Guidance and responses were provided based on information known on 01.11.24 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

January 11, 2024

NE ICAP

NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

Presentation Information:

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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 NE ICAP or call during our office hours to speak with one of our IPs.

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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

NE ICAP

TMF Health Quality Institute
Centers for Medicare & Medicaid Services (CMS)
Quality Innovation Network – Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

National Healthcare Safety Network (NHSN) Training

- **Webinar Replay Session:** Updates to Weekly COVID-19 Vaccination Health Care Personnel Summary Form: Long-Term Care Component
- Tuesday, **Jan. 16, 2024**, 12:30-1:30 p.m. CT
- Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_TZHB8MsHQ0atRx9N3tNRuA
- Slides: LTCF Component Form Changes COVID-19 Vaccination – January 2024 (cdc.gov)

2024 NHSN Updates: Quarter 1 as of Jan. 1, 2024

- Questions related to COVID-19 primary series vaccination will be removed
- Questions on reasons why an individual has not received vaccine (medical contraindication, declined or other/unknown vaccination status) will relate to an **individual's up-to-date vaccination status**
- For more information, see the NHSN email dated Dec. 27, 2023

2024 NHSN Updates: Quarter 1 as of Jan. 1, 2024, cont.

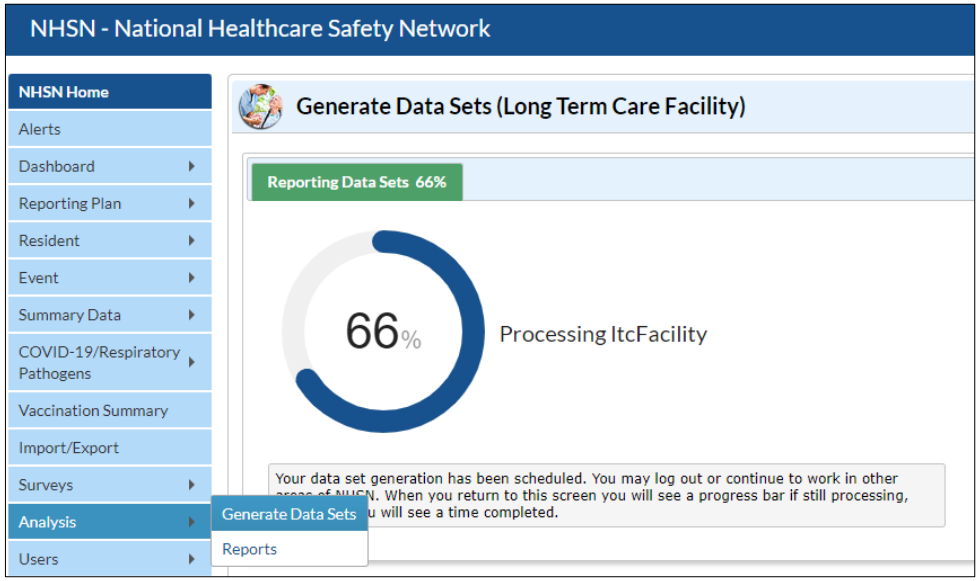
- The question asking “number of HCP who are up to date” will be moved up on the form to question 2
- During Quarter 1, 2024, the health care personnel (HCP) should **not** be considered up to date with COVID-19 vaccination **unless they received the updated 2023-2024 COVID-19 vaccine**
- For more information, see the NHSN email dated Dec. 27, 2023

NHSN Updates – Geolocation

- The geolocation function is now available within the application
- To complete this item, select the icon on the alerts page that is labeled “Facility Geolocation”

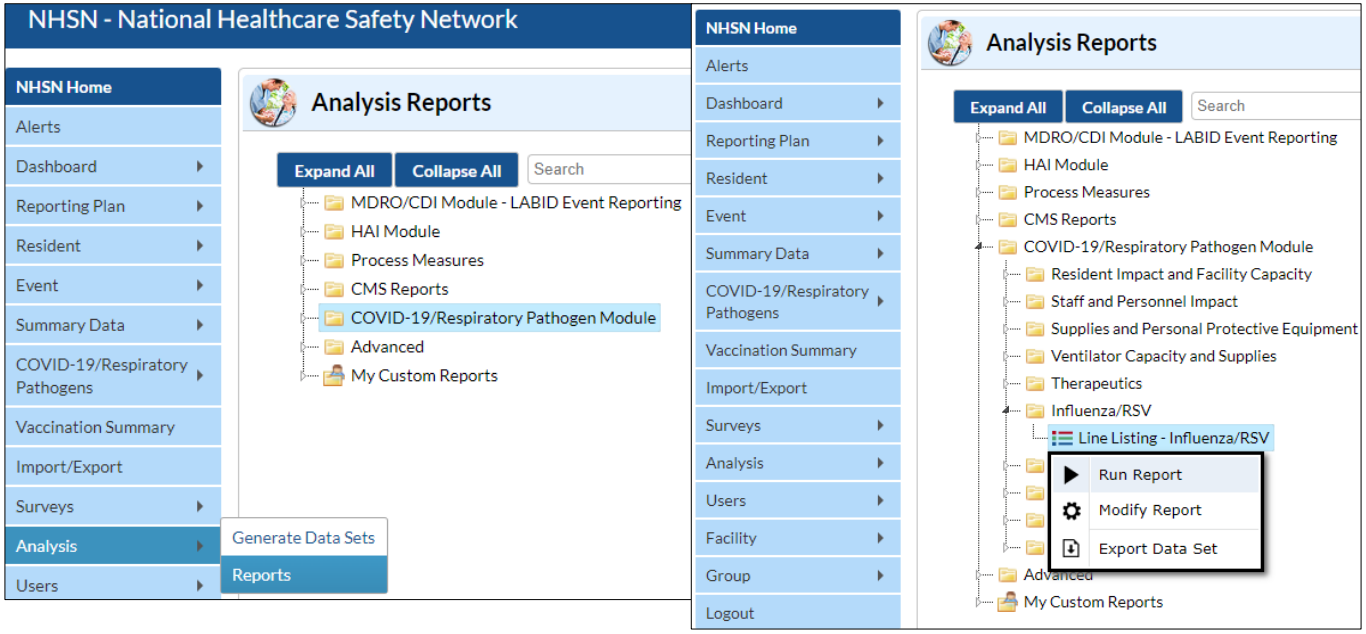
NEW Influenza/RSV Report/Line

- Data reported to the optional Influenza/RSV tab can now be viewed as a report/line list by using the Analysis tab within the application
- Step 1: Generate Data Sets:



NEW Influenza/RSV Report/Line, cont.

- Step 2: Run Report



Note: Reporting to the Influenza/RSV tab is **optional**

NHSN Questions?

Use the new NHSN-ServiceNow portal

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

CMS Health Equity Confidential Feedback Reports

- Reports for post-acute care providers were released in October 2023
- The reports stratified the Discharge to Community and Medicare Spending Per Beneficiary measures by dual-enrollment status and race/ethnicity
- Find your facility's reports in the iQIES portal

CMS Health Equity Confidential Feedback Reports, cont.

The live Q&A session gave participants an opportunity to ask CMS subject matter experts about the report's methodologies and interpretations

- Q&A session recording
- Q&A session slides (PDF)
- Q&A session transcript (PDF)
- Health Equity Confidential Feedback Reports fact sheet

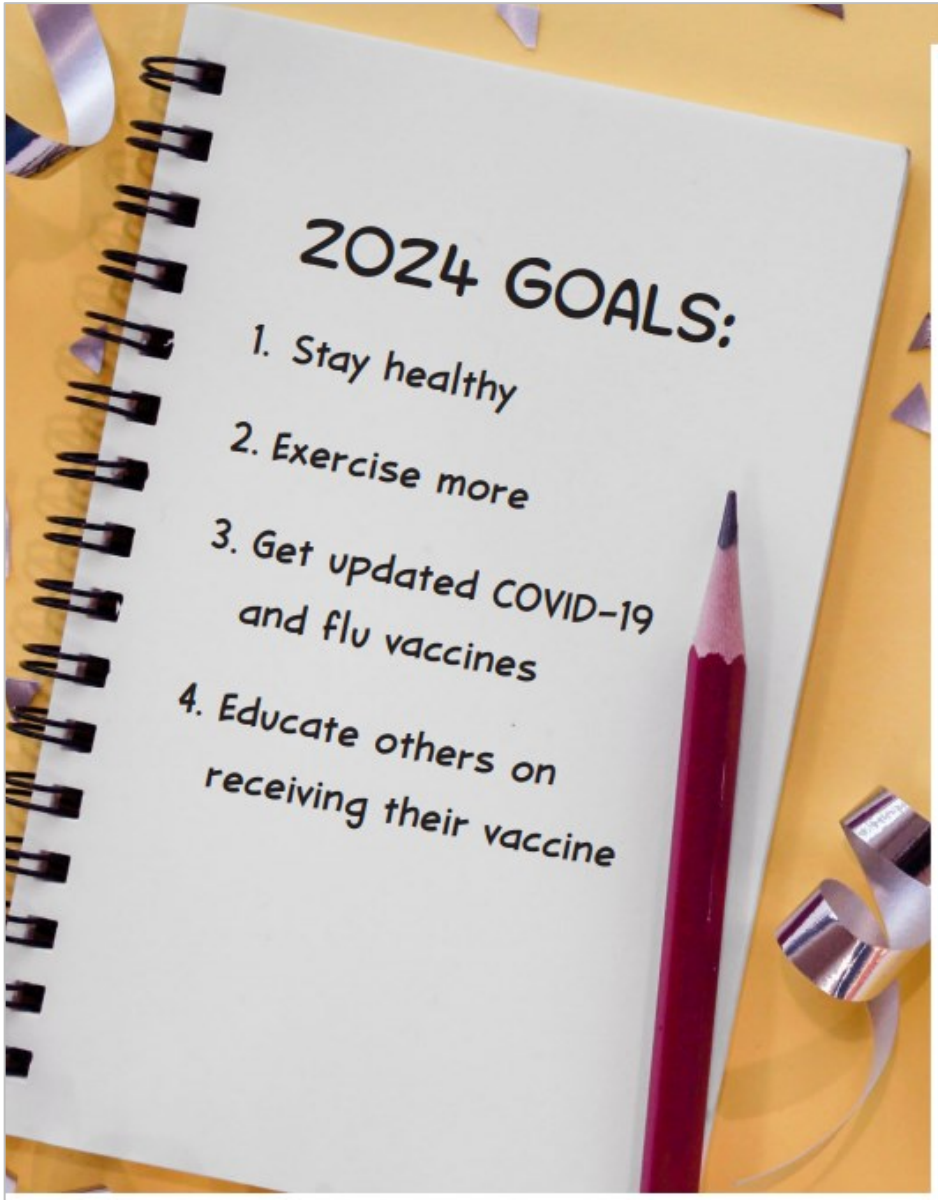
CMS-Targeted COVID-19 Training

Frontline nursing home staff and management **learning module test-out available** through the CMS Quality, Safety & Education Portal

- 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**
  - Customizable press release template
  - Customizable, printable poster
  - Standard, non-customizable, printable poster
  - Customizable, printable badges for staff
  - Customizable, printable badges for management
  - Sample social media posts



2024:
A Healthy New Year!

Set a New Year's resolution to get up to date on your COVID-19 vaccine

The updated 2023-2024 COVID-19 vaccine helps your body fight the current strain of coronavirus. This means that if you get COVID-19, you are more likely to have less severe symptoms and it decreases your risk of going to a hospital. Talk to a nurse today about getting the latest COVID-19 vaccine.

Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

TMF Quality Innovation Network

WWW.TMFNETWORKS.ORG

2024 Vaccine Flyer: English, US Spanish, Spanish for Puerto Rico

VACCINE BLITZ

- Screen residents for eligibility for upcoming clinic
- Review and utilize vaccine process and Resident COVID-19 Vaccination Plan of Action

  - U.S. Spanish
  - Spanish for Puerto Rico

Number of Residents Eligible for Updated COVID-19 Vaccine:

Staff Name Responsible for Screening:

Date to Be Completed:

COVID-19 Vaccine Blitz

Upcoming TMF QIN-QIO Training
Nursing Home Connect

2024 NHSN Refresher
Today: Jan. 11, 2024
1:30 – 2:30 p.m. CT

Opioid Overload – Rescue or Relief?
Jan. 18, 2024
1:30 – 2:30 p.m. CT

Reflect, Reclaim, Recharge – From Collective Trauma to Post-Pandemic Growth
Jan. 25, 2024
1:30 – 2:30 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 Networks.org
  - Calendar of Events
  - Nursing Home Resources
  - Quality Measures Video Series and Resources
  - Quality Assurance Performance Improvement Video Series
  - Nursing Home Recorded Events
- Video
  - Life Has Risks But COVID-19 Vaccines Are Safe

TMF Quality Innovation Network

Questions? Suggestions? Thoughts?

If your question was not answered in this session, please email us at: NHConnect@tmf.org

Connect with us on Facebook:

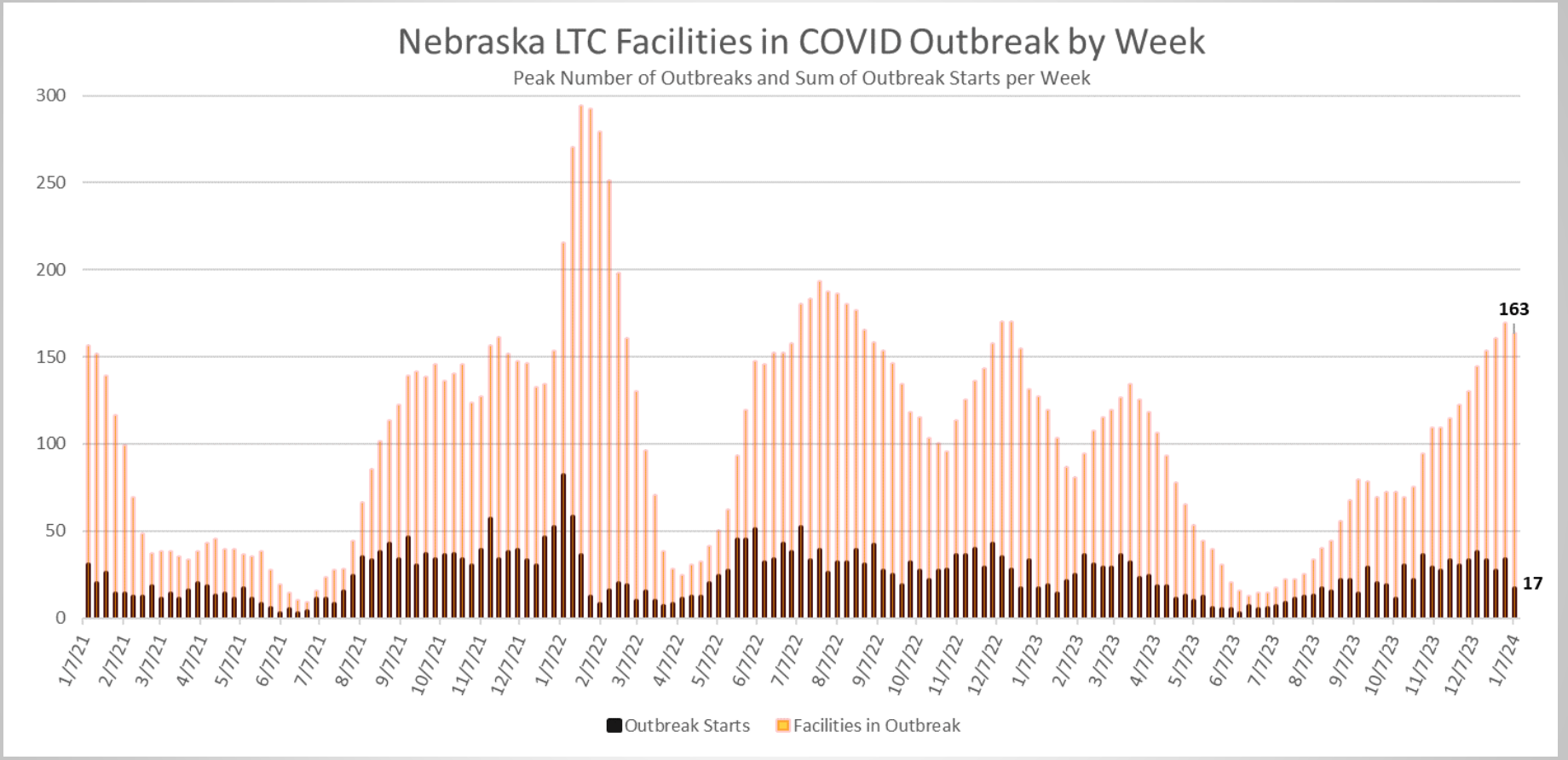
TMF QIN Nursing Home Quality Improvement

This material was prepared by TMF Health Quality Institute, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW/TMF Health Quality Institute/Quality Innovation Network-Quality Improvement Organization-12SOW-QINQIO-NH-24-02-1/9/24

Nebraska Statistics

NE ICAP

Nebraska LTC Facility COVID-19 Outbreaks



**Updated: 1/8/2024

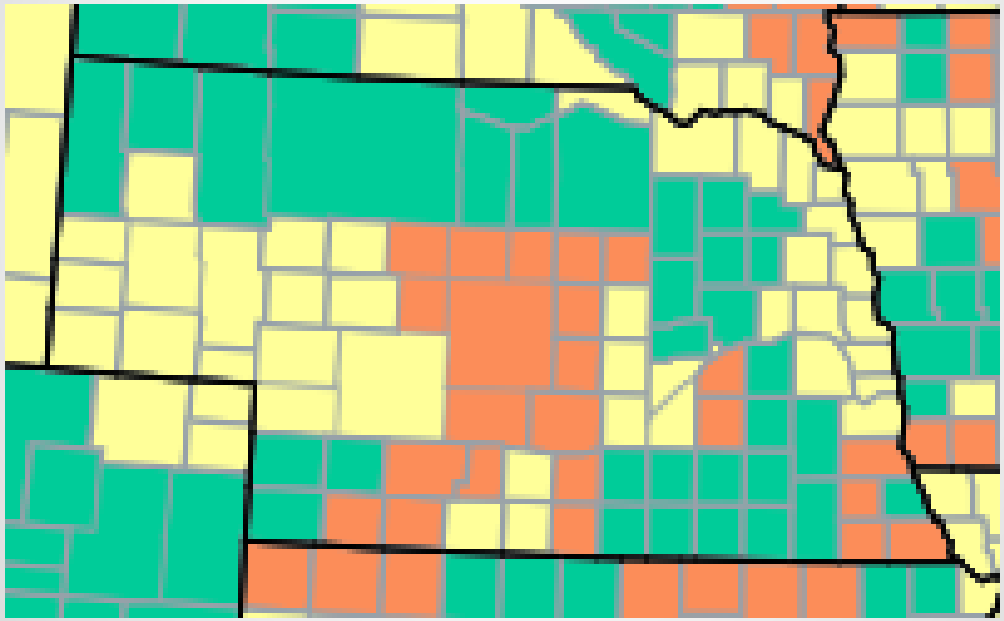
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.

NE ICAP

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 December 30, 2023.



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

[CDC COVID Data Tracker: Maps by Geographic Area]

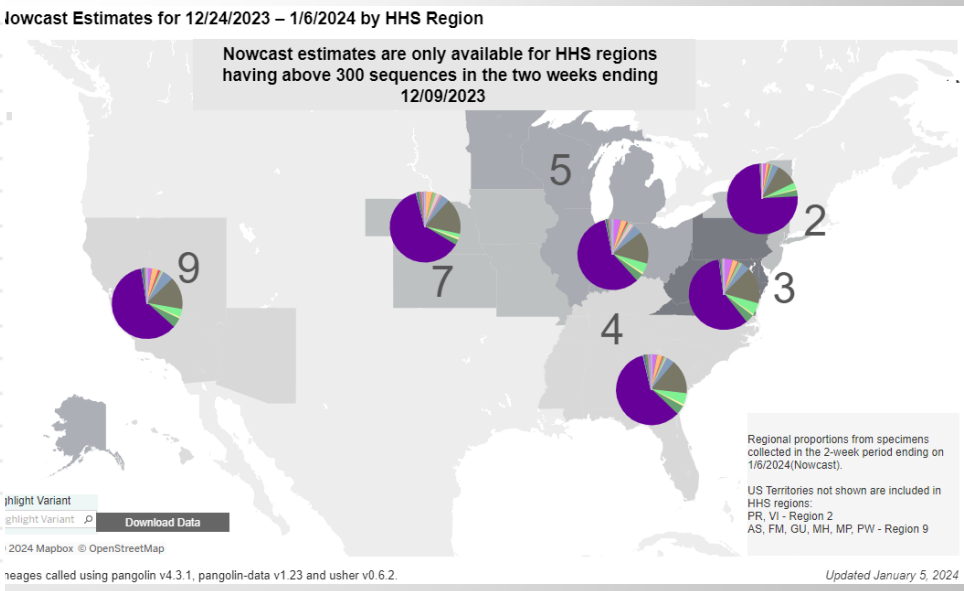
NE ICAP

What's happening with variants?

Region 7 - Iowa, Kansas, Missouri, and Nebraska

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	62.4%	37.0-82.8%
	HV.1	16.5%	7.3-32.1%
	HK.3	3.6%	1.6-7.5%
	EG.5	3.0%	1.1-7.3%
	JG.3	2.5%	1.7-3.8%
	JD.1.1	1.7%	0.9-3.3%
	GE.1	1.7%	0.5-4.6%
	FL.1.5.1	1.5%	0.6-3.4%
	JF.1	1.0%	0.4-2.4%
	XBB.1.16.11	0.9%	0.3-2.1%
	HF.1	0.9%	0.4-1.7%
	XBB.1.16.6	0.9%	0.4-1.8%
	XBB.1.16.17	0.7%	0.4-1.2%
	BA.2.86	0.5%	0.3-0.8%
	EG.5.1.8	0.3%	0.2-0.5%
	XBB.2.3	0.3%	0.1-0.9%
	XBB	0.3%	0.1-0.6%
	XBB.1.9.1	0.2%	0.1-0.5%
	XBB.1.16.15	0.2%	0.0-1.1%
	XBB.1.5.70	0.2%	0.1-0.6%
	GK.1.1	0.2%	0.1-0.5%
	GK.2	0.1%	0.0-0.4%
	XBB.1.16	0.1%	0.1-0.2%

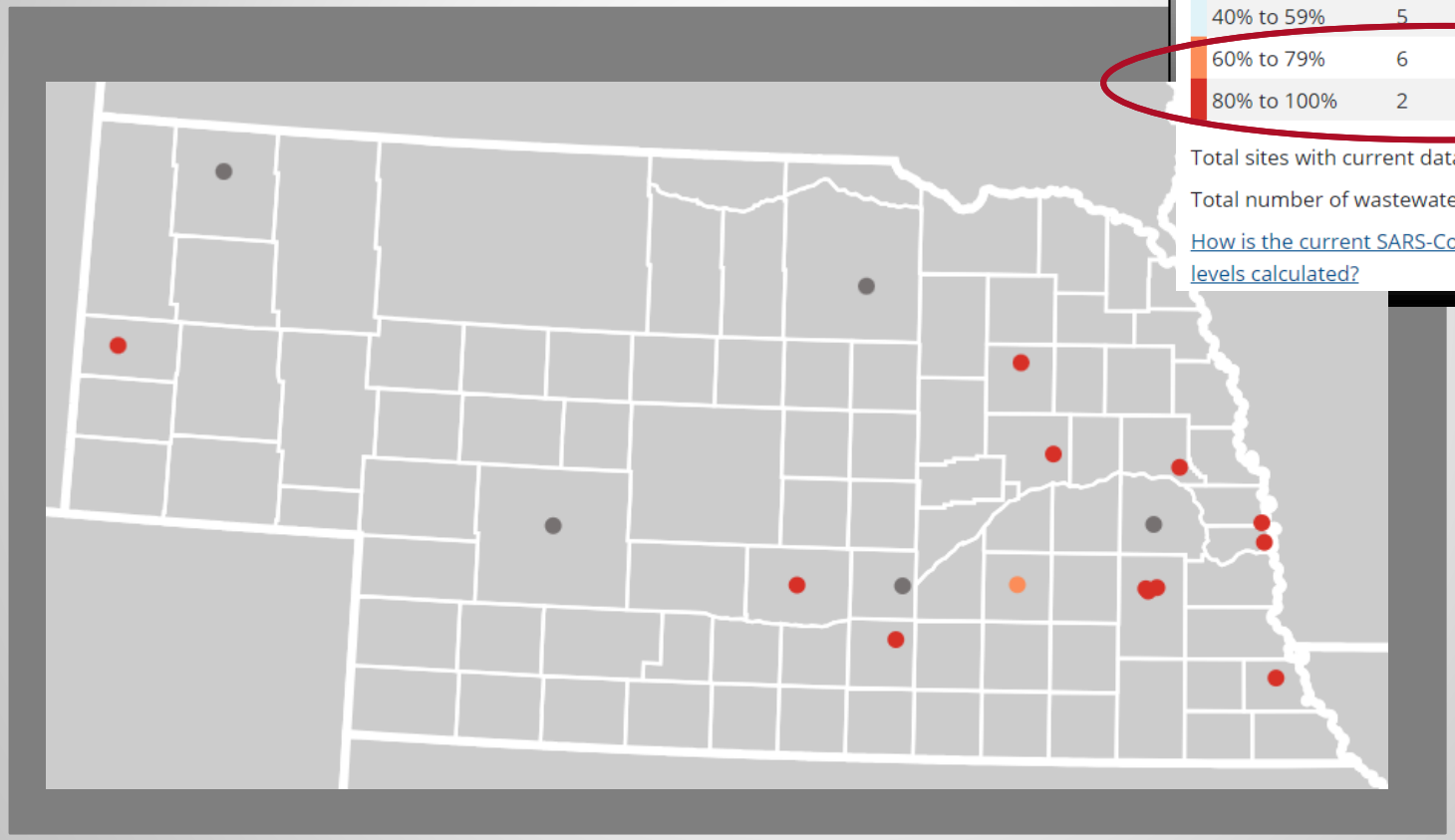
Weighted and Nowcast Estimates for two-week period 12/24/23 – 1/6/24



[CDC COVID Data Tracker: Variant Proportions]

Wastewater Surveillance

Time Period: Dec 18, 2023 – Jan 01, 2024



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?

CDC COVID Data Tracker: Wastewater Surveillance

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Nebraska Flu Activity and Data

Nebraska Influenza & Other Respiratory Disease Surveillance Report, 2023-24 Influenza Season, Week 52

(DATA THROUGH WEEK ENDING 12/30). All data are preliminary and may change as more reports are received.

INFLUENZA WEEKLY SUMMARY

INFLUENZA LABORATORY SURVEILLANCE

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

Week Ending Date	Influenza A Positives	Change from Last Week	Influenza B Positives	Change from Last Week	Overall Percent Positive	% Change from Last Week
12/30/23	455	▼ 25	222	▲ 28	12.9%	▲ 1.1%
Grand Total	1,704		846			

Cumulative Influenza Positive Tests by Subtype and Age Group

	0-4	5-17	18-24	25-49	50-64	65+	Season Total
Flu A: H1	46	35	6	40	34	58	219
Flu A: H3	*	*	*	17	*	11	45
Flu B: Victoria	*	*	*	*		*	13

LONG-TERM CARE FACILITY OUTBREAK SURVEILLANCE

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

MORTALITY SURVEILLANCE

<6 influenza-associated deaths have been reported for the surveillance season, including <6 pediatric deaths

[Flu Activity And Data (ne.gov)]

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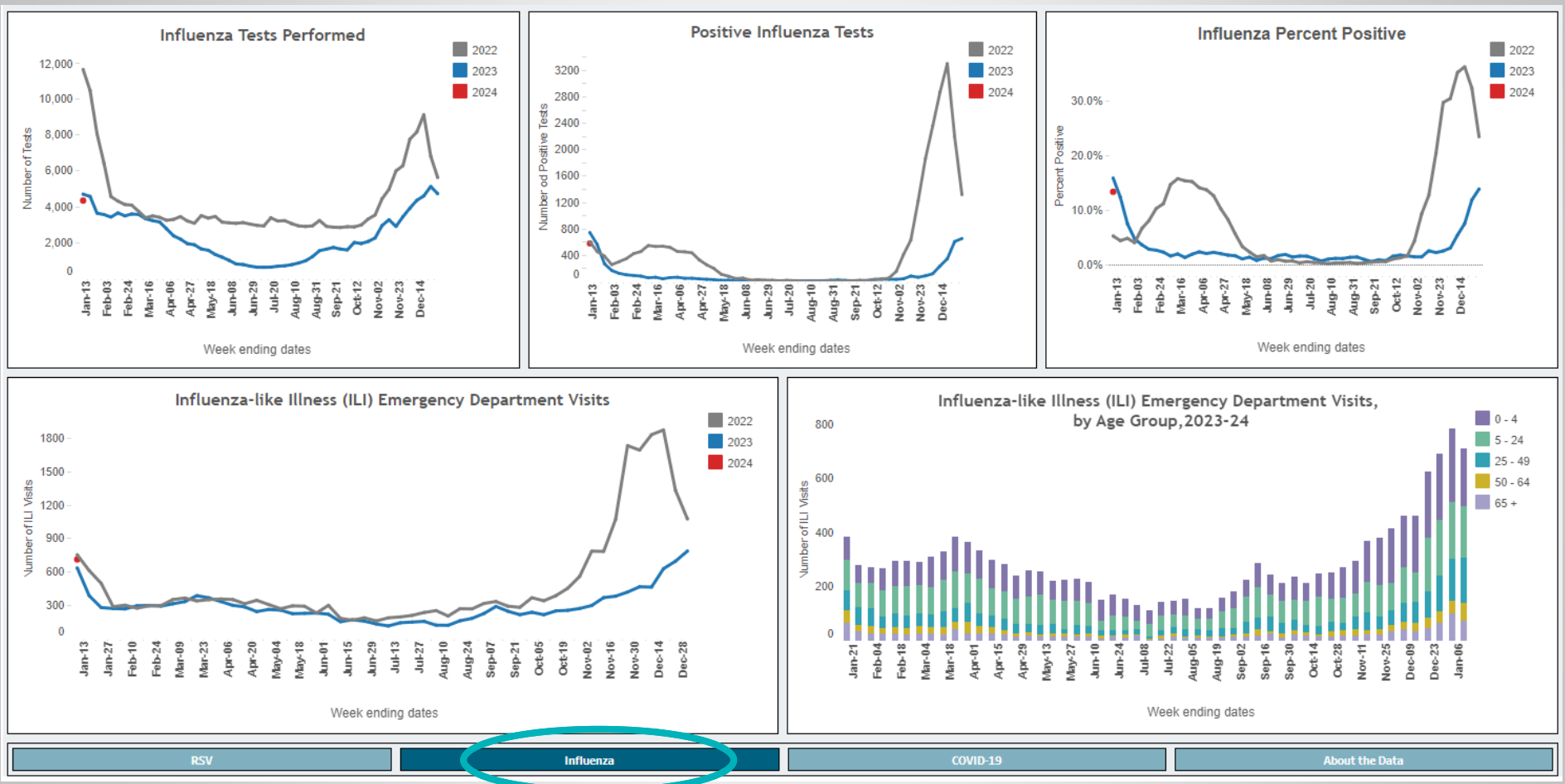
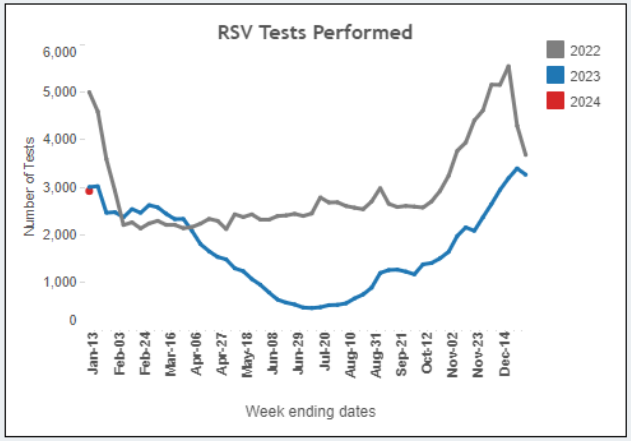
Nebraska Flu Activity and Data

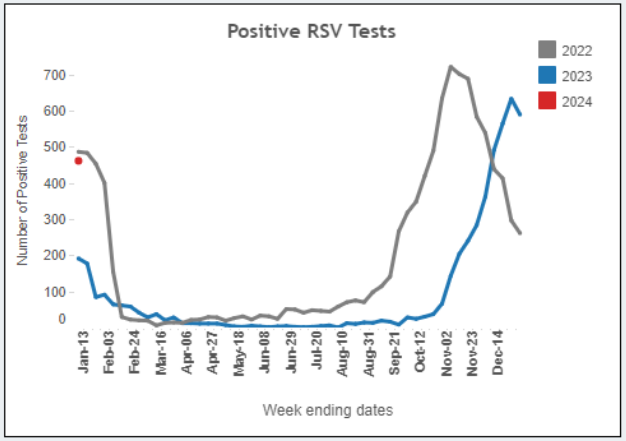


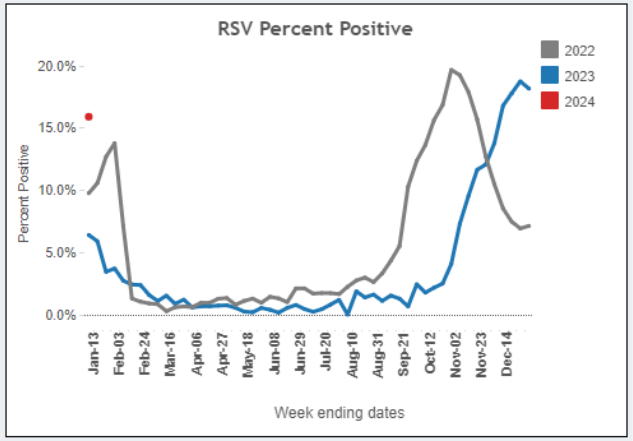
[Respiratory Illness Dashboard - Atlas Public Health Visualizations]

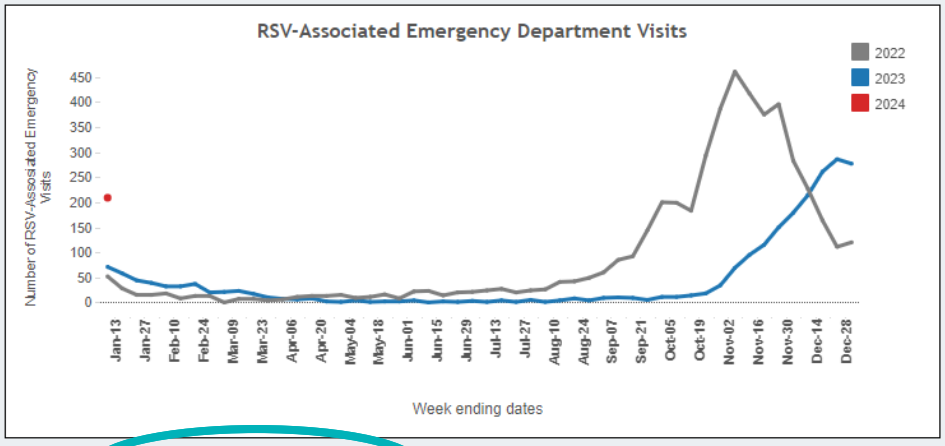
NE ICAP

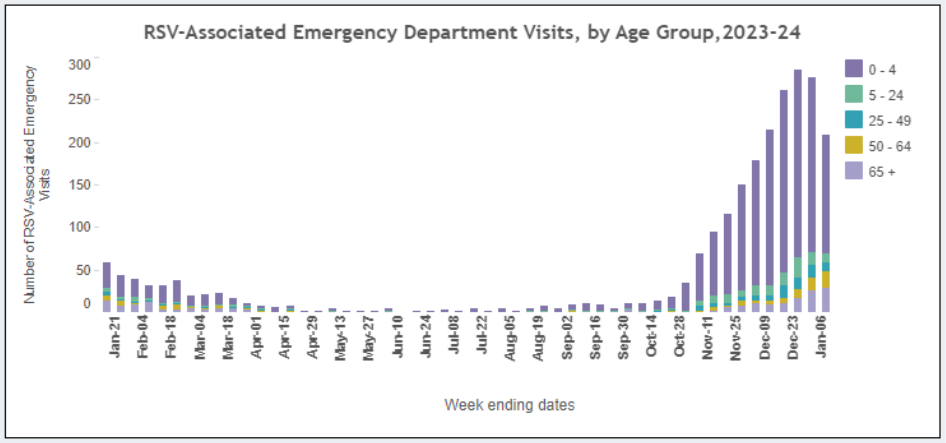
Nebraska RSV Activity and Data











RSV | Influenza | COVID-19 | About the Data

[Respiratory Illness Dashboard - Atlas Public Health Visualizations]

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Vaccine Wall of Honor

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LTC Vaccine Wall of Honor

Click HERE to Share Your Vaccine Story

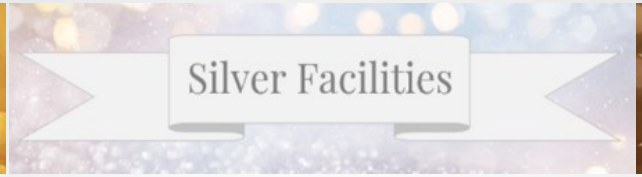
Please share your vaccine story with us to be included on:

- The COVID-19 Vaccine Wall of Honor on our website
- Announced on the LTC Webinar
- Featured on the Nebraska ICAP social media pages

LTC Vaccine Wall of Honor

*Litzenberg Memorial Long Term Care, Central City

Harvard House, Harvard



*Sunrise Country Manor, Milford

*Wakefield Health Care Center, Wakefield

Genoa Medical Facilities, Genoa

Tabitha at Williamsburg, Lincoln

Rose Blumkin Jewish Home, Omaha

Sumner Place, Lincoln

*Eastern Nebraska Veterans Home, Bellevue

Dunklau Gardens, Fremont

Brookefield Park, St. Paul

Infection Prevention in Health Care Providers: Employee Health Review and FAQs

Richard Starlin, MD
Acute Care Medical Director, NE ICAP
Assistant Professor Division of Infectious Diseases, UNMC
Associate Medical Director Employee Health, Nebraska Medicine

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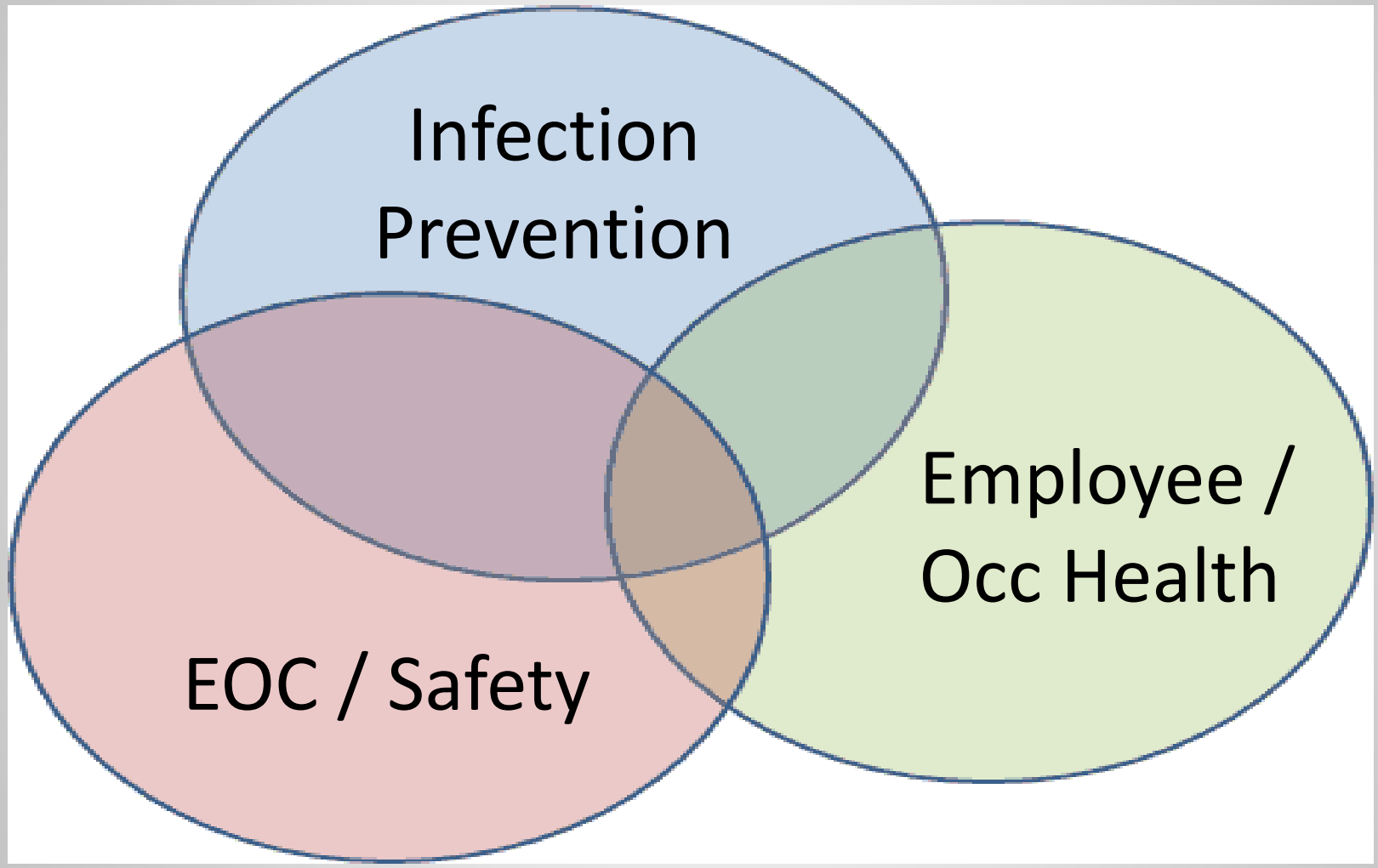
Overview of the Relationship



When we say employee…

- People paid by you PLUS
  - Students
  - Volunteers
  - Licensed Independent Practitioners (MD, PA, NP)
  - Contracted workers
  - Vendors (in some cases)

Basics of the Program

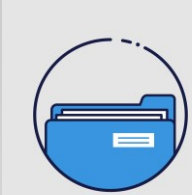
What should the program include?

- Pre-employment health assessment in relation to work risks
- Vaccination & immunity- Pre-employment and ongoing during employment
- Fit testing
- What should employee do if sick
- Return to work after illness- when? Process?
- Management of possible/known exposures
- Colleague health conditions- pregnancy, immune compromise
- How to handle emerging risks

Pre-employment Assessment

- Health care providers are at risk for exposure to and acquisition of vaccine preventable diseases. This risk can be minimized by:
  - Strict adherence to handwashing
  - Rapid institution of appropriate isolation for patients with known or suspected communicable diseases
  - Maintaining up to date immunizations in health care providers
- Health status as pertains to risk of illness in employment role
  - Health issues and potential exposure to patients infected with or lab work with special pathogens
  - Risk of vaccination with health conditions (i.e. ACAM vaccine)

Assessment of Immunity against vaccine preventable illness



- All medical facilities that provide direct patient care are encouraged to formulate and implement a comprehensive immunization policy for all health care providers
- This policy should describe exactly what the risk of exposure to vaccine preventable diseases is, according to job description
- Recommendations for immunization should be based upon the risk of exposure
- All new employees should receive a prompt review of their immunization status prior to starting to care for patients

Assessment of Immunity against vaccine preventable illness

- All health care providers should be immune to measles, mumps, rubella, and varicella.
- All health care providers with potential exposure to blood or body fluids should be immune to hepatitis B.
- All health care providers should be offered annual immunization with influenza vaccine.
- All health care workers should receive a one-time dose of Tdap as soon as possible, unless they are certain that they have received Tdap.

Assessment of Immunity against vaccine preventable illness

- At-risk health care providers and laboratory personnel should be offered the following vaccines: polio, meningococcal, rabies, plague, typhoid, and hepatitis A.

Assessment of Immunity against vaccine preventable illness

- Offer vaccination free of charge?
- Define what will count as immunity
  - Documented infection? Titers? Vaccination?
- Define your requirements and consequences of refusal
- Approach to non-responders

Assessment of Immunity against vaccine preventable illness

- Hepatitis B: Documented proof of a positive Hepatitis B antibody titer post vaccination series. Value >10
- Rubeola (Measles): Documentation of 2 MMR vaccinations administered at least 28 days apart OR documented proof of a positive Rubeola titer at >12 months of age
- Mumps: Documentation of 2 MMR vaccinations administered at least 28 days apart OR documented proof of a positive Mumps titer at >12 months of age
- Rubella: Documentation of 1 MMR vaccination OR documented proof of a positive Rubella titer at >12 months of age.
- Varicella: Documentation of 2 Varicella vaccinations administered at least 28 days apart OR documented proof of a positive Varicella titer.

Influenza Vaccination

- HCP
  - Mandate for vaccine?
  - Mandate for vaccine or declination?
  - Simply offer vaccine?

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COVID Vaccination

- There are many benefits of getting vaccinated against COVID-19
  - Vaccines available in the United States are safe and effective at protecting people from getting seriously ill, being hospitalized, and even dying
  - COVID-19 vaccines can offer added protection to people who had COVID-19, including protection against being hospitalized from a new infection, especially as variants continue to emerge
  - As with vaccines for other diseases, people are protected best when they stay up to date with the recommended number of doses and boosters, when eligible

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COVID-19 Vaccination

- Vaccination with one of the available vaccines is indicated for all health care workers unless there is a contraindication (which is quite rare)
- Have to keep up with changes in requirements and recommendations
- Staying up to date with latest boosters

TB Assessment

- Plan depends on facility TB risk assessment
  - Work closely with IP
- In regions with low TB incidence rate, HCWs should undergo initial TB screening with individual risk assessment and symptom evaluation
  - For individuals without documented prior TB disease or LTBI, baseline TB testing with an IGRA or a TST should be performed
  - In the absence of a known exposure or ongoing transmission, no routine serial TB testing at any interval after baseline is warranted
  - Serial TB screening may be reasonable for HCWs at increased risk for occupational exposure to TB (such as pulmonologists or respiratory therapists) or for HCWs in certain settings (such as emergency departments)
- TST vs IGRA
  - Interpreting results
  - CXR and Referral if positive?

TB Assessment- PPE

- Fit testing
  - The Occupational Safety and Health Administration (OSHA) requires annual fit testing
  - HCWs should wear respiratory protection in the following circumstances:
    - While in the room of a patient with known or suspected active infectious TB
    - While accompanying a patient with known or suspected active infectious TB, such as during transit
    - While present during a procedure for a patient with known or suspected active infectious TB that induce coughing or aerosolization, such as:
      - Endotracheal intubation
      - Bronchoscopy
      - Sputum induction
      - Chest physical therapy
      - Administration of aerosolized drugs
      - Irrigation of a tuberculous abscess
      - Autopsy on a cadaver with untreated TB disease

HCWs who are unable to use an N95 mask due to poor fit (for example, individuals with beards or those whose facial structure precludes a tight seal) should use a PAPR

Colleague Illness

- Employee illness and symptoms
  - Generally febrile colleagues should not report to work
    - Certain conditions, e.g., boils, weeping dermatitis, infected wounds or sores, acute gastroenteritis, uncontrolled cough, profuse sneezing or runny nose require removal from work
  - Duration out and RTW depends on syndrome, diagnosis and recovery
    - What is required for RTW?

- Exposure to contagious pathogen- very pathogen and situation dependent
  - Can colleague work?
  - Any PEP?

Return to Work - Respiratory

Illness	Work Restrictions	Duration
COVID 19	Exclude from work	Protocol managed by Employee Health.
Influenza	Exclude from work Upon return, exclude from working in departments with known "high-risk" patient contact* for a minimum of 7 days starting from day of symptom onset	Until the following criteria have been met (typically 3-5 days): • Fever free (<100 F) for 24 hours without the use of fever-reducing medication • Improvement of symptoms for 24 hours • Symptoms mild enough to be tolerable to work with, do not interfere with the ability to perform one's job duties, and confinable by donning an appropriate mask
RSV and Other Upper Respiratory Infections (RSV, Bronchitis, Common Cold, Rhinovirus, etc.)	Exclude from work	Until the following criteria have been met: • Fever free (<100 F) for 24 hours without the use of fever-reducing medication • Improvement of symptoms for 24 hours • Symptoms mild enough to be tolerable to work with, do not interfere with the ability to perform one's job duties, and confinable by donning an appropriate mask

*High risk departments primarily consist of immunocompromised patients including neonatal patients, and/or patients undergoing cancer treatment or organ transplant. If the employee can be reassigned to a department that does not have "high-risk" patient contact and has met all other listed criteria, then the employee may RTW in the reassigned department while waiting to get full clearance to RTW in departments with "high-risk" patient contact.

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Return to Work – Diarrheal Diseases

Illness	Work Restrictions	Duration
Gastroenteritis	Exclude from work	Until the following criteria have been met: • Until symptoms (vomiting, diarrhea) have resolved without the use of anti-diarrheal medications for **24** hours • Fever free (<100 F) for 24 hours without the use of fever-reducing medication
Norovirus	Exclude from work	Until the following criteria have been met: • Until symptoms (vomiting, diarrhea) have resolved without the use of anti-diarrheal medications for **48** hours • Fever free (<100 F) for 24 hours without the use of fever-reducing medication
Clostridium difficile (C-diff)	Exclude from work	Until the following criteria have been met: • Until symptoms (vomiting, diarrhea) have resolved without the use of anti-diarrheal medications for **72** hours • Fever free (<100 F) for 24 hours without the use of fever-reducing medication

Surveillance for Infection in HCPs

- Ongoing – close coordination with your local Health Department
  - What's going around?
  - Seasonal
- Investigation of hospital acquired infection
  - Risk to colleagues?
- Accidental Exposure to Communicable Disease

NE ICAP

Post-Exposure Assessment

For ***all*** Communicable Diseases, define "exposure"

- Route of Transmission
- Type of Contact
- Duration of Exposure
- Period of Communicability
- Incubation period
- Exposed population
  - Goes beyond employees during care
  - May include pre-hospitalization as well

Tuberculosis

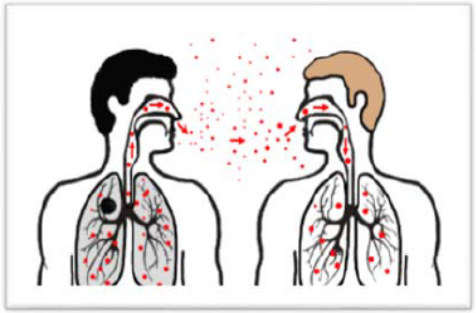
- Patient with Tuberculosis
  - Were precautions used?
  - When were they started?
  - Who was in the closest proximity?
    - Low rate of infection
    - Concentric circle
- Exposed
  - Baseline skin test
  - Retest

Differentiating Latent TB from Tuberculosis Disease

Tuberculosis
Patient and Staff Safety

	Infectiousness	Diagnostics	Symptoms	Isolation	Treatment
Tuberculosis Latent Infection (LTBI)	Not infectious	Positive ppd skin test or IGRA (e.g.,QuantiferonTB)	No Symptoms; does not feel sick	No isolation	Treat to prevent conversion to disease
Tuberculosis Disease	Pulmonary TB – spread by coughing and talking	• Bronch wash or sputum • Positive AFB Smear OR • Positive culture • Chest X-ray may be abnormal – typically upper lobe	Prolonged cough, fever, chest pain, loss of appetite, fatigue, night sweats, weight loss, hemoptysis	Airborne Precautions until treated at least 2 weeks, and documented non-infectious (3 negative sputum smears)	Yes, usually multi-drug regimen for extended period
	Extrapulmonary TB – only spread if the infection is aerosolized, e.g., OR	Aspiration for culture	Depends on the location	None, unless aerosolizing during diagnosis or treatment, then: • N-95 or PAPRs • Negative pressure environment	Depends on the location

Spread of TB requires the bacilli to go from the alveoli of the diseased patient to the alveoli of a susceptible person.



Atypical TB (e.g., *Mycobacterium avium Mycobacterium intercellulare)* are in the Mycobacterium family, but are NOT contagious person-to-person and require no precautions

Patients with DISEASE are more likely to transmit TB if:
- # of bacilli is high
- Patient is coughing
- Increased duration, proximity, and frequency of exposure

Only 10% of untreated LTBI convert to disease.
5% in first 1-2 years after infection.
5% later in life. More likely to convert to disease if:
- Untreated HIV infection
- Children <5 years

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Blood Borne Pathogens

- Bloodborne Pathogens- HIV, HBV, HCV
  - Define based on significant exposure AND significant route
    - The pathogen involved.
    - The type and severity of exposure
    - The amount of blood involved in the exposure
    - The amount of pathogen in the patient's blood at the time of exposure.

Blood Borne Pathogens

- Bloodborne Pathogens- HIV, HBV, HCV
  - What is the risk?
    - HIV
      - The estimated risk of HIV infection from a sharps injury is about 0.3 percent (1 in 300)
      - The risk appears to be greater than 0.3% for exposure to HIV (+) patients involving deep injury, visible blood on the device causing the injury or a device previously placed in the source patient's vein or artery. Lower for mucocutaneous exposure
    - HBV
      - The chance of becoming infected with hepatitis B from a sharps injury is estimated to be between 6 and 30%
    - HCV
      - The risk of infection after percutaneous exposure to HCV-infected blood is 1.8% (between 0.8 and 3%)

Blood Borne Pathogens

- What should you do if you have a blood occupational exposure?
  - Wash the site of the needlestick or cut with soap and water.
  - Flush splashes to the nose, mouth, or skin with water.
  - Irrigate eyes with clean water, saline, or sterile irrigants.
  - Report the incident to your supervisor or the person in your practice responsible for managing exposures.
  - Immediately seek medical evaluation from a qualified health care professional because, in some cases, postexposure treatment may be recommended and should be started as soon as possible.

Blood Borne Pathogens

- Baseline testing of the source and the recipient
  - Could be an employee or other patient

- What to do if something positive
  - Reporting results
  - PEP
  - Referral?

Fetal Protection & Infections

- Concern is with HCW and the fetus
- Isolation Policies – designed to isolate the organism and/or the patient to protect employees and other patients in the hospital (pregnant and non-pregnant).
  - The need for further restriction is unusual.
- Responsibility of pregnant employees
  - be especially aware of identified and unidentified infectious conditions in a hospital
  - use extra caution in hygiene measures and appropriate isolation/precaution procedures
  - talk with the Employee/Occupational Health Nurse and/or the Infection Control Preventionist to understand the risks.

References

- Guideline for infection control in health care personnel, 1998. Personal Author(s) : Bolyard, Elizabeth A.; Deitchman, Scott; Pearson, Michele L.; Shapiro, Craig N.; Tablan, Ofelia C.; Williams, Walter W.; Corporate Authors(s) : Hospital Infection Control Practices Advisory Committee (U.S.); National Center for Infectious Diseases (U.S.); National Immunization Program (Centers for Disease Control and Prevention); National Institute for Occupational Safety and Health.; Published Date : June 1998 Series : American journal of infection control ; v. 23, no. 3, p. 289-354; Infection control and hospital epidemiology; v. 19, no. 6, p. 407-63; URL : https://stacks.cdc.gov/view/cdc/11563

Revised Strike Team Reimbursement Guidelines

NE ICAP

Strike Team Reimbursement

Reimbursement guideline change:

Do the facilities need to wait until all four criteria are met before applying for reimbursement?

1. Facilities do not need to wait until all four criteria are met before applying for reimbursement. Invoices can be submitted either individually for each criterion or together for multiple criteria.
2. Facilities choosing to submit reimbursement request on multiple occasions (each time for different criterion/criteria), should keep track of total amount requested through all the submissions. Combined expenses requested for reimbursement through all the submissions must be less than or equal to the maximum amount allowed for the facility based on the facility type and size or the reimbursement will be denied.

Deadline for application:

What are the deadlines for participating in the project and for requesting reimbursements?

1. Facilities must complete the participation survey (available at https://epi-dhhs.ne.gov/redcap/surveys/?s=NRAF4YRRE9KEYCFR) by **Friday, January 12th, 2024** or their reimbursement request will be denied.
2. Additionally, facilities must submit all the reimbursement request (using online REDCap form available at https://epi-dhhs.ne.gov/redcap/surveys/?s=JCMRD8YC9APPNFAE) by **Tuesday, April 30th, 2024** or the reimbursement will be denied.

Healthcare Associated Infections (ne.gov)

Nebraska Long Term Care Facility Strike Team Reimbursement Guidelines

NE ICAP

Nebraska ICAP is incredibly happy to announce the launch of our own on-line Learning Center. At this time, we are excited to have the IC Champion Training available for registration and completion at any time.

Learning Center – ICAP/ ASAP Education on Your Own Time (nebraskamed.com)

- Users must create an account and enroll in the course. There are 2 ways to register:
  - Click on the "Registration" tab at the top of the page and enter your information.
  - Click on the "Enroll Now" button on the IC Champion Training box and it will ask you to either log in or register for an account.
  - You must be logged in to complete the course.
  - Please save your username and password information to access the system at later times as we will continue to add education to this site
- Course consists of a video (about 45 minutes) and a short knowledge check
- Certificate of completion is generated upon completion for you to print or save, you can access this certificate at any time by logging into your profile on the site.

- For registration/ course questions contact Sarah Stream at sstream@nebraskamed.com
- For Strike Team questions contact Katelynn Piper at Katelynn.Piper@nebraska.gov

NE ICAP

Questions and Answer Session

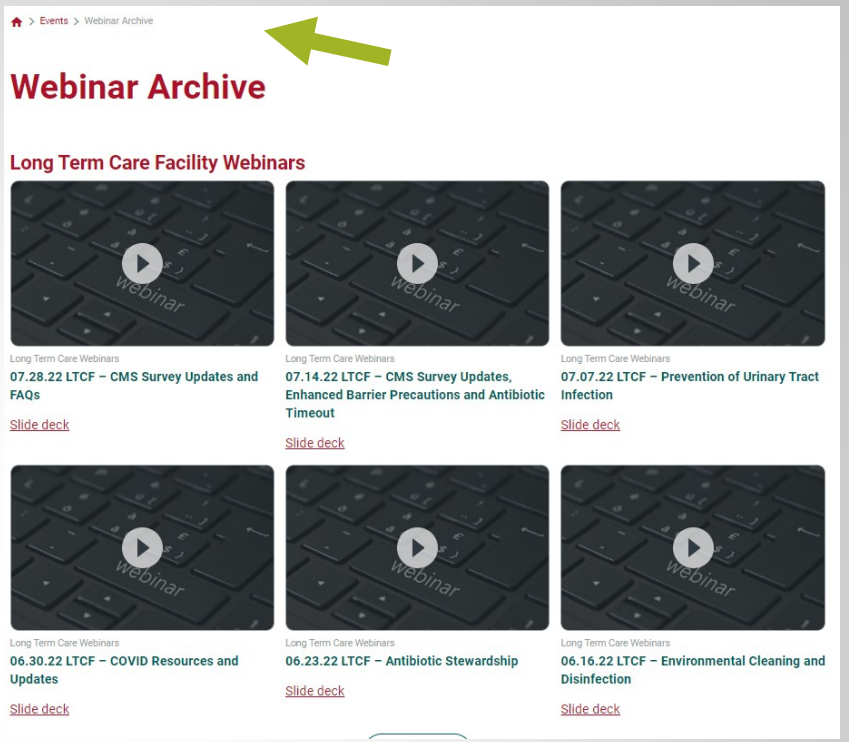
Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

Guest Speaker: Dr. Rick Starlin

rick.starlin@unmc.edu

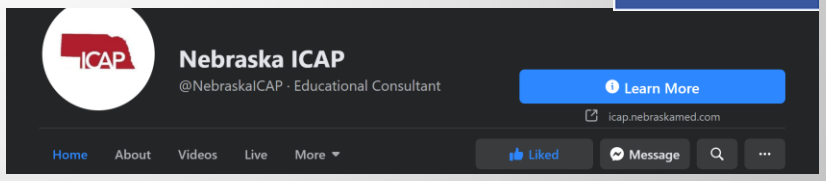
Panelists:

- 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



Webinar Videos and Slide decks

Don't forget to Like us on Facebook for important updates!



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

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Project Firstline Micro-Learn Resources

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

PROJECT FIRSTLINE

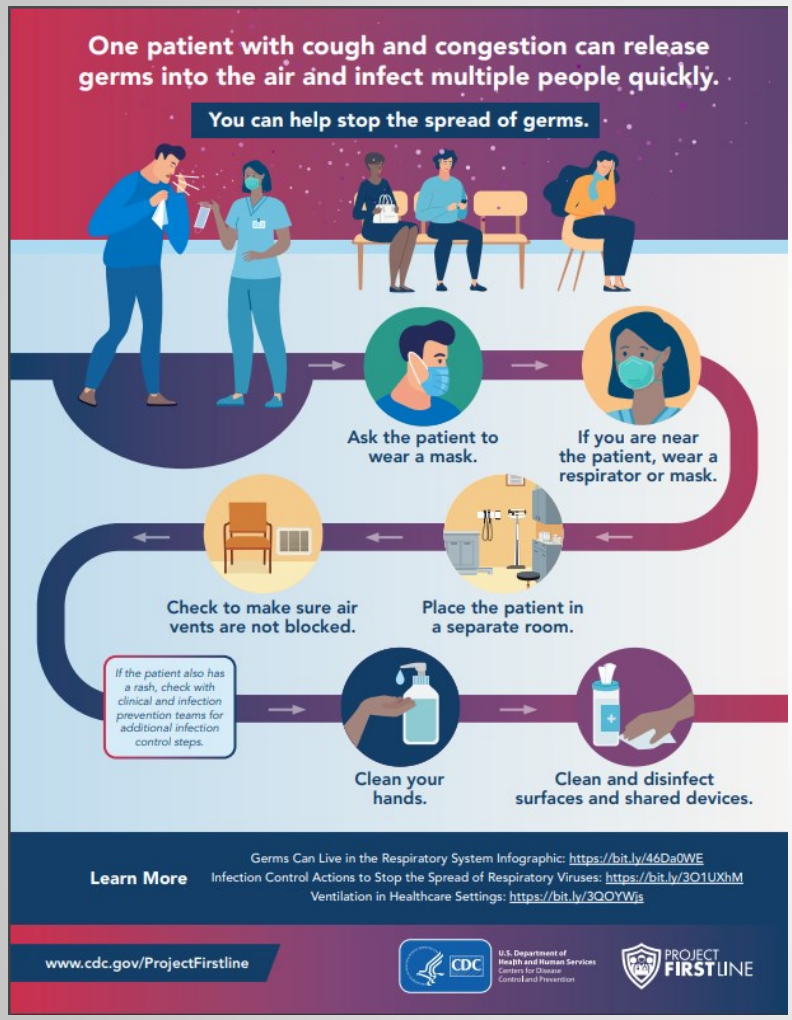
NE ICAP

NEBRASKA INFECTION CONTROL ASSESMENT AND PROMOTION PROGRAM

PFL Micro-Learn Resources

- Short, adaptable training resource
- Can be used at morning huddles or any meeting
- Connect infection control topics to immediate, practical action items
- Topics currently available
  - Blood
  - Rash
  - Cough and Congestion
  - Draining Wound
  - Diarrhea

Cough and Congestion Micro-Learn



- Includes a discussion guide for facilitators and a printable job aid
- Discussion guide includes key talking points
- Can be incorporated into any meeting or huddle in less than 5 minutes
- Reinforce infection control concepts to mitigate risk to frontline staff
- Facilitator notes:
  - Introduce topic
  - Expand on topic
  - Discuss with team
  - Wrap up and reinforce

ICAP Updates and Information

NE 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 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

NE ICAP

Infection Prevention and Control Hotline Number:

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 4:00 PM Central Time

On-call hours are available for <u>emergencies only</u>

Weekends and Holidays from 8:00 AM- 4:00 PM

*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 quickest response.

NE ICAP

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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/

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