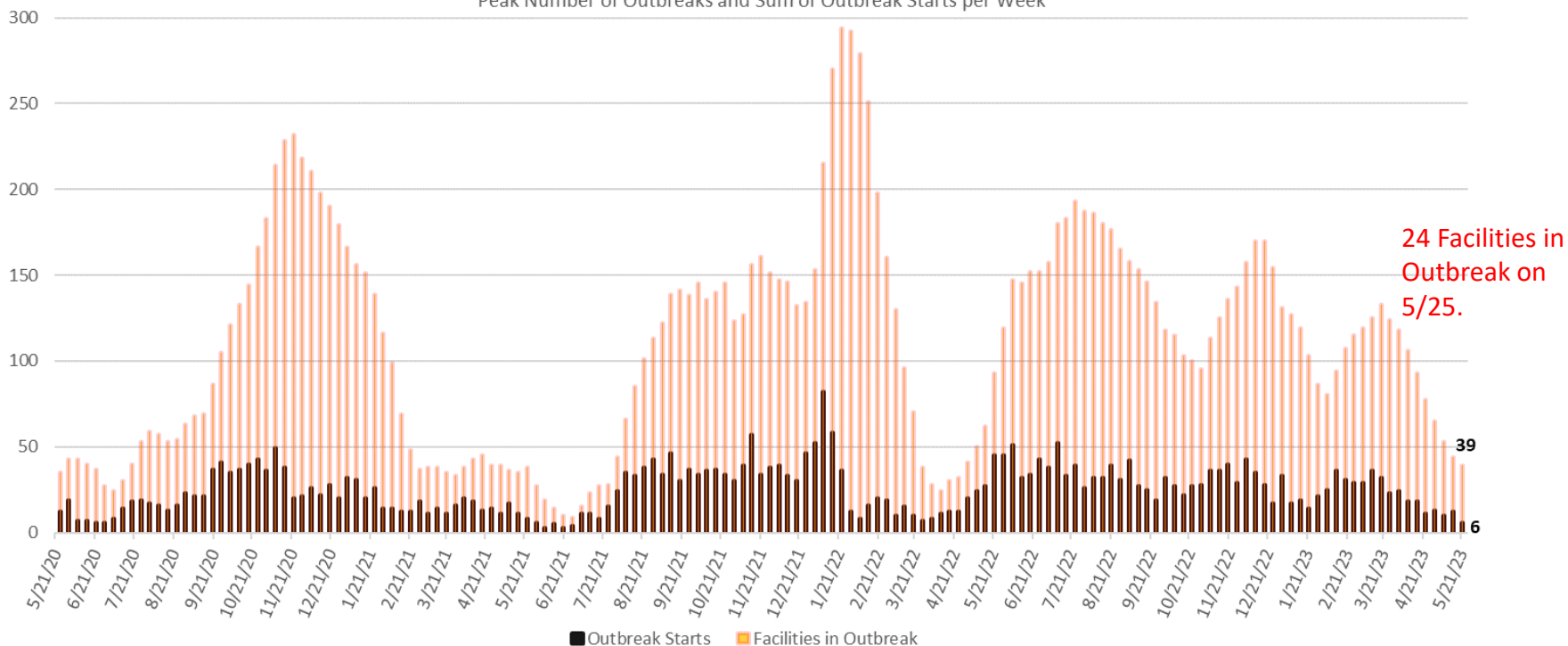
<https://covidactnow.org/?s=22441170>



Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week



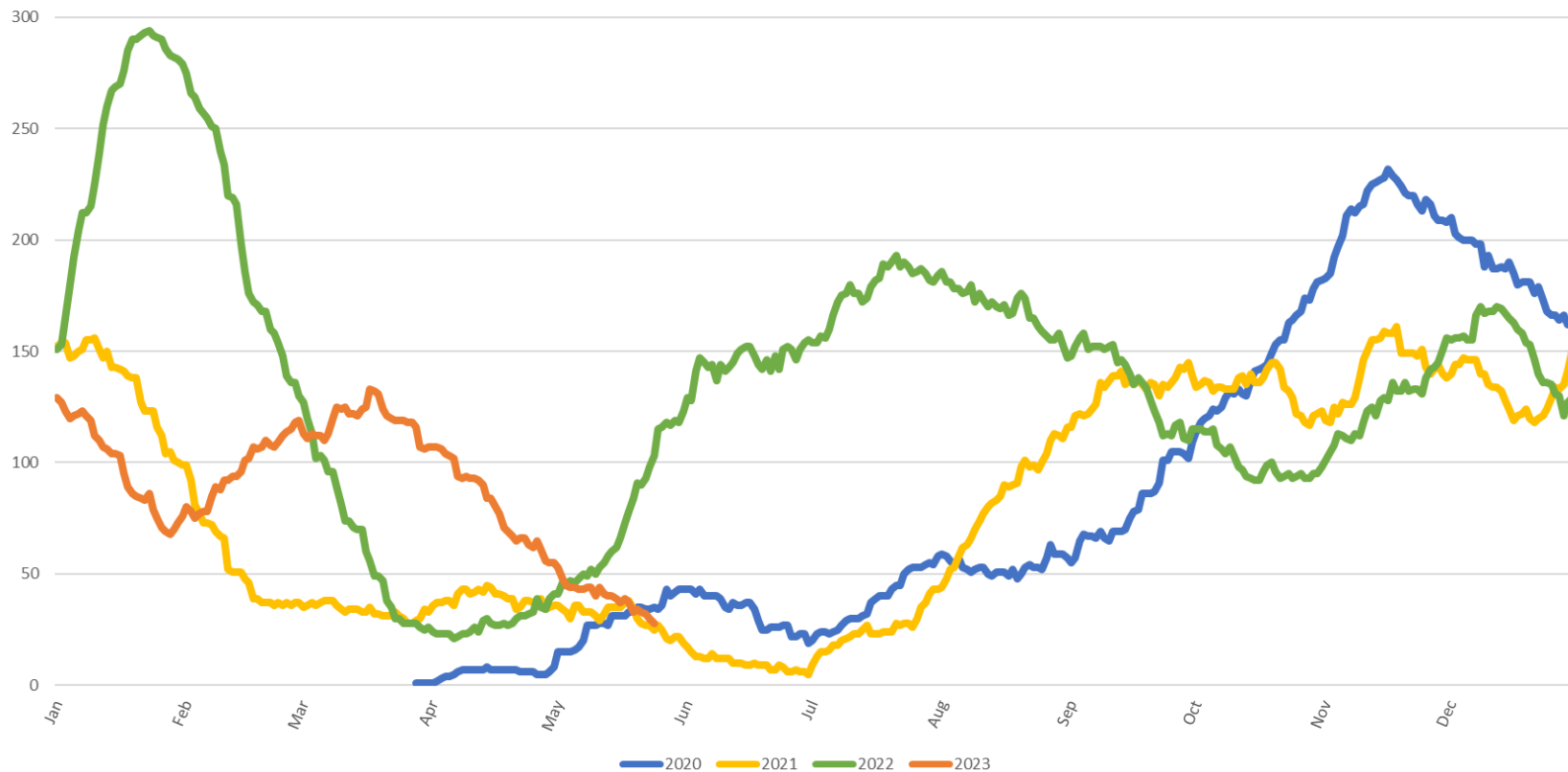
**Updated: 5/22/2023

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 Outbreaks

Nebraska LTC Facilities in Outbreak Since the Beginning



**Updated: 5/24/2023

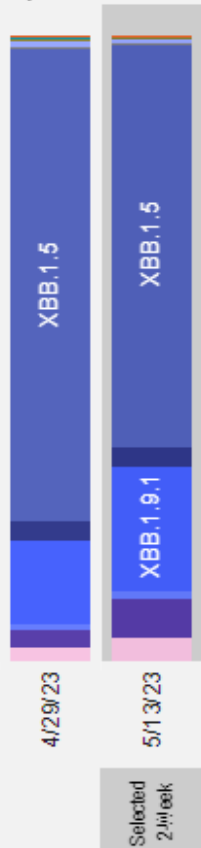
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.





What's happening with variants?

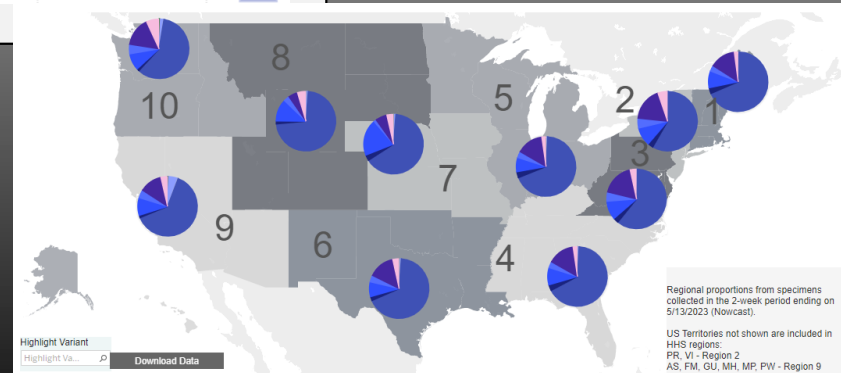
Nowcast:
Model-based
projected estimates
of variant
proportions



Weighted and Nowcast Estimates in HHS Region 7

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	64.6%	56.4-72.1%	
	XBB.1.9.1	VOC	19.6%	12.6-29.2%	
	XBB.1.16	VOC	6.3%	2.3-14.6%	
	XBB.2.3	VOC	3.6%	1.1-9.8%	
	XBB.1.5.1	VOC	3.1%	1.2-7.3%	
	XBB.1.9.2	VOC	1.4%	0.4-4.5%	
	FD.2	VOC	0.7%	0.2-2.1%	
	BQ.1.1	VOC	0.2%	0.1-0.3%	
	CH.1.1	VOC	0.2%	0.1-0.3%	
	XBB	VOC	0.1%	0.1-0.2%	

**Weighted and
Nowcast Estimates
for two week period
4/30/23 – 5/13/23**

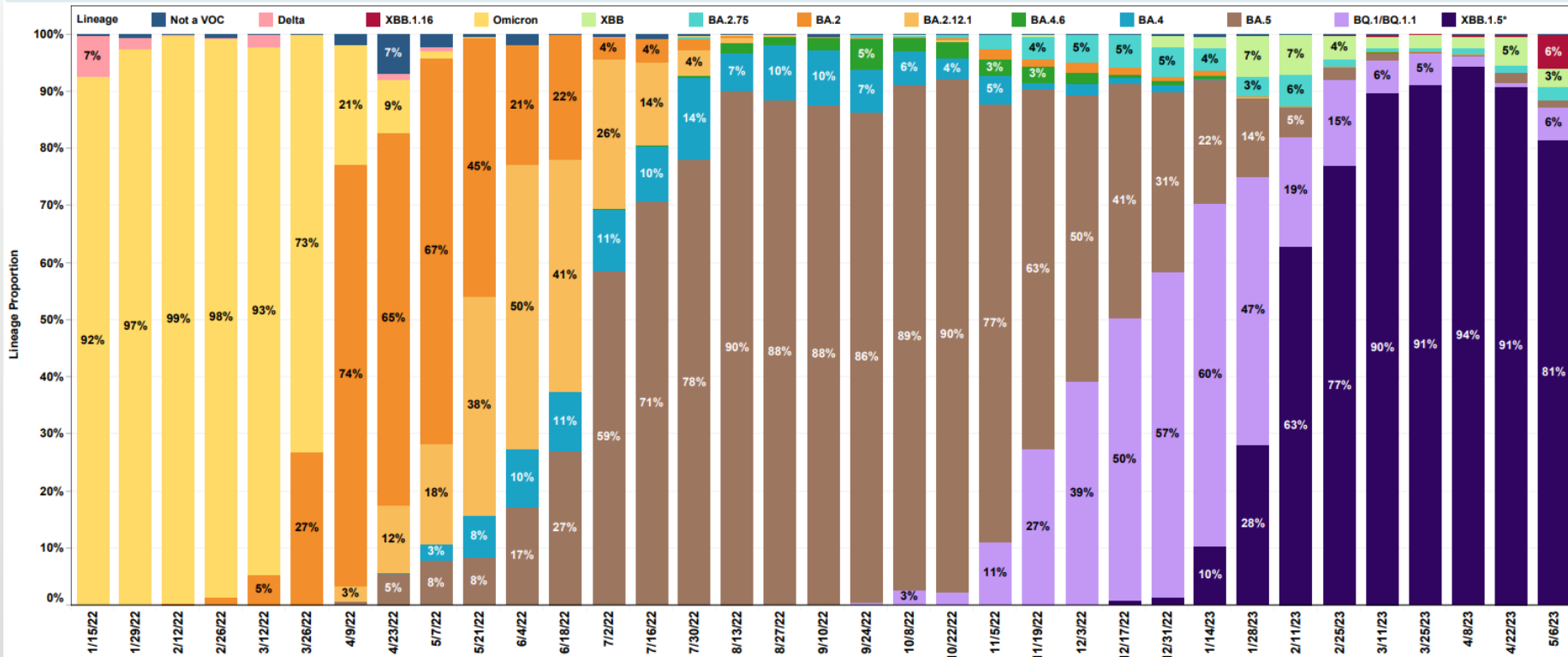


Nebraska Genomic Surveillance

Nebraska SARS-CoV-2 Wastewater Surveillance Genomic Report

Updated 5/10/2023

Statewide Wastewater Sequencing Results: Proportions by Lineage | By Specimen Collection Date, Since January-2022



Performing Respiratory Illness/ Source Control Risk Assessment



Perform Risk Assessment

Source control is recommended more broadly or facility-wide, based on a facility risk assessment, targeted toward higher risk patient populations and during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission, following the Core Practices of Infection Control.

Implementation of facility policy and procedure is key:

- Leadership support for masking initiatives
 - Protocols to inform HCP of changing conditions
 - Protocols to inform residents and families about expectations for adherence to source control
-
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC, see Appendix](#)
 - [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings | Infection Control | CDC](#)
 - [Infection Prevention and Control Post-COVID-19 PHE: Recommendations for Health Care Professionals | Infection Control | CDC's Project Firstline | AMA Ed Hub \(ama-assn.org\)](#)



Examples of Metrics for Risk Calculation

Date _____

Examples of Available Metrics for Risk Calculation of Respiratory Illness

The following data sources will be monitored _____ (Note interval, e.g., weekly, every Thursday, biweekly, etc.) to determine risk level of respiratory illness necessitating mask use, when facility is not in outbreak.

Local Trends

- Employee sick calls related to respiratory illness
 - Decreasing
 - Stable
 - Increasing
- Local hospitalizations related to respiratory illness
 - Decreasing
 - Stable
 - Increasing
- _____ (other metric defined) per local health department
 - Decreasing
 - Stable
 - Increasing
- Community event or activity planned, staff likely to have high-risk exposure.
 - Low (outdoor)
 - Moderate
 - High (Indoor with poor ventilation)

County and State Level Trends

- Wastewater Surveillance COVID-19
<https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>
Wastewater Treatment Participating Site _____
 - Very low to low
 - Moderate
 - High

AND

 - Decreasing
 - Stable
 - Increasing
- Hospital Admission Rate per 100,000, by County
When COVID-19 hospital admission level is high, CDC recommends individuals wear a high-quality mask or respirator.
https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
 - Low (<10.0)
 - Medium (10.0 to 19.9)
 - High (>20.0)
- Nebraska Respiratory Illness Dashboard
https://atlas-dhhs.ne.gov/Atlas/Respiratory_Illness
COVID-like Illness Emergency Department Visits
 - Decreasing
 - Stable
 - IncreasingInfluenza-like Illness Emergency Department Visits
 - Decreasing
 - Stable
 - IncreasingRSV-associated Emergency Department Visits
 - Decreasing
 - Stable
 - Increasing
- ILINet
<https://www.cdc.gov/flu/weekly/usmap.htm>
Influenza-like Illness Activity Level for State of Nebraska
 - Minimal to low
 - Moderate
 - High to Very High

National Trends

- Weekly rates of COVID-19 Associated Hospitalization
https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html
Data is from 10 Emerging Infections Program (EIP) states and four Influenza Hospitalization Surveillance Project (IHSP) states. Data is not specific to Nebraska.
 - Decreasing
 - Stable
 - Increasing
- Weekly rates of Respiratory Virus-Associated Hospitalizations
https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html
Data is from 10 Emerging Infections Program (EIP) states and four Influenza Hospitalization Surveillance Project (IHSP) states. Data is not specific to Nebraska.
 - Decreasing
 - Stable
 - Increasing

Additional considerations when determining mask recommendations include:

- Stakeholder support from residents and families for broad use of source control
 - Low
 - Moderate
 - High
- Consider coordinated approach with other facilities in the jurisdiction.

Plan for Source Control:

When _____ (Define value, e.g., one, two, all, etc.) of the above selections are noted to be increasing or high, then:

- Masks are recommended for all individuals.
- Masks are recommended for all staff and visitors. Residents will be encouraged to mask.
- Incident command (or define other leadership group) will meet to determine masking recommendations.
- _____ (Define another plan)

When mask use is recommended, decreasing trends should be monitored for _____ (Define value, e.g., one week, two weeks, etc.) to suggest stability before mask recommendation is stopped.

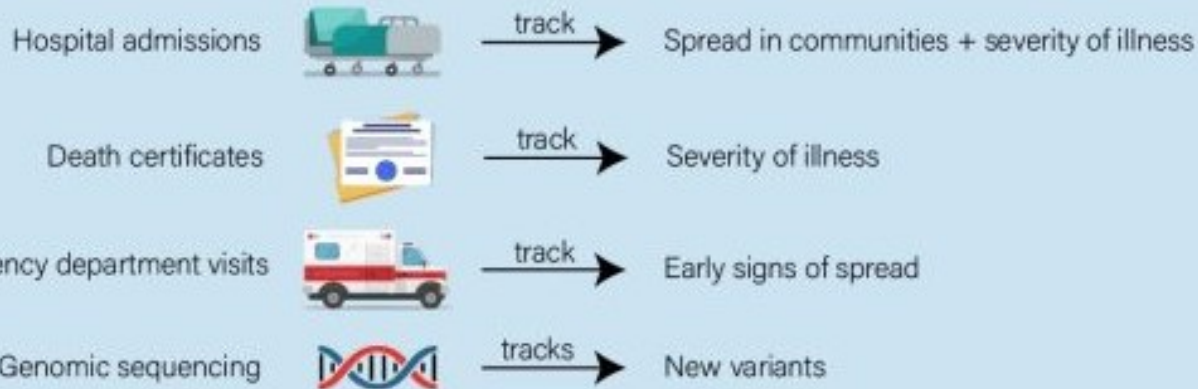
Instructions for use: Choose trends that will be monitored on a routine basis, determine the interval that trends will be monitored, and set a threshold for action when specific trends are high or increasing. Threshold for implementing source control should be lower when increasing or high numbers are seen locally. National trends may help predict future spread of COVID-19 locally but may not influence immediate decision to implement broad use of source control.

Note: This sample document is not intended to be used in its entirety. It should be edited to meet the needs of the individual facility. Data on the exact metric thresholds that correspond with a higher risk of transmission are lacking.

Surveillance After PHE

Although COVID-19 cases and associated hospitalizations have decreased in recent months, COVID-19 remains an ongoing public health challenge

Updated public health tracking* will keep you informed about COVID-19



Check [COVID.cdc.gov](https://www.cdc.gov) to know when to take action

*To account for changes in available data after the end of the U.S. Public Health Emergency declaration

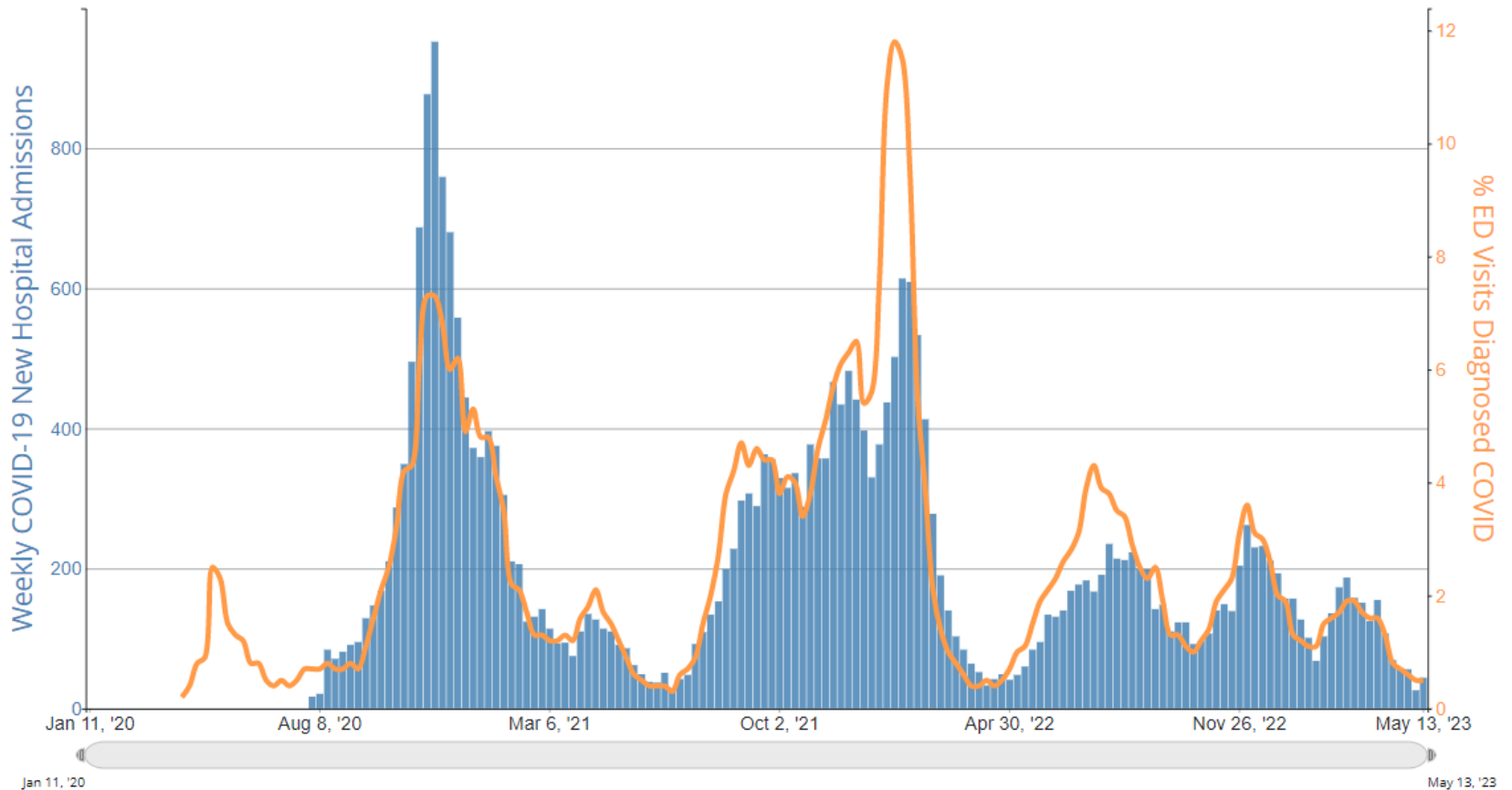
bit.ly/mm7219e1

MAY 5, 2023

MMWR

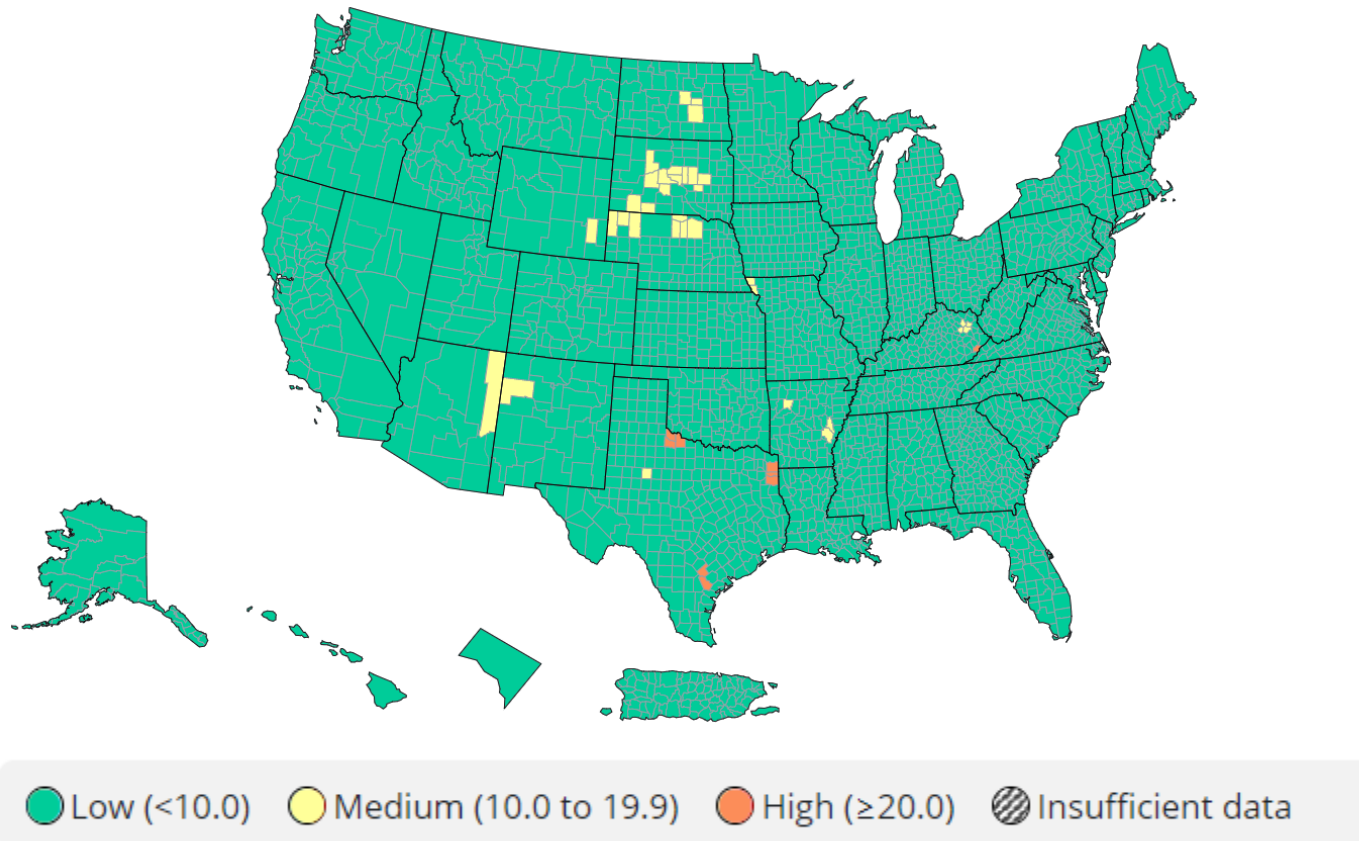
CDC COVID-19 Data Tracker

Weekly Trends in COVID-19 New Hospital Admissions and Percentage of ED visits with Diagnosed COVID-19 in Nebraska Reported to CDC



CDC COVID-19 Data Tracker

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

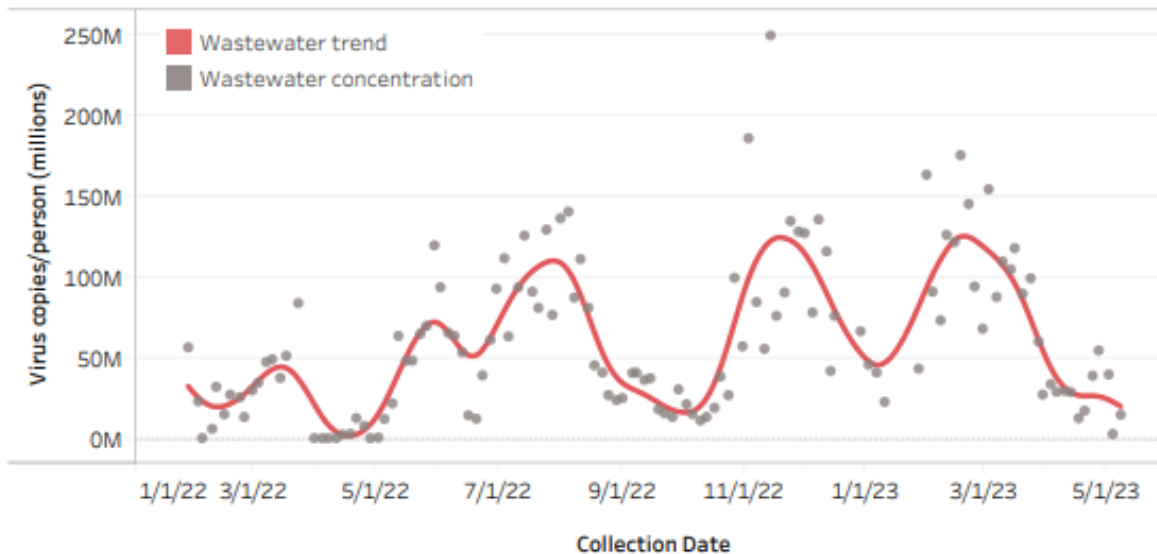


Wastewater Surveillance

Kearney WWTP

Buffalo County (Two Rivers Public Health Department)

SARS-CoV-2 Normalized Wastewater Concentration



Current virus levels in wastewater
Very Low
on 5/8/23

15 day percent change
Decreasing
from 4/23/23 to 5/8/23

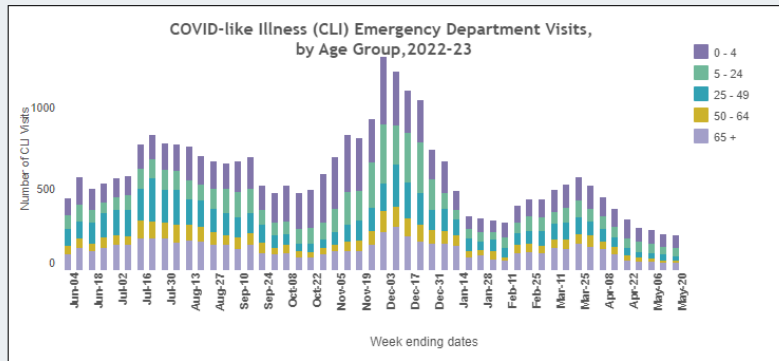
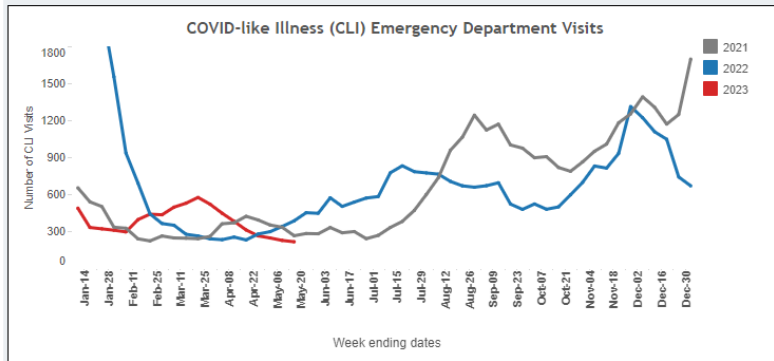
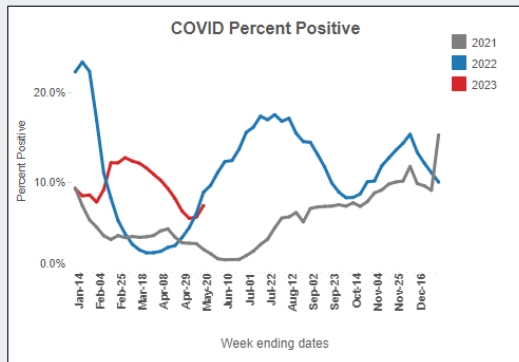
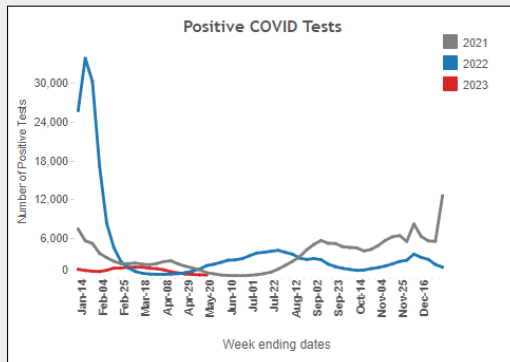
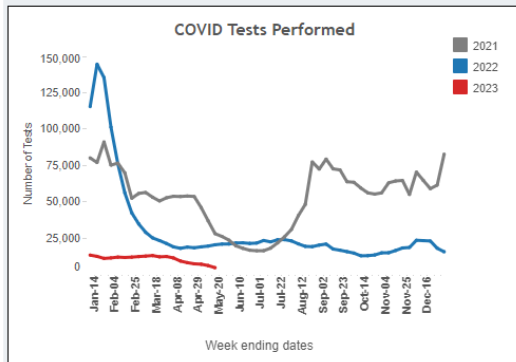
About the Data

Data updated 5/17/2023. All data presented are preliminary and subject to change. WWTP=wastewater treatment plant; M=million.

The grey dots represent wastewater SARS-CoV-2 levels which are normalized to adjust by flow rate and population for each sample collection date. Wastewater levels shown in the red line are simple smoothing splines to help interpret trends over time. They do not indicate specific or actionable values. Percent change is the rate of change in virus levels over the past 15 days. Current virus levels show if levels are higher or lower than historical levels at same site.

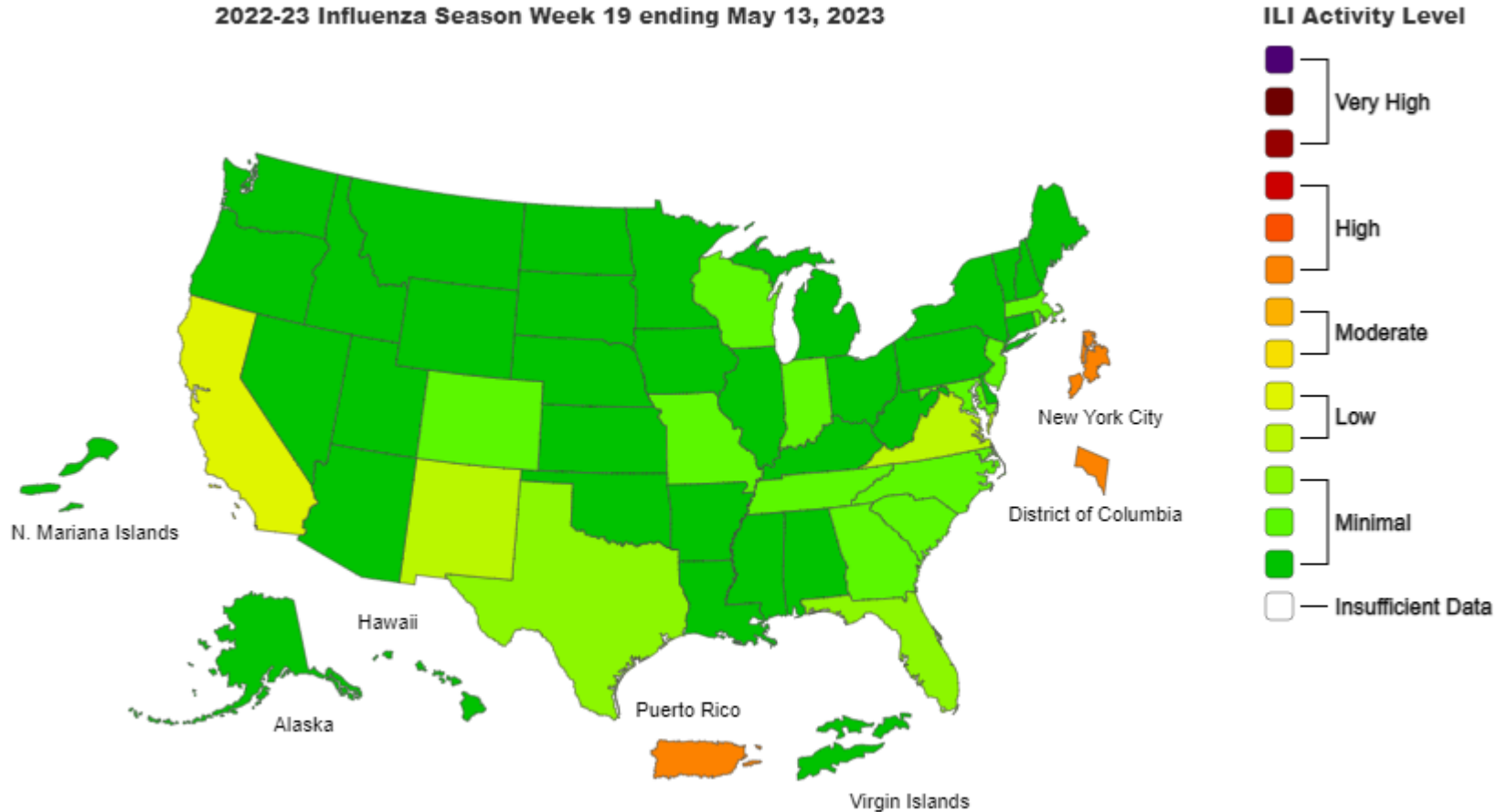
Nebraska Respiratory Illness Dashboard

Nebraska Respiratory Illness Dashboard | Nebraska DHHS



Weekly US Map: Influenza Summary Update

2022-23 Influenza Season Week 19 ending May 13, 2023



Other Resource Listed in CDC Interim Recommendations Appendix

[RESP-NET Interactive Dashboard | CDC](#)

- Defined COVID-NET surveillance area
 - Covers nearly 100 counties in the 10 Emerging Infections Program (EIP) and four Influenza Hospitalization Surveillance Project (IHSP) states.
 - Does not include Nebraska

[National Emergency Department Visits for COVID-19, Influenza, and Respiratory Syncytial Virus | CDC](#)

[ILINet | CDC](#)

[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)



Example #1 Risk Calculation

Date 5/25/23

Examples of Available Metrics for Risk Calculation of Respiratory Illness

The following data sources will be monitored weekly to determine risk level of respiratory illness necessitating broad use of source control, when facility is not in outbreak.

Local Trends

X Employee sick calls related to respiratory illness

Decreasing Stable Increasing

Community event or activity planned, staff likely to have high-risk exposure.

Low (outdoor) Moderate High (**Indoor with poor ventilation**)

County and State Level Trends

X Wastewater Surveillance COVID-19

<https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>

Wastewater Treatment Participating Site: Kearney WWTP

Very low to low Moderate High

AND

Decreasing Stable Increasing

X Hospital Admission Rate per 100,000, by County

When COVID-19 hospital admission level is high, CDC recommends individuals wear a high-quality mask or respirator.

https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county

Low (<10.0) Medium (10.0 to 19.9) High (>20.0)

ILINet

<https://www.cdc.gov/flu/weekly/usmap.htm>

Influenza-like Illness Activity Level for State of Nebraska

Minimal to low Moderate High to Very High

Additional considerations when determining mask recommendations include:

- Stakeholder support from residents and families for broad use of source control
 Low Moderate High

Plan for Source Control:

When two of the above selections are noted to be increasing or high, then:

Mask use is optional for staff, visitors and residents.

Masks are recommended for all individuals.

Leadership will meet to determine masking recommendations.

When mask use is recommended, decreasing trends should be monitored for two weeks to suggest stability before mask recommendation is stopped.

Example #2 Risk Calculation

Date 9/25/23

Examples of Available Metrics for Risk Calculation of Respiratory Illness

The following data sources will be monitored weekly to determine risk level of respiratory illness necessitating mask use, when facility is not in outbreak.

Local Trends

- X Employee sick calls related to respiratory illness
 - Decreasing
 - Stable
 - Increasing

- X Local hospitalizations related to respiratory illness
 - Decreasing
 - Stable
 - Increasing

County and State Level Trends

- X Wastewater Surveillance COVID-19
<https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>
Wastewater Treatment Participating Site _____
 - Very low to low
 - Moderate
 - HighAND
 - Decreasing
 - Stable
 - Increasing

- X Nebraska Respiratory Illness Dashboard
https://atlas-dhhs.ne.gov/Atlas/Respiratory_Illness
 - COVID-like Illness Emergency Department Visits
 - Decreasing
 - Stable
 - Increasing
 - Influenza-like Illness Emergency Department Visits
 - Decreasing
 - Stable
 - Increasing
 - RSV-associated Emergency Department Visits
 - Decreasing
 - Stable
 - Increasing

National Trends

- X Weekly rates of COVID-19 Associated Hospitalization
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 - Decreasing
 - Stable
 - Increasing

Plan for Source Control:

When two of the above selections are noted to be increasing or high, then:

- Masks are recommended for all individuals.
- Masks are recommended for all staff and visitors. Residents will be encouraged to mask.

When mask use is recommended, decreasing trends should be monitored for two weeks to suggest stability before mask recommendation is stopped.

Q & A



Infection Control Assessment
and Promotion Program

Q. Can we allow singing?



A. Perform risk assessment to determine risk and define controls



Infection Prevention Risk Assessment for High Risk Tasks

Completed by (list all involved): _____			Date: _____	
Activity / Area of Concern (Existing and Potential) <i>Identify known and potential hazards for the task.</i>				
Hazards Identified <i>What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged</i>	Current Risk Value (High, Medium, or Low) <i>Consider the severity and the likelihood <u>as though</u> there are no controls.</i>	Controls in place to eliminate or reduce the risk Include Engineering, Administrative and PPE <i>How do the controls compare to 'best practices'?</i>	Remaining Risks	What controls could further reduce the risk? <i>Identify who will take the action, when they will take the action, and make note of when the action is completed.</i>

Sample Risk Assessment



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.*
Singing activity during COVID-19 Pandemic

Hazards Identified <i>What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged</i>	Current Risk Value (High, Medium, or Low) <i>Consider the severity and the likelihood as though there are no controls.</i>	Controls in place to eliminate or reduce the risk Include Engineering, Administrative and PPE <i>How do the controls compare to 'best practices'?</i>	Remaining Risks	What controls could further reduce the risk? <i>Identify who will take the action, when they will take the action, and make note of when the action is completed.</i>
COVID-19 is a highly contagious virus. Complications could include severe illness requiring hospitalization up to death. Persons not up to date with vaccine are at higher risk of severe illness and death related to the virus.	When policy requires source control due to higher community transmission of respiratory illness, singing activities will not be held. When internal policy does not require source control, singing activities will be allowed.	During outbreak – No singing activities When source control required – Instrumental music preferred. Guest singer allowed in larger activity room A, if they maintain 12' distance and all persons are masked. No singing in activity room B. When source control is not required – Music activities, including singing, can be hosted while following core principles of infection prevention.	Food will not be served during social events when mask use is required, unless 6-foot distance can be maintained between individuals.	If room anticipated to be at full capacity during times of required mask use: a) Hold 2 sessions of event to allow for adequate physical distancing b) Defer event until it can be held outside, weather permitting.

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

*Note, completed document above is provided as an example only. The sample should be revised to individual facility needs based on space available, number of persons in attendance, likelihood of residents to mask, etc.



COVID-19 Vaccine Wall of Honor



ICAP LTC Vaccine Wall of Honor

Gold Facilities

Silver Facilities

Bronze Facilities

Good Samaritan Society, Superior

Good Shepherd Lutheran Community,
Blair

Jefferson Community Health and Life
Gardenside, Fairbury

Kingswood Court, Superior

Litzenberg Memorial LTC, Central City

Tabitha of Crete, Crete

Clarkson Community Care Center,
Clarkson

Hilltop Estates, Gothenburg

Harvard Rest Haven, Harvard

Community Pride Care Center, Battle Creek

Wakefield Healthcare Center, Wakefield

St. Joseph Villa Nursing and Rehab, Omaha

Oakland Heights, Oakland

Dunklau Gardens, Fremont

Brookestone View, Broken Bow

Heritage Crossings, Geneva

Christian Homes Care Community, Holdrege

Ridgewood Rehab & Care Center, Seward

York General Hearthstone, York

Linden Court, North Platte

**[Click HERE to Share
Your Vaccine Story](#)**

ICAP Updates and Information



Nebraska Antimicrobial Stewardship Summit

Saving Antibiotics so Antibiotics Can Save Lives

Friday, June 2, 2023 | 7:30 am – 4:00 pm

Embassy Suites LaVista Hotel and Conference Center

[Register Here!](https://asap.nebraskamed.com) or visit <https://asap.nebraskamed.com>



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 quarterly 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 credits are ready for retrieval.



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****



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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
- Deanna Novak, 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
- Monika Maxwell, RN

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Long Term Care Facility Webinars



Long Term Care Webinars

07.28.22 LTCF – CMS Survey Updates and FAQs

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Long Term Care Webinars

07.14.22 LTCF – CMS Survey Updates, Enhanced Barrier Precautions and Antibiotic Timeout

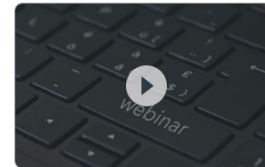
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06.30.22 LTCF – COVID Resources and Updates

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