

Guidance and responses were provided based on information known on 7.10.25 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

# Long Term Care Webinar Series

**July 10, 2025**

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



NEBRASKA INFECTION CONTROL ASSESSMENT 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.

# Continuing Education Disclosures

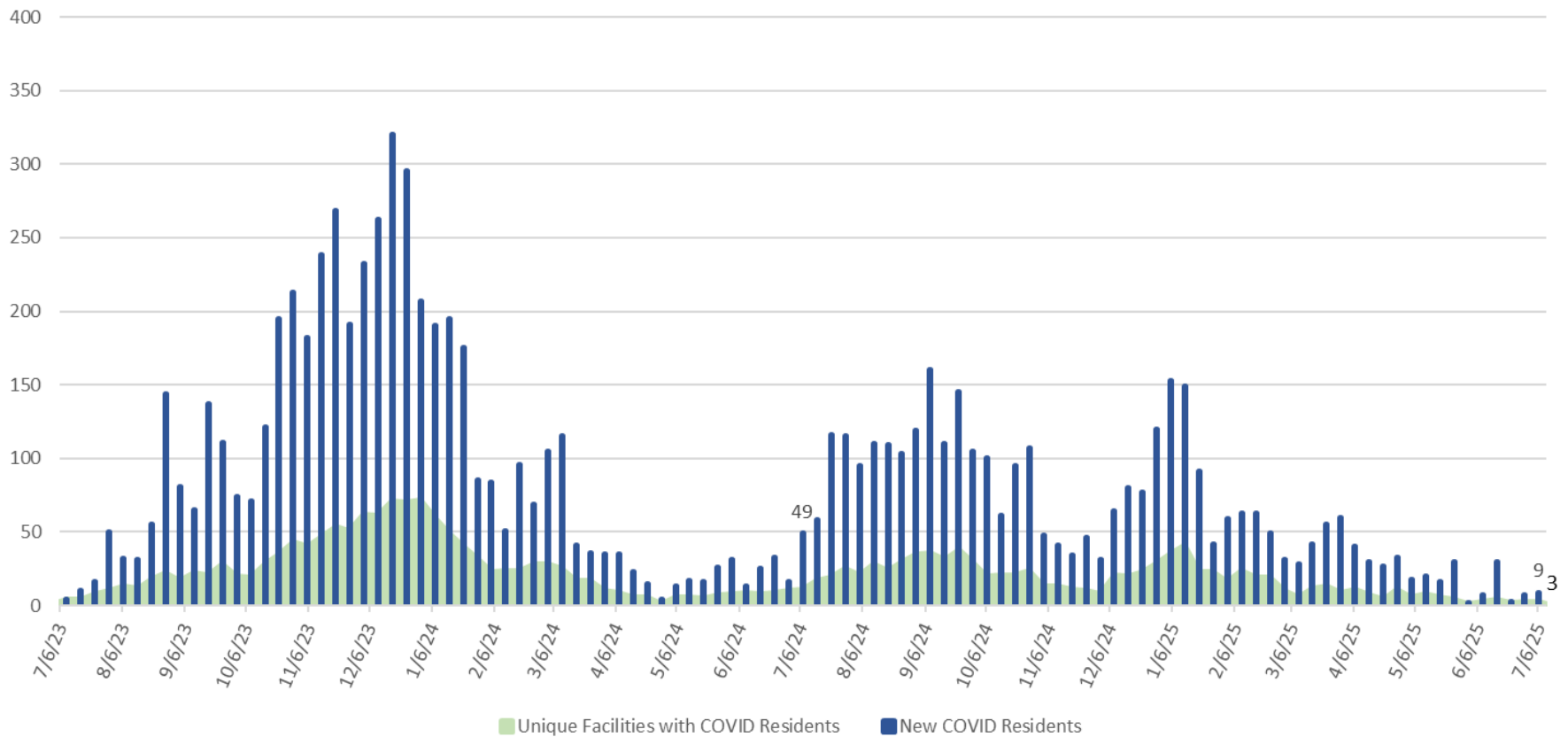
- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must attend the entire live activity and complete the post webinar survey
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content
- This CE is hosted Nebraska ICAP along with Nebraska DHHS
- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

# Nebraska Respiratory Illness Update



# Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC - Facilities with at Least One COVID Resident & Total COVID Residents by Week



\*\*Updated: 7/7/2025

Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary.

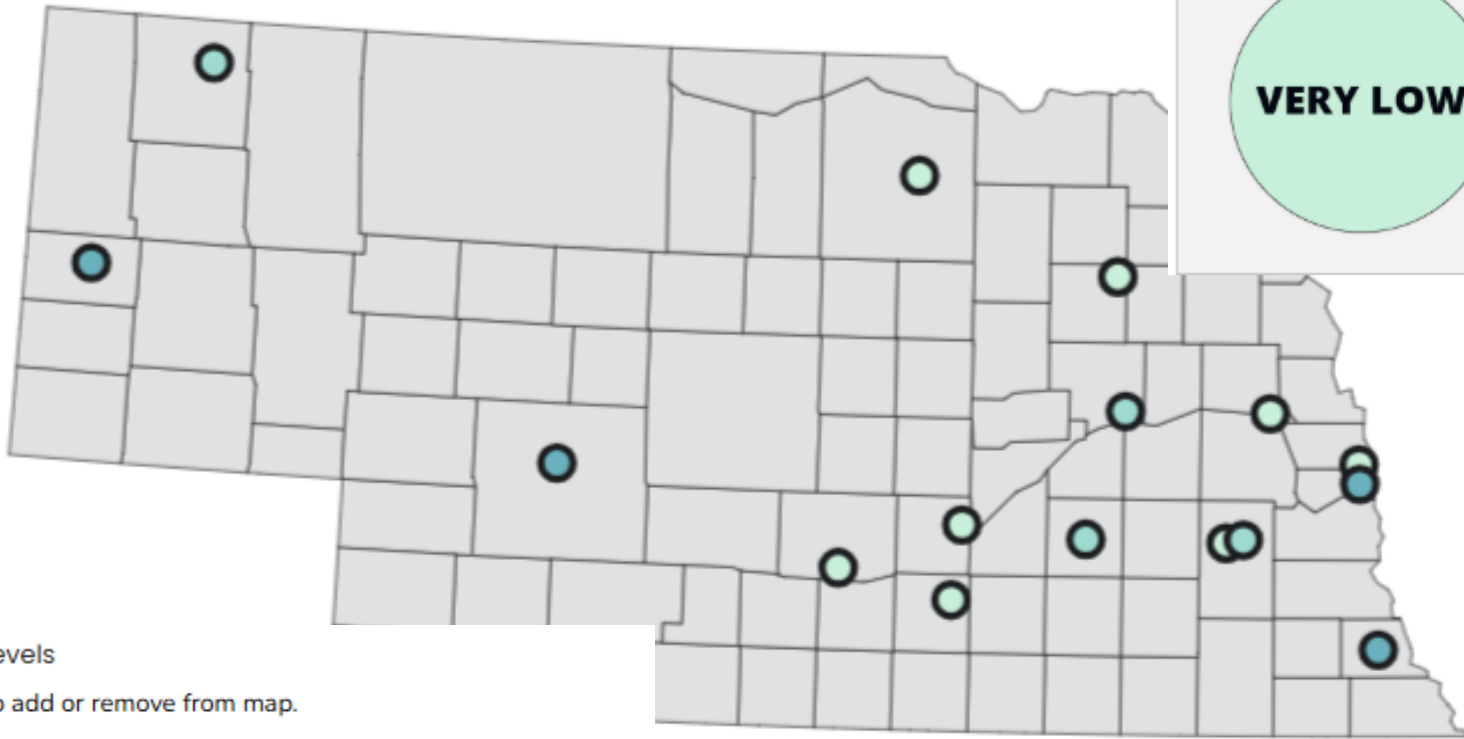
# Wastewater Surveillance

Time Period: June 22, 2025 - June 28, 2025

In Nebraska, the wastewater viral activity level for COVID-19 is currently Very Low.

Sites reporting in the last week: 17  
Sites reporting in the last 30 days: 17

**VERY LOW**



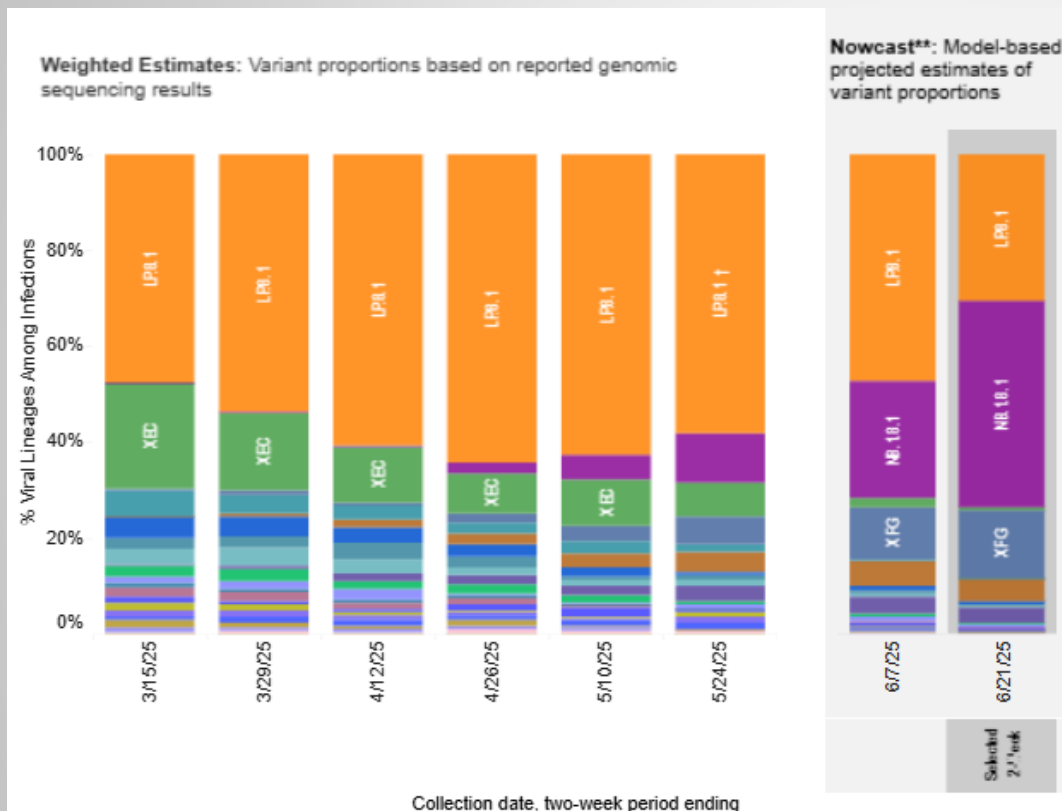
Current Site Levels

Select a level to add or remove from map.

Very High High Moderate Low Very Low  
No Data

# What's happening with variants?

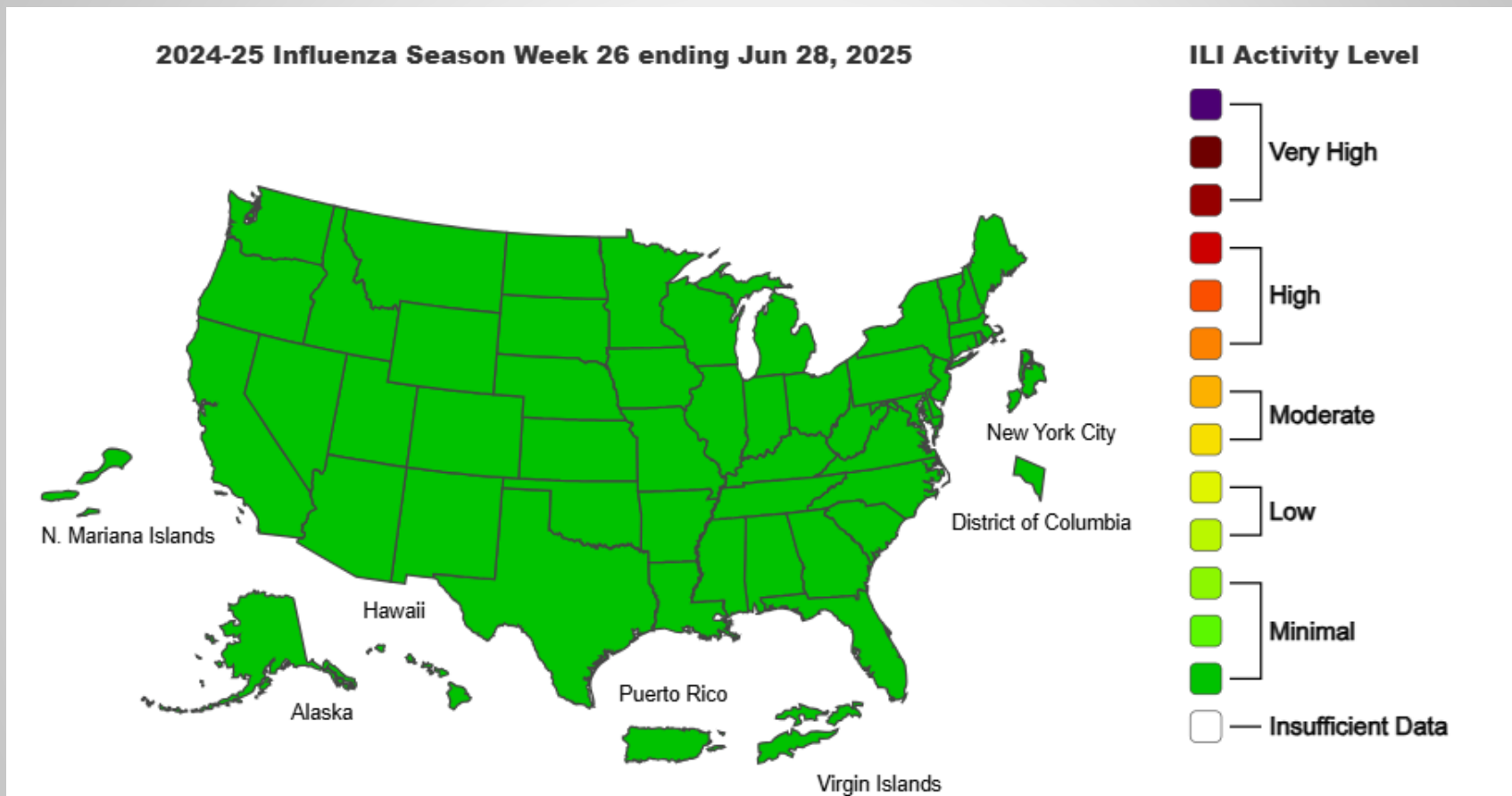
Weighted and Nowcast Estimates in United States for 2-week Period 6/8/2025 – 6/21/2025



Due to low numbers of sequences being reported to CDC, precision in the most recent reporting period is low. CDC is moving to longer reporting periods to gather the number of sequences required to provide reliable Nowcast estimates.

USA			
WHO label	Lineage #	%Total	95%PI
Omicron	NB.1.8.1	43%	22–67%
	LP.8.1	31%	22–42%
	XFG	14%	3–41%
	XFC	5%	3–8%
	LF.7.9	3%	2–5%
	XEC	1%	0–1%
	LF.7.7.2	0%	0–1%
	PA.1	0%	0–1%
	LF.7	0%	0–1%
	LF.7.7.1	0%	0–1%
	MC.10.1	0%	0–1%
	XEC.4	0%	0–1%
	LB.1.3.1	0%	NA
	KP.3	0%	NA
	LF.7.2.1	0%	NA
	KP.3.1.1	0%	NA
	XEQ	0%	NA
	XEK	0%	NA
	MC.1	0%	NA

# Flu Activity US





NEBRASKA

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# Environment of Care Rounding for the Infection Preventionist

Josette McConville, RN, CIC



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

# Definitions

**Environment of Care Rounds** - Multidisciplinary recurring facility tours used to manage environmental risk through proactive identification of unsafe conditions or non-compliance, and addressing corrective actions while expanding interaction with facility staff.

**Competency Assessment** – Process to evaluate the skills, knowledge, and abilities of staff to ensure they can perform their job duties effectively.

**Audits** – Formal, systematic look at one or more designated practices to ensure compliance with written policies and procedures. Examples include hand hygiene, glucometer use, cleaning of high touch surfaces, etc.

# Goals of IPC Rounding

Improve safety for residents and staff

Monitor adherence to expected practices (e.g., policies and protocols)

Identify gaps or risks

Collaborate and communicate with frontline staff

Educate and reinforce standards

# General IPC Rounding Practices

IPC rounds can be:

- ✓ Announced or unannounced
- ✓ Individual or with a team
- ✓ May be multidisciplinary (e.g., in conjunction with life safety)
- ✓ Formal or informal
  - Use of formal tool or 'spot check'
- ✓ Direct observation and staff interview

# Frequency of IPC Rounding

- Establish a routine schedule to conduct environment of care rounds
  - Frequencies may differ for certain areas or departments
- Frequency of EOC rounds may be determined based on documentation in the annual IPC risk assessment



# Where to Round for IPC - All Areas

Common  
Areas

Resident Care  
Area

Supply  
Receiving

Soiled Hold

Clean Supply  
Storage

Medication  
Prep Area

Specimen  
Handling and  
Storage

Food Storage

Point of Care  
Testing

Carts (e.g.,  
linen, wound,  
emergency)

Breakrooms

# Standardized Tool

## ENVIRONMENTAL ROUNDS WORKSHEET FOR INFECTION PREVENTION

Long Term Care Facility

<https://vimeo.com/showcase/6118634>

Facility Name: \_\_\_\_\_

Observers: \_\_\_\_\_

Date: \_\_\_\_\_

Check as follows:

C = Compliant; NC = Not compliant; CAC = Corrective action completed; FU = Follow-up required; NA = Not applicable

Criteria	C	NC	Finding or Comment	CAC	FU	NA
<b>Lobby &amp; Reception Area:</b>						
Respiratory Hygiene/Cough Etiquette Sign						
Alcohol based hand rub available						
Tissues and container for disposal						
Masks available						
Furniture: Material cleanable and free of tears or patching						
Floors and wall clean						
Toys if present clean and stored appropriately						
<b>Bathrooms (Visitors and Staff)</b>						
Ceiling tiles free of stains/holes						
Ceiling tiles in place						
No evidence of water or moisture intrusion (around ceiling tiles, around baseboard or fixtures)						
<b>Hallways and Corridor (s)</b>						
Floors visible cleaned and without debris						
Hallways free of clutter						
Equipment not stored in hallway						
Walls free of stains, breaks and penetrations						

Note: Links to three templates listed at end of presentation. Customize to your needs.

# Observe for Sanitary Environment

- Obvious dust on surfaces
- Damaged drywall
- Dirty air vents
- Bugs in lights
- General clutter
- Stained ceiling tiles, or other evidence of water intrusion
  - All water stain require further investigation





# Observe Horizontal Surfaces and Furniture

Consider if all surfaces are able to be adequately cleaned and disinfected

- Any rips tears in furniture or mattresses
- Shelves should be smooth, non-porous and easy to clean
- Look for broken laminate
- Rust on metal surfaces
- Sticky surfaces (e.g. tape residue)



[Using the health care physical environment to prevent and control infection \(ashe.org\)](https://www.ashe.org/)

# Staff Knowledge of Disinfection Practices

- How many products are being used?
- Understand which product to use when/
- If contracted EVS, ensure EPA- registered, hospital disinfectant used.
- Label pathogen kill claim?
- Knowledge and understanding of contact time.
- Who cleans what and how often?
- Manufacturer IFU are followed on all medical equipment.

## How to Read a Disinfectant Label

**Read the entire label.**  
**The label is the law!**  
Note: Below is an **example** of information that can be found on a disinfectant label

**Active Ingredients:** What are the main disinfecting chemicals?

**EPA Registration Number:** U.S. laws require that all disinfectants be registered with EPA.

**Directions for Use (Instructions for Use):** Where should the disinfectant be used? What germs does the disinfectant kill? What types of surfaces can the disinfectant be used on? How do I properly use the disinfectant?

**Contact Time:** How long does the surface have to stay wet with the disinfectant to kill germs?

**Active Ingredients:**  
Alkyl (80% C14, 30% C16, 5% C12, 5% C18) ..... 10.0%  
Dimethyl Benzyl Ammonium Chloride ..... 90.0%  
OTHER INGREDIENTS ..... 100.0%  
TOTAL: ..... 100.0%  
EPA REG NO. 55555-55-55555

**CAUTION**

**Directions for Use**  
**INSTRUCTIONS FOR USE:** It is a violation of Federal law to use this product in a manner inconsistent with its labeling.  
**For Disinfection of Healthcare Organisms:** Staphylococcus aureus, Pseudomonas aeruginosa.  
**To Disinfect Hard, Nonporous Surfaces:** Pre-wash surface. Mix or wipe with disinfectant solution. Allow solution to stay wet on surface for at least 10 minutes. Rinse well and air dry.

**PRECAUTIONARY STATEMENTS:** Hazardous to humans and domestic animals. Wear gloves and eye protection.  
**CAUSES MODERATE EYE IRRITATION.** Avoid contact with eyes, skin or clothing. Wash thoroughly with soap and water after handling. Avoid contact with foods.  
**FIRST AID: IF IN EYES:** Hold eye open and rinse slowly and gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. **IF ON SKIN OR CLOTHING:** Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes.  
**POISON CONTROL:** Call a Poison Control Center (1-866-368-5048) or doctor for treatment advice.  
**STORAGE AND DISPOSAL:** Store this product in a cool, dry area away from direct sunlight and heat. When not in use keep center cap of lid closed to prevent moisture loss. Nonrefillable container. Do not reuse or refill this container.

**Signal Words (Caution, Warning, Danger):** How risky is this disinfectant if it is swallowed, inhaled, or absorbed through the skin?

**Precautionary Statements:** How do I use this disinfectant safely? Do I need PPE?

**First Aid:** What should I do if I get the disinfectant in my eyes or mouth, on my skin, or if I breathe it in?

**Storage & Disposal:** How should the disinfectant be stored? How should I dispose of expired disinfectant? What should I do with the container?

EXP MM-DD-YYYY  
55555-55-55555

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

PROJECT FIRST LINE

EPA  
Environmental Protection Agency

WWW.CDC.GOV/PROJECTFIRSTLINE

How to Read a Disinfectant Label

# Observe Sinks

- Separate hand hygiene sink from sink used for decontamination.
- Do not store items in splash zone of sink.
  - Do not prepare medications in splash zone of sink (within 36 inches)
  - Mount a splash guard when space is limited.
- Do not store medical supplies or chemicals that could have a reaction if exposed to moisture under a sink
  - Consider installing casework to prevent storage under sink storage



[Splash-Zone-Around-Sinks.pdf \(nebraskamed.com\)](https://nebraskamed.com/Splash-Zone-Around-Sinks.pdf)

[Practice-Briefs-under-sink-storage-3.18.pdf \(nebraskamed.com\)](https://nebraskamed.com/Practice-Briefs-under-sink-storage-3.18.pdf)

# Other Activities of Water Management



- Are water fixtures with low-frequency use flushed routinely? Who is responsible?
- Do ice dispensers appear clean and uncluttered? Is preventative maintenance documented?

# Storage of Clean Supplies

- Separation of clean supplies/equipment room from soiled holding room
- Wire storage shelving should have solid bottom (acrylic sheeting)
- Store supplies in a manner to protect from contamination and maintain the integrity of packaging from damage
- Sterile supplies should be stored:
  - 8-10" from floor
  - 18" from ceiling (sprinklers)
  - 2" from outside wall
- Spot check expiration dates



# Maintain Sterility of Sterile Supplies



- Do not open sterile supplies until ready to use.
- Do not save open sterile supplies if unused, if sterility is necessary.





# Cardboard/External Shipping Containers

- Shipping containers, especially those made of a corrugated material, serve as generators of and reservoirs for dust. Corrugated cardboard boxes are susceptible to moisture, water, vermin and bacteria.
- Ideally, all supplies should be removed from external cardboard shipping boxes prior to being transported to any patient care area. If this is not possible, supplies must be removed from these boxes before being placed into clean and sterile supply rooms on resident care units.

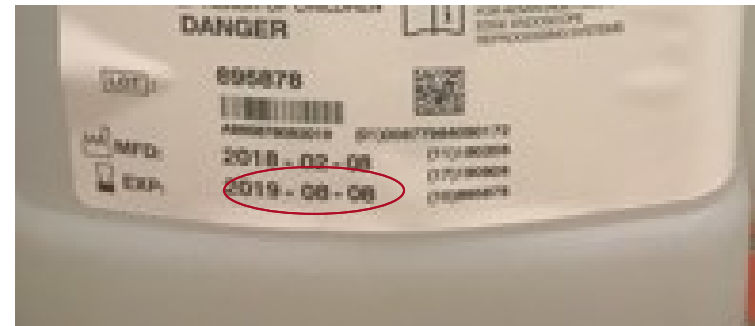
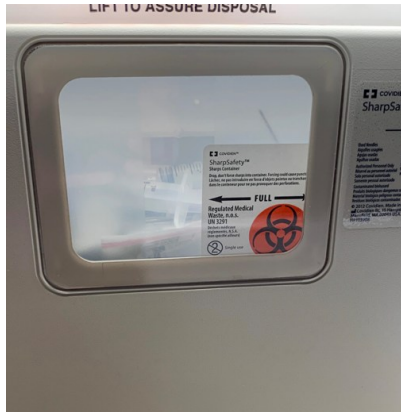


[Using the health care physical environment to prevent and control infection \(ashe.org\)](https://www.ashe.org)

# Medication Preparation Areas

- Spot check for expired products
- Spot check for properly labeled multidose vials and solutions
- Look for overfilled sharps containers
- Review temperature log for refrigerators
- No storage of food/drink in refrigerators designated for medication/vaccine storage

REFRIGERATOR AND FREEZER TEMPERATURE LOG		
Location/Month/Year: HotLab Feb 2021		
	REFRIGERATOR	FREEZER
Y	32-40 F	-10-0 F
	39	
	35	
	38	
	38	
	38	
	33	
	33	
	38	
	40	
0	38	
1	40	
2	40	
3		
4		
5	40	
6	40	
7	39	
8		
9		
0		
1		
2		





# Blood Glucose Monitors

## Single-resident blood glucose meter:

- Is it stored in a manner that will prevent inadvertent use on additional residents?
- Is it stored in a manner to prevent cross contamination via contact with other meters or equipment?

## Multi-use blood glucose meter:

- Is the meter cleaned and disinfected after each use according to manufacturer's instructions?
  - If manufacturers are unable to provide this information, then the meter should not be used for multiple residents.



# Laundry Storage



- Linens should be stored to ensure cleanliness until use.
  - Stored in a designated linen closet with a door.
  - If clean linen stored in a clean supply closet, that is not designated for linen only, the linen should be kept covered.
- Clean linen should be stored separately from any contaminated linen or other items that could cause cross contamination.
- Staff should handle soiled linen using standard precautions (e.g., gloves) with minimal agitation.
  - Contaminated laundry should be bagged or contained at the point of collection.

# Employee Safety

- PPE readily available for standard precautions in all areas (i.e., resident rooms, soiled hold, housekeeping supply room, etc.)
- If isolation room available:
  - Are correct signs in use? (HIPAA compliant)
  - Is all necessary PPE available?
- Opportunity to assess staff knowledge of infection control policies and to provide just-in-time education
  - Who would you call in the event of a needle stick?
  - How would you clean up a large blood spill?
  - What type of precautions would you use for presumed/confirmed *C. diff*?



# Food & Drink

OSHA's bloodborne pathogens standard prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists [29 CFR 1910.1030(d)(2)(ix)].

- Consider that food and beverage containers may also become contaminated, resulting in unsuspected contamination of the hands.
- Food and drink may be contaminated by such processes as the leakage or spillage of specimen containers, or the performance of activities that could generate splashes, sprays, or droplets of blood or other potentially infectious materials.



[OSHA Standard Interpretations 1910.1030\(d\)\(2\)\(ix\) \(osha.gov\)](https://www.osha.gov/standard-interpretations/1910.1030(d)(2)(ix))

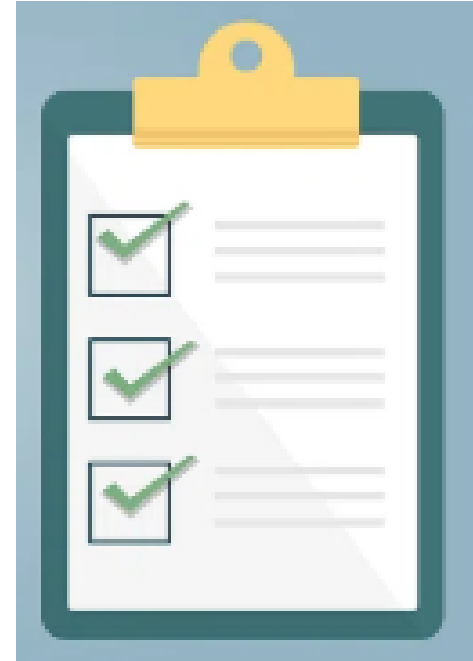
# Designated Storage

Personal items, such as purse and backpacks, should have dedicated storage. Do not store mixed with clean resident care items nor near contaminated items.



# Tips for Feedback and Coaching

- ❖ Make eye contact
- ❖ Be positive
- ❖ Give clear and concise feedback
- ❖ Be sensitive
- ❖ Be non-accusatory
- ❖ Safety concerns are a priority



# Documentation of Rounding

- Date of rounding
- Area(s) inspected
- Who was present at rounding
- Details of rounding
  - Compliant or non-compliant
  - Comments
  - Consider photos to clarify communication
- Who report is sent to



# Plan and Script – How to report findings

Manager or other responsible person should know what their assigned action is and can take ownership of fixing the concern after rounding is complete.

Dear EVS Manager,

Infection control rounding was completed on Unit 3 on 7/10/25. Staff were interviewed regarding disinfectant availability and associated contact time. They were able to appropriately answer these questions. Great job keeping this training on the forefront.

*The following areas were noted to have obvious dust and/or soiling. Please see the attached report and photos.*

- *Significant dust on the vent in the soiled hold room. (photo 1)*
- *Multiple bugs in ceiling light fixture, room 304. (photo 2)*
- *Food stain on the light green chair in the family waiting room. (photo 3)*

***Please respond to this email by 7/30/25 to report what action was taken on each item. If you are concerned that the stain on the chair cannot be removed, I can help escalate the request to replace the chair.***

Overall, your department does a great job. Our residents and families are thankful for your efforts.



# Action and Follow-up

Follow-up to ensure action was taken for all identified gaps.

Trends in data:

- Drive formal performance improvement initiatives
- Incorporate when completing the next annual IPC risk assessment

Report data and trends to:

- Frontline staff
- Leadership
- Relevant committees (IPC, quality, safety, etc.)

# Challenges of Rounding

Challenge	Considerations
Time	Prioritize highest risk areas/concerns
Knowledge	Partner with colleagues. They are the experts of their own area Refer to nationally recognized references and recommendations
Staff Engagement	Build relationships Provide credible resources Document and escalate, as necessary
Limited Resources	Use free resources when available Partner with colleagues for strategies
Misinterpretation of Communication	Be non-accusatory Use open ended questions
Documentation	Standardize forms Standardize communication to leadership Delegate
Follow-up	Standardize process (Follow-up communication, SMART goals, when to involve senior leadership)

# Rounding Tools

ICAP. Environmental Rounds Worksheet for Infection Prevention

- [https://icap.nebraskamed.com/wp-content/uploads/sites/2/2017/09/Environment\\_Checklist.pdf](https://icap.nebraskamed.com/wp-content/uploads/sites/2/2017/09/Environment_Checklist.pdf)

NACCHO. Environmental Rounds Worksheet for Infection Prevention Long Term Care Facility

- <https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/Project-Firstline/Environmental-Rounds-Worksheet-for-IPC-in-LTCF.pdf>

Innovate IPC. Environment of Care Rounding Tool

- [https://innovateipc.org/wp-content/uploads/2024/01/EOC-tool.ae\\_fillable.pdf](https://innovateipc.org/wp-content/uploads/2024/01/EOC-tool.ae_fillable.pdf)

# Additional References

CDC. Guidelines for Environmental Infection Control in Health-Care Facilities

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

CDC. Best Practices for Environmental Infection Control in Healthcare Facilities: in Resource-Limited Settings

<https://www.cdc.gov/hai/pdfs/resource-limited/environmental-cleaning-RLS-H.pdf>

CDC. Options for Evaluating Environmental Cleaning

<https://www.cdc.gov/hai/toolkits/appendices-evaluating-environ-cleaning.html>

ASHE. Using the Health Care Physical Environment to Prevent and Control Infection

<https://www.ashe.org/sites/default/files/ashe/CDCfullbookDIGITAL.pdf>

# Educational Opportunities



**ICAP**

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



## Learning Center

ICAP/ ASAP Education on Your Own Time

### Courses

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

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

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

 **Login**

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


<https://icapasaplearning.nebraskamed.com/>

**1 CE Available**

### Safe Injection Practices & Drug Diversion Awareness:

Training for Front-Line Healthcare Personnel for Safe Healthcare Delivery

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

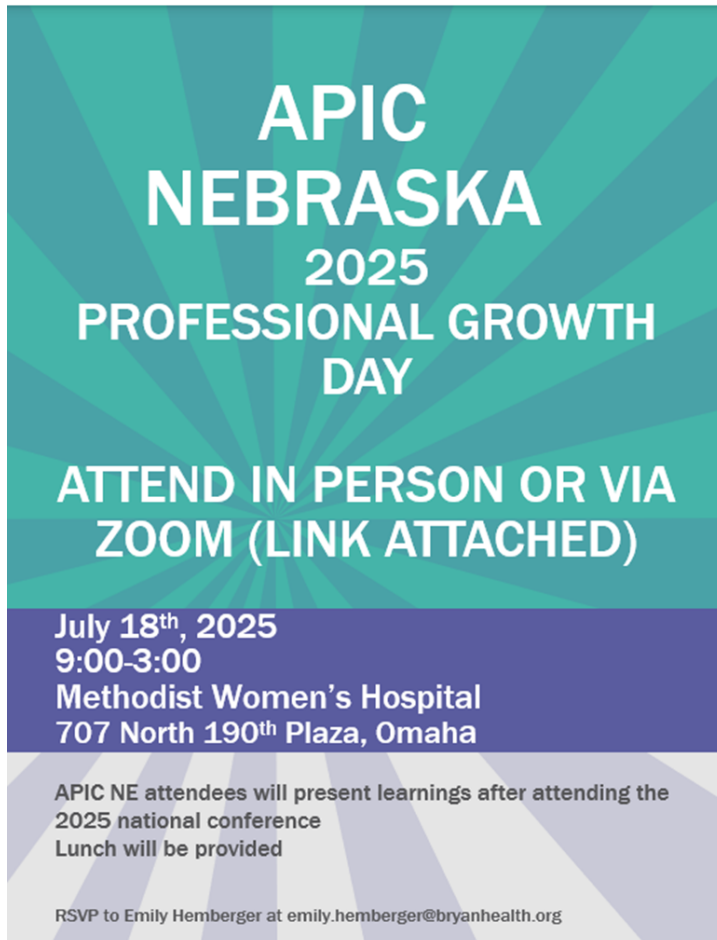


## Safe Injection Practices and Drug Diversion Awareness

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

**Enroll Now**

# APIC Professional Growth Day Invite



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

Please contact Emily Hemberger at [Emily.Hemberger@bryanhealth.org](mailto:Emily.Hemberger@bryanhealth.org) to be sent a Zoom link.

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



Nebraska Infection  
Control Network



## The NICN and APIC NE Symposium: 45 Years of Progress: Advancing Infection Prevention and Control Together

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

Join NICN and APIC NE for their 45th anniversary symposium. Join us for an engaging and informative workshop dedicated to infection prevention and control in all healthcare settings

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

[NICN APIC Nebraska Symposium Registration](#)



**In Closing**



**ICAP**

# Webinar CE Process

**1 Nursing Contact Hour is offered for attending this LIVE webinar.**

**Individual surveys must be completed for each attendee.**

Questions? Contact us at:

[nebraskaicap@nebraskamed.com](mailto:nebraskaicap@nebraskamed.com) 402-552-2881

## **Nursing Contact Hours:**

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit.  
(i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email

# 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 10:00 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.