

Infection Prevention Updates for Acute Care & Outpatient Settings

October 11, 2023



ICAP

Infection Control Assessment
and Promotion Program

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

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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](#)
- Visit the [NE ICAP Past Webinars and Slides webpage](#)
 - The slides and a recording of this webinar will be posted soon after the webinar
 - Also, various recent NE ICAP webinar slides and recordings are available



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Past Webinars and Slides

Acute Care and Outpatient Setting Webinars



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Strategies to Prevent Catheter-Associated Urinary Tract Infections (CAUTIs) in Acute Care Hospitals – 2022 Update

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Infection Control Assessment
and Promotion Program

CAUTI Prevention - SHEA/IDSA/APIC 2022 Update of Recommendations

- This expert guidance document is sponsored by the Society for Healthcare Epidemiology of America (SHEA) and is the product of a collaborative effort led by SHEA, the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission.
- Intent of this document is to highlight practical recommendations in a concise format designed to assist hospitals in prioritizing and implementing CAUTI prevention efforts.
- Essential Practices
 - 9 for Infrastructure and resources
 - 6 for Education and training
 - 8 for Insertion of indwelling catheters
 - 7 for Management of indwelling catheters
- 3 Additional Approaches
- 5 Unresolved Issues
- 7 Approaches that Should Not Be Used



Essential Practices

**Infrastructure
& Resources**

**Education &
Training**

**Insertion of
Indwelling
Catheters**

**Management
of Indwelling
Catheters**

Summary of New Updates

- Not a lot of newer updates compared to the 2014 recommendations.
- A summary of 2022 updates were:
 - Assessing necessity of indwelling urinary catheter use is more a focus.
 - A facility wide program to identify and remove catheters is an essential practice backed by moderate evidence instead of an additional approach
 - Discussion of strategies for urine-culture stewardship and CAUTI rate impact
 - Discussion of limitations of external urinary catheters
 - Considerations for injury from urinary catheter use (i.e., catheter harm) as well as non–catheter-associated urinary tract infections (e.g., UTIs associated with use of alternative urinary collection devices such as external urinary catheters).
 - Updated performance measures to highlight the effects on catheter harm
 - An updated visual “Disrupting the Life Cycle of Indwelling Urethral Catheter”

Necessity Assessment & Supplies for Best Practices

Infrastructure
& Resources

- CAUTI Risk Assessment & Implemented Organizational Program to Remove Unnecessary Catheters
 - Policy of periodic (usually daily) review of continued catheter use
 - Reminders (consider electronic if able) of catheters in place and required criteria for appropriate use
 - During daily rounding assess necessity of continued catheter use
- Appropriate infrastructure
 - Ensure HCP are equipped with supplies for best practices
 - Non-catheter management supplies should be as easy to obtain as indwelling catheters
 - Ensure appropriate physical capability for proper urinary catheter and tube positioning

Necessity Indications

Selected Surgeries

Perioperative use for selected surgical procedures such as urologic surgery or surgery on contiguous structures of the genitourinary tract, prolonged surgery, large-volume infusions or diuretics during surgery, or intraoperative monitoring of urine output is needed.

- If a catheter is placed intraoperatively simply due to the duration of surgery (e.g., >3 hours) or for decompression to address a specific surgical approach, then catheter should be removed at surgery end.

Hourly Input & Output

Hourly assessment of urine output in ICU patients when used clinically to modify therapies frequently such as volume resuscitation, diuresis, and vasopressors.

- ICU care alone is not an appropriate justification for indwelling catheter placement; a specific clinical indication is still needed.

Necessity Indications -continued

Infrastructure & Resources

Acute Urinary Retention

Management of acute urinary retention (e.g., new retention of urine with postvoid residual bladder volume >500 cm³ by bladder scanner if no symptoms, or >300 cm³ if having symptoms such as bladder pain or fullness, persistent urge to void, new incontinence or leaking, or only able to have frequent small voids).

Selected Patients With Selected Wounds

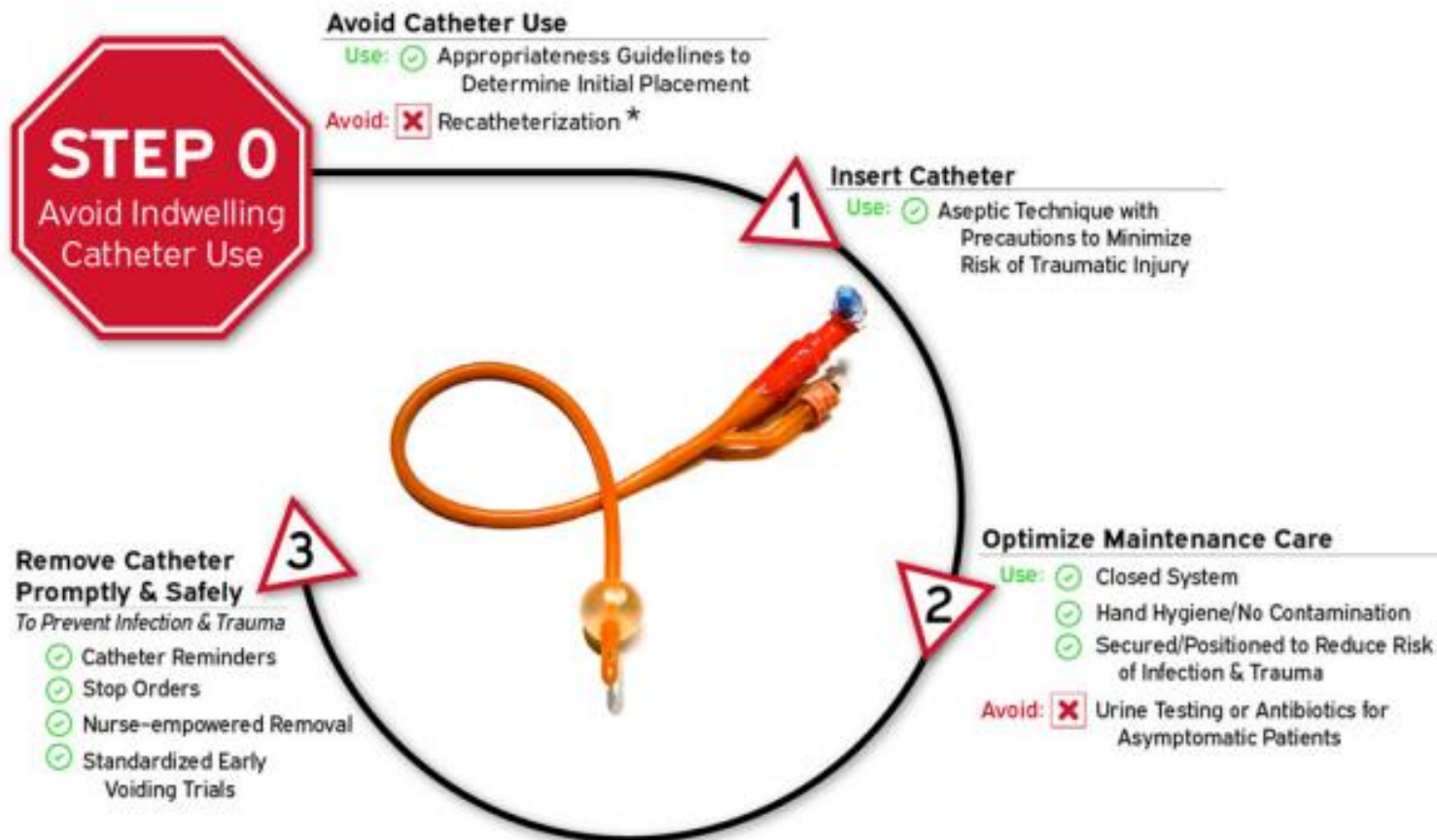
Assistance in healing of open pressure ulcers or skin grafts for selected patients with urinary incontinence when alternative supplies for protective wound or managing incontinence (e.g., external urinary catheters, wound dressings) are not feasible.

Comfort or Palliative Care

Facilities may allow exceptions as part of a palliative and/or comfort care regimen, if use of the catheter addresses a specific goal of the patient, such as reducing the need for frequent bed or garment changes or preventing pain that cannot be well managed.

Evidence Based Protocols Across the Urinary Catheter Life Cycle

- Implement evidence-based criteria, consider clinical-decision support tools in EMR



* Appropriate as guided by criteria: e.g. pre-op void to empty bladder as an alternative to intraoperative catheter

Trained HCP Insert, Supply Availability, Document & Perform Surveillance

Infrastructure & Resources

- Ensure only trained HCP insert catheters with regular competency assessment
 - Require supervision by experienced HCP when trainees insert and remove.
- Ensure that necessary supplies necessary are available and conveniently located
- Documenting the following in the patient record:
 - physician order for placement
 - indications for insertion
 - date and time of insertion
 - name of individual who inserted catheter
 - nursing documentation of placement
 - daily presence of a catheter
 - justification for continued use
 - maintenance care tasks
 - date and time of removal
- Provide resources for surveillance on use and outcomes.



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Urine Culture Stewardship

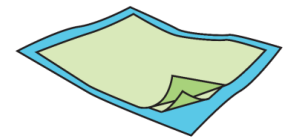
- Standardize urine culturing by adapting an institutional protocol for appropriate indications for urine cultures in patients with and without indwelling catheters.
- Consider incorporating these indications into the EMR, and review indications for ordering urine cultures in CAUTI risk assessment.
- Consider viewing a recent webinar by NE ICAP/ASAP.
 - Institutions that have implemented urine culture stewardship have reported decreases in:
 - Number of total urine cultures ordered
 - Number of asymptomatic bacteriuria (ASB) cases treated inappropriately
 - Costs related to overtreatment of ASB
 - CAUTIs
 - With no increases in patient adverse events.



Alternatives to Indwelling Catheters

Education & Training

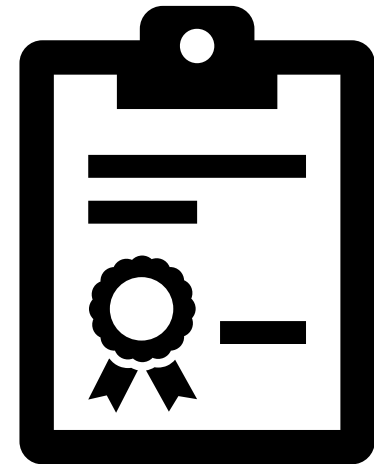
- Educate HCP on the care, and maintenance of **alternatives to indwelling catheters**.
- **Consider reviewing CDC STRIVE – Alternatives to the Indwelling Urinary Catheters**
- Bladder scanners
- Intermittent straight catheters
- Both male and female external catheters
- Briefs and absorbent pads
- Urinals



Insertion, Care, & Maintenance

Education & Training

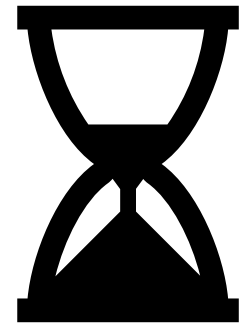
- Educate HCP involved in the insertion, care, and maintenance of urinary catheters about CAUTI prevention including alternatives to indwelling catheters.
- Educate HCP on the procedures for catheter insertion, management, and removal and assess HCP competency.
- Educate HCP about the importance of urine-culture stewardship and provide indications for urine cultures.
 - Consider requiring clinicians to identify an appropriate indication when placing an order for a urine culture.



Collection of Samples & Timely Transport

Education & Training

- Provide training on appropriate collection of urine
 - For examination of fresh urine, collect a small sample by aspirating urine from the needleless sampling port with a sterile syringe/cannula adaptor after cleansing the port with disinfectant.
- Facilitate timely transport of urine samples to laboratory.
 - Specimens should be collected and arrive at the microbiology lab as soon as possible, preferably within an hour.
 - If delay in transport to the laboratory is expected, samples should be refrigerated (no more than 24 hours) or collected in preservative urine transport tubes.



Insertion of Indwelling Catheters

Insertion of Indwelling Catheters

- Consider working in pairs to help perform patient positioning and monitor for potential contamination during placement.
- Perform hand hygiene immediately before insertion and after any manipulation of the catheter site or apparatus.
- Insert with appropriate aseptic technique, using sterile equipment.
 - Use sterile gloves, drape, and sponges, a sterile antiseptic solution for cleaning the urethral meatus, and a sterile single-use packet of lubricant jelly for insertion.
- Use a catheter with the smallest feasible diameter consistent with proper drainage to minimize urethral trauma but consider other catheter types and sizes when warranted for patients with anticipated difficult catheterization to reduce the likelihood that a patient will experience multiple, sometimes traumatic, catheterization attempts.



Secure, Maintain Closed System, Unobstructed Flow & Routine Hygiene

Management of Indwelling Catheters

- Properly secure indwelling catheters after insertion to prevent movement and urethral traction.
- Maintain a sterile, continuously closed drainage system.
- Replace the catheter and the collecting system using aseptic technique when breaks in aseptic technique, disconnection, or leakage occur.
- Maintain unobstructed urine flow.
 - Remind bedside caregivers, patients, and transport personnel to always keep the collecting bag below the level of the bladder.
 - Do not place the bag on floor.
 - Keep the catheter and collecting tube free from kinking.
 - Empty the collecting bag regularly and avoid touching the draining spigot to the collecting container which is dedicated to that patient.
- Employ routine hygiene and cleaning the meatal area.

Urinary Catheters Observation Tool

Management of Indwelling Catheters



Instructions: Observe patients with urinary catheters in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Urinary catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the catheter properly secured to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Is there unobstructed flow from the catheter into the bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the collection bag below the level of the bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are the bag and tubing off of the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED							

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:

Additional Approaches

- Additional approaches can be considered for use in locations and/or populations within hospitals during outbreaks in addition to full implementation of essential practices
 - Develop a protocol for standardizing diagnosis and management of postoperative urinary retention, including nurse-directed use of intermittent catheterization and use of bladder scanners when appropriate as alternatives to indwelling urethral catheterization.
 - Establish a system for analyzing and reporting data on catheter use and adverse events from use.
 - Establish a system for defining, analyzing, and reporting data on non-catheter-associated UTIs, particularly UTIs associated with the use of alternatives to indwelling urethral catheters.

Additional Approaches



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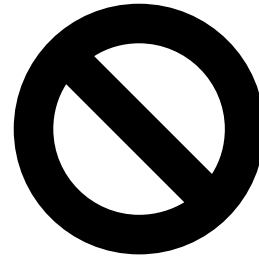
Unresolved Issues

- The following are unresolved issues:
 - Use of antiseptic solution versus sterile saline for meatal and perineal cleaning prior to catheter insertion.
 - Use of urinary antiseptics (e.g., methenamine) to prevent UTI.
 - Spatial separation of patients with urinary catheters in place to prevent transmission of pathogens that could colonize urinary drainage systems.
 - Standard of care for routine replacement of urinary catheters in place >30 days for infection prevention.
 - Best practices for optimizing and tailoring implementation of CAUTI prevention and urine-culture stewardship from the adult acute-care setting to the pediatric acute-care setting.

Unresolved
Issues



Approaches That Should Not Be Used



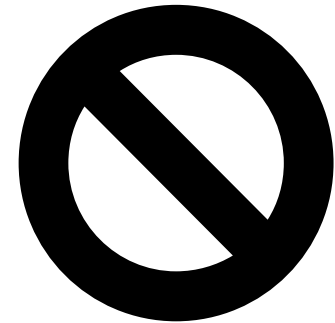
**Approaches
That Should
Not Be Used**

- The following approaches should not be used:
 - Routine use of antimicrobial/antiseptic impregnated catheters.
 - Breaking a closed system.
 - Screening for asymptomatic bacteriuria (ASB) in catheterized patients except in the few patient populations for which this is anticipated to have more benefit than harm, as detailed in the 2019 IDSA Guideline for Management of Asymptomatic Bacteriuria and the 2019 US Preventative Services Task Force Recommendation on Asymptomatic Bacteriuria in Adults (e.g., pregnant women, patients undergoing endoscopic urologic procedures associated with mucosal trauma).
 - Treatment of asymptomatic bacteriuria is not an effective strategy to prevent CAUTI in other patient groups, as it increases the risk of antibiotic associated complications more than any potential benefit for the prevention of symptomatic CAUTI. The conditions that predisposed the patient to have bladder colonization (anatomic, immunologic) are not resolved by antibiotics, and so the bacteriuria recurs

Approaches That Should Not Be Used (continued)

- The following approaches should not be used:
 - Catheter irrigation as a strategy to prevent infection.
 - Do not perform continuous irrigation of the bladder with antimicrobials as a routine infection prevention measure.
 - If continuous irrigation is being used to prevent obstruction, maintain a closed system.
 - Routine use of systemic antimicrobials as prophylaxis.
 - Routine changing of catheters to avoid infection.
 - In the case of a patient with a long-term catheter in place (i.e., >7 days), catheter replacement can be considered at the time of specimen collection for urine testing to obtain a fresh sample
 - Alcohol-based products on the genital mucosa.

**Approaches
That Should
Not Be Used**



Influenza, COVID-19, and RSV Vaccine Updates

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Infection Preventionist, NE ICAP



Infection Control Assessment
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9/19/23 CDC COCA Call - 3 Vaccines (Influenza, COVID-19, RSV)

Centers for Disease Control and Prevention
Office of Readiness and Response



Preparing for the Upcoming Respiratory Virus Season: Recommendations for Influenza, COVID-19, and RSV Vaccines for Older Adults

Clinician Outreach and Communication Activity (COCA) Call

Tuesday, September 19, 2023

[9.19.23 CDC COCA Recording](#)

[9.19.23 CDC COCA Slides](#)

- This is the first fall and winter virus season where vaccines are available for the three viruses responsible for most hospitalizations – COVID-19, RSV, and flu.
- Co-administration of vaccines is an acceptable practice.
 - If vaccines are NOT administered the same day, there is no required interval between vaccines.



Influenza Vaccine – Key Information

- **Routine annual influenza vaccination of all persons aged ≥ 6 months who do not have contraindications continues to be recommended.**
- **All people aged ≥ 6 months with egg allergy should receive any influenza vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient's age and health status can be used.** No recommendations for specific vaccines or vaccination setting.
 - **Egg allergy alone necessitates no additional safety measures** for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.





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Influenza Vaccination for Older Adults

- **Adults aged ≥ 65 years** should preferentially receive any one of the following higher dose or adjuvanted influenza vaccines:
 - Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).
 - Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
 - Quadrivalent recombinant influenza vaccine (RIV4), or
 - **Don't miss an opportunity.**
 - If none of these three vaccines is available, then any other age-appropriate influenza vaccine should be used.

Vaccine type	≥ 65 years
Standard-dose adjuvanted inactivated (aIIV4)	Fluad Quadrivalent*
High-dose inactivated (HD-IIV4)	Fluzone High-Dose Quadrivalent*
Recombinant (RIV4)	Flublok Quadrivalent*

 *Egg-based*

 *Not egg-based*

2023-2024 Updated COVID-19 Vaccine

- The 2023–2024 updated COVID-19 vaccines more closely targets the XBB lineage of the Omicron variant and could restore protection against severe COVID-19 that may have decreased over time. We anticipate the updated vaccines will be better at fighting currently circulating variants.
- There is no preferential recommendation for the use of any one COVID-19 vaccine over another when more than one licensed or authorized, recommended, and age-appropriate vaccine is available.
 - As of September 12, 2023, the 2023–2024 updated Pfizer-BioNTech and Moderna COVID-19 vaccines were recommended by CDC for use in the US.
 - As of October 3, 2023, the 2023-2024 updated Novavax vaccine was recommended by CDC for use in the United States.



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COVID-19 Vaccine – Key Information

Stay Up to Date with COVID-19 Vaccines

Updated Oct. 4, 2023 [Español](#) [Print](#)

What You Need to Know

- CDC recommends the 2023–2024 updated COVID-19 vaccines: Pfizer-BioNTech, Moderna, or Novavax, to protect against serious illness from COVID-19.
- [Everyone aged 5 years and older](#) ‡ should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19.
- [Children aged 6 months–4 years](#) need multiple doses of COVID-19 vaccines to be [up to date](#), including at least 1 dose of updated COVID-19 vaccine.
- [People who are moderately or severely immunocompromised](#) may get additional doses of updated COVID-19 vaccine.
- COVID-19 vaccine recommendations will be updated as needed.

CDC's Bridge Access Program

Adults can get COVID-19 vaccines at no cost to them!

The distribution of COVID-19 vaccines changed in September 2023 as these products moved the commercial market.

COVID-19 vaccines are still available at no cost to most people living in the U.S. through their private health insurance, Medicare, and Medicaid plans. However, there are **25-30 million adults without health insurance and additional adults whose insurance** does not offer COVID-19 vaccines at no cost to them.

CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs.



Who can get a no-cost COVID-19 vaccine through this program?

- Adults 18 years and older without health insurance and adults with health insurance that does not provide zero-cost access to COVID-19 vaccines.

The Bridge Access Program will provide no-cost COVID-19 vaccines to eligible adults through **December 31, 2024.**



All CDC-recommended updated COVID-19 vaccines are included in the Bridge Access Program.



CDC's Bridge Access Program

Where can someone get a no-cost COVID-19 vaccine through the Bridge Access Program?

Local health providers partnered with state and local health departments*†



HRSA-supported health centers partnered with state and local immunization programs*†



Select **pharmacies:**

CVS, Walgreens, and eTrueNorth



Visit [vaccines.gov](https://www.vaccines.gov) to find a provider that offers no-cost COVID-19 vaccines through the Bridge Access Program.



Community events or pop-up sites with these groups

*Providers must be enrolled in your health department's 317 program and participating in CDC's Bridge Access Program.

†Members of Federally-recognized Tribes can also get no-cost COVID-19 vaccines at Indian Health Service, Tribal or Urban Indian \ Health Program facilities, regardless of the provider's enrollment status with CDC's Bridge Access Program.

Questions or want to learn more?

Visit [cdc.gov/vaccines/bridge](https://www.cdc.gov/vaccines/bridge)

[CDC's Bridge Access Program](https://www.cdc.gov/vaccines/bridge)



RSV Vaccine – Key Information

In June 2023, CDC's Advisory Committee on Immunization Practices (ACIP) recommended the first two RSV vaccines for older adults.

- RSVPreF3 (**Arexvy, GSK**) is a 1-dose adjuvanted (ASo1_E) recombinant prefusion F protein (preF) vaccine.
- RSVpreF (**Abrysvo, Pfizer**) is a 1-dose recombinant preF vaccine.

RSV Vaccination Recommendations

- ACIP and CDC recommend that adults ages 60 years and older may receive a **single dose** of RSV vaccine using **shared clinical decision making**.

AREXVY Package Insert


A single dose after reconstitution is 0.5 mL
Given as an intramuscular injection.

ABRYSVO Package Insert

A single dose after reconstitution is 0.5 mL
Given as an intramuscular injection.

Vaccine Administration & Injection Safety Resources

- [CDC's Injection Safety Checklist](#) can be used to assess safe injection practices.
- [Immunize.org Clinic Tools](#) provide a wealth of information to ensure that healthcare personnel including those who are assisting are adequately trained to safely administer injections such as vaccines.

INJECTION SAFETY  CHECKLIST		
<p>The following Injection Safety checklist items are a subset of items that can be found in the CDC Infection Prevention Checklist for Outpatient Settings: <i>Minimum Expectations for Safe Care.</i></p> <p>The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.</p>		
Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. <small>Note: This is different from the expiration date printed on the vial.</small>	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). <small>Note: If multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</small>	Yes No	

Skills Checklist for Vaccine Administration

During the COVID-19 pandemic, the CDC recommends additional infection control measures for vaccination (see www.cdc.gov/vaccines/pandemic-guidance/index.html).

The Skills Checklist is a self-assessment tool for healthcare staff who administer immunizations. To complete it, review the competency areas below and the clinical skills, techniques and procedures outlined for each area. Score yourself in the Self-Assessment column. If you check **Needs to Improve**, you indicate further study, practice, or change is needed. When you check **Meets or Exceeds**, you indicate you believe you are performing at the expected level of competence, or higher.

Supervisors: Use the Skills Checklist to clarify responsibilities and expectations for staff who administer vaccines. When you use it to assist with performance reviews, give staff the opportunity to score themselves in advance. Next, observe their performance as they

administer vaccines to several patients, and score in the Supervisor Review columns. If improvement is needed, meet with them to develop a Plan of Action (see bottom of page 3) to help them achieve the level of competence you expect; circle desired actions or write in others.

The video "Immunization Techniques: Best Practices with Infants, Children, and Adults" helps ensure that staff administer vaccines correctly. (View at www.youtube.com/watch?v=WsZ6NEijfl or order online at www.immunize.org/dvd.) Another helpful resource is CDC's Vaccine Administration eLearn course, available at www.cdc.gov/vaccines/hcp/admin/resource-library.html.

COMPETENCY	CLINICAL SKILLS, TECHNIQUES, AND PROCEDURES	Self-Assessment		Supervisor Review		
		NEEDS TO IMPROVE	MEETS OR EXCEEDS	NEEDS TO IMPROVE	MEETS OR EXCEEDS	PLAN OF ACTION

[Skills Checklist for Vaccine Administration](#)

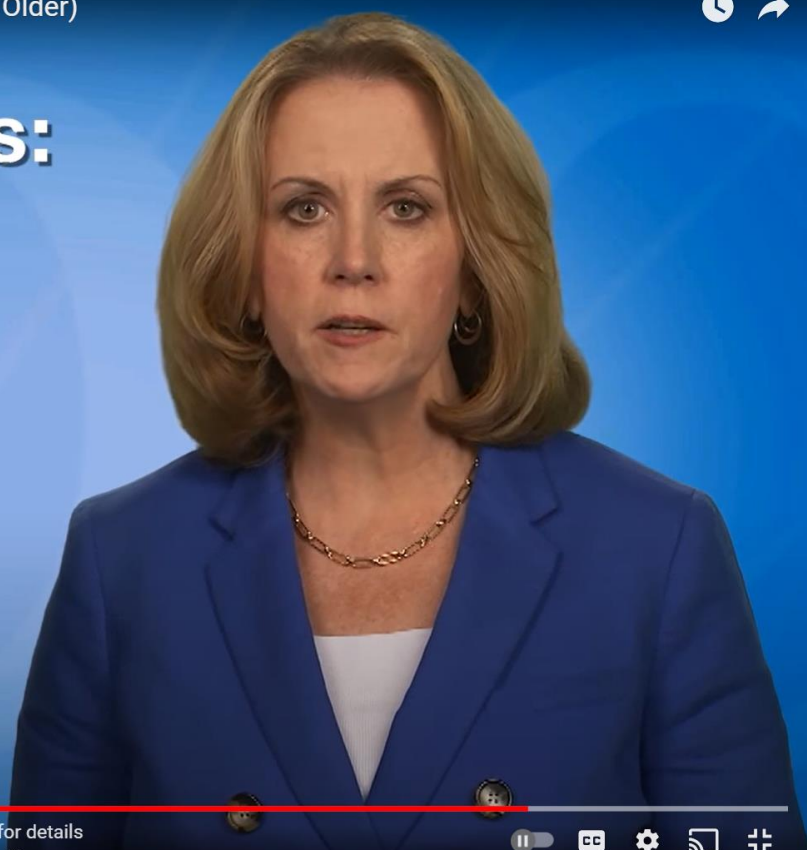
[CDC - Temporary, and Off-Site Vaccination Clinic Checklist](#)


[NESIIS - Nebraska State Immunization Information System](#)



Supplies for Intramuscular (IM) Injection – Adults 19 and Older – 5 Minute CDC Video

Intramuscular Injection: Supplies (Adults 19 Years of Age and Older)

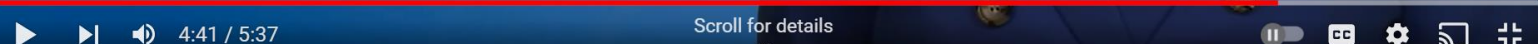


 **Best Practices:**

- Always use new needle and syringe for each injection
- It is not necessary to change needle between drawing and injecting, provided aseptic technique is maintained
- Never combine vaccines in same syringe unless specifically approved by FDA and packaged for that purpose

4:41 / 5:37

Scroll for details



[CDC - Supplies for IM Injection Video](#)

[CDC - Resource Library](#)



Intramuscular (IM) Vaccine Administration Resource – Adults 18+ - Step 1



Vaccine Administration: Intramuscular (IM) Injection Adults 19 years of age and older

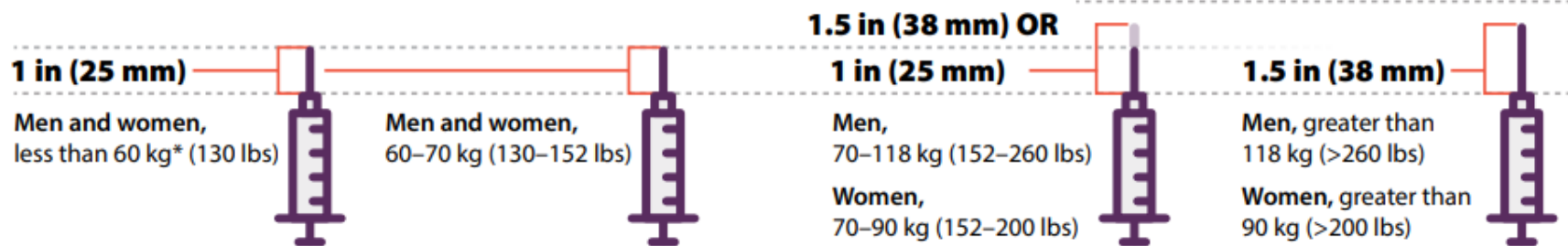
To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.†

†Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. Use the correct syringe and needle.

- Administer vaccine using either a 1-mL or 3-mL syringe.
- Use a 22- to 25-gauge needle.
- Use the correct needle length based on the patient's gender and weight. For adults, use a 1- to 1.5-inch needle.



*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs). If used, the skin must be stretched fully and the subcutaneous tissues must not be bunched.

Intramuscular (IM) Vaccine Administration Resource – Adults 18+ - Steps 2 & 3

YOU CALL THE SHOTS

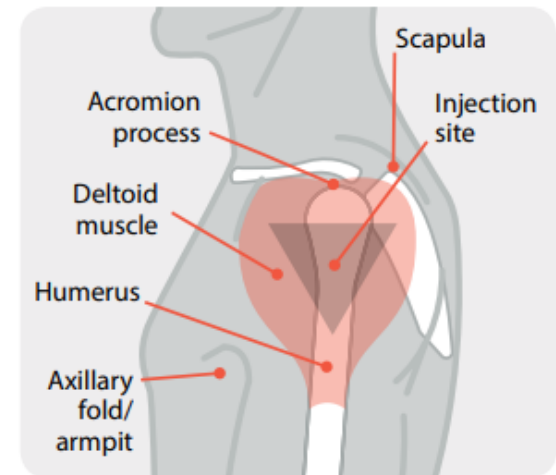
Vaccine Administration:
Intramuscular (IM) Injection
Adults 19 years of age and older

2. Identify the injection site.

- Recommended site: Deltoid muscle in the upper arm
- Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be approximately 2 inches below the bone and above the axillary fold/armpit.

3. Administer the vaccine correctly.

- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
- If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.



For additional information, go to CDC's vaccine administration resource library at www.cdc.gov/vaccines/hcp/admin/resource-library.html.



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](#)
- Visit the [NE ICAP Past Webinars and Slides webpage](#)
 - The slides and a recording of this webinar will be posted soon after the webinar
 - Also, various recent NE ICAP webinar slides and recordings are available



[Home](#) > [Events](#) > [Past Webinars and Slides](#)

Past Webinars and Slides

Acute Care and Outpatient Setting Webinars



Educational Opportunities

Chris Cashatt, RN, BSN, CIC
Infection Preventionist, NE ICAP



Infection Control Assessment
and Promotion Program

Join us in Kearney this year for the 2023 NICN Fall Course – Wed, 10/18 & Thurs, 10/19!



Infection Control Assessment
and Promotion Program



Nebraska Infection
Control Network



Primary Infection Prevention - Two Tracks!

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

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

**We are on the road this time in Kearney, Nebraska!
Join our "Road Show!"**

Program Details:

The Nebraska Infection Control Network (NICN) Primary Infection Prevention course offers a combination of lectures, discussions, and educational activities on the prevention and control of infections in various healthcare settings. We welcome nurses and any other healthcare providers interested in learning more about the core components of infection prevention and control in healthcare settings. The first day will focus on infection and prevention for all healthcare settings, and all attendees will be together for this day. Day two will focus on Acute Care Hospital, Ambulatory Care & Surgical Centers, or Long-Term Care and Assisted Living Facilities.

Registration Options:

These options will be available to purchase along with your registration (some options are included for scholarship recipients, and event planners/presenters. Please see each registration page for details):

- Printed copy of the presenter slides
- "Road Show" unisex t-shirt
- Admission to a Networking Open House Event at the end of the first day. This networking event is a great opportunity to mingle with the NICN faculty, board members, the NICN/ICAP teams, and other conference attendees. You'll have the chance to ask questions, make new connections, and even learn about some additional resources that could be helpful. The location is yet to be determined and will be emailed directly to registrants.

When you register, the handouts, t-shirt, and networking open house options will be available to purchase.

Location: All events are at the Younes Conference Center South, 416 W Talmadge Rd, Kearney, NE 68845.

[Click HERE to Register](#)



C. Difficile Best Practices: Testing to Containment to Treatment



Webinar Series

Program Overview

The Nebraska Hospital Association in partnership with ICAP / ASAP / DHHS will be hosting a 5-part webinar series focused on C. Difficile best practice. Experts in the field will review best practices in the infection prevention ecosystem for testing, containment, and treatment of C. Difficile infections in both urban system hospitals, as well as rural and Critical Access Hospitals.

Target Audience

C-Suite; Quality Leaders/Staff; Nursing Leaders/Staff; Pharmacy Leaders/Staff; Infection Preventionists; Providers; Laboratory; Information Technology/Clinical Informaticist

Cost

No cost is associated with this program.

[Register Here For The Remaining 3 Sessions](#)

Session #4 – High Risk CDI Medications

October 31, 2023, 12:00 - 1:00 PM CT

Objectives:

- Discuss antibiotic therapy risk stratification for CDI.
- Assess antimicrobial stewardship interventions related to decreasing C. diff.
- Evaluate gastric acid suppression and implications for CDI risk.

Speakers: Jenna Preusker, PharmD, BCPS, BCIDP (ASAP Pharmacist)

Session #3 – Strategies to Improve Environmental Cleaning

October 24, 2023, 12:00 - 1:00 PM CT

Objectives:

- Understand appropriate cleaning products for CDI infections.
- Address high-touch surfaces cleaning.
- Discuss terminal cleaning practices.
- Identify cleaning audit tools.

Speakers: Jody Scebold/Kate Tyner (ICAP Infection Preventionists)

Session #5 – Management of CDI

November 16, 2023, 12:00 - 1:00 PM CT

Objectives:

- Discuss best practices in management of CDI.
- Understand the treatment of initial and recurrent infections.
- Determination of severity of illness.

Speakers: Danny Schroeder PharmD, BCPS (ASAP Pharmacist)



Special Event Save the Date! Cleaning and Disinfection in Dialysis

Course Description: learn about cleaning and disinfection basics, different cleaning and disinfection products, the use of PPE, special considerations for the dialysis setting.

Learning objectives:

1. Become familiar with basics and terminology of cleaning and disinfection
2. Explain the difference between cleaning, sanitation and disinfection
3. Identify effective contact times with different products
4. Discuss bleach use and appropriate precautions in dialysis settings
5. Identify PPE required when using disinfectants

Date: November 1st, 2023

Time: 2:00-3:00 pm (CT)

Register here:

https://unmc.zoom.us/webinar/register/WN_tpvZCLedTq-vy1dVrsPsQw

Or here:



This activity has been submitted to the Midwest Multistate Division for approval to award contact hours. The Midwest Multistate Division is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

For more information regarding contact hours:
call Candi Kennedy 402-552-2572 or email cakennedy@nebraskamed.com



Join Us on Upcoming Webinars

- **November 8, 2023**

- To Be Determined

- **December 13, 2023**

- Novel MDRO Containment

- Presentation by NE DHHS HAI/AR Program

- If you have suggestions for future webinar topics or would like to learn more about a topic one on one, please contact us with your request by calling at 402.552.2881 or email nebraskaICAP@nebraskamed.com. You can also include them in the continuing education (CE) survey.

STAY
TUNED

Image by rawpixel.com



Continuing Education Event: Quality Control in Sterile Processing: The Role of Chemical and Biological Indicators

Course Description: Learn how the use of chemical and biological indicators play a role in a comprehensive quality control program in Sterile Processing

Date: November 29th, 2023

Time: 12:00-1:00 pm (CT)

Location: Live via Zoom

https://unmc.zoom.us/webinar/register/WN_DMCSyD04QleDeik9B6Wdbg

This activity has been submitted to the Midwest Multistate Division for approval to award contact hours. The Midwest Multistate Division is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

For more information regarding contact hours, please call Candi Kennedy 402-552-2572 or email at ckennedy@nebraskamed.com

The logo for the Infection Control Assessment and Promotion Program (ICAP). It features a red silhouette of the state of Nebraska on the left, with the letters "ICAP" in white, bold, sans-serif font overlaid on the right side of the silhouette.

Infection Control Assessment
and Promotion Program

Inpatient Dialysis Assessments



AUDIT IPC PRACTICES

INJECTION PRACTICES

HAND HYGIENE



MEDICATION PREP

PPE USE



FISTULA/GRAFT ACCESS

CATHETER ACCESS



DIALYSIS SITE CARE

CLEANING &
DISINFECTION

Benefits

Free	Free onsite infection prevention and control(IPC) assessments (upon request)
Identify	Identify improvement opportunities for the facility
Provide	Provide a just-in-time coaching to staff
Help	Help NE ICAP to identify common IPC gaps in dialysis practices and processes Develop strategies, tools, and resources Build basic IPC remote training program for dialysis staff

Caveats



Takes 3-4 hours to complete
the assessment process



Staff commitment to process
improvement

Social Media



Follow us on Facebook at

<https://www.facebook.com/nebraska.icap.asap>



Follow us on LinkedIn at

<https://www.linkedin.com/company/nebraska-icap-asap>



Now on Instagram! Follow us at

https://www.instagram.com/nebraska_icap_asap/



Subscribe to our YouTube at:

https://www.youtube.com/@nebraska_icap_asap

ICAP Contact Info

Call 402-552-2881

**Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time**

Weekends and Holidays 8:00-4:00

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 NE Medicine

- 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 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