

Guidance and responses were provided based on information known on 11.9.2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

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# COVID-19 and LTC

November 9, 2023



NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

# Agenda and Presenters/Panelists:

## **TMF Updates** ([nhnetwork@tmf.org](mailto:nhnetwork@tmf.org))

Presenter: Debi Majo ([Deborah.Majo@tmf.org](mailto:Deborah.Majo@tmf.org))

Panelists: Carla Smith ([Carla.Smith@tmf.org](mailto:Carla.Smith@tmf.org))

Monika Maxwell ([Monika.Maxwell@tmf.org](mailto:Monika.Maxwell@tmf.org))

Melody Malone ([melody.malone@tmf.org](mailto:melody.malone@tmf.org))

## **Assisted Living COVID-19 Outbreak Reporting**

Presenter: Andrew Delicata ([Andrew.Delicata@nebraska.gov](mailto:Andrew.Delicata@nebraska.gov))

Panelists: Robin Williams ([Robin.M.Williams@nebraska.gov](mailto:Robin.M.Williams@nebraska.gov))

Hannah Ball ([Hannah.Ball@nebraska.gov](mailto:Hannah.Ball@nebraska.gov))

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Sai Paritala ([sai.paritala@nebraska.gov](mailto:sai.paritala@nebraska.gov))

## **Norovirus Outbreaks in Healthcare Facilities**

([dhhs.enterics@nebraska.gov](mailto:dhhs.enterics@nebraska.gov))

Presenter: Claire Figi ([claire.figi@nebraska.gov](mailto:claire.figi@nebraska.gov))

Panelist: Brianna Loeck ([Brianna.loeck@nebraska.gov](mailto:Brianna.loeck@nebraska.gov))

# 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 Updates

- Helpdesk: [nhsn csp - NHSN Customer Service \(cdc.gov\)](https://nhsn.csp-nhsn.com/customer-service)
- New Alert:

**NHSN Notification Message**

HPS

LTCF

**Important Messages**

Please disregard alerts asking you to confirm your facility's geolocation. The facility geolocation function located on the 'Facility Info' page is no... [\(more\)](#)

**LTC COVID-19 Vaccination Modules**

Please review your data on Up to Date Vaccination entered in the NHSN COVID-19 Vaccination Modules for reporting weeks beginning the week of 9/25/2023-10/1/2023. Keep in mind that we expect most individuals to **not** be up to date until they receive the new 2023-2024 updated COVID-19 vaccine this fall/winter season. Enter **ZERO** for the up to date question (Q2 for residents, and Q4 for staff) if this is the case. [\(less\)](#)

OK

# New Pathway Reporting Available

- The new name: **COVID-19/Respiratory Pathogens Module**
- **New** Influenza/RSV Surveillance Pathway Tab, since Oct. 23, 2023
- Long-term care facilities (LTCF) can report newly positive resident cases for influenza and RSV
- This newly added tab is OPTIONAL, but highly encouraged

# New Pathway Reporting Available

- Training LTCF COVID-19/Respiratory Pathogens Module: Optional Reporting of Influenza and RSV Vaccinations and Cases for Long-term Care Facility Residents – October 2023
  - › [Slideset \(PDF\)](#)
- [COVID-19 Form Resident Impact and Facility Capacity \(PDF\)](#)
- [COVID-19 Table of Instructions Resident Impact and Facility Capacity \(PDF\)](#)

**Remember: Zero is a number, not a placeholder!**

# New Pathway Reporting Available

The following data elements will be collected for both:

- Newly Positive Tests
- Vaccination Status of Residents with a Newly Confirmed Test
- Hospitalizations with a Positive Test
- Hospitalizations with a Positive Test and Up to Date (Key Terms Document coming soon)



**NHSN Home**

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19/Respiratory Pathogens**
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users
- Facility

**NHSN Long Term Care**

- Long Term Care Dashboard
- Action Items**

Dashboard

**Pathway Data Reporting**

POC Test Result Reporting

COVID-19 Event

COVID-19 Vaccination - HCP

Vaccination - Residents

01 October 2023 - 11 November 2023

Record Complete Record Incomplete

Sunday	Monday	Tuesday	
Oct 01	02	03	04
08	09	10	11
			18

**Add COVID-19/Respiratory Pathogens Data**

Date for which counts are reported: Facility CCN: Facility Type:

Resident Impact and Facility Capacity Staff and Personnel Impact **Influenza/RSV (Optional)**

# Flu Season

**Oct. 1 – March 31 each season**


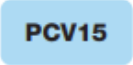

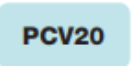
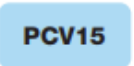


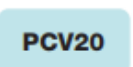

- Calculated once each year
- Calculated about 45 days after the close of the first quarter
- Shows up on Care Compare, usually in the July update

# Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

## Adults $\geq 65$ years old

### Complete pneumococcal vaccine schedules

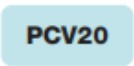
Prior vaccines	Option A	Option B
None*		 $\xrightarrow{\geq 1 \text{ year}^\dagger}$ 
PPSV23 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ 	$\xrightarrow{\geq 1 \text{ year}}$ 
PCV13 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ 	$\xrightarrow{\geq 1 \text{ year}^\dagger}$ 
PCV13 at any age & PPSV23 at $<65$ yrs	$\xrightarrow{\geq 5 \text{ years}}$ 	$\xrightarrow{\geq 5 \text{ years}^\S}$ 

\* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

<sup>†</sup> Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

<sup>§</sup> For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is  $\geq 8$  weeks since last PCV13 dose and  $\geq 5$  years since last PPSV23 dose; for others, the minimum interval for PPSV23 is  $\geq 1$  year since last PCV13 dose and  $\geq 5$  years since last PPSV23 dose

## Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option	
Complete series: PCV13 at any age & PPSV23 at $\geq 65$ yrs	$\xrightarrow{\geq 5 \text{ years}}$ 	Together, with the patient, vaccine providers <b>may choose</b> to administer PCV20 to adults $\geq 65$ years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# Download the CDC's PneumoRecs VaxAdvisor App for Clinicians

This free [mobile app](#) gives clinicians patient-specific pneumococcal vaccination recommendations from anywhere at any time.

- [PneumoRecs VaxAdvisor – Apple App Store](#)
- [PneumoRecs VaxAdvisor – Google Play Apps](#)

# Addressing the Root Causes of the 'Declines'

- [Improve the Rates of Residents and Staff who Receive Vaccinations \(PDF\)](#)
- Address misinformation, clarify their concern(s) and the nature of the concern(s)

# Addressing the Root Causes of the 'Declines'

- Use resources to help overcome significant racial and ethnic barriers
  - › The Partnering for Vaccine Equity Learning Community is made up of over 500 CDC-funded organizations working to address disparities in vaccination by improving vaccine confidence and access
    - Learn more: [Resources | Vaccine Resource Hub](#)
- Provide the [Vaccine Information Statement](#) (VIS), which is available in multiple languages

# Addressing the Root Causes of the ‘Declines’

- Clarify or distinguish between a vaccine **response** and an allergic **reaction**
  - › [Explaining How Vaccines Work | CDC](#)
  - › [Vaccine Side Effects | HHS.gov](#)
- Have the resident’s favorite staff member offer the vaccine and explain why they (the staff member) believes it’s important to be vaccinated
- Appeal to their sense of community: “I take my vaccine to help others stay safe”

# Addressing the Root Causes of the 'Declines'

- Reoffer the flu vaccine no less than every month during the flu season (i.e., Oct. 1 – March 31)
- Reoffer the pneumococcal vaccine monthly or quarterly
- Reoffer the COVID-19 vaccine frequently, along with any vaccine updates
- Then, reoffer at least with each pre-care plan preparation
- Know that you may need to repeat yourself to get people to understand vaccine philosophy and benefits



# **CMS Survey Requirements for Vaccination of Both Residents and Staff**

See the CMS Infection Prevention, Control & Immunizations Survey Pathway. The discussion of flu, pneumococcal and COVID-19 Immunizations for residents starts on page 8. To download the files, go to: [Survey Resources \(ZIP\)](#).

# CMS-Targeted COVID-19 Training

**For frontline nursing home staff and management learning**

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)

# CMS-Targeted COVID-19 Training – New Tools

- [User Guide: CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](#)
- **Kudos Kit**
  - › [Press Release Template – customizable](#)
  - › [A Customizable Printable Poster](#)
  - › [A Standard, Non-customizable Printable Poster](#)
  - › [Printable Badges for Staff](#)
  - › [Printable Badges for Management](#)
  - › [Sample Social Media Post](#)



# New TMF Resources

- [LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
- [HANDOUT for LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
- [TRANSCRIPT for LTC Connect: Taking a New Approach to Dementia Care and Reducing Inappropriate Antipsychotics](#)
  - › This Oct. 19 recording features Dr. Angela Norman, author of the “Well-being Model for Dementia Care in the Long-term Care Setting,” discussing antipsychotic medications and why it is important to reduce the use of these medications. She also explores alternative avenues for treating residents with dementia.

## New TMF Resources

- [Q&A: Resistance to the Updated COVID-19 Vaccine \(PDF\)](#): Addresses some common concerns that people give for not receiving the updated COVID-19 vaccine, followed by reasons why being up to date is important.
- [Improve the Rates of Residents and Staff who Receive Vaccinations \(PDF\)](#): Nursing facility leadership are encouraged to use this document to review strategies to use to encourage their nursing staff and residents to receive the flu, pneumococcal and COVID-19 vaccines.

# The Journey to COVID-19 Infection Control Starts With **YOU!**

*Increase  
Immunity*

*Reduce Infections*

*Advance Toward  
Elimination*



# Get Ready This Fall!



*Want to know how? It's as simple as 1... 2... 3... 4*

1. **Get the annual flu vaccine.**
2. **Make sure you are up to date with COVID-19 vaccination.**
3. **Check to see if you are eligible for the pneumonia vaccine.**
4. **Check to see if you are eligible for the RSV vaccine.**

Getting all vaccines will help protect you from severe symptoms so you can enjoy more time with important people in your life. The best part is: Most people can get all the vaccines at the same time. Please discuss with your health care provider for more information.


**Ask a nurse for your vaccines today.**





# Vaccines are Important for Adults, Too!

**D**id you know the effects of many vaccines can wear off over time? Because of this, you may need to receive additional doses later in life. Vaccines are known to control, eliminate or eradicate certain viruses, infections and diseases. These diseases or infections can typically be prevented by vaccination or result in less severe symptoms after vaccination.



For best protection, it is important to stay up to date with **vaccines that protect against infectious respiratory diseases during the fall season:**

1. **COVID-19** – to protect against severe illness, hospitalization or death
2. **Influenza** – to protect against severe illness, hospitalization or death from seasonal flu each year
3. **Pneumococcal** – to protect against the most common type of bacterial pneumonia
4. **Respiratory Syncytial Virus** – to protect against severe RSV illness in adults 60 and older

Ask a nurse to get you up to date with all your **recommended vaccines.**



# Upcoming TMF QIN-QIO Training

## LTC Connect

### Surviving the Holiday Season: Empowering Family Members in Resident Care Improvement

Thursday, November 9, 2023  
1:30 – 2 p.m. CT

### Surviving the Holiday Season: Seasonal Affective Disorder

Thursday, Dec. 14, 2023  
1:30 – 2 p.m. CT

*An open Q&A session will follow each 30-  
minute LTC Connect presentation.*

## Nursing Home Office Hours

### COVID-19 Vaccination Reporting in NHSN

Tuesday, Nov. 14, 2023  
1:30 – 2:30 p.m. CT

### Facility Spotlight: Morningside at The Meadows

Tuesday, Nov. 28, 2023  
1:30 – 2:30 p.m. CT

**Register once for multiple TMF QIN-QIO events**

# TMF QIN-QIO Resources

Website: [tmfnetworks.org](http://tmfnetworks.org)

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

# Need Assistance?

*Connect With Us!*



## Email

[nhnetwork@tmf.org](mailto: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](#)

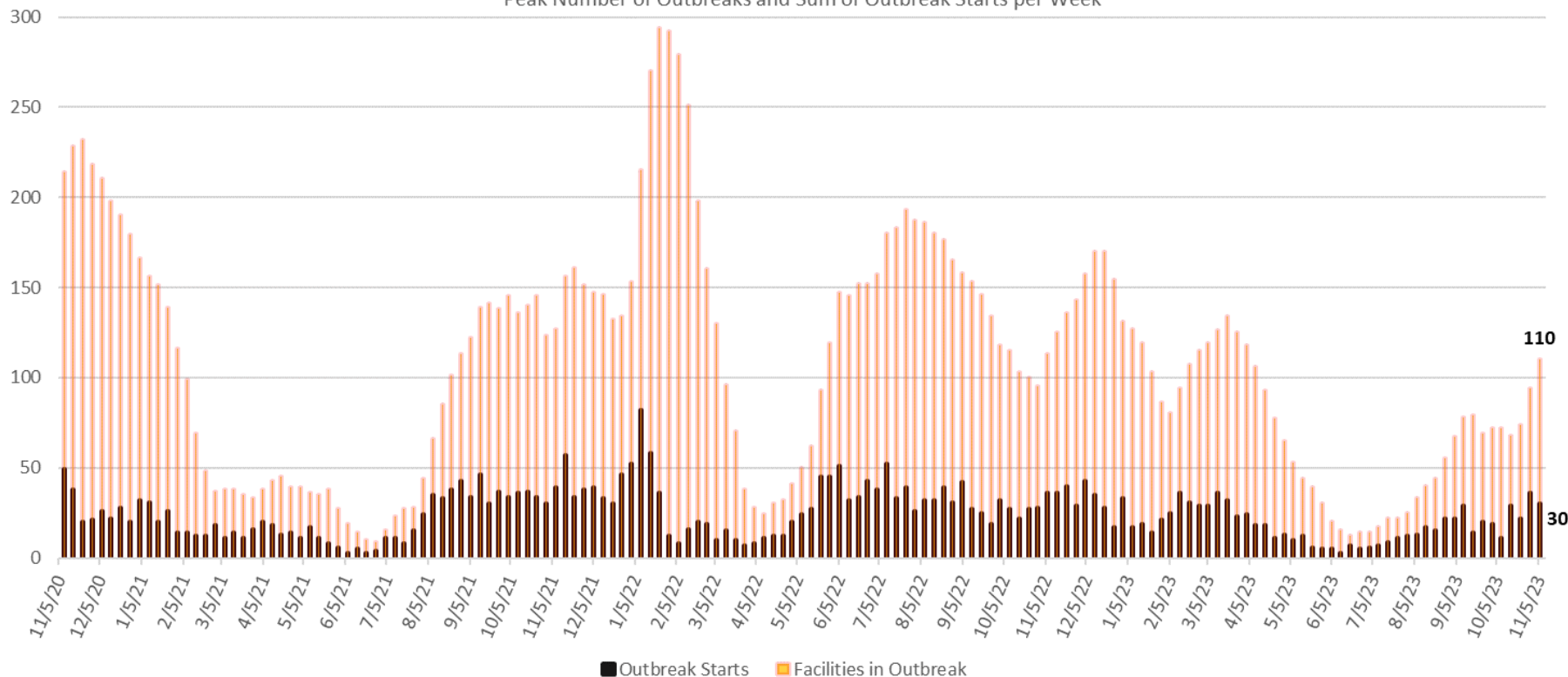
# Nebraska Statistics



# Nebraska LTC Facility COVID-19 Outbreaks

## Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week



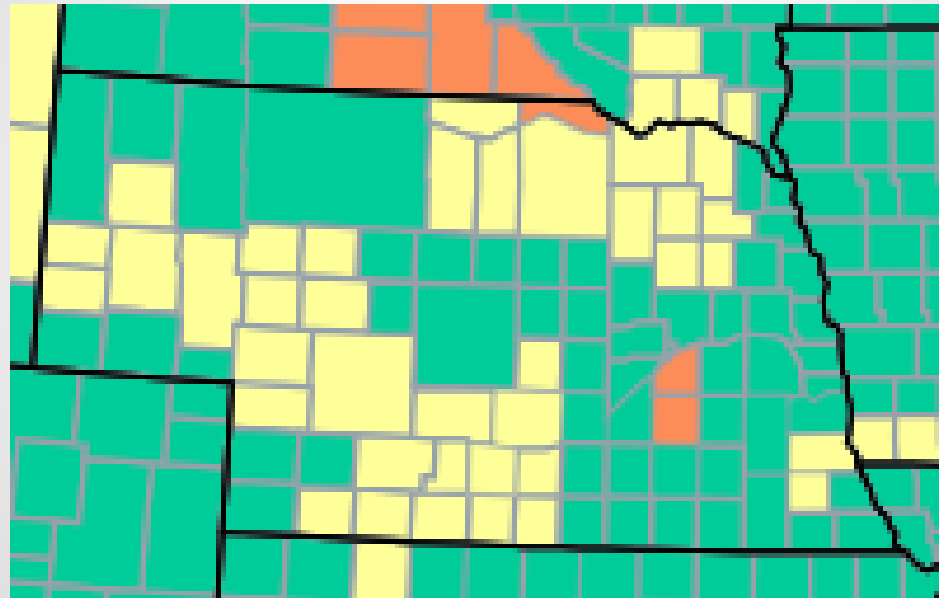
\*\*Updated: 11/6/2023

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.

# CDC COVID-19 Data Tracker

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

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending October 28, 2023.



● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥20.0) ● Insufficient data

# Wastewater Surveillance

Time Period: Oct 16, 2023 – Oct 30, 2023

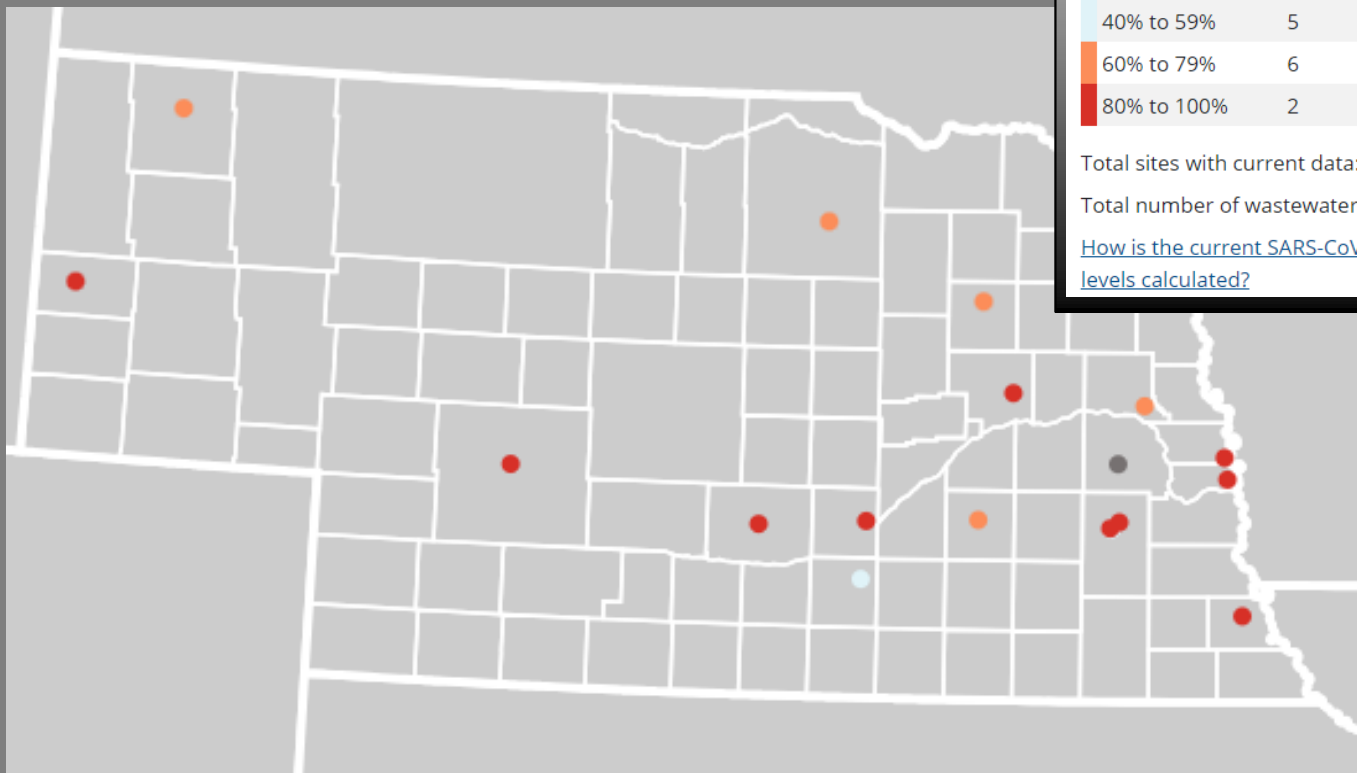
Current SARS-CoV-2 virus levels by site, Nebraska

Current virus levels category	Num. sites	% sites	Category change in last 7 days
New Site	1	7	0%
0% to 19%	0	0	N/A**
20% to 39%	1	7	0%
40% to 59%	5	33	0%
60% to 79%	6	40	- 14%
80% to 100%	2	13	100%

Total sites with current data: 15

Total number of wastewater sampling sites: 18

[How is the current SARS-CoV-2 level compared to past levels calculated?](#)



# Stay Prepared!



Long Term Care Webinars

**09.14.23 LTC Managing COVID Outbreak**

Recording: [09.14.23 LTC - Managing COVID Outbreak.mp4 \(echo360.org\)](#)

Slide deck: [PowerPoint Presentation \(nebraskamed.com\)](#)




# Reporting COVID-19 Outbreaks in ALF

Andrew Delicata, Program Manager Contractor  
Nebraska Department of Health and Human Services



# COVID-19 Outbreak Reporting Requirements

Reporting Requirements	Assisted Living Facilities	Nursing Homes / Skilled Nursing Facilities
<b>CMS</b>	Requirement does not apply.	CMS requires all LTC facilities to report COVID-19 information into NHSN. <ul style="list-style-type: none"> <li>• LTCF COVID-19 Surveillance Pathway</li> <li>• COVID-19 Vaccine Module</li> </ul>
<b>State of Nebraska</b>  	<p>State of Nebraska requires reporting of clusters and outbreaks. <a href="#">Nebraska DHHS Title 173 Chapter-01.pdf (nebraska.gov)</a></p> <p>Note: ALF can meet the requirement for reporting all types of outbreaks of respiratory illness (e.g., COVID-19, influenza, RSV) through completion of REDCap survey: <a href="https://redcap.link/nebraska_outbreak">https://redcap.link/nebraska_outbreak</a> [redcap.link]</p>	<p>State of Nebraska requires reporting of clusters and outbreaks. <a href="#">Nebraska DHHS Title 173 Chapter-01.pdf (nebraska.gov)</a></p> <p>NHSN reporting satisfies state requirement to report COVID-19 outbreaks.</p> <p>Outbreaks of other respiratory illnesses (e.g., influenza, RSV) can be reported through completion of REDCap survey: <a href="https://redcap.link/nebraska_outbreak">https://redcap.link/nebraska_outbreak</a> [redcap.link]</p>

# Norovirus Outbreaks in Healthcare Facilities

Claire Figi, MPH

Foodborne and Enteric Epidemiologist

Nebraska Department of Health and Human Services



# Norovirus Outbreaks in Healthcare Facilities



Slides prepared by:

**Brianna Loeck, MPH**  
**Enteric Surveillance Epidemiologist**  
**Nebraska Department of Health and Human Services**

Slides presented by:

**Claire Figi, MPH**  
**Foodborne and Enteric Epidemiologist**  
**Nebraska Department of Health and Human Services**

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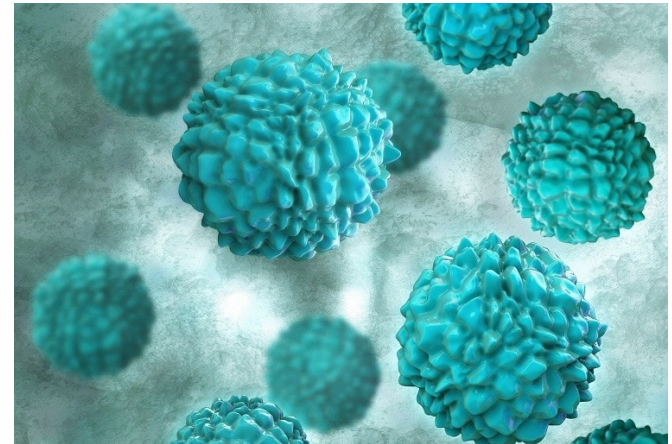
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# Norovirus

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- Most common cause of enteric illness
- Formerly known as:
  - Norwalk-like virus
  - Norwalk virus
  - Winter Vomiting Disease
  - Stomach flu
- Norwalk was named after an outbreak of gastroenteritis in a school in Norwalk, Ohio in 1968.



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# Clinical Picture

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- Common symptoms:
  - Diarrhea
  - Vomiting
  - Nausea
  - Stomach pain
  - Fever
- Incubation period is usually 12 to 48 hours after being exposed
- Duration of illness is usually 12 – 72 hours (1-3 days)
- Self-limiting (treat with fluids to prevent dehydration and rest)
- More severe outcomes (including hospitalization and/or death) are common among young children and the elderly

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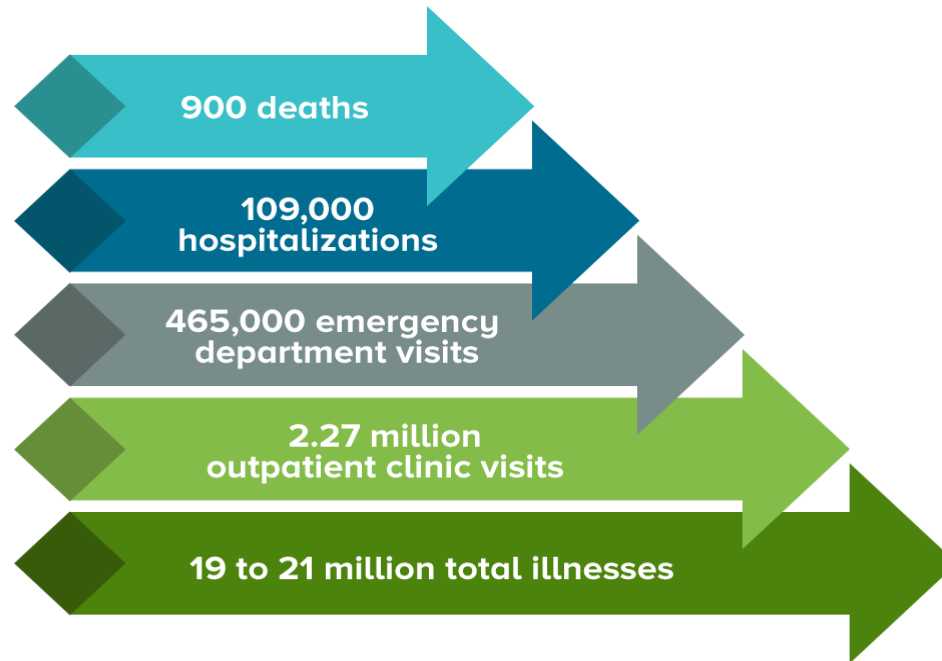
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# Burden of Norovirus in the U.S.

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<https://www.cdc.gov/norovirus/burden.html>

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# Transmission

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- Primary spread by fecal-oral route
  - Airborne transmission has been documented
- People with norovirus shed billions of virus particles in their stool and vomit
  - Only 10 viral particles make someone else sick!
- People can get infected by:
  - Caring for, or sharing food, drinks, or eating utensils with an infected person
  - Touching contaminated surfaces or objects then putting fingers in mouth
  - Eating food or drinking liquids contaminated with norovirus
  - Having direct contact with someone infected with norovirus

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# Viral Shedding

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- The virus is shed in stool and vomitus
- Shedding may begin up to 24 hours before symptoms appear
- Peak shedding is ~4 days after exposure (this is usually after symptoms have resolved)
- Shedding occurs for at least 2-3 weeks

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# Seasonality

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- You can get norovirus at any time during the year.
- Most norovirus outbreaks in the U.S. happen from November to April.
- In years when there is a new strain of the virus, there can be 50% more norovirus illness.
  - You can get norovirus more than once!

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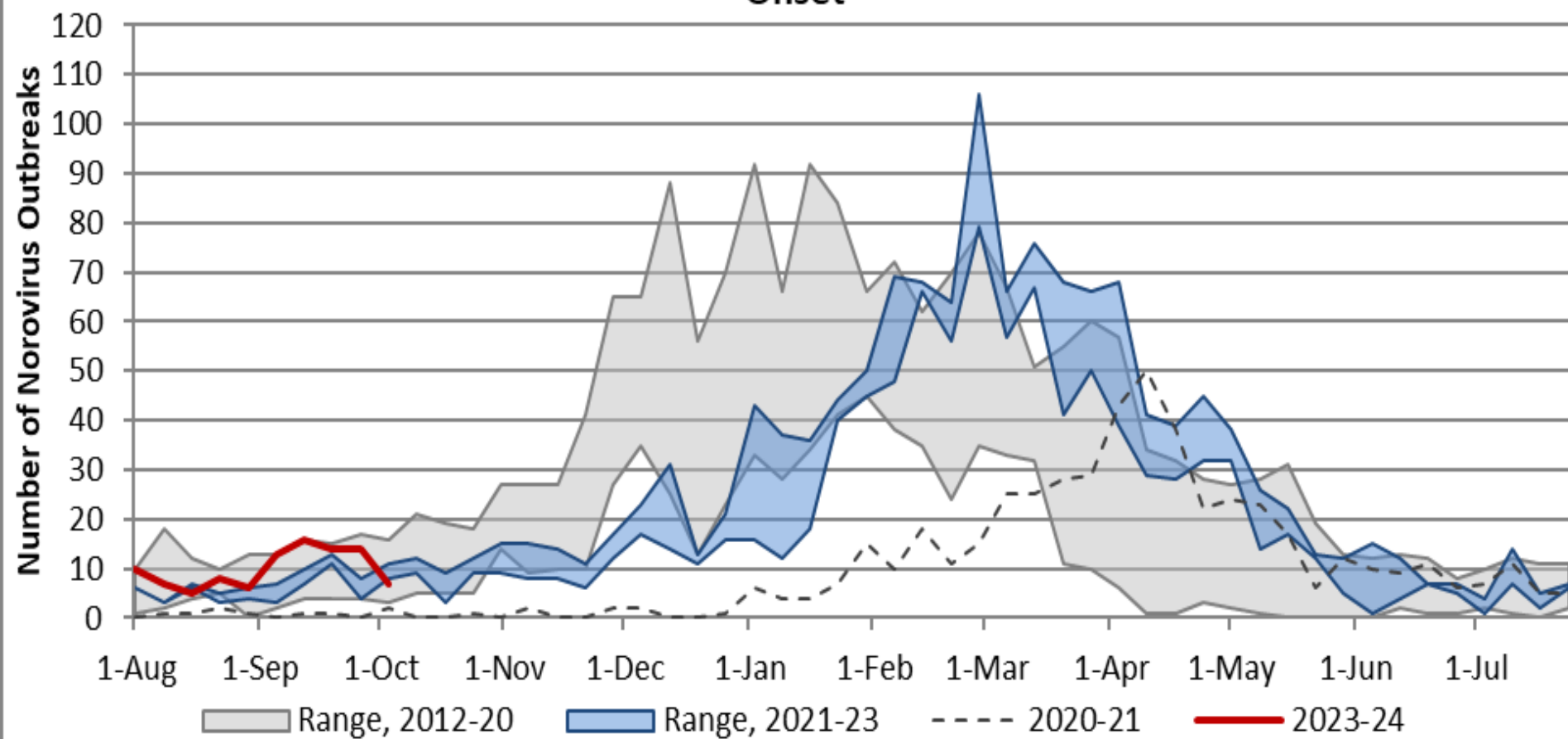
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## Number of Norovirus Outbreaks Reported to NORS by Month of Outbreak Onset



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# What is a Norovirus Outbreak?

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“An occurrence of two or more similar illnesses resulting from a common exposure that is either suspected or laboratory-confirmed to be caused by norovirus” - CDC

Example: Two residents with symptoms of vomiting and/or diarrhea, who reside on the same wing and whose onset of illness is within two days.

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# Common Norovirus Outbreak Settings

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- Healthcare Facilities 
- Restaurants and Catered Events 
- Schools and Childcare Centers 
- Cruise Ships 

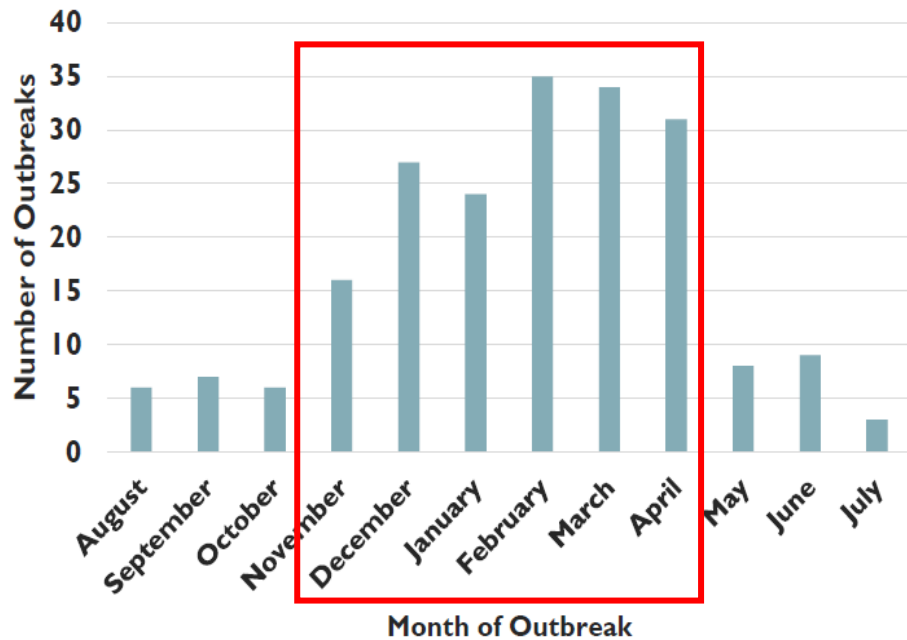
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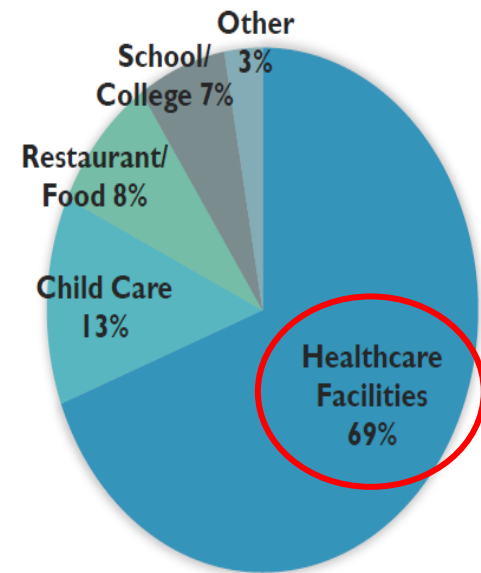
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## Norovirus Outbreaks Reported, Nebraska, 2017 - 2022



## Norovirus Outbreaks by Setting, Nebraska, 2017 - 2022



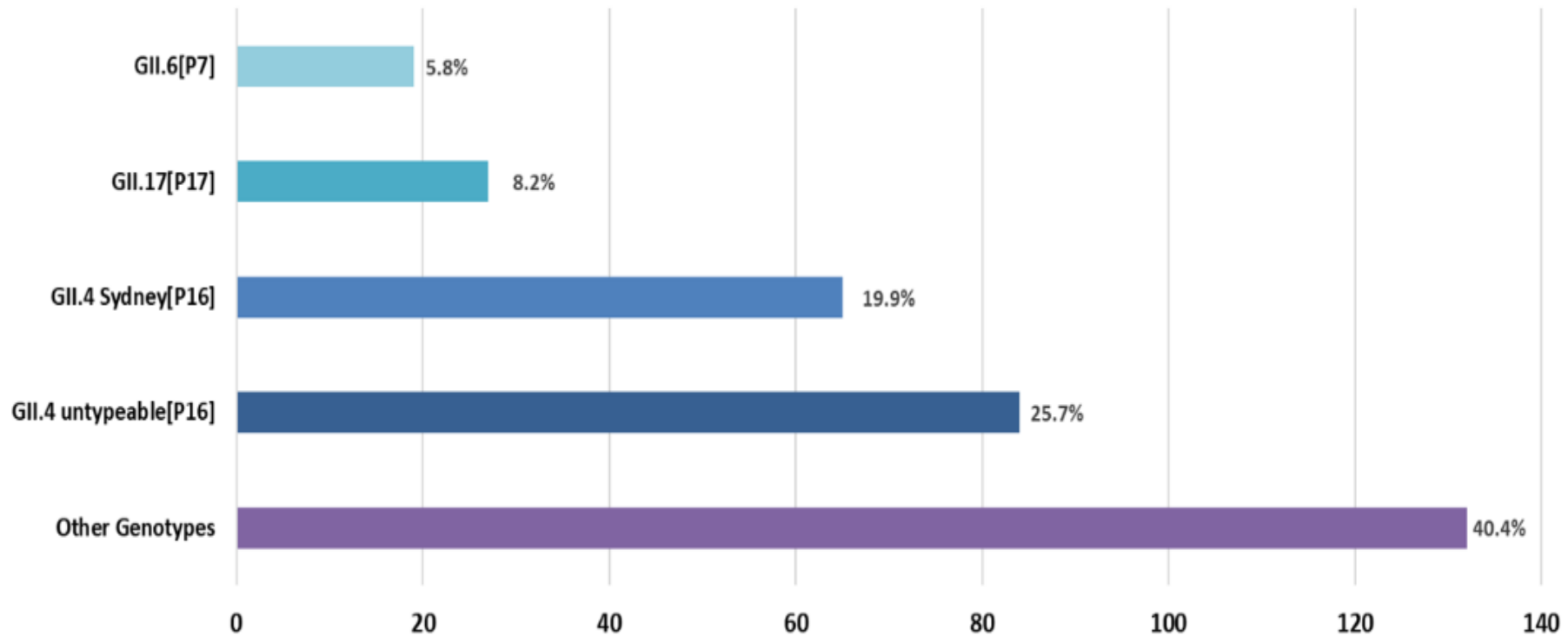
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# Genotype Distribution of Norovirus Outbreaks

September 1, 2022 – September 31, 2023 (n=327)



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# Norovirus Outbreak Toolkit

**General toolkit for healthcare facilities such as: long-term care, acute care, assisted living, nursing homes, skilled nursing, retirement, hospital, memory care.**

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# Foodborne Illness

The Nebraska Department of Health and Human Services (DHHS) monitors foodborne illness cases and outbreaks across the state of Nebraska through the use of a public health surveillance system.

DHHS collaborates with many partners such as hospitals, clinics, laboratories, local, state, and federal partners to detect, investigate, control, and report foodborne disease cases and outbreaks.

**Report A Foodborne  
Illness**

**What Are Foodborne  
Illnesses?**

**Foodborne Illness  
Prevention**

**Fact Sheets**

**Resources For  
Healthcare Facilities**





**Resources For  
Schools/Childcare**

<https://dhhs.ne.gov/Pages/Foodborne-Illness.aspx>

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# Foodborne Illness Resources For Healthcare Facilities

## Outbreak Resources


- [Norovirus Outbreak Toolkit for Healthcare Facilities](#) 
- [GI Illness Report Form - Healthcare Facilities](#) 
- [EPA Approved Norovirus Disinfectants](#) 
- [Exclusion Criteria Cheat Sheet for Enteric Diseases](#) 

[Norovirus Outbreak Toolkit for Healthcare \(ne.gov\)](#)

## Fact Sheets & Flyers

- [General Hand Washing Poster](#) 
- [Protect Our Residents Sign](#) 
- [Norovirus fact sheet](#) 
- [Norovirus in Healthcare Facilities](#) 
- [Key Infection Control Recommendations](#) 

## Additional Assistance & Contacts

- [Nebraska Infection Control Assessment and Prevention Program \(ICAP\)](#)  is available for general questions regarding infection control in your facility. **402-552-2881**

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Any questions?  
[DHHS.enterics@nebraska.gov](mailto:DHHS.enterics@nebraska.gov)



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NebraskaDHHS



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[dhhs.ne.gov](http://dhhs.ne.gov)

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# Education Opportunities



**ICAP**

# US Antibiotic Awareness Week – Get Involved!

Antibiotic Awareness Week 2023 will be held November 18 - 24

## What is AAW?

Annual one-week observance to highlight the importance of antibiotic use and threat of antibiotic resistance.

## How do we get involved?

Use the CDC Toolkit to share information. <https://www.cdc.gov/antibiotic-use/week/toolkit.html>  
Choose a message to share. There are many!

- ❖ For example: “We’re proud to be a Be Antibiotics Aware partner for U.S. Antibiotic Awareness Week! Learn how you can participate: <https://bit.ly/3042qDw>”
- ❖ Social media posts are pre-made and ready to post.
- ❖ Newsletters and graphics are ready to download and use.
- ❖ Take a group picture showing your support – this year’s color is **purple**.
- ❖ Tag Nebraska ICAP/ASAP and/or share our posts on Facebook and Instagram.





# Nebraska DHHS RedCap Contact Information Inventory

Nebraska DHHS is updating their contact inventory for healthcare facilities.

We need all facilities to fill out this REDCap survey to ensure we have the most current contact information.

Each facility only needs to update this link one time.

Survey Link: [https://redcap.link/nebraska\\_hai\\_facility\\_contact\\_inventory](https://redcap.link/nebraska_hai_facility_contact_inventory)

Contact Katelynn Piper or Lacey Pavlovsky with any questions.

Piper, Katelynn [Katelynn.Piper@nebraska.gov](mailto:Katelynn.Piper@nebraska.gov)

Pavlovsky, Lacey [Lacey.Pavlovsky@nebraska.gov](mailto:Lacey.Pavlovsky@nebraska.gov)



# ICAP Updates and Information



**ICAP**

# 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](mailto:Machaney@nebraskamed.com) 402-552-2881

## **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.

## **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



# 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

\*Messages left outside of Office or On-call hours will be answered  
the next business day.

\*\*Please call the main hotline number to ensure the most prompt  
response.



# Where can you find us?



Follow us on Facebook at @NebraskaICAP and ASAP or  
<https://www.facebook.com/NebraskaICAP/>



Follow us on Twitter at @dirty\_drinks and @Mouthy\_IP



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



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



Follow **Nebraska ICAP and ASAP** for the latest news and IPC tips!



# Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

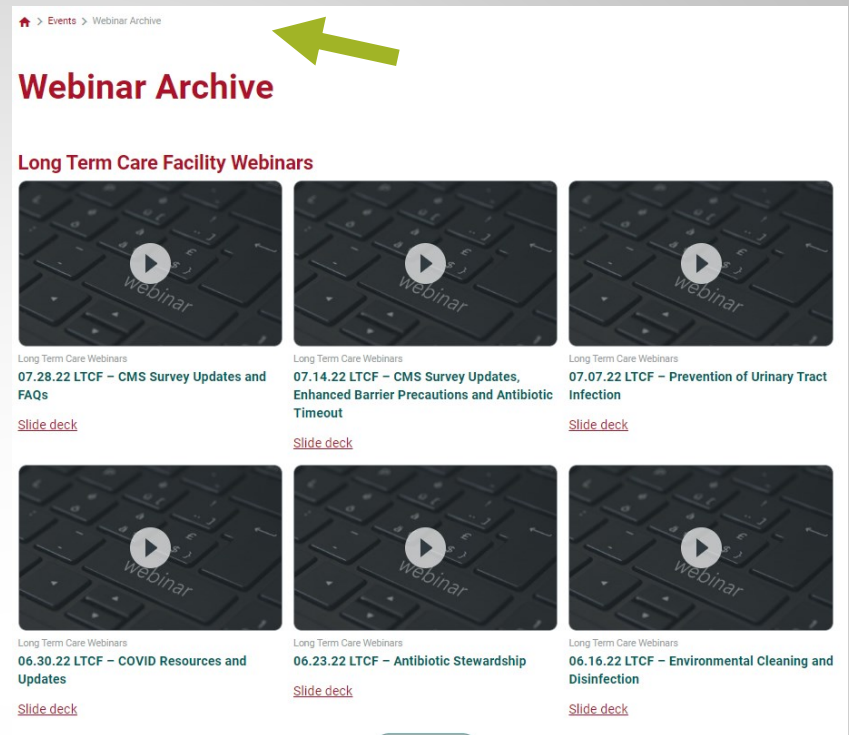
## Panelists:

- 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

Moderated by Marissa Chaney

Supported by Margaret Deacy

Slide support from Josette McConville, RN, BSN, CIC



## Webinar Videos and Slide decks

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