Hospital & Outpatient Settings Webinar Series

December 10th, 2025

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

Presenters today: *(in order)*

Jess Danko, MS, RRT, AL-CIP, LTC-CIP, CPHQ	Jess.Danko@sdfmc.org
Juan Teran Plasencia, MD	jteranplasencia@unmc.edu

Panelists today:

Rebecca Martinez, BSN, BA, RN, CIC	remartinez@nebraskamed.com
Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP, FAPIC	lacey.pavlovsky@nebraska.gov
Chris Cashatt, BSN, RN, CIC	ccashatt@nebraskamed.com
Josette McConville, BSN, RN, CIC	jmcconville@nebraskamed.com
Jenna Preusker, PharmD, BCPS, BCIDP	jepreusker@nebraskamed.com

Continuing Education Disclosures

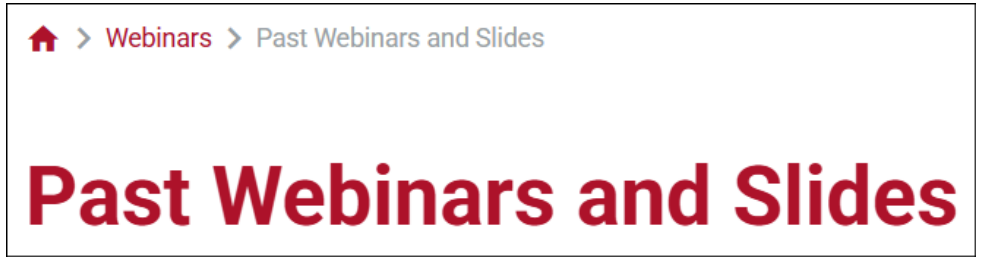
- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar.
- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by the VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- To obtain nursing contact hours, you must attend the entire live activity and complete the post-course survey form.
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type a question to be read aloud.
  - If your question is not answered during the webinar or requires more one on one assistance, please call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- **During** this webinar, slides are available on the NE ICAP Hospital webpage
  - **After** the webinar, slides and a recording will be posted under the Webinars tab on the Past Webinars and Slides webpage



Nebraska Pathogen Watch

Juan Teran, MD
Medical Director, NE ICAP

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

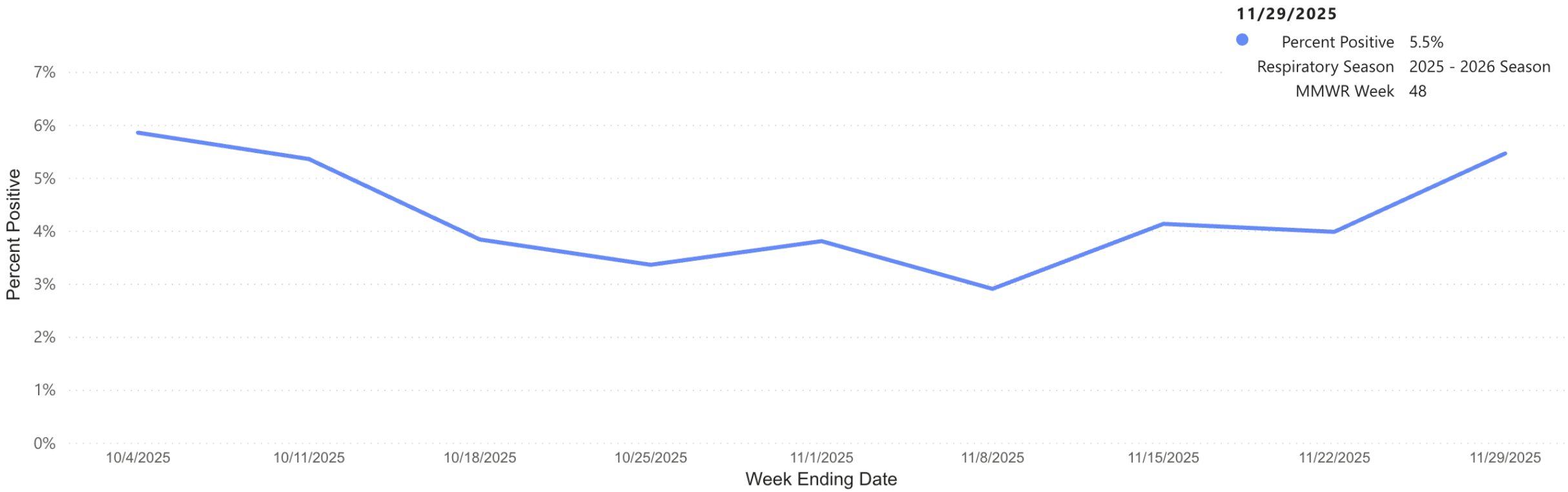
NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Key Points

- COVID-19 Activity is slowly rising
- Flu activity is minimal
- CDC COCA 12/11/25

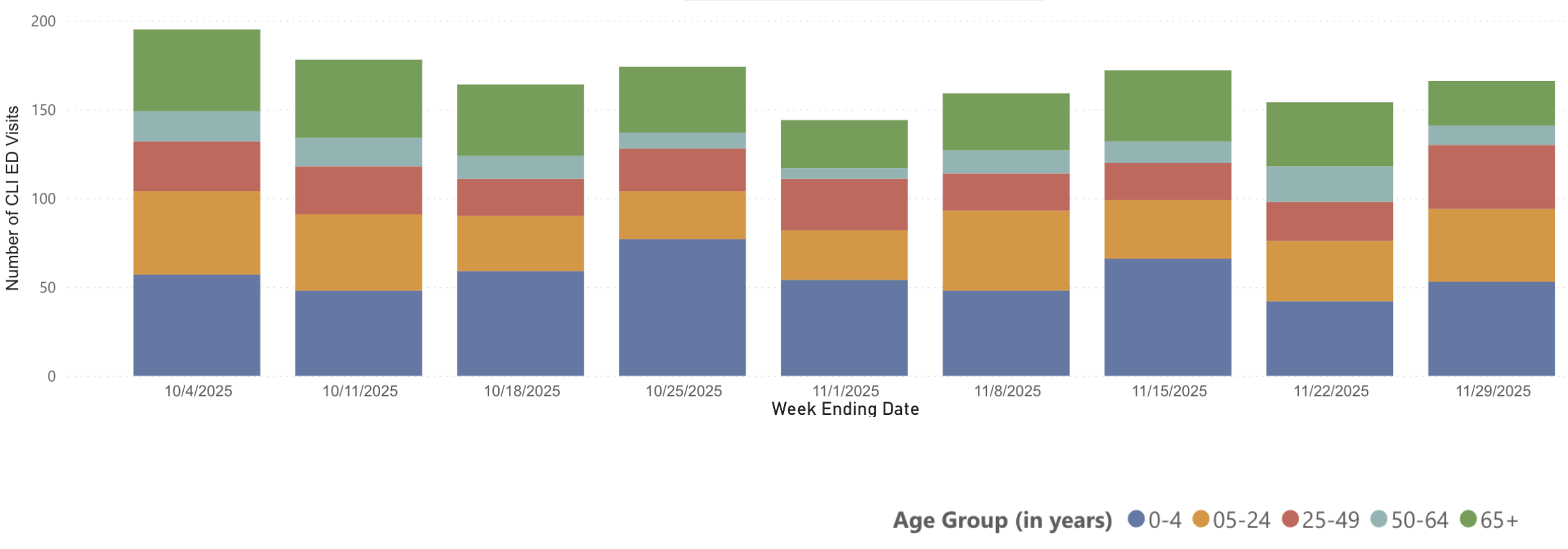
COVID-19 NE DHHS Report



NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

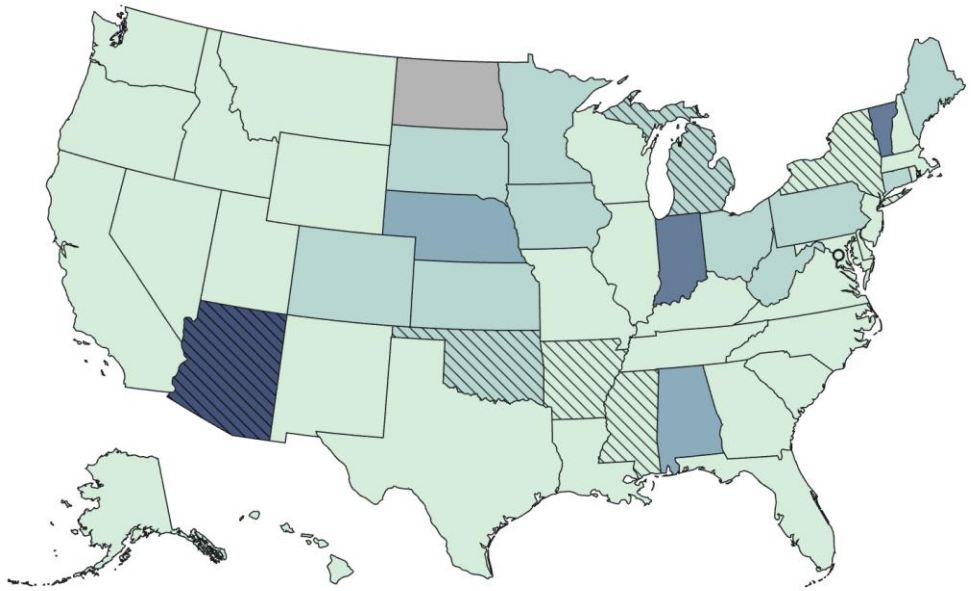
COVID-19 NE DHHS Report

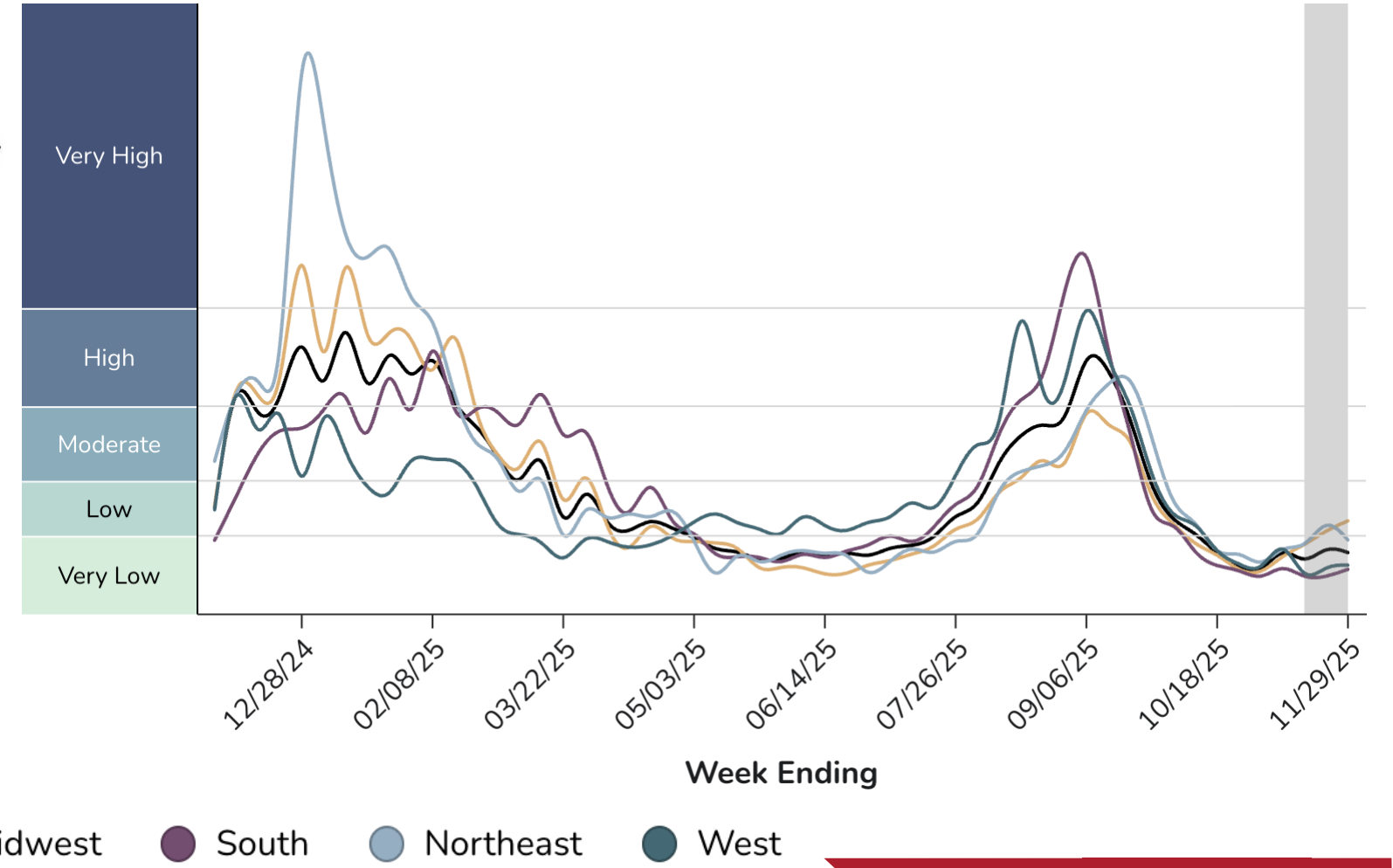


NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

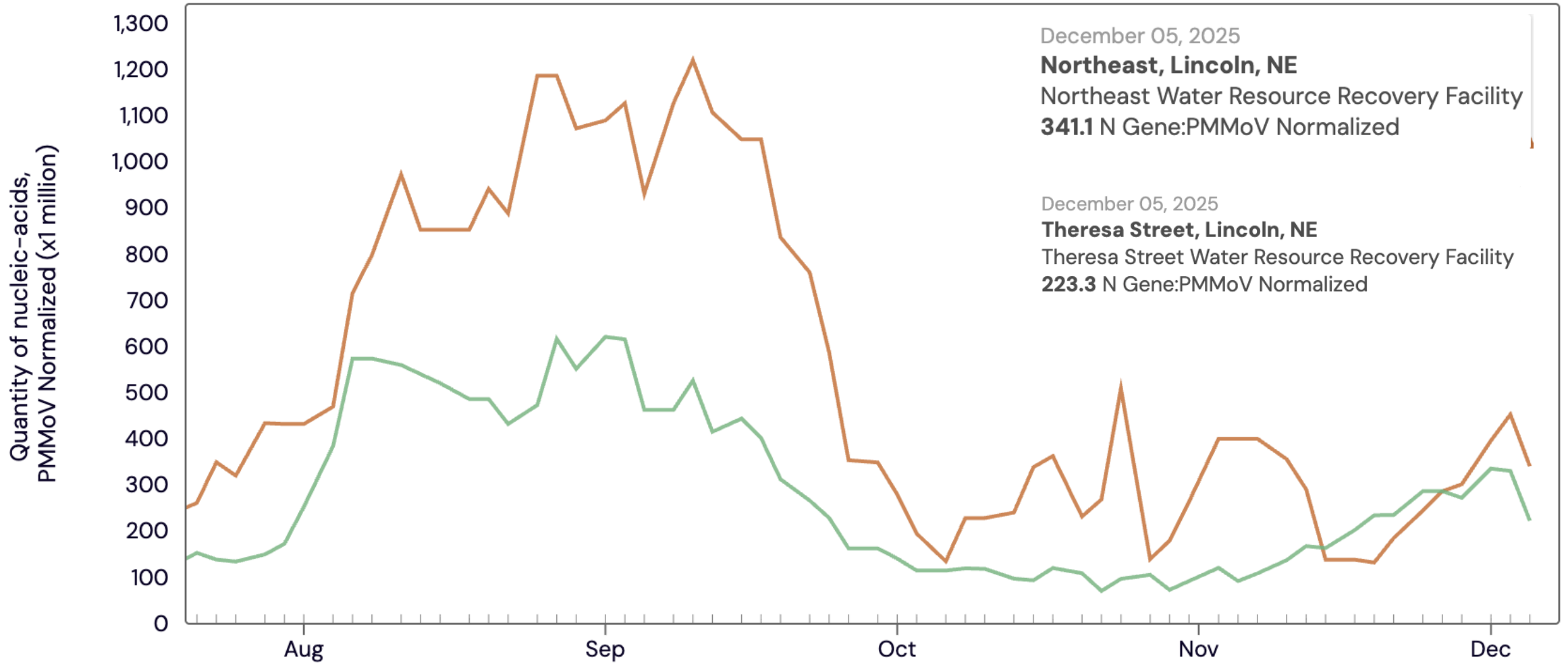
NE ICAP

COVID-19 Wastewater Activity





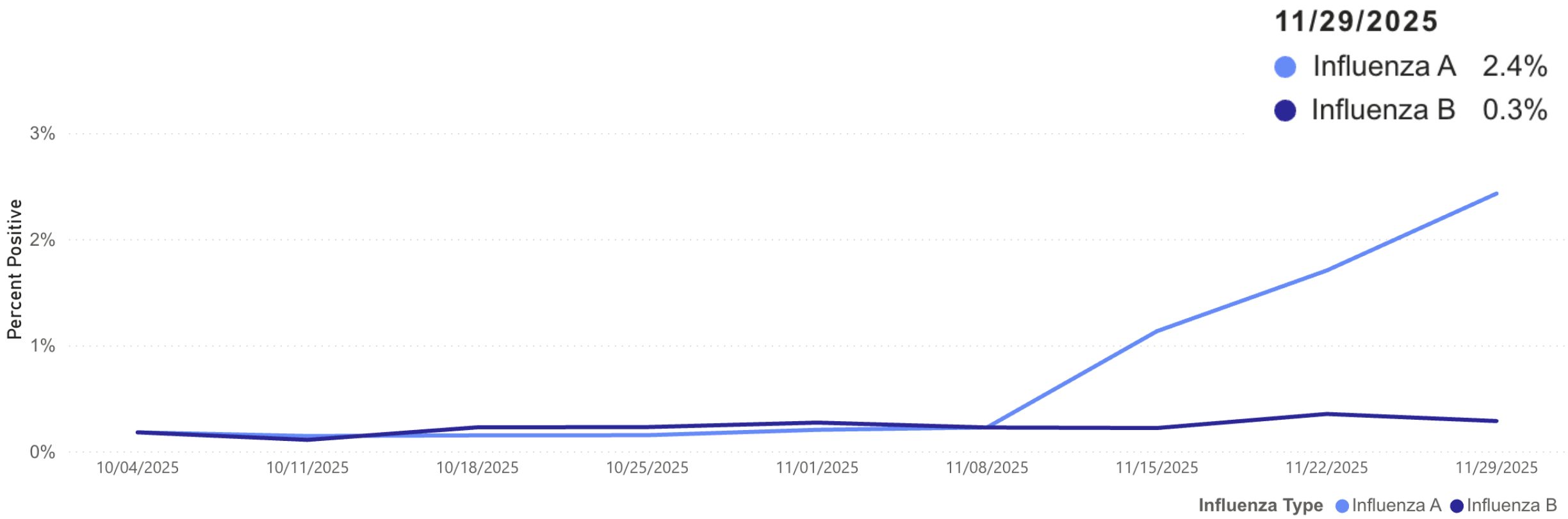
COVID-19 Wastewater Data



WASTEWATER SCAN

ICAP

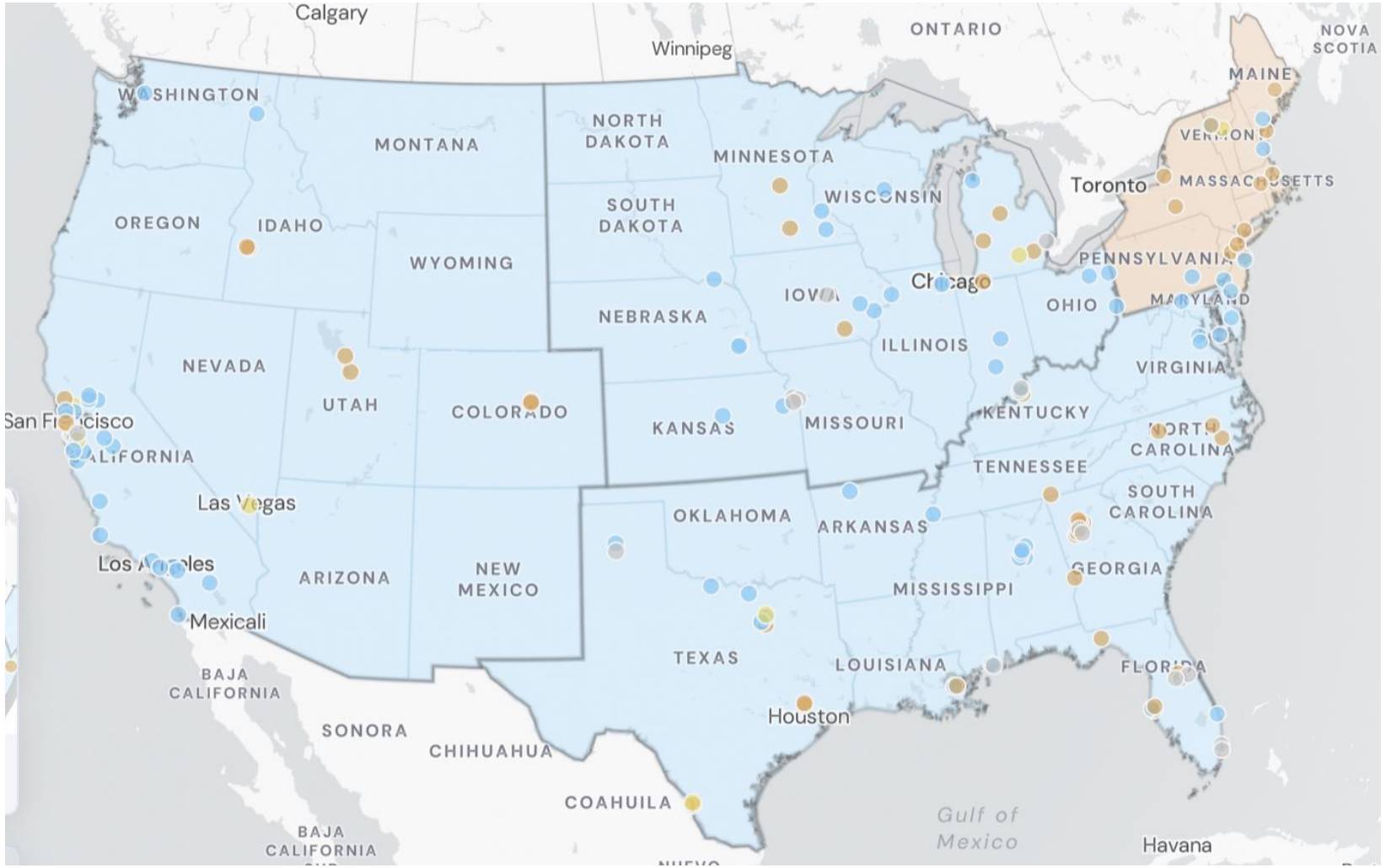
Influenza Percent Positive



NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

Flu A Wastewater Data



High
Low
Not Calculated
Medium
Not Detected

WASTEWATER SCAN

NE ICAP

CDC COCA Influenza 2025-2026 Webinar on 12/11/25

2025 – 2026 Clinical Recommendations for Seasonal Influenza Prevention and Control

- Presenters will provide an overview of the burden of influenza disease and discuss recommendations for influenza vaccination, testing, and treatment for people of all ages for the 2025-2026 season.

- Thursday, December 11, 2025
- 1:00 – 2:00 PM CST
- No registration needed, just click the link on the website a few minutes before the webinar begins

click this link to join

2025 – 2026 Clinical Recommendations for Seasonal Influenza Prevention and Control | COCA | CDC

NE ICAP

Respiratory Care and Infection Prevention: Emerging Opportunities for Collaboration”

Jess Danko

MS, RRT, AL-CIP, LTC-CIP, CPHQ

Program Director

Jess.Danko@sdfmc.org

SOUTH DAKOTA
Foundation for Medical Care

Background

SOUTH DAKOTA
Foundation for Medical Care

APIC TEXT

Respiratory Care Services

Revised: December 12, 2023

Steven J. Schweon, RN, MPH, MSN, CIC, LTC-CIP, CPHQ, FSHEA, FAPIC
Infection prevention consultant
Infection prevention consultant
Steven J. Schweon, LLC
Saylorsburg, Pa.

Jess Danko, MSHA, RRT, LTC-CIP
Program Director Quality Improvement Advisor
South Dakota Foundation for Medical Care

The University of South Dakota
Chamberlain, South Dakota

2. RE: PFTs with Pre/ Post treatment with bronchodilators

JD

Jessica Danko

Posted 02-24-2023 09:57

From the respiratory therapist perspective in me, nebulizers result in better lung delivery of
choice for PFT testing. This has been the process utilized in all of the facilities
place after the post testing.

0 Recommend

Reply

olized medication so is the preferred
T's in. Disposal of the nebulizer takes

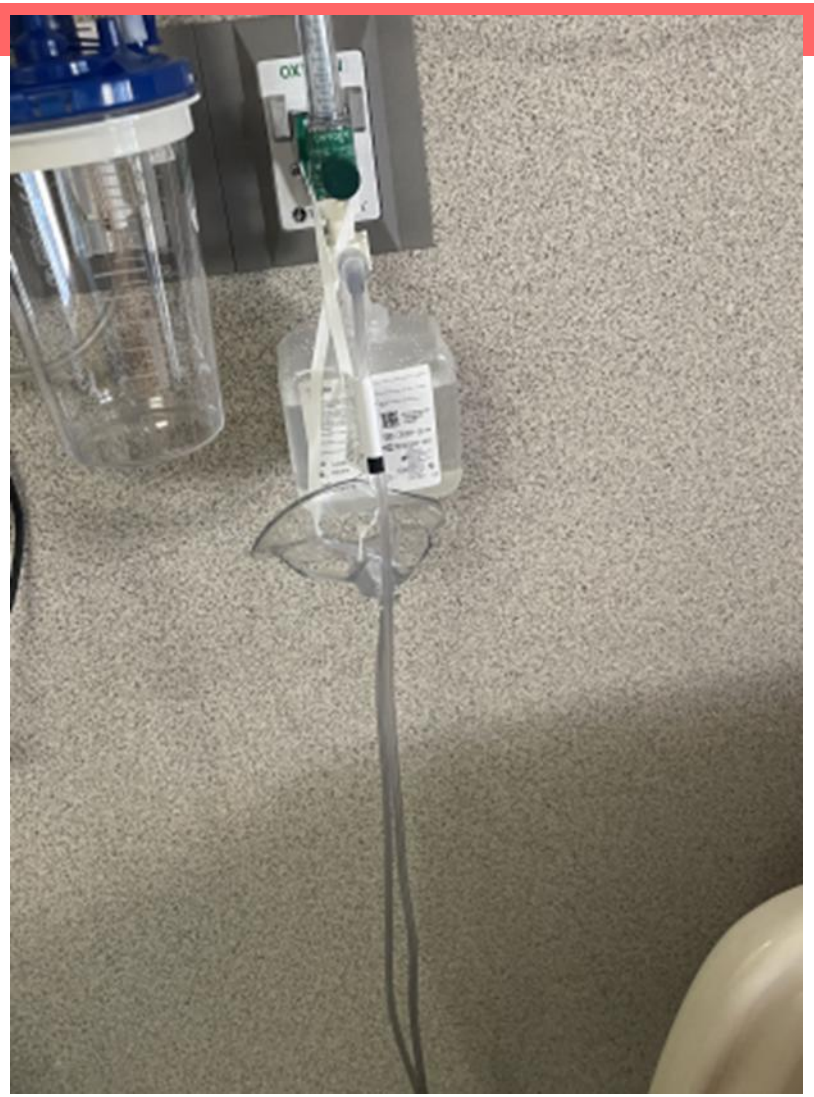
SD PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

Objectives

1. Explore how respiratory care and infection preventionist can work together to improve patient outcomes.
2. Describe how improper infection prevention and control processes with respiratory therapy equipment can pose a risk to a patient and or healthcare worker.
3. Discuss the importance of process and outcome data with ensuring safe respiratory care services.

Healthcare Facility Tours- ICAR's

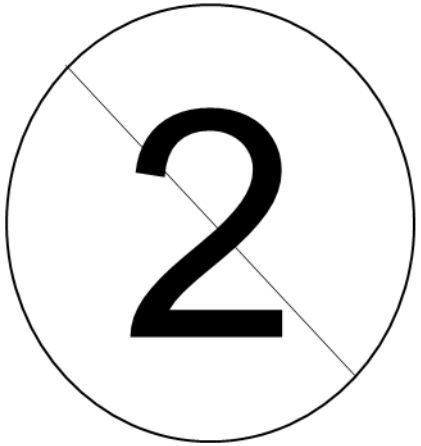
Flowmeters and Suction Regulators



https://www.aarc.org/wp-content/uploads/2022/10/cpg-clinical-mangement-adult-o2-acute-settings.pdf

Flowmeter “Christmas Trees”

Low Level Disinfection Or Single Use?



https://pubmed.ncbi.nlm.nih.gov/31983357/

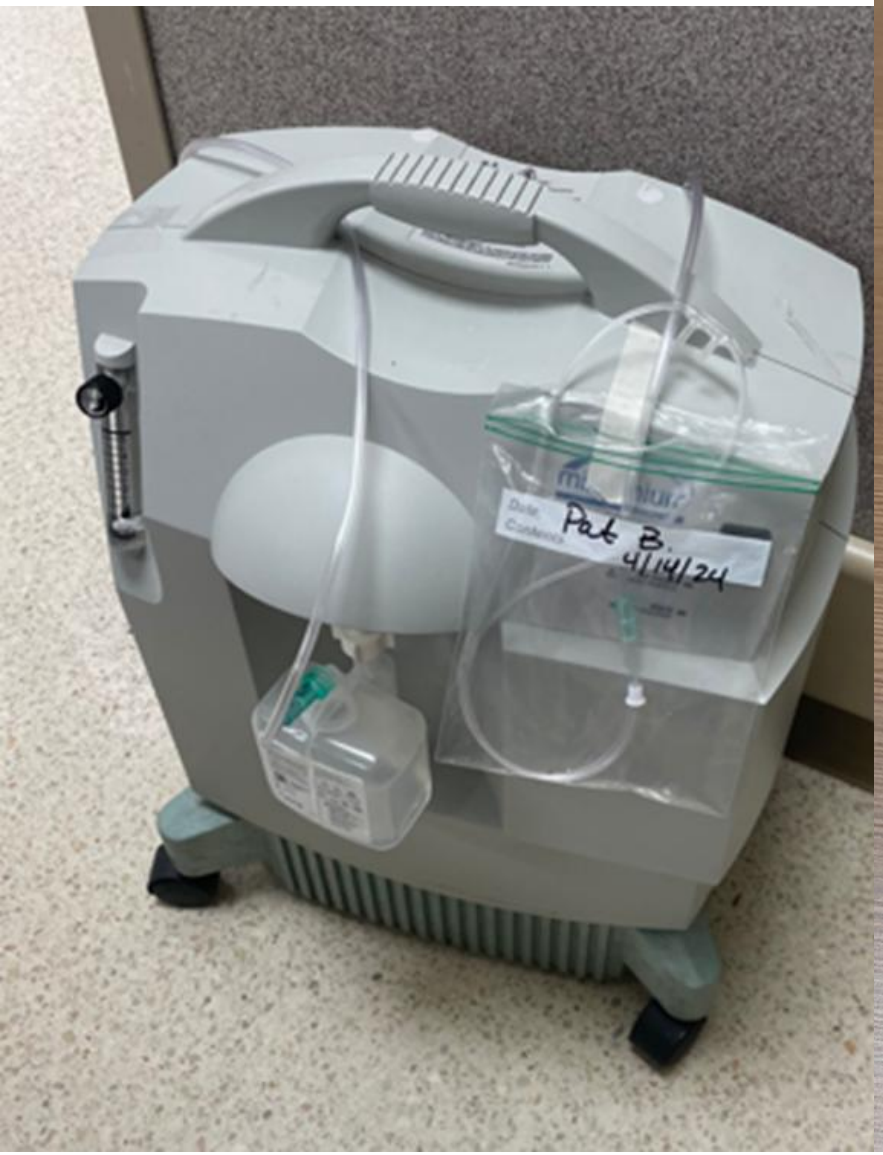
Image by kckate16, via Canva

Inhaler Cleaning and Disinfection

Weekly cleaning at a minimum

- Metered Dose Inhalers
- Dry Powder Inhalers
- Aerosol Producing Inhalers
- Valved Holding Chambers or Spacers

https://www.aarc.org/wp-content/uploads/2023/06/aerosol_guide_for_HCPs_4th_ed.pdf



1. https://pmc.ncbi.nlm.nih.gov/articles/PMC5584085/
2. https://www.who.int/docs/default-source/coronaviruse/checklists-1_2022.pdf

Nebulizer Assembly

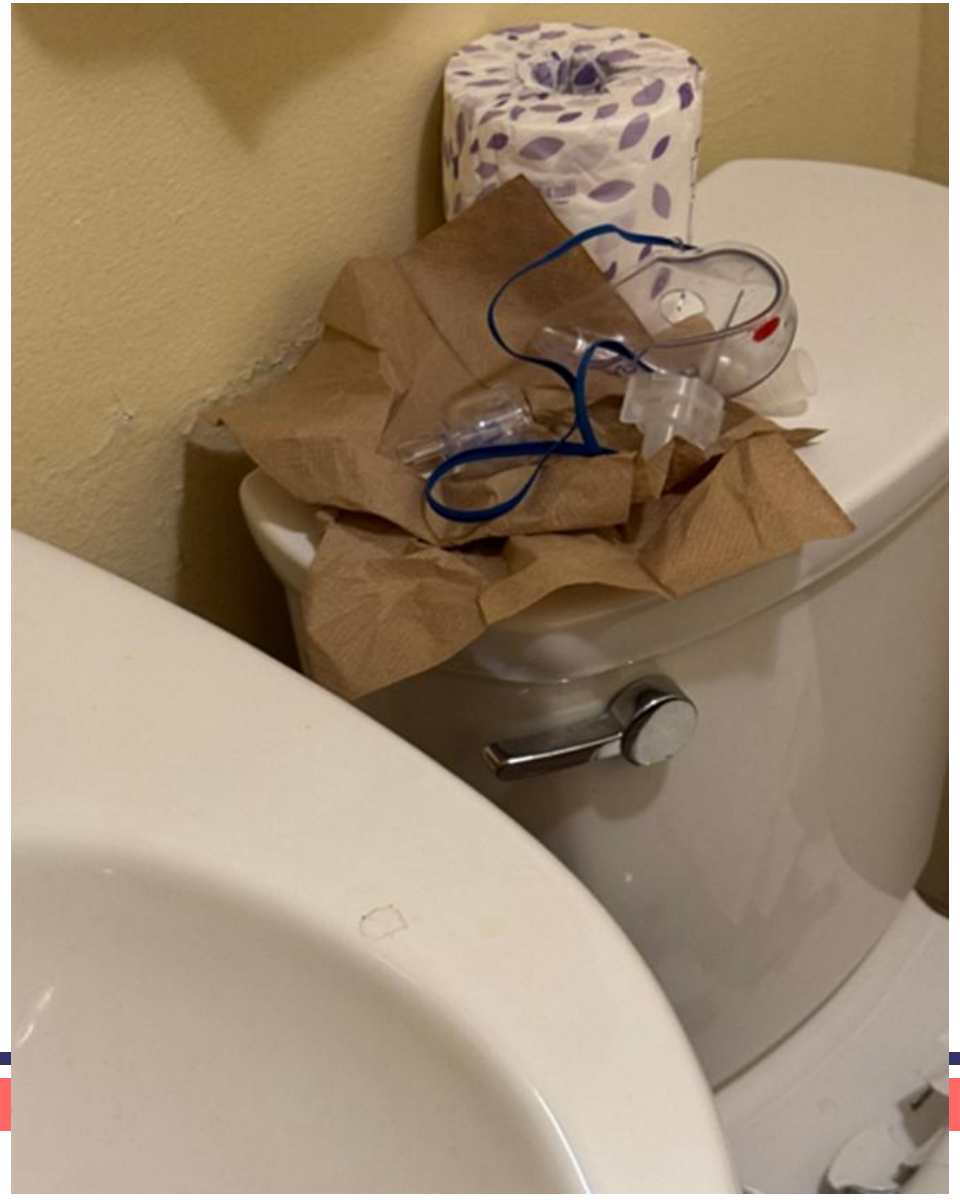
Nebulizer Cleaning and Disinfection

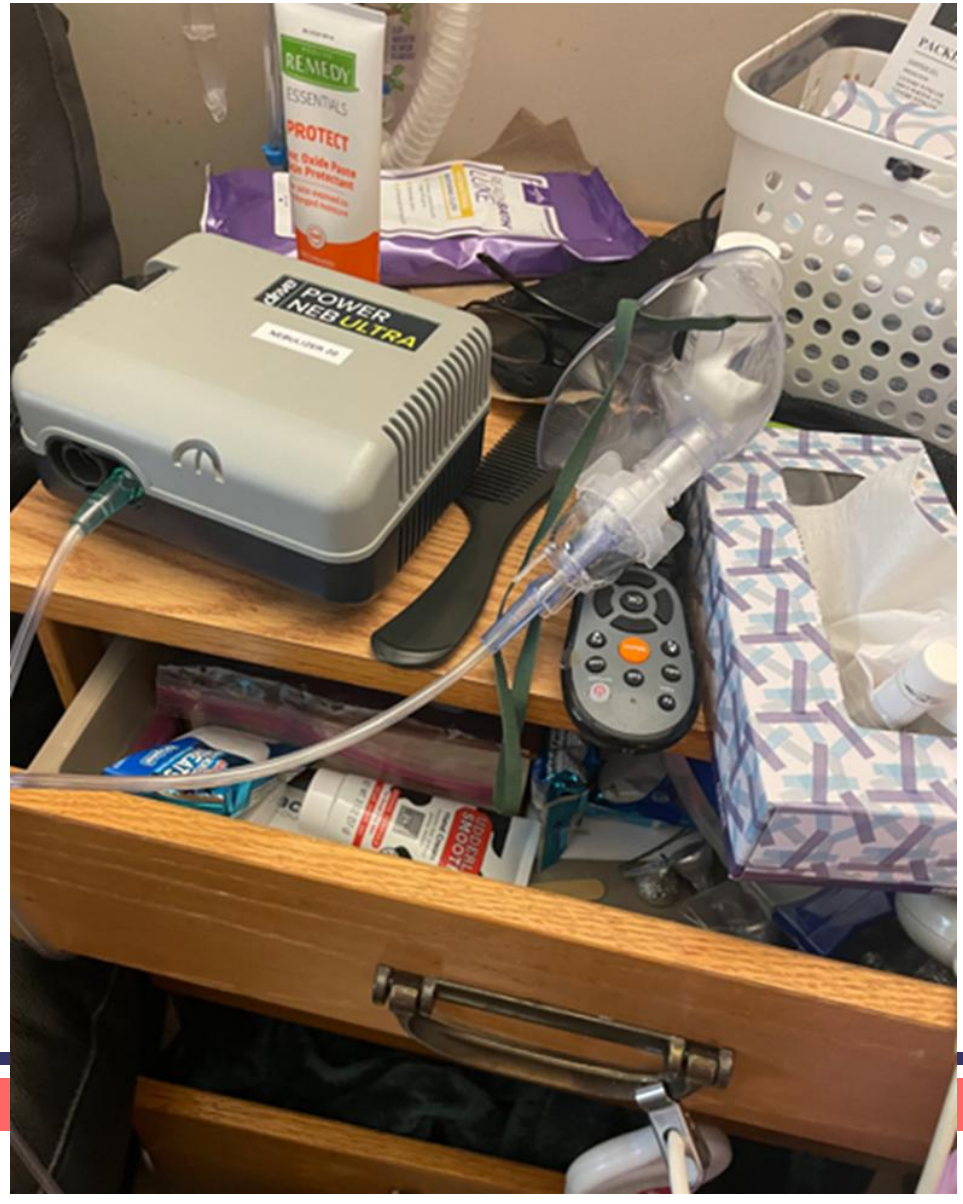
What does your Policy say?

- Tap Water not recommended
- Distilled or Sterile Water for Healthcare Facilities

https://www.aarc.org/wp-content/uploads/2023/06/aerosol_guide_for_HCPs_4th_ed.pdf

Nebulizer Storage



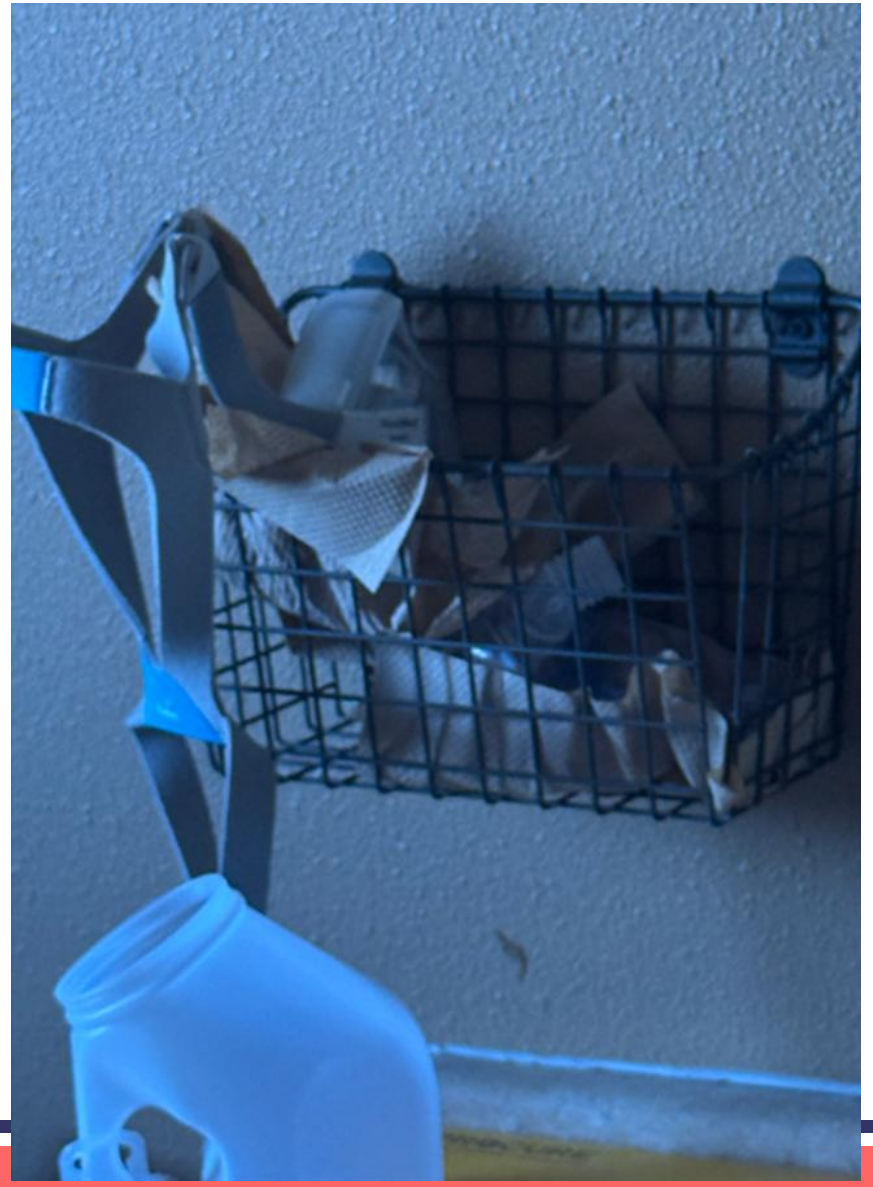


High Flow Oxygen

IPC Concerns

- Cannula/Mask storage when not in use
  - Cleaning Processes
  - Requires Special Tubing for internal cleaning

Continuous Positive Airway Pressure (CPAP)/Bilevel Positive Airway Pressure (BiPAP) Machines



https://www.who.int/publications/m/item/care-cleaning-and-disinfection-of-respiratory-equipment-in-sterile-services-department

CPAP/BiPAP Self Cleaning Systems

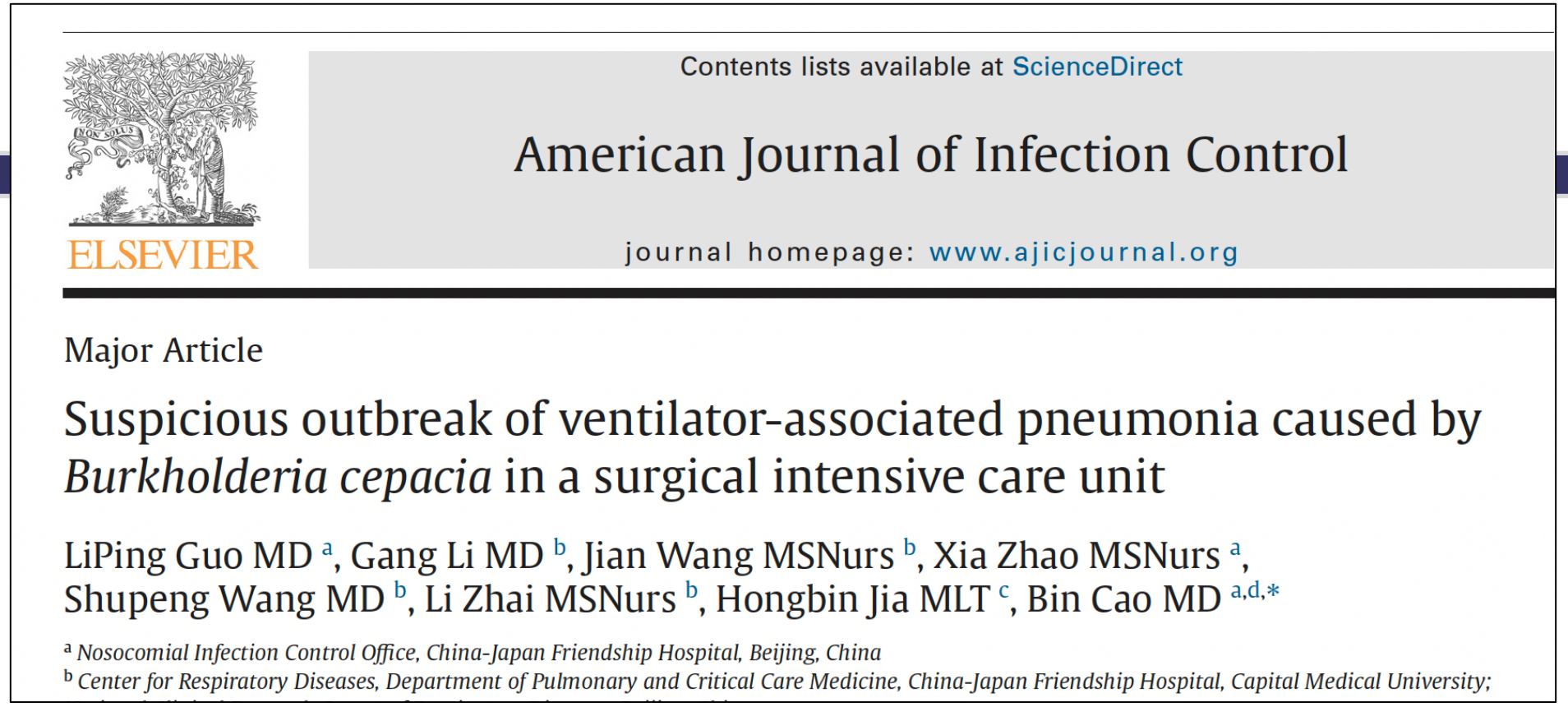
- Intended for home use
- Still must follow regular cleaning process for CPAP/BiPap
- Additional step for healthcare staff as the self-cleaning system also must have a cleaning schedule
- FDA approval for only one device on the market and only for specific CPAP systems

Considerations for IPC Best Practice

- **Suction Supplies**
  - Pre-opened
  - Tubing change to suction canister
- **Resuscitation Mask and system**
  - Pre-opened and hooked up
- **Oxygen Saturation Sensor**
  - Opened
  - Sticker exposed

Respiratory Care Services

So what can go wrong……..



Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

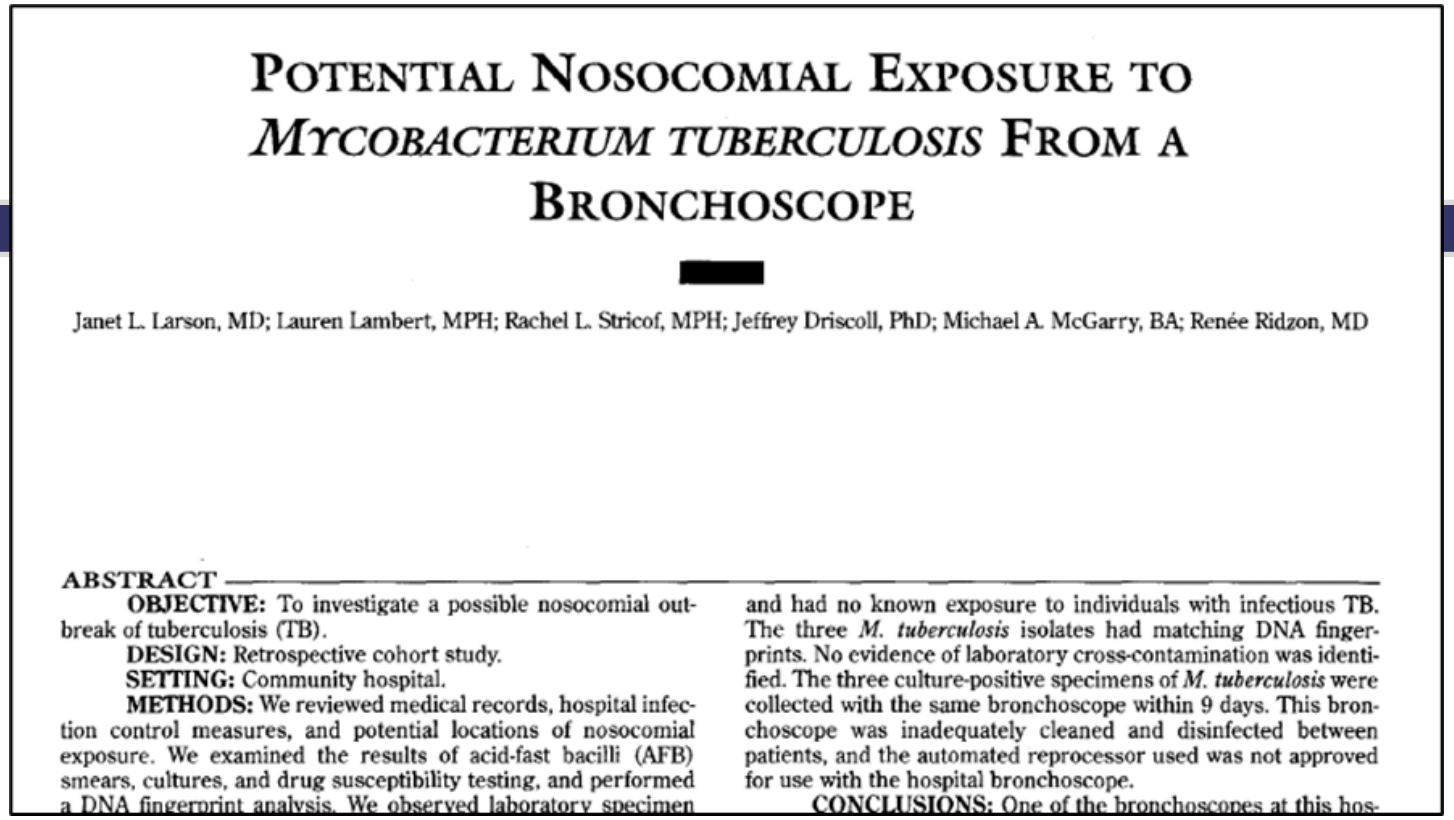
Major Article

Suspicious outbreak of ventilator-associated pneumonia caused by *Burkholderia cepacia* in a surgical intensive care unit

LiPing Guo MD [a], Gang Li MD [b], Jian Wang MSNurs [b], Xia Zhao MSNurs [a], Shupeng Wang MD [b], Li Zhai MSNurs [b], Hongbin Jia MLT [c], Bin Cao MD [a,d,*]

[a] *Nosocomial Infection Control Office, China-Japan Friendship Hospital, Beijing, China*
[b] *Center for Respiratory Diseases, Department of Pulmonary and Critical Care Medicine, China-Japan Friendship Hospital, Capital Medical University;*

- A *Burkholderia cepacia* pneumonia outbreak was due to improper ventilator cleaning and disinfection



POTENTIAL NOSOCOMIAL EXPOSURE TO *MYCOBACTERIUM TUBERCULOSIS* FROM A BRONCHOSCOPE

[redacted]

Janet L. Larson, MD; Lauren Lambert, MPH; Rachel L. Stricof, MPH; Jeffrey Driscoll, PhD; Michael A. McGarry, BA; Renée Ridzon, MD

ABSTRACT

OBJECTIVE: To investigate a possible nosocomial outbreak of tuberculosis (TB).

DESIGN: Retrospective cohort study.

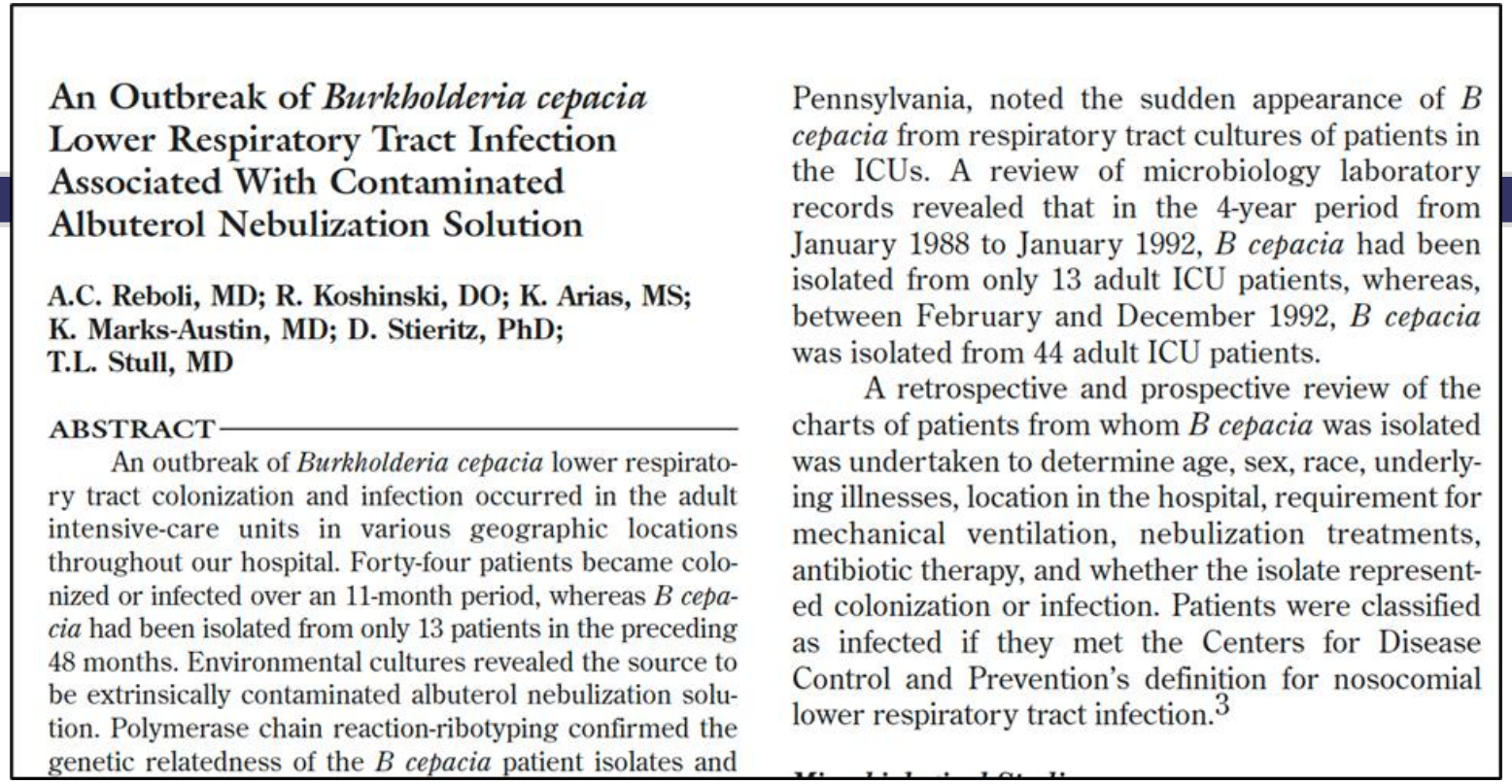
SETTING: Community hospital.

METHODS: We reviewed medical records, hospital infection control measures, and potential locations of nosocomial exposure. We examined the results of acid-fast bacilli (AFB) smears, cultures, and drug susceptibility testing, and performed a DNA fingerprint analysis. We observed laboratory specimen

and had no known exposure to individuals with infectious TB. The three *M. tuberculosis* isolates had matching DNA fingerprints. No evidence of laboratory cross-contamination was identified. The three culture-positive specimens of *M. tuberculosis* were collected with the same bronchoscope within 9 days. This bronchoscope was inadequately cleaned and disinfected between patients, and the automated reprocessor used was not approved for use with the hospital bronchoscope.

CONCLUSIONS: One of the bronchoscopes at this hos-

- Tuberculosis transmission due to inadequate bronchoscope cleaning and disinfection; automated reprocessing was incompatible with this scope



An Outbreak of *Burkholderia cepacia* Lower Respiratory Tract Infection Associated With Contaminated Albuterol Nebulization Solution

A.C. Reboli, MD; R. Koshinski, DO; K. Arias, MS; K. Marks-Austin, MD; D. Stieritz, PhD; T.L. Stull, MD

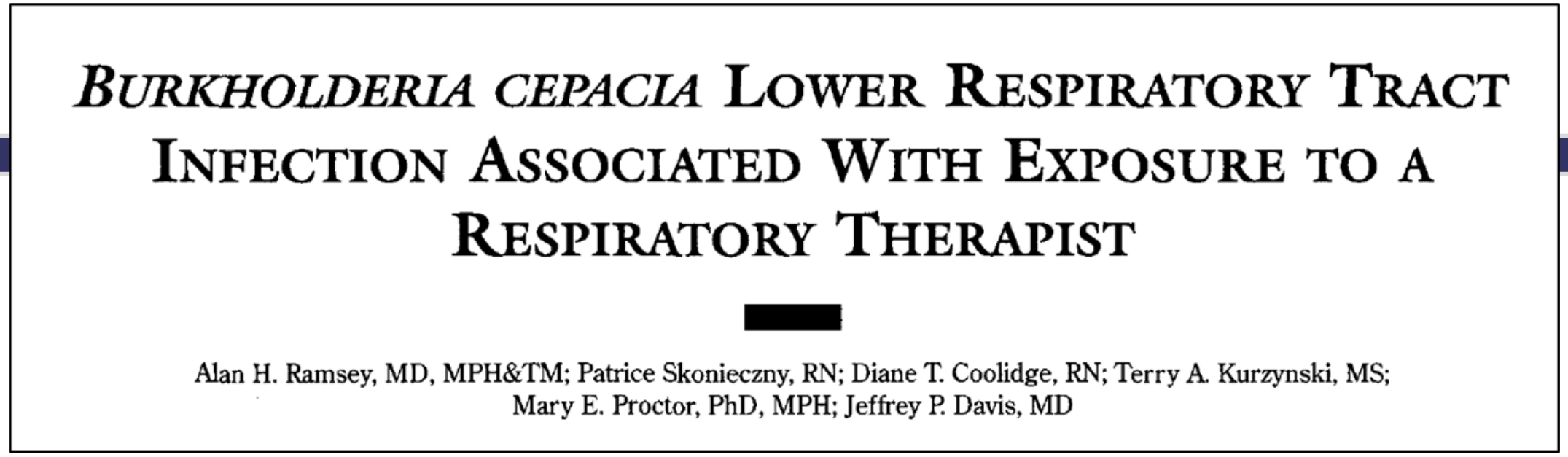
ABSTRACT

An outbreak of *Burkholderia cepacia* lower respiratory tract colonization and infection occurred in the adult intensive-care units in various geographic locations throughout our hospital. Forty-four patients became colonized or infected over an 11-month period, whereas *B cepacia* had been isolated from only 13 patients in the preceding 48 months. Environmental cultures revealed the source to be extrinsically contaminated albuterol nebulization solution. Polymerase chain reaction-ribotyping confirmed the genetic relatedness of the *B cepacia* patient isolates and

Pennsylvania, noted the sudden appearance of *B cepacia* from respiratory tract cultures of patients in the ICUs. A review of microbiology laboratory records revealed that in the 4-year period from January 1988 to January 1992, *B cepacia* had been isolated from only 13 adult ICU patients, whereas, between February and December 1992, *B cepacia* was isolated from 44 adult ICU patients.

A retrospective and prospective review of the charts of patients from whom *B cepacia* was isolated was undertaken to determine age, sex, race, underlying illnesses, location in the hospital, requirement for mechanical ventilation, nebulization treatments, antibiotic therapy, and whether the isolate represented colonization or infection. Patients were classified as infected if they met the Centers for Disease Control and Prevention's definition for nosocomial lower respiratory tract infection.[3]

- *Burkholderia cepacia* outbreak was associated with improper albuterol solution management by staff.



Burkholderia cepacia Lower Respiratory Tract Infection Associated With Exposure to a Respiratory Therapist

[redacted]

Alan H. Ramsey, MD, MPH&TM; Patrice Skonieczny, RN; Diane T. Coolidge, RN; Terry A. Kurzynski, MS; Mary E. Proctor, PhD, MPH; Jeffrey P. Davis, MD

- *Burkholderia cepacia* outbreak was likely caused by multidose albuterol vials and nebulizers not dried between uses.

Nosocomial Legionnaires' Disease and Use of Medication Nebulizers

Timothy D. Mastro, Barry S. Fields, Robert F. Breiman, Joyce Campbell, Brian D. Plikaytis, and John S. Spika

Respiratory Diseases Branch, Division of Bacterial Diseases, Center for Infectious Diseases, Centers for Disease Control, Atlanta, Georgia; Washington State Department of Social and Health Services, Seattle

Guidelines for the prevention of nosocomial pneumonia specify that only sterile fluids should be used for aerosol therapy; however, this recommendation may not be uniformly followed. Thirteen patients with nosocomial pneumonia due to *Legionella pneumophila* serogroup 3 (Lp3) were identified at a community hospital in the period from 1984 through 1988; 12 patients (92%) had chronic obstructive pulmonary disease; and 9 patients (69%) died. An epidemiologic investigation suggested that the use of nebulizers to deliver medication was associated with acquiring

- Legionnaires' Disease outbreak was linked with using the hospital water system to wash medication nebulizers.

Preventing Hospital Associated Respiratory Tract infections

- Respiratory care and IPC practices, audits, competencies
- Awareness with sick time policies; Avoid being the ‘mucus troopers’ (HCP with a respiratory infection who come to work)
- Environmental hygiene
- PPE Processes
- Patient hand hygiene program[1]
- Hand hygiene audits with just in time feedback

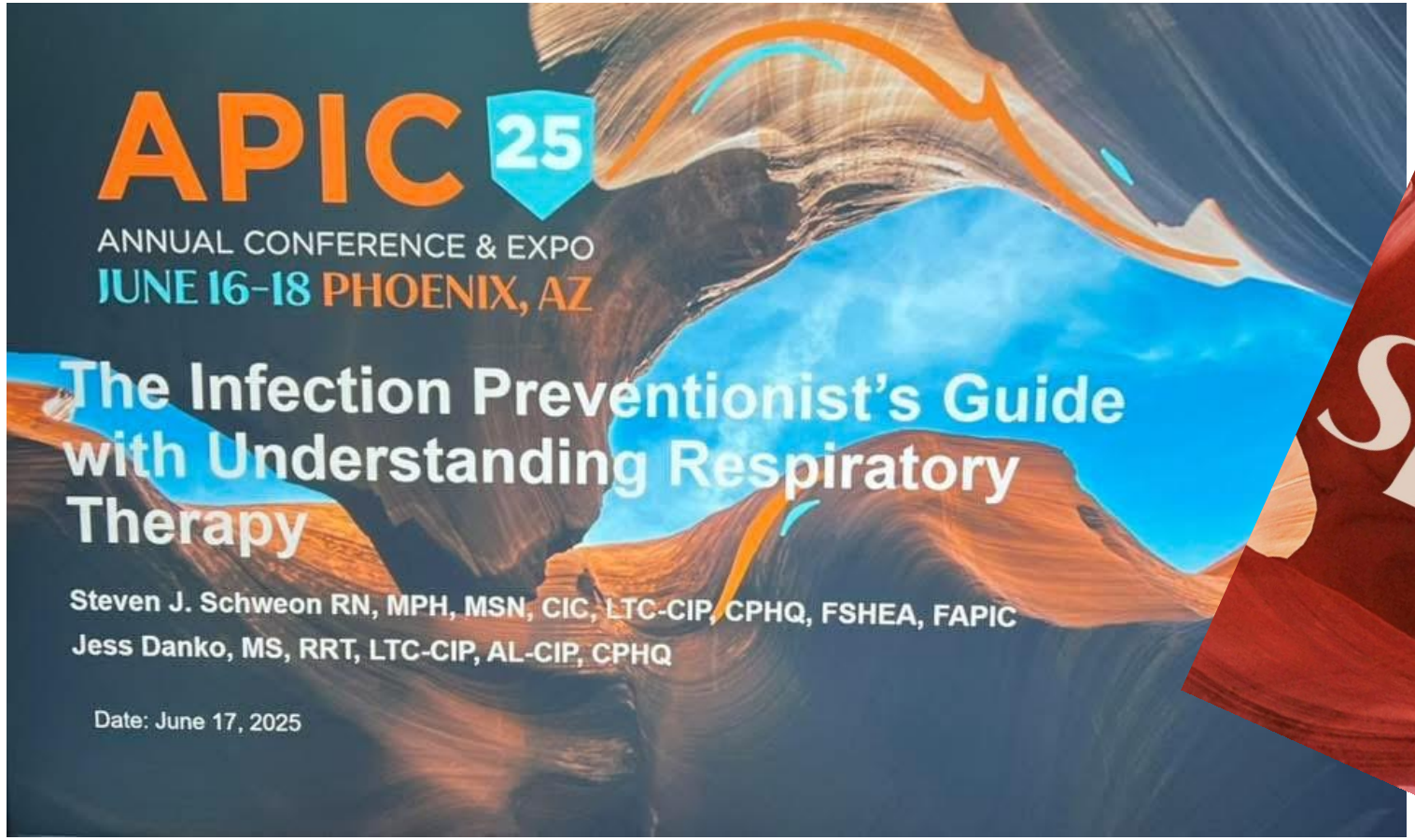
1. APIC. APIC Toolkit for patient hand hygiene. N.d. https://apic.org/patient-hand-hygiene-toolkit/. Accessed April 24, 2025
2. 2. Peters A, Otter J, Moldovan A, Parneix P, Voss A, Pittet D. Keeping hospitals clean and safe without breaking the bank: summary of the Healthcare Cleaning Forum 2018. *Antimicrob Resist Infect Control*. 2018;7:132. doi:10.1186/s13756-018-0420-3
3. S. Schweon, personal communication, May 4, 2025

Analyzing and Leveraging Process and Outcome Surveillance: An IP's Specialty

- PPE is worn during the delivery of many respiratory care services e.g., bronchoscopy, AGPs, obtaining arterial blood gases, entering transmission-based precaution rooms, etc.
- "Historically, PPE has been designed around the size and shape of an average European or US white man's face and body."[1]
- Women complain more than men with a poor fit:[1-3]
  - Greater risk of pathogen exposure due to gaps
  - Constant adjustments increases personal contamination risk
  - Distraction can lead to impaired thinking and reactions

1. Janson DL Clift BC, Dhokia V. PPE fit of healthcare workers during the COVID-19 pandemic. Applied Ergonomics. 99.2022. https://pmc.ncbi.nlm.nih.gov/articles/PMC8516797/pdf/main.pdf. Accessed April 27, 2025.
2. TUC. Personal protective equipment and women. April 2017. https://www.tuc.org.uk/sites/default/files/PPEandwomenguidance.pdf. Accessed April 27, 2025.
PowerPoint
3. Op-ed: Personal Protective Equipment standards must respond to women's needs to ensure the safety of all frontline workers during the COVID-19 pandemic, UN Women, https://eca.unwomen.org/en/news/stories/2020/5/op-ed-personal-protective-equipment-standards-must-respond-to-womens-needs. Accessed April 27, 2025.
PowerPoint Stock Photo (2025)

Background Continued.....



Aerosols

- **Aerosol**-Aerosol-suspension of particles or droplets in the air and includes airborne dusts, mists, fumes or smoke
- **Bio Aerosol**-Particles or droplets suspended in air that consist of or contain biological matter
- **Aerosol Generating Procedure (AGP)** -any medical procedure that can include the production of aerosols of various sizes including droplet nuclei

https://www.aarc.org/wp-content/uploads/2023/06/aerosol_guide_for_HCPs_4th_ed.pdf

https://www.ashrae.org/technical-resources/healthcare-faq

AGP's

Aerosol generating procedures

- Open suctioning of airways
- Sputum induction
- Cardiopulmonary resuscitation
- Endotracheal intubation and extubation
- Non-invasive ventilation such as BiPAP and CPAP
- Bronchoscopy
- Manual ventilation
- Nebulizer administration
- High flow O2 delivery

- https://www.cdc.gov/infection-control/hcp/safety/

Intubation

- Avoid intubation and reintubation
  - Hi-flow or Non-Invasive Ventilation (NIV)
- Laryngoscope Blade and Handle
  - Semi Critical Device
- Endotracheal Tube cuff pressure greater than 20 cm H2O

https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0007/505996/Information-Sheet-for-Clinicians-Laryngoscopes.pdf

https://pmc.ncbi.nlm.nih.gov/articles/PMC5495683/

https://www.aarc.org/wp-content/uploads/2023/11/CPG2024SpontaneousBreathingTrial.pdf

https://www.aarc.org/wp-content/uploads/2022/10/cpg-artificial-airway-suctioning.pdf

Ventilator Best Practices for VAE/VAP Prevention

- Weaning trials
- Head of bed elevation
- Oral Hygiene-brushing, no Chlorhexidine
- Tube condensation-avoid emptying to ET tube or in line nebulizers
- Sedation to allow cough
- Early mobility
- Closed suctioning
- Staffing levels in ICU

- https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/strategies-to-prevent-ventilatorassociated-pneumonia-ventilatorassociated-events-and-nonventilator-hospitalacquired-pneumonia-in-acutecare-hospitals-2022-update/A2124BA9B088027AE30BE46C28887084
- https://www.thoracic.org/statements/resources/mtpi/guide1-29.pdf

Ventilator Associated Pneumonia (VAP)

Time of pneumonia onset

- Within the first 4 days of hospitalization antibiotic sensitive bacteria
- Day 5 and beyond likely multi drug resistant pathogen

Early indicator of VAP

- Acute Respiratory Distress Syndrome (ARDS)
- Hemodynamic Instability
- Arterial Blood Gas Deterioration

https://www.thoracic.org/statements/resources/mtpi/guide1-29.pdf

Bronchoscopy

- **Performed in negative pressure room**
- **Aerosol Exposure for HCP**
- **Manufacturer Instructions for Use (MIFU)**
- **Reprocessing –High Level Disinfection**
  - Pre-cleaning
  - Leak testing
  - Manual cleaning
  - Visual inspection
  - Terminal reprocessing
  - Rinsing and Drying

https://www.ccjm.org/content/early/2020/07/29/ccjm.87a.ccc054

Single Use Bronchoscope

- Not ideal for advanced bronchoscopy procedures
- Cost Considerations
- Staffing for reprocessing must be considered

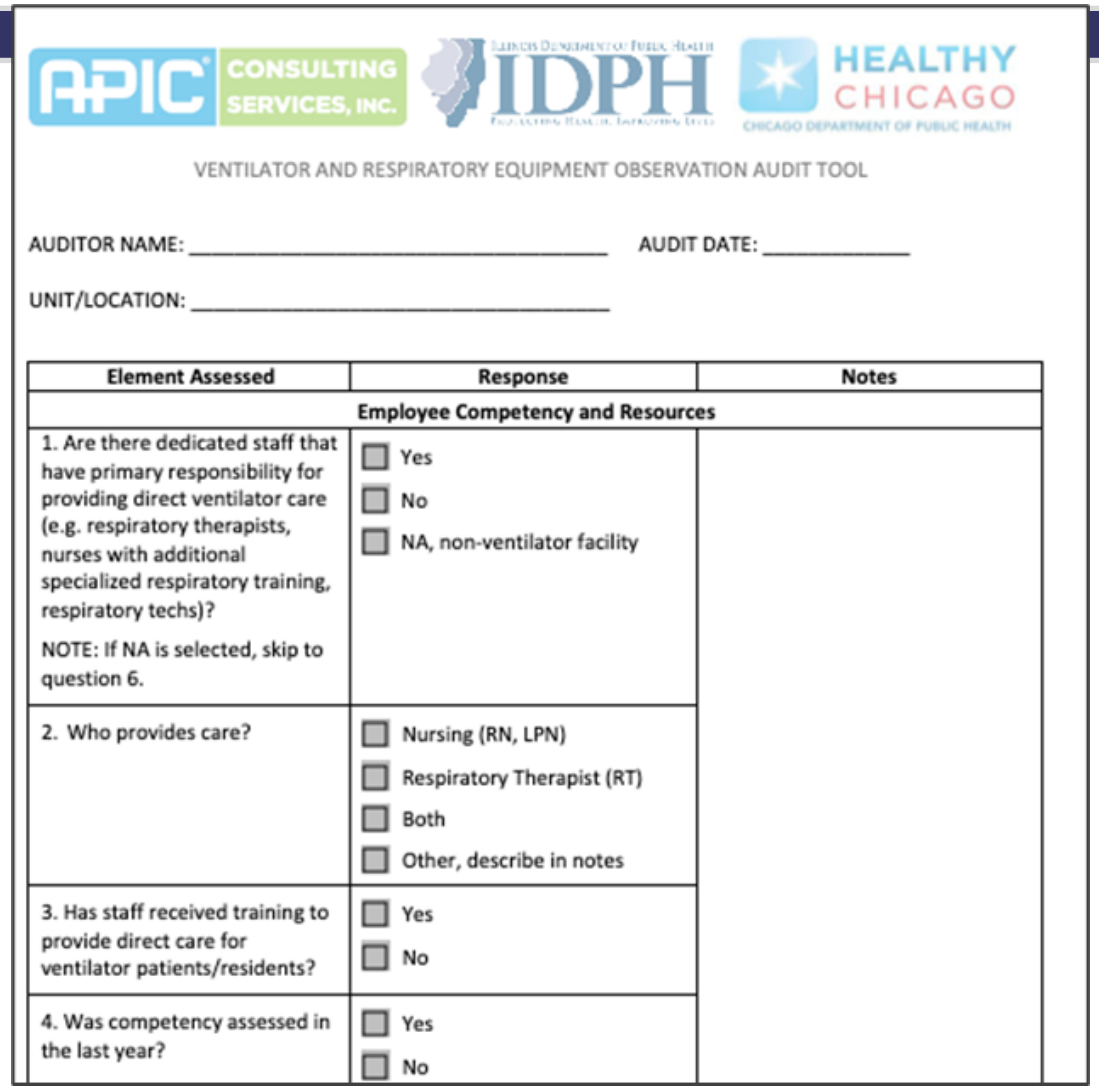
Image by Yuriy via Canva

https://www.researchgate.net/publication/365317413_Infection_control_in_the_bronchoscopy_suite_effective_reprocessing_and_disinfection_of_reusable_bronchoscopes

Respiratory Infection Risk Factors

- Invasive oral ventilation support (no protective gag reflex)
- Non-invasive ventilatory support (micro-aspiration due to poor mask fit, increased positive pressure, recline position)
- Debilitation e.g., inability to cough
- Living in a congregate care setting
- Aspiration risk e.g., neuro system disease, overdose

Monitoring Respiratory Care Processes



APIC CONSULTING SERVICES, INC. IDPH HEALTHY CHICAGO

VENTILATOR AND RESPIRATORY EQUIPMENT OBSERVATION AUDIT TOOL

AUDITOR NAME: _____ AUDIT DATE: _____

UNIT/LOCATION: _____

Element Assessed	Response	Notes
Employee Competency and Resources		
1. Are there dedicated staff that have primary responsibility for providing direct ventilator care (e.g. respiratory therapists, nurses with additional specialized respiratory training, respiratory techs)? NOTE: If NA is selected, skip to question 6.	☐ Yes ☐ No ☐ NA, non-ventilator facility	
2. Who provides care?	☐ Nursing (RN, LPN) ☐ Respiratory Therapist (RT) ☐ Both ☐ Other, describe in notes	
3. Has staff received training to provide direct care for ventilator patients/residents?	☐ Yes ☐ No	
4. Was competency assessed in the last year?	☐ Yes ☐ No	

Domains:

1. Employee competency and resources
2. Handheld nebulizers
3. Non-invasive respiratory equipment
4. Intubation equipment
5. Ventilator bundle
6. Ventilator equipment cleaning and disinfection

1. Illinois Department of Public Health. Ventilator and respiratory equipment observation audit tool. https://dph.illinois.gov/topics-services/prevention-wellness/patient-safety-quality/icar.html. Accessed October 30, 2024

Analyzing and Leveraging **Process** and Outcome Surveillance:

What is the influence, if any of:

- Audit timing; staffing challenges, vacations, etc.
- Therapist buy-in;
  - Is front-line staff/leadership not adhering to continual promotion of best practices?
  - Is the front-line staff asked what their barriers are?
- System failure; is the correct equipment, process, staff available?
- Location; are certain patient care areas more adherent than others?
- Directly watching workflow yourself?

Breath Actuated Nebulizer Treatments

- Medication delivery enhanced
- Healthcare Provider Protection from AGP's

https://www.aarc.org/wp-content/uploads/2023/06/aerosol_guide_for_HCPs_4th_ed.pdf

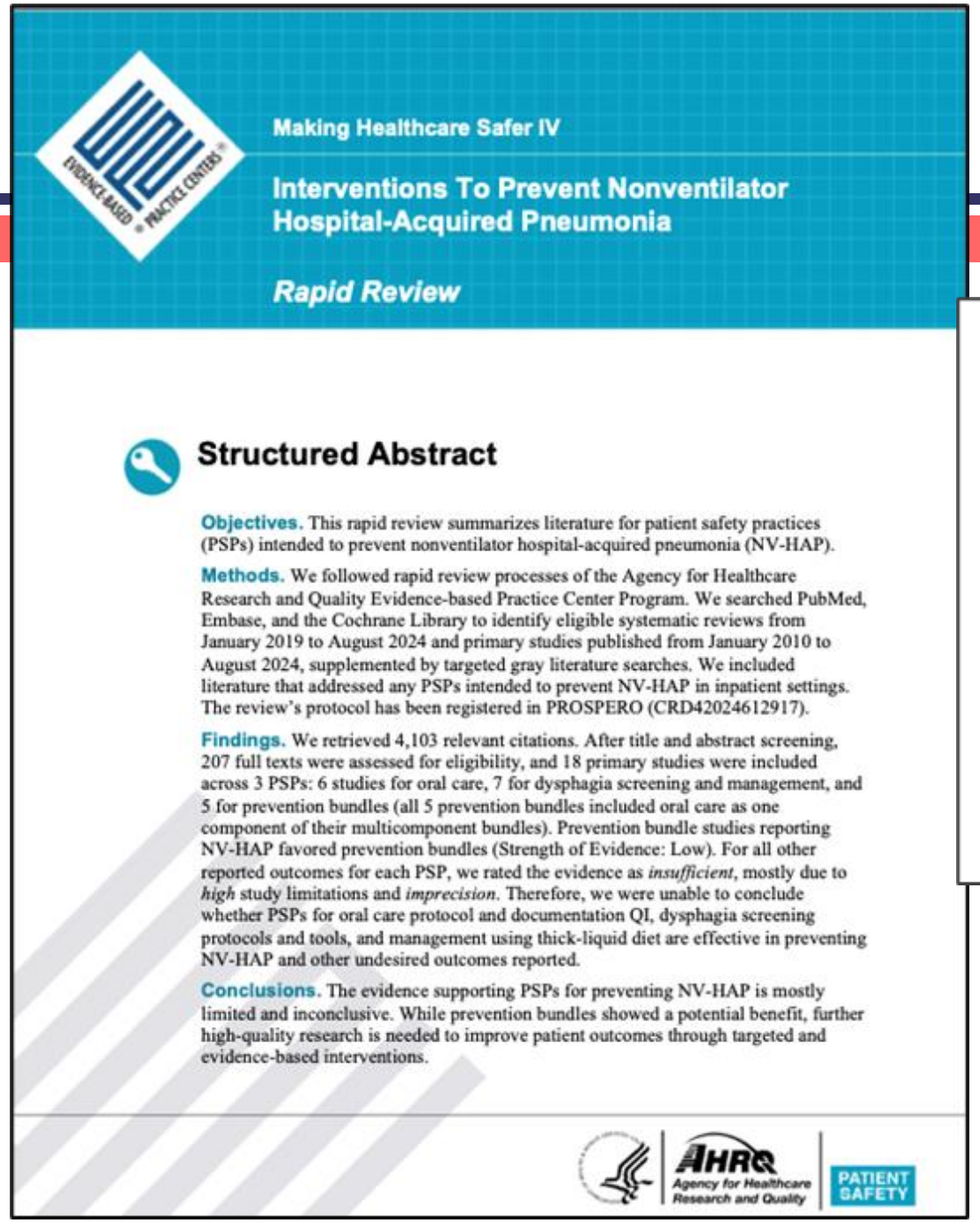
Image by stockbyte via Canva

Respiratory Care Services: Take-aways

The infection preventionist must understand:

- The different equipment/devices used for respiratory support
- Non-invasive and invasive modalities
- Correct cleaning, disinfection, sterilization or replacement protocol for equipment
- The technology to provide efficient respiratory support
- How microbes are introduced into the respiratory tract e.g., aerosols, droplets, contaminated hands, etc.

Adobe stock images. https://stock.adobe.com/search?k=respiratory&search_type=autosuggest&asset_id=904170533. Accessed April 14, 2025



Making Healthcare Safer IV

Interventions To Prevent Nonventilator Hospital-Acquired Pneumonia

Rapid Review

Structured Abstract

Objectives. This rapid review summarizes literature for patient safety practices (PSPs) intended to prevent nonventilator hospital-acquired pneumonia (NV-HAP).

Methods. We followed rapid review processes of the Agency for Healthcare Research and Quality Evidence-based Practice Center Program. We searched PubMed, Embase, and the Cochrane Library to identify eligible systematic reviews from January 2019 to August 2024 and primary studies published from January 2010 to August 2024, supplemented by targeted gray literature searches. We included literature that addressed any PSPs intended to prevent NV-HAP in inpatient settings. The review's protocol has been registered in PROSPERO (CRD42024612917).

Findings. We retrieved 4,103 relevant citations. After title and abstract screening, 207 full texts were assessed for eligibility, and 18 primary studies were included across 3 PSPs: 6 studies for oral care, 7 for dysphagia screening and management, and 5 for prevention bundles (all 5 prevention bundles included oral care as one component of their multicomponent bundles). Prevention bundle studies reporting NV-HAP favored prevention bundles (Strength of Evidence: Low). For all other reported outcomes for each PSP, we rated the evidence as *insufficient*, mostly due to *high* study limitations and *imprecision*. Therefore, we were unable to conclude whether PSPs for oral care protocol and documentation QI, dysphagia screening protocols and tools, and management using thick-liquid diet are effective in preventing NV-HAP and other undesired outcomes reported.

Conclusions. The evidence supporting PSPs for preventing NV-HAP is mostly limited and inconclusive. While prevention bundles showed a potential benefit, further high-quality research is needed to improve patient outcomes through targeted and evidence-based interventions.

AHRQ Agency for Healthcare Research and Quality

PATIENT SAFETY

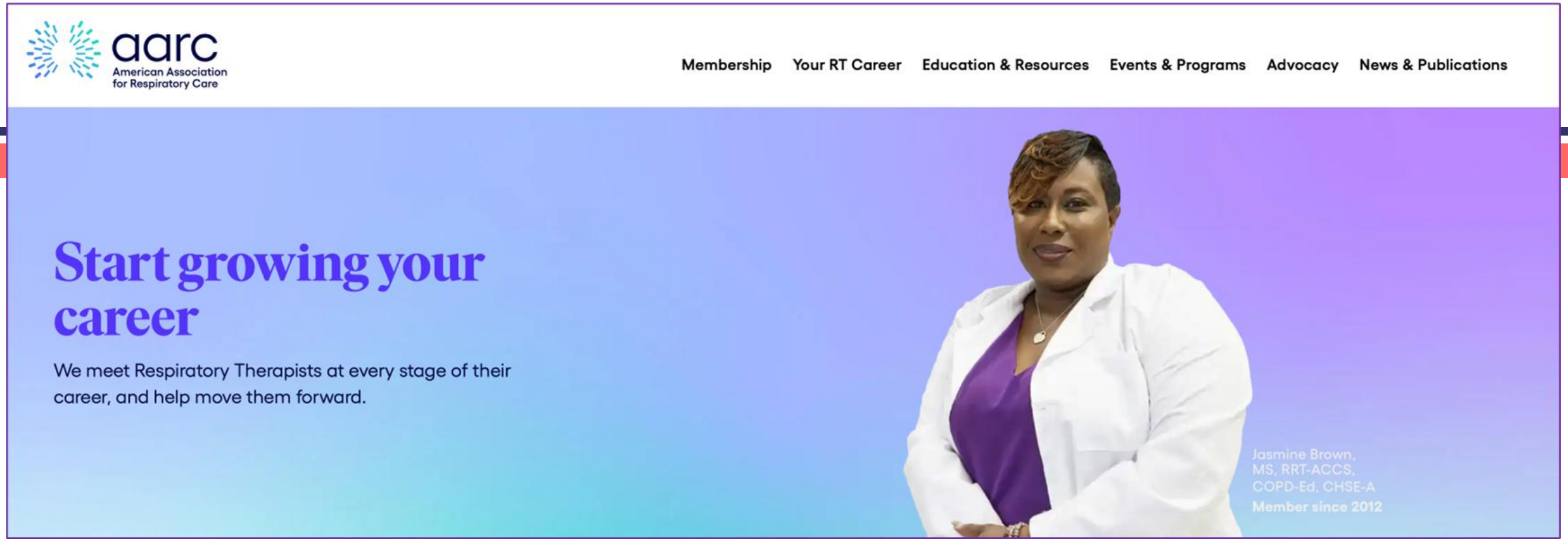
Hospital acquired pneumonia prevention by engaging nurses (HAPPEN)

Share Print

HAPPEN, or Hospital Acquired Pneumonia Prevention by Engaging Nurses supports VHA priorities by reducing the risk of non-ventilator associated hospital acquired pneumonia (NV-HAP), improving the health and quality of life of our Veterans; modernizing systems and processes with a focus on preventive care; improving

. Agency for Healthcare Research and Quality. Interventions to prevent nonventilator hospital-acquired pneumonia. https://effectivehealthcare.ahrq.gov/sites/default/files/related_files/nv-hap-rapid-research.pdf. Accessed May 28,2025

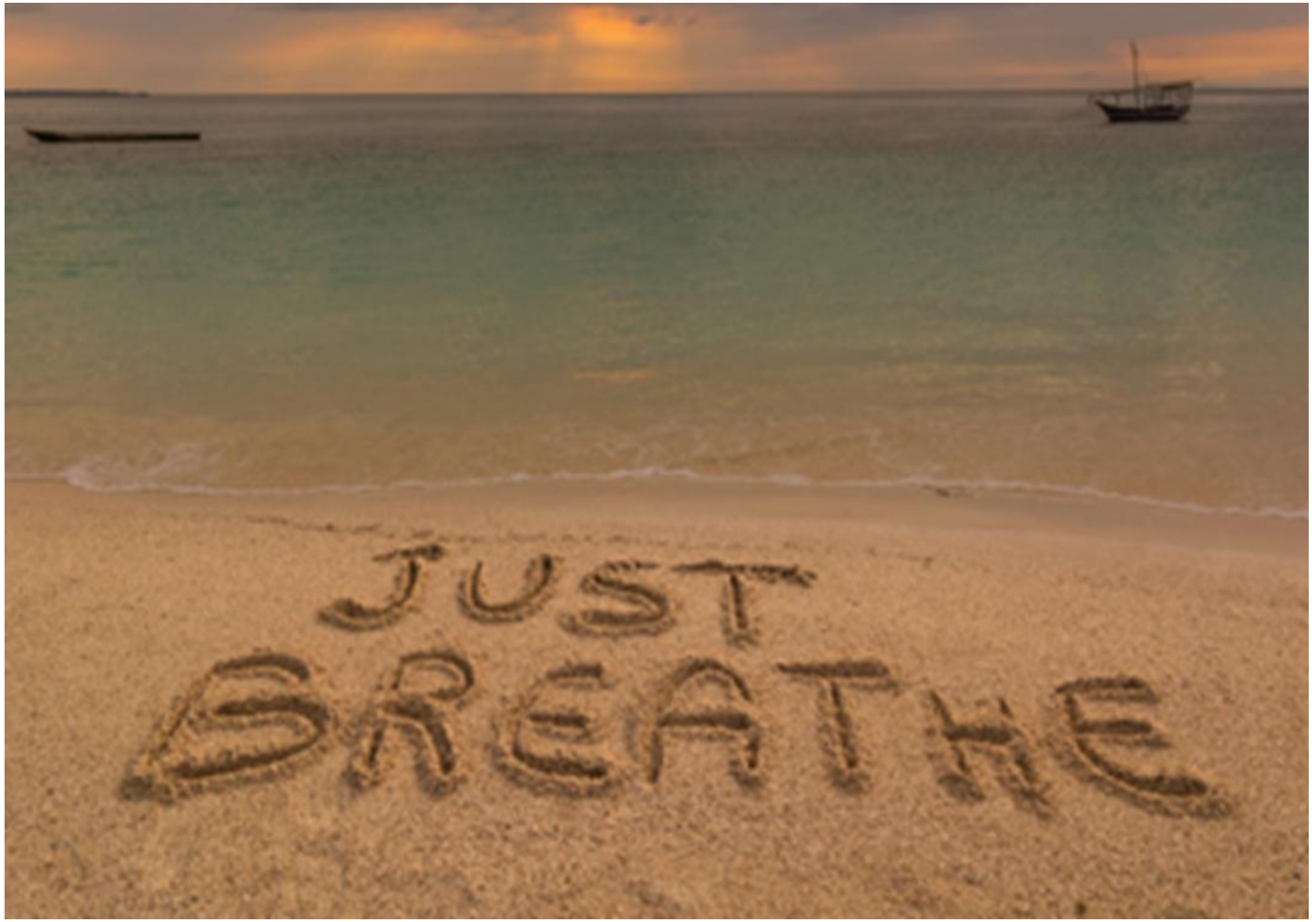
2. VA. Hospital acquired pneumonia prevention by engaging nursing (HAPPEN). October 2024. https://marketplace.va.gov/innovations/project-happen. Accessed April 25, 2025.



Consider Partnering with a Respiratory Therapist to Learn More

In Summary

- Look at Respiratory Care Practices with “New Eyes”
- Review and/or update policies
- Educate all staff on early signs of respiratory infections
- Monitor procedures and practices through observations



Questions?

SOUTH DAKOTA

Foundation for Medical Care

Thank You!

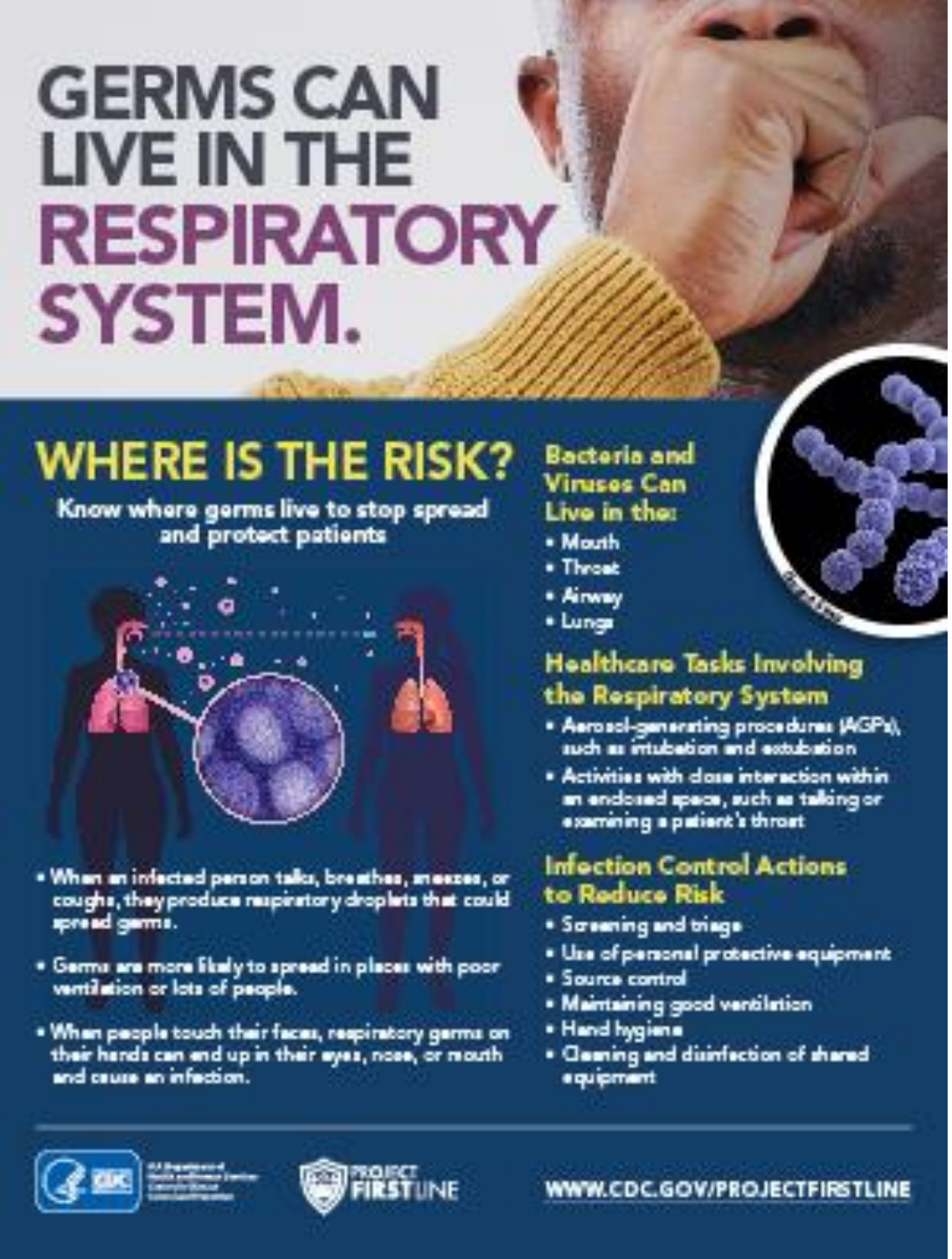
Jess Danko, MS, RRT, AL-CIP, LTC-CIP, CPHQ

Jess.Danko@SDFMC.org

Misc. Updates & Upcoming Educational Opportunities

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

NE ICAP



CDC Project Firstline Resource

Infection Control Actions to Reduce Risk

- Screening and triage
- Use of personal protective equipment
- Source control
- Maintaining good ventilation
- Hand hygiene
- Cleaning and disinfection of shared equipment

CDC Project Firstline - Respiratory System Infographic

APIC and SHEA Announce Joint Healthcare Infection Prevention Advisory Group (HIPAG)

Washington, D.C. — The Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) have announced a new collaborative initiative, the Healthcare Infection Prevention Advisory Group (HIPAG), to address infection prevention priorities of national importance.

The elimination of the CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) has created gaps in coordinated, multidisciplinary alignment on infection prevention and control and antimicrobial stewardship issues, raising concerns, about potential variation and inconsistencies in organizational policies and clinical practice. HIPAG was established to help fill these gaps and ensure continuity by offering timely, evidence-informed advisory expertise that supports the needs of participating organizations and the broader healthcare community.

This initiative reflects a shared commitment to enhancing transparency, inclusivity, and scientific rigor in national infection prevention discussions.

APIC and SHEA believe that this group, which will include invited representative experts across medical societies, healthcare organizations, public health, and patient advocacy groups, will help maintain a unified approach to infection prevention as new challenges and emerging threats continue to evolve.

HIPAG is intended to prevent fragmented or duplicative efforts, promote alignment and strengthen collaboration by connecting subject matter experts across disciplines and care settings.

"HIPAG must reflect the full breadth of expertise and experience in infection prevention and epidemiology," said David Weber, MD, MPH, FIDSA, FSHEA, FRSM, president of SHEA. "We are inviting expert representatives from key medical, public health, and patient groups to ensure broad and inclusive engagement across disciplines. Evidence-informed infection prevention policies save lives—there's no room for compromise. We owe it to our patients and our field to get this right."

"APIC is proud to partner with SHEA and our colleagues across healthcare and public health in this essential initiative," said Carol McLay, DrPH, MPH, RN, CIC, FAPIC, FSHEA, 2025 APIC president. "HIPAG reflects our shared commitment to ensuring that infection prevention remains science-driven, practical, and grounded in real-world expertise. This collaboration is not only critical to the safety of healthcare delivery—it is key to restoring trust and confidence among patients, families, and the professionals who care for them."

HIPAG's structure and membership will be finalized in the coming weeks, along with a coordinated communication and engagement plan.

Organizations interested in participating in or contributing to expert representatives are encouraged to contact APIC or SHEA for more information.

About APIC

The Association for Professionals in Infection Control and Epidemiology (APIC) is the leading professional association for infection preventionists with a mission to create a safer world through the prevention of infection.

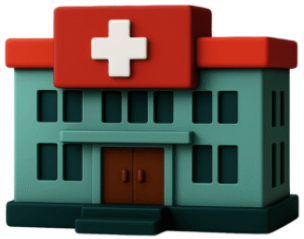
About SHEA

The Society for Healthcare Epidemiology of America (SHEA) is a professional society representing physicians and other healthcare professionals in the fields of healthcare epidemiology, infection prevention, and antimicrobial stewardship.

https://apic.org/news/apic-and-shea-announce-joint-healthcare-infection-prevention-advisory-group-hipag/

Infection Control Assessment & Response (ICAR) Visits

- Surgical Site Infection Prevention
- Sterilization
- Safe Injection Practices
- Environmental Cleaning & Disinfection
- Hand Hygiene
- High-Level Disinfection
- Point of Care Blood Testing
- Laundry
- PPE & Standard Precautions
- Indwelling Devices (e.g. CAUTI, CABSI)
- Wound Care
- Water Management
- Transmission-Based Precautions



Join Us - Upcoming NE ICAP Webinars in 2026

- **<u>Thursday</u> January 8, 2026**
  - 12:00 – 1:00 PM (CST)
    - SPECIAL EVENT MERGING HOSPITAL, OUTPATIENT, and LTC AUDIENCES
    - Backpacker's Guide to Leadership
      - Dr. Mark Rupp will be presenting. Be sure to mark your calendar for this special event and great opportunity to learn about leadership.

- **Wednesday February 11, 2026**
  - 12:00 – 1:00 PM (CST)
    - Infection Control Essentials for the Clinical Laboratory
    - Kay Huff, MLS (ASCP), CIC

ICAP Contact Information

Call 402-552-2881

Business Hours are

Monday – Friday

8:00 AM - 4:00 PM

Central Time

Scan the QR Code to be taken to our NE ICAP Contact Form.
You can request to be connected to an
Infection Preventionist that specializes in your area,
get added to our setting specific communication list
for webinar and training invites,
sign up for newsletters and reminders,
or request an ICAR review for your facility.

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Webinar CE Process

- **1 Nursing Contact Hour is awarded by Nebraska ICAP**
  - Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by the VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- **CNE Nursing Contact Hours:**
  - Completion of survey is required.
  - The survey must be specific to the individual obtaining credit; (i.e., 2 people cannot be listed on the same survey).
  - Survey functionality is lost on mobile devices.
  - One certificate is issued quarterly for all webinars attended.
  - Certificate comes directly from ICAP via email.