

Guidance and responses were provided based on information known on 02.12.2026 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Long Term Care Webinar Series

February 12, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION
PROGRAM

Presentation Information

Speaker(s):

Josette McConville, RN, CIC

jmccconville@nebraskamed.com

Panelists:

Josette McConville, RN, CIC

Chris Cashatt, BSN, RN, CIC

Lacey Pavlovsky, RN, MSN, CIC, LTC-CIP, AL-CIP, FAPIC

Rebecca Martinez, BSN, BA, RN, CIC

jmccconville@nebraskamed.com

ccashatt@nebraskamed.com

lacey.pavlovsky@nebraska.gov

remartinez@nebraskamed.com

Larisa Mulroney, DHHS

Becky Wisell, DHHS

Cindy Kadavy, NHCA

Kierstin Reed, Leading Age

larisa.mulroney@nebraska.gov

becky.wisell@nebraska.gov

cindyk@nehca.org

kierstin.reed@leadingagene.org

Nurse Planner: Josette McConville, RN, CIP

Moderated by Marissa Chaney

jmccconville@nebraskamed.com

machaney@nebraskamed.com

- 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

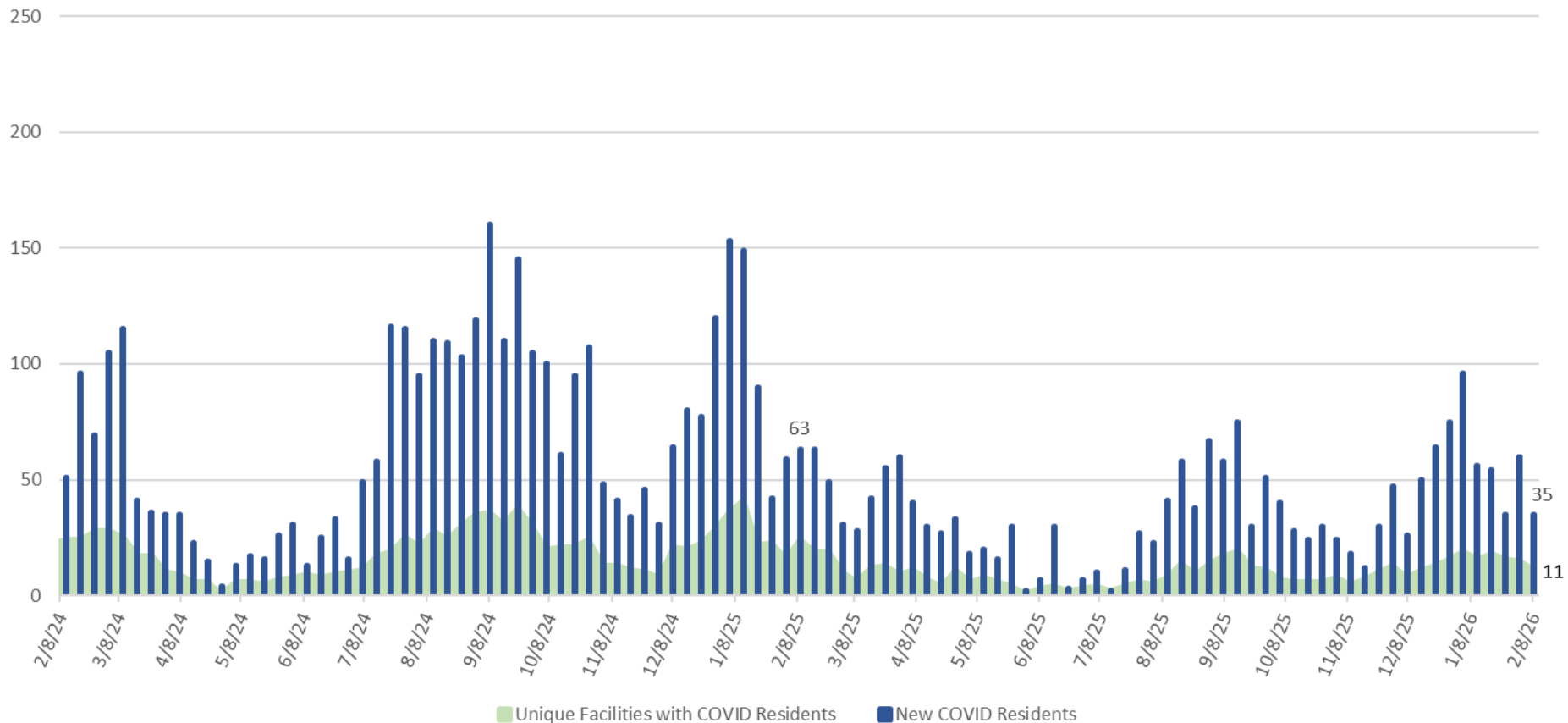
- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- To obtain the nursing contact hour, you must attend the entire live activity and complete the post webinar survey
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author 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 VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Communicable Illness Update



Nebraska LTC Facility COVID-19 Outbreaks

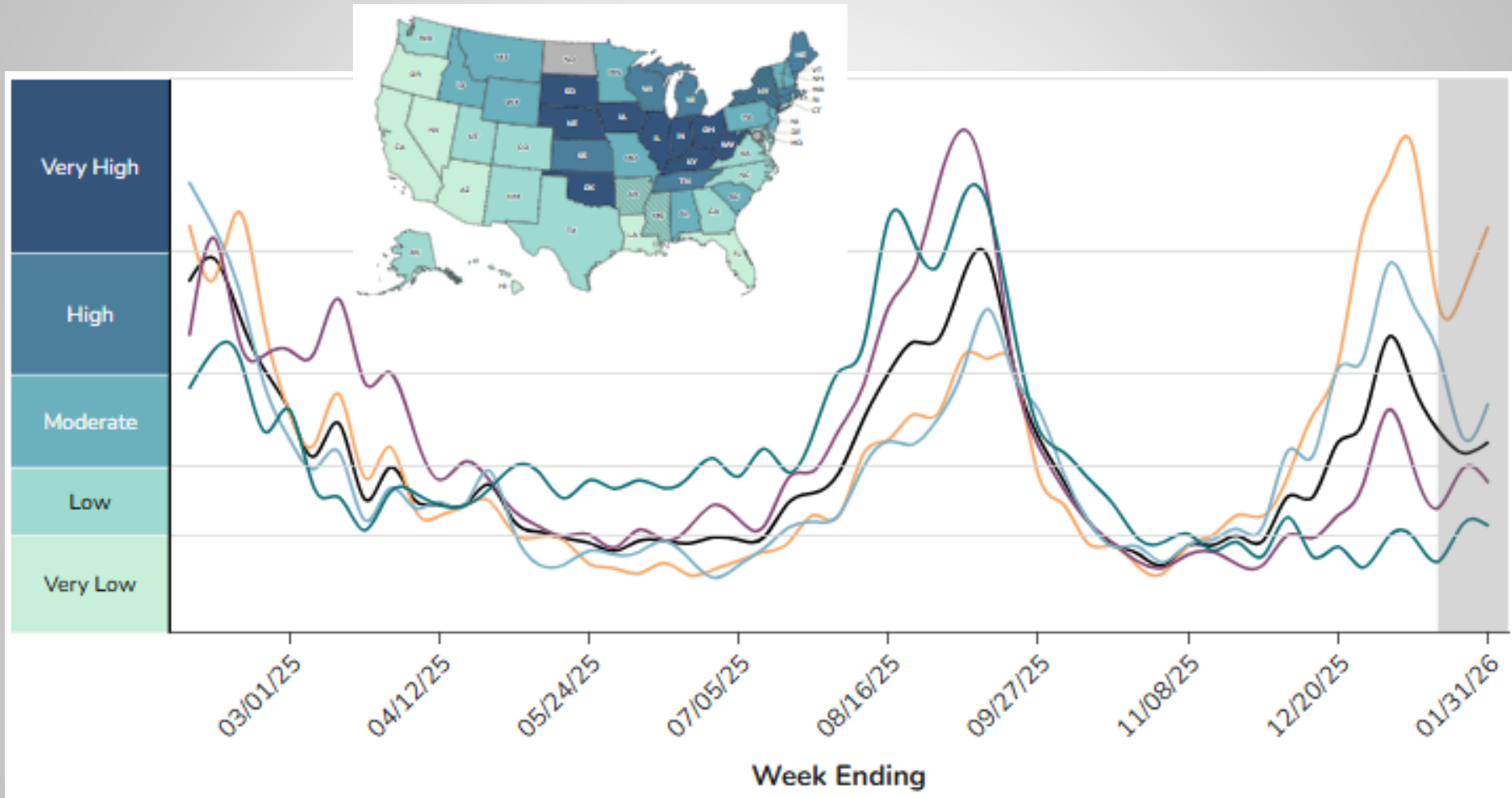
Nebraska LTC - Facilities with at Least One COVID Resident &
Total COVID Residents by Week




**Updated: 2/9/2026

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

COVID-19 Wastewater Activity



COVID-19 Wastewater Data – National Trends | NWSS | CDC



National Wastewater Surveillance System (NWSS)

● National

● Midwest

● South

● Northeast

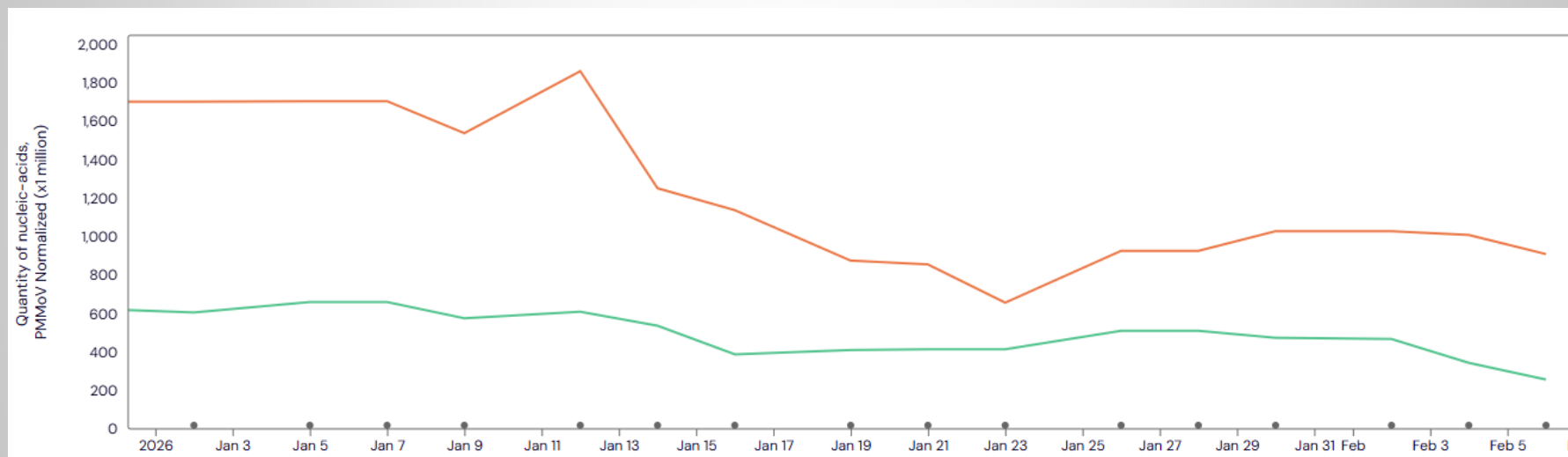
● West

WASTEWATER SCAN

Nebraska

- Northeast, Lincoln, NE (Northeast Water Resource Recovery Facility)
- Theresa Street, Lincoln, NE (Theresa Street Water Resource Recovery Facility)

SARS-CoV-2



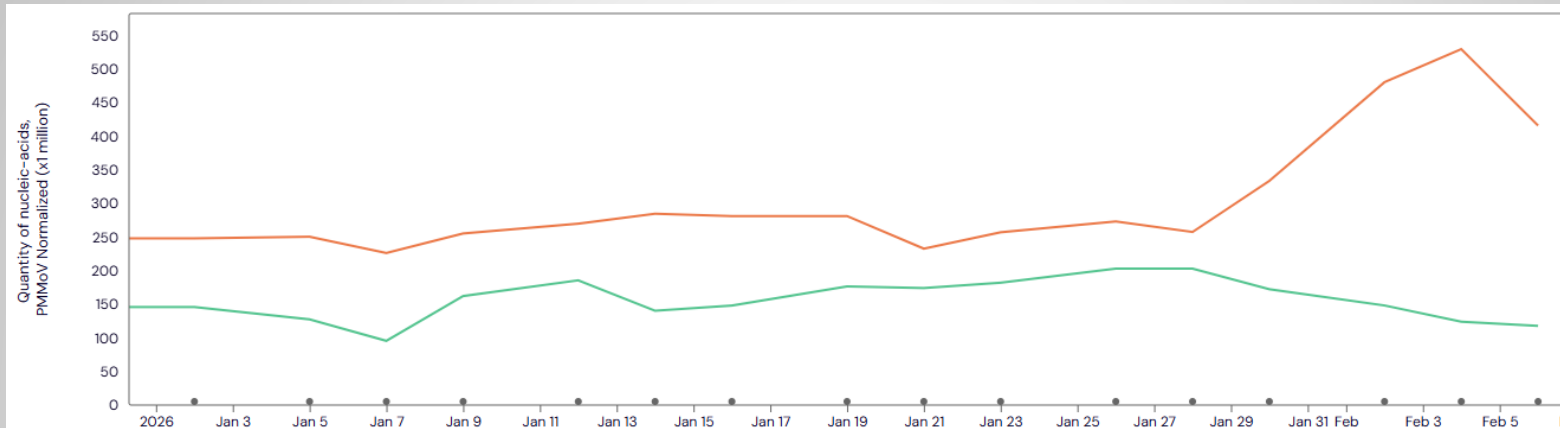
[WastewaterSCAN Dashboard](#)

WASTEWATER SCAN

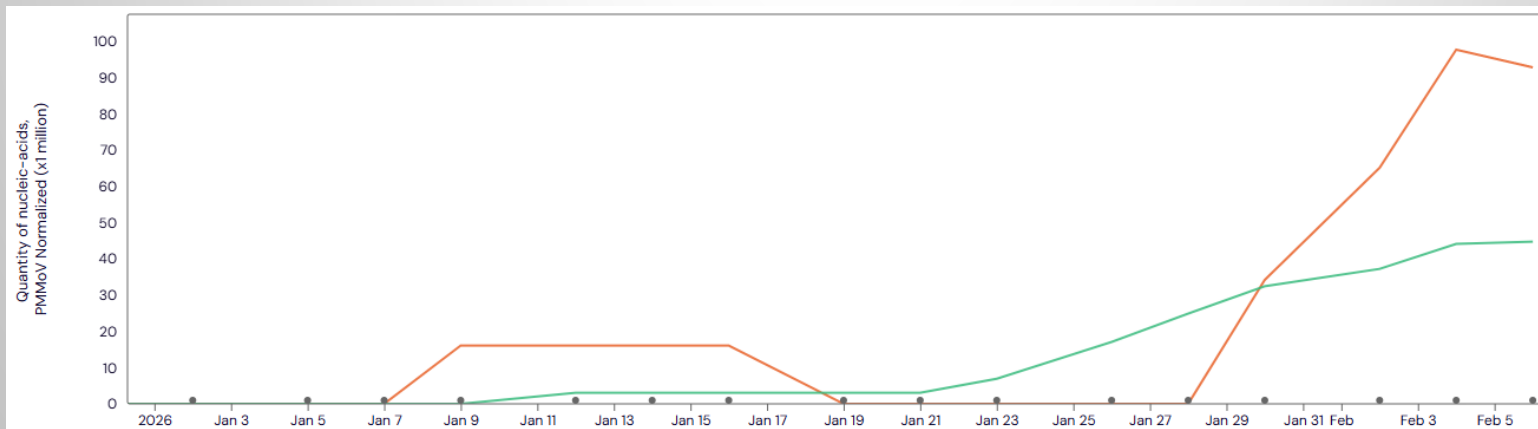
Nebraska

- Northeast, Lincoln, NE (Northeast Water Resource Recovery Facility)
- Theresa Street, Lincoln, NE (Theresa Street Water Resource Recovery Facility)

Influenza A

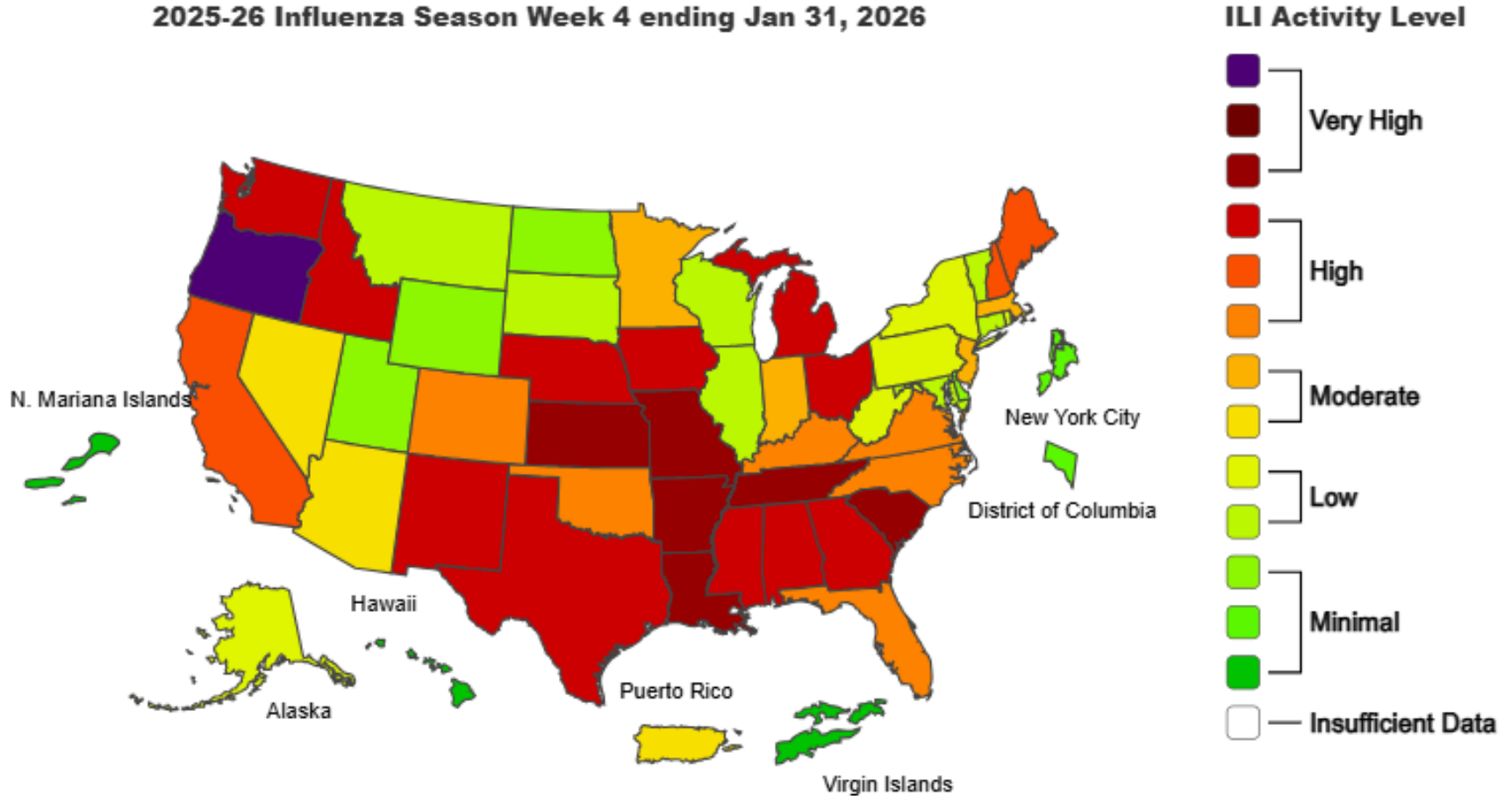


Influenza B



[WastewaterSCAN Dashboard](#)

2025-26 Influenza Season Week 4 ending Jan 31, 2026



Nebraska Influenza Dashboard Summary for 2025-26 Surveillance Season, through week ending, 01/31/26

	Week Ending 01/31/26	Change from Last Week	Season Total
Influenza A Positive Tests	1,288	▼ 20	9,215
Influenza B Positive Tests	290	▲ 123	864
Influenza Test Positivity (%)	22.3%	▲ 0.9%	12.4%

Long-Term Care Facility Influenza Outbreak Surveillance, State of Nebraska

Influenza Season ▼	Outbreaks Current Week	Outbreaks Last Week	Total Outbreaks Reported
2025-26	2	3	29
2024-25	-	-	94
2023-24	-	-	30

[About the Data on the Seasonal Respiratory Illness Dashboard](#)

Nebraska RSV Dashboard Summary for 2025-26 Surveillance Season, through week ending, 01/31/2026

	Week Ending 01/31/2026	Change from Last Week	Season Total
RSV Positive Tests	185	▲ 39	976
RSV Test Positivity (%)	5.1%	▲ 0.8%	5.1%

Long-Term Care Facility RSV Outbreak Surveillance, State of Nebraska

Respiratory Season ▼	Outbreaks Current Week	Outbreaks Last Week	Total Reported Outbreaks
2025-26	0	0	2
2024-25	-	-	4
2023-24	-	-	19

[About the Data on the Seasonal Respiratory Illness Dashboard](#)

COVID Vaccine Up-to-Date

Individuals aged 65 years and older are Up to Date when they have received 2 doses of the 2025-2026 COVID-19 vaccine or received 1 dose of the 2025-2026 COVID-19 vaccine in the past 6 months.

- Example: If an individual is 65 years old and received their first dose of the 2025-2026 COVID-19 vaccine on October 1, 2025, then they would need to receive their second dose after April 1, 2026, to remain Up to Date with COVID-19 vaccines.

Individuals younger than 65 years are Up to Date when they have received 1 dose of the 2025-2026 COVID-19 vaccine (any time since it was approved in August 2025).

[Staying Up to Date with COVID-19 Vaccines](#) | [Covid](#) | [CDC](#)

Environmental Disinfection

-What an IP needs to know



IP Collaboration With EVS

Build a relationships with the EVS supervisor and team.

- What can you learn from other's expertise?
- Where is teamwork in place?
- Respect and knowledge go both ways.



Do you know what disinfectants are stocked in the facility?

Clean, Sanitize, or Disinfect?

Action	What does it do?	Example of when to do it
Cleaning	Cleaning removes dirt and organic matter from surfaces using soap or detergents. *Products registered by the EPA only if they also sanitize or disinfect.	Every time, it is the necessary first step to any cleaning/disinfection process
Sanitizing	Sanitizing kills bacteria on surfaces using chemicals. It is not intended to kill viruses. *Products registered by the EPA.	Food contact surfaces
Disinfecting	Disinfecting kills viruses and bacteria on surfaces using chemicals. *Products registered by the EPA.	High touch surfaces, surfaces contaminated by blood and body fluid

Manual cleaning vs. Disinfection

Cleaning removes visible dirt, dust, spills, smears, and grime, including organic material like blood, as well as some germs, from surfaces. This is a manual process, though chemical surfactants aid in the removal of debris.

Disinfection is the chemical process of killing germs on surfaces or objects.



Considerations When Choosing Products

Multi-disciplinary teams should be involved in selection of disinfectant products.

The team's goal should be to keep the variety of stocked disinfectants as small as possible to allow for easier training and ensure correct use by the frontline staff.



Types of Disinfectants

Disinfectant	Advantages	Disadvantages
Sodium hypochlorite (a.k.a. bleach solutions)	EPA registered, low incidence of toxicity, reduces biofilms of surfaces, sporicidal at specific concentrations	Discoloration of fabrics, inactivated by organic matter, toxic when mixed with ammonia
Quaternary ammonium compounds (i.e., 'quats')	EPA registered, surface compatible, active against many bacteria, enveloped viruses, and fungi	Not sporicidal, not effective against non-enveloped viruses, water hardness & cotton can make it less microbiocidal
Improved hydrogen peroxide	EPA registered, non staining, surface compatible, excellent coverage of organisms, benign for environment, often sporicidal	Cost
Alcohol	Good organism coverage, easy to use, used to disinfect small surfaces such as rubber stoppers on medication vials	Not EPA registered, not sporicidal, no detergent or cleaning properties
Phenolics	EPA registered, active against many bacteria, enveloped viruses, and fungi, inexpensive	Not sporicidal, tissue irritant

Broad Spectrum Disinfectants

Healthcare disinfectants should have a broad antimicrobial spectrum, including kill claims for the pathogens that are the common causes of HAIs and outbreaks.

Disinfectants that are effective against the following bacteria is considered a broad-spectrum disinfectants for use in healthcare.

- Gram-positive bacteria (e.g., Staph aureus)
- Gram-negative bacteria (e.g., Salmonella enterica), and
- Pseudomonas aeruginosa

EPA Registration

Each disinfectant label has an EPA registration number. The same product can have different names and be sold under a variety of company names.

Registration numbers can be found on the product label that is affixed to the product container.

The registration number will have two to three parts that are separated by dashes.



EPA Registration

It is important to refer to the EPA website when evaluating current or potential disinfectants to use in a healthcare facility.

- This EPA link lets you type in the product name or the EPA registration number to access the product's label. The most recent label is at the top of the list.

<https://ordspub.epa.gov/ords/pesticides/f?p=PPLS:1>

- Note: if the user cannot find an EPA registration number to type in, then the product is likely not a disinfectant.

Product or Alternative Brand Name:

Enter the name of the product. As you type, options will be presented to you. Keep in mind that product names may vary, so if you don't find the product you are looking for, try the *EPA Registration Number Search above*.

Company Name:

Enter the name of the company. Some companies may have several divisions that manufacture and market pesticides products. You can select among these divisions using the drop-down list or choose the root of the company name (e.g., "Bayer" or "3M") to see products associated with all the divisions.

Sample Label

Serratia marcescens [ATCC 14756]
Staphylococcus aureus [ATCC 6538]
Streptococcus pyogenes [ATCC 12344]

Candida albicans [ATCC 10231]
Trichophyton interdigitale [ATCC 9533]

Multi-Drug Resistant Bacteria [(1 Minute Contact Time)]

Acinetobacter baumannii Multi-Drug Resistant [ATCC 19606] [Effective against organism resistant to Ampicillin, Cefazolin, Gentamicin, Piperacillin, Trimethoprim/Sulfa and Intermediate resistance to Cefotaxime, Ceftriaxone.]

Enterobacter cloacae - NDM-1 positive [CDC 1000654]

Escherichia coli - NDM-1 positive [CDC 1001728]

ESBL Resistant *Escherichia coli* [ATCC BAA-196]

ESBL Resistant *Klebsiella pneumoniae* [ATCC 700603]

Klebsiella pneumoniae - Carbapenem Resistant [ATCC BAA-1705]

Klebsiella pneumoniae - NDM-1 positive [CDC 1001527]

Community Acquired Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) [NARSA NRS384] [Genotype USA 300]

Community Acquired Methicillin Resistant *Staphylococcus aureus* (CA-MRSA) [NARSA NRS123] [Genotype USA 400]

Staphylococcus aureus Methicillin Resistant (MRSA) [ATCC 33592]

Streptococcus pneumoniae - Penicillin Resistant [ATCC 700677]

Vancomycin Intermediate *Staphylococcus aureus* (VISA) [HIP 5836]

Vancomycin Resistant *Staphylococcus aureus* (VISA) [NARSA NRS11]

EPA Registration

EPA-registered antimicrobial products may not make efficacy claims against specific pathogens unless the agency has reviewed data to support the claim and approved the claim on the label.

- [EPA's Registered Antimicrobial Products Effective Against *Mycobacterium tuberculosis* \(TB\) \[List B\]](#)
- [EPA's Registered Antimicrobial Products Effective Against Norovirus \(Feline calicivirus\) \[List G\]](#)
- [EPA's Registered Antimicrobial Products Effective Against Methicillin-resistant *Staphylococcus aureus* \(MRSA\) and/or Vancomycin Resistant *Enterococcus faecalis* or *faecium* \(VRE\) \[List H\]](#)
- [EPA's Registered Antimicrobial Products Effective Against *Clostridium difficile* Spores \[List K\]](#)
- [Disinfectants for Use Against SARS-CoV-2 \[List N\]](#)
- [EPA's Registered Antimicrobial Products Effective Against *Candida auris* \[List P\]](#)
- [EPA's Registered Antimicrobial Products Effective Against Bloodborne Pathogens \(HIV, Hepatitis B and Hepatitis C\) \[List S\]](#)

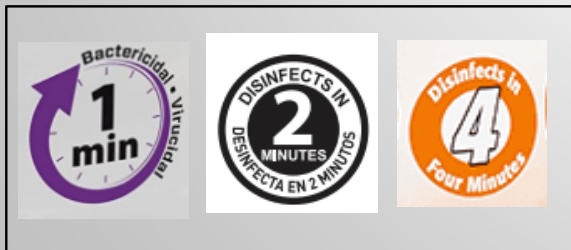
Contact Time

The amount of time a disinfectant needs to sit on a surface without being wiped away or disturbed, to effectively kill germs.

Prioritize a disinfectant with a short contact time.

Follow manufacturer specific instructions, for example, “Repeated use of the product may be required to ensure that the surface remains visibly wet.”

Follow the disinfectant label:



Additional Considerations

- **Ease of use**
 - Mixing requirements
 - Stability
 - Method of delivery
- **Safety**
 - Toxicity
 - Flammability
 - Avoid sprays
- **Surface compatibility**
 - Safe for use on specific medical equipment
 - Residue on surfaces

- **Other Considerations**

- Odor
- Cost



Disinfectants That Require Dilution

Dilution requires additional training:

- Provide staff training related to mixing and dilution instructions
- Preference for use of chemical mixing dispenser to avoid staff exposure
- Labeling requirements for secondary containers
- Track beyond use date for diluted products

PRODUCT IDENTIFIER:

GHSPICTOGRAMS

NFPA

SIGNAL WORD

☐ DANGER

☐ WARNING

HAZARD/PRECAUTIONARY INFO.

HMIS

HEALTH ☐

FLAMMABILITY ☐

REACTIVITY ☐

PERSONAL PROTECTION ☐

GHS2264ALV

NMC

Secondary label can be printed from manufacturer websites.

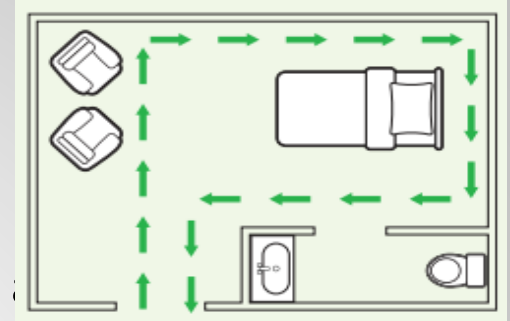
Secondary Label
PDF

DOWNLOAD

EMAIL

Staff Training

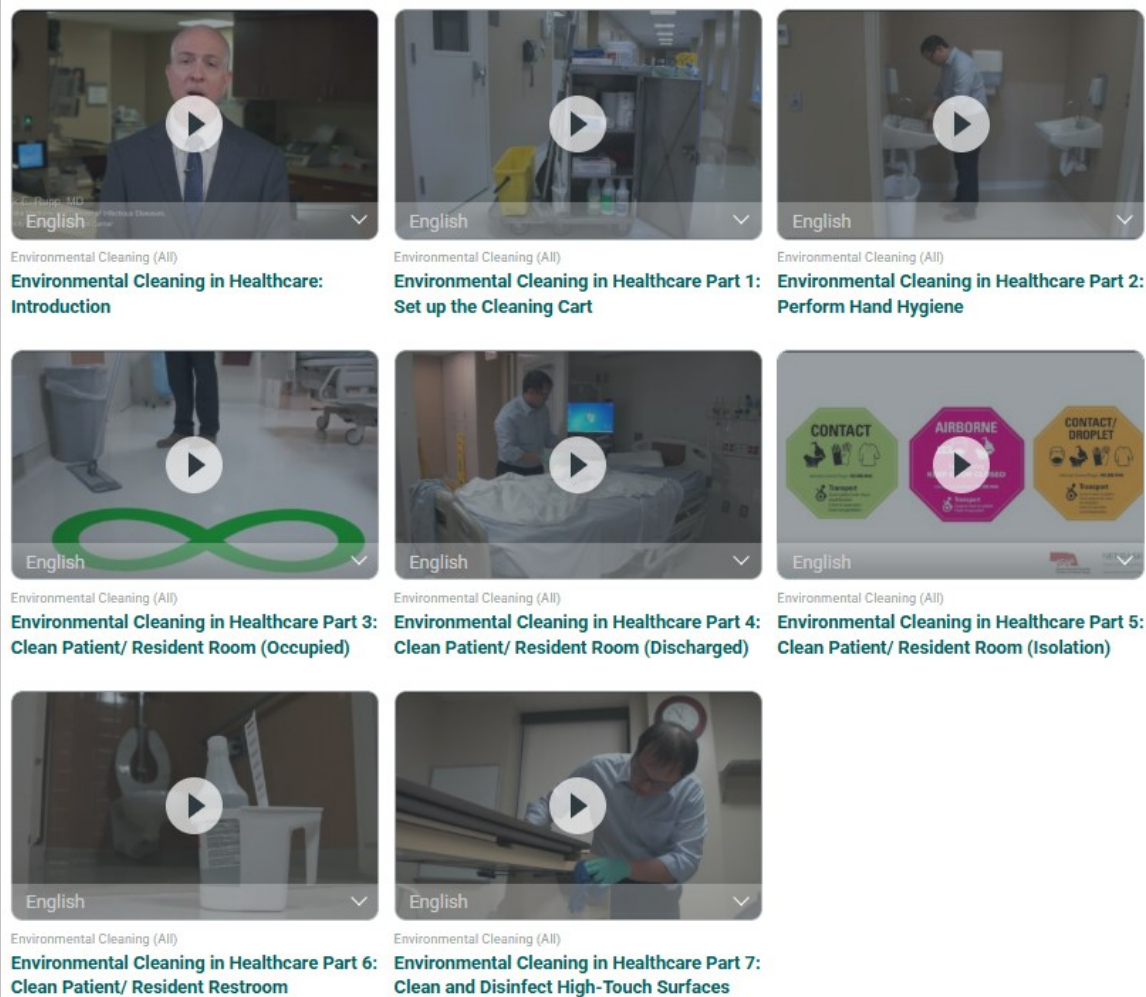
ALL staff should receive education upon hire, annually, and when processes, equipment, or chemicals change.



Training should include:

- Introduction to principles of infection control
- PPE requirements
- Review of specific cleaning/disinfection tasks staff member is responsible for
- Frequency schedule for cleaning specific equipment or surfaces
- Process for cleaning specific equipment or surfaces, including knowledge of contact time
 - Use of easy-to-use visual reminders
 - Use of checklists to ensure cleaning is thorough and effective
- Instructions for safe preparation of chemical, if dilution is required

ICAP Environmental Cleaning and Disinfection Videos



8-part series to teach basic IPC concepts related to environmental cleaning and disinfection in hospitals and long-term care settings.

Training videos are available in additional languages:

- English
- Arabic
- French
- Spanish

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 (60% 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.
Mop or wipe with disinfectant solution.
Allow solution to stay wet on surface for at least 10 minutes.
Rinse well and air dry.



EXP MM-DD-YYYY
5 55555 55555 5

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 (1-866-366-5048) 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?



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Control and Prevention



How to Read a Disinfectant Label

Sometimes called “dwell time,” this is the amount of time a disinfectant needs to sit on a surface, without being wiped away or disturbed, to effectively kill germs.



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GERMS CAN LIVE ON DEVICES.

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients

Germs That Can Live On Devices

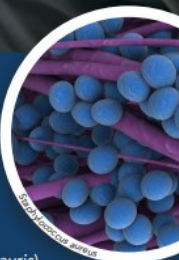
- *Staphylococcus aureus* (staph, including MRSA)
- *Streptococcus* (strep)
- *Candida* (including *C. auris*)
- Gut bacteria like *E. coli*, *Klebsiella*, and *C. difficile* (*C. diff*)

Healthcare Tasks Involving Devices

- Taking vital signs
- Weighing patients
- Transporting patients
- Lifting patients

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Hand hygiene
- Use of personal protective equipment (gloves)



- When a device, like a pulse oximeter, is used on a patient's body to provide care, any germs on that device can be spread to places in or on the patient's body.
- If not handled correctly, shared medical devices can spread germs from one patient to another.
- When a device is put into a patient's body, any germs on the device can spread into the body.



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GERMS CAN LIVE ON DRY SURFACES.

WHERE IS THE RISK?

Know where germs live to stop spread and protect patients



- Germs found on the body, in the air, and in stool can often be found on dry surfaces, and some can live for a long time.
- Dry surfaces include "high-touch" surfaces like bed rails, door handles, and light switches. They also include countertops, bed curtains, floors, and things that might not be touched as often.
- Hands can pick up germs from dry surfaces and move them to other surfaces and people.
- Germs from dry surfaces can also get onto devices that are used on or in patients.

Germs That Live On Dry Surfaces

- *Clostridioides difficile* (*C. diff*)
- Methicillin-resistant *Staph aureus* (MRSA)
- *Candida* spp. (including *C. auris*)
- *Acinetobacter* spp.

Healthcare Tasks Involving Dry Surfaces

- Anything involving touch
- Using devices
- Patient transport

Infection Control Actions to Reduce Risk

- Cleaning and disinfection
- Hand hygiene
- Use of personal protective equipment (gloves and gowns)



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Control and Prevention



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Germs can live on devices

Germs can live on dry surfaces

Candida auris in Health Care:

Recognize the Risk and Stop the Spread



What Is *Candida auris* (*C. auris*)?

C. auris is a fungus that spreads easily in hospitals and nursing homes. *C. auris* infections are often difficult to treat and can lead to death in very sick patients.

Recognize the Risk of *C. auris*

C. auris lives on skin and surfaces, including:

- high-touch surfaces such as doorknobs and bedrails.
- equipment and devices such as vital signs machines, breathing tubes and catheters.



C. auris spreads through touch, including:

- touching a patient or their environment.
- touching contaminated equipment.

C. auris can live on surfaces for weeks and cannot be killed by some of the most common healthcare disinfectants.

Stop the Spread of *C. auris*



Clean your hands with alcohol-based hand sanitizer or soap and water to remove and kill *C. auris*.



Use a gown and gloves when touching a patient with *C. auris* or when touching items in their room to prevent it from getting on you.



Clean and disinfect the patient's room and equipment with a product that effectively kills *C. auris*.

Learn More

Preventing the Spread of *C. auris*:
<http://bit.ly/45DWbIV>

cdc.gov/ProjectFirstline



C. auris is a fungus that spreads easily in nursing homes.

It is difficult to treat and can lead to death in very sick patients.

It is important to ensure that the disinfectant in use is effective against *C. auris* (EPA list P), if there is concern for spread in the facility.

Who cleans what?



Sample Cleaning and Disinfection Schedule

Surface/Equipment	Cleaning/Disinfection Frequency	Person/Department Responsible	Approved Disinfectant
Resident lifts	After each use	Unit staff	XYZ Disinfectant Wipe (2 min contact time)
Wheelchairs	Daily and when visibly soiled	Unit staff	XYZ Disinfectant Wipe (2 min contact time)
Vital Signs Monitor	After each use	Unit staff	XYZ Disinfectant Wipe (2 min contact time)
Handrail (hallway)	Daily and when visibly soiled	Housekeeping	XX Disinfectant (3 min contact time)
Ice and water dispenser	Daily and when visibly soiled	Nutrition services	YY Sanitizer (1 minute contact time)

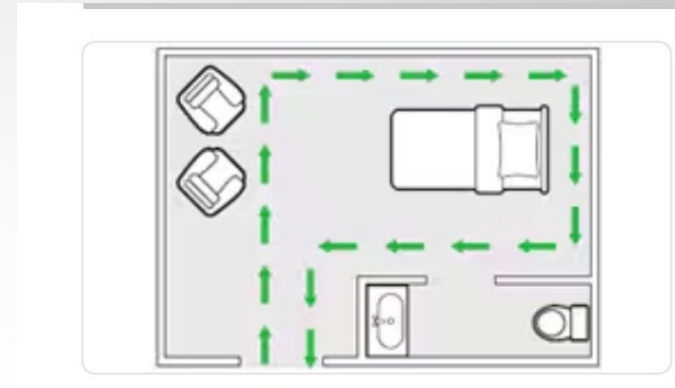
Standardized approach with job aids

Proceed in a systematic manner to avoid missing areas—for example, left to right or clockwise.

In a multi-bed area, clean each patient zone in the same manner—for example, starting at the foot of the bed and moving clockwise.

Important to identify the high-touch surfaces in both the resident rooms and restrooms.

Protocols should be readily available to staff. (e.g., hard copy or checklist).



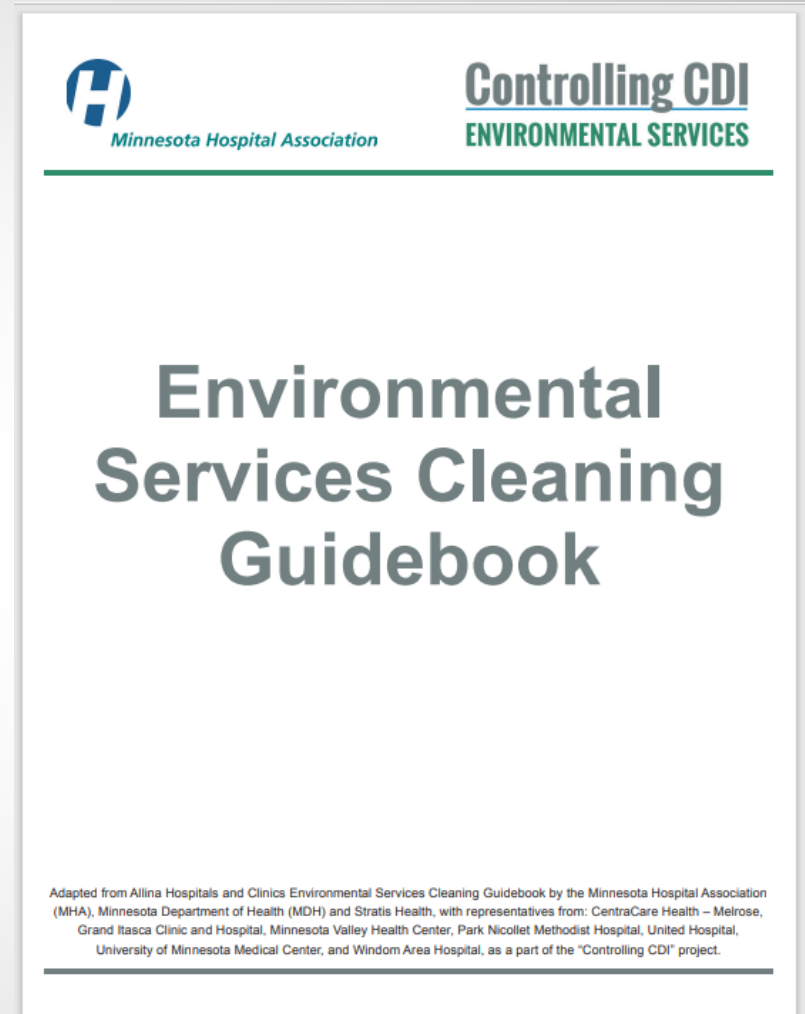
- Move clockwise from the door and sanitize all equipment
- ☐ Ledges (below shoulder height)
- ☐ Door handles, knobs – high touch area
- ☐ Light switches – high touch area
- ☐ Call box – high touch area
- ☐ Telephone – high touch area
- ☐ Window sills and ledges
- ☐ Computer keyboard – high touch area
- ☐ Soiled linen hamper lid
- ☐ In-room patient sink and faucet
- ☐ In-room soap dispenser and paper rag dispenser

References for policy development



[environmental-cleaning-rls-508.pdf](#)

[Considerations for Reducing Risk: Surfaces in Healthcare
Facilities | HAIs | CDC](#)

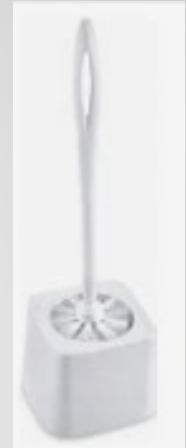


[4. Environmental Services Cleaning Guidebook.pdf](#)

Avoid Cross Contamination



- EVS carts should not enter the resident room. They should be cleaned and disinfected at the end of each day or shift.
- Store toilet brushes in a manner that does not contaminate the cart or other supplies (e.g., on the bottom of the cart away from other equipment).
- Only clean cloths are dipped are dipped in buckets of cleaning solution – never double dip.
- Avoid use of sponges – do not move sponge from room to room.



Cleaning Cloths

Give careful consideration to the type of material before purchasing cleaning cloths.

- Microfiber cloths are often preferred over cotton for both cleaning cloths and mop heads.
 - Microfiber absorbs more dirt and microorganisms than cotton.
- Quaternary ammonium compounds (quats) can bind to cotton cloths impacting the disinfectants efficacy. For this reason, microfiber cloths should be considered when using liquid disinfectants.
 - Avoid soaking cleaning cloths in quat disinfectants solutions for an extended period of time.



Supplemental Devices



- Ensure that manufacturer instructions for use (IFU) is available and being followed.
- Devices are always used secondary to manual cleaning and disinfection.
- Continued education and competency of the team using the device.

Potential Barriers

CDC recommends that cleaning and disinfection supplies are easily accessible near the point of care.

- Opportunity to complete a Risk Assessment - balance safe storage of chemicals with ease of use for staff

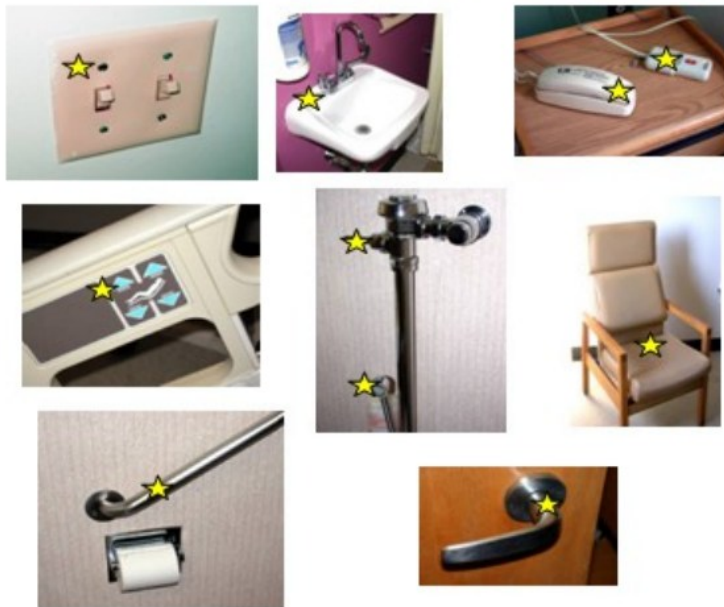
Infection Prevention Risk Assessment for High Risk Tasks				
Completed by (list all involved): _____			Date: _____	
Activity / Area of Concern (Existing and Potential) <i>Identify known and potential hazards for the task.</i>				
Hazards Identified <i>What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged</i>	Current Risk Value (High, Medium, or Low) <i>Consider the severity and the likelihood <u>as though</u> there are no controls.</i>	Controls in place to eliminate or reduce the risk Include Engineering, Administrative and PPE <i>How do the controls compare to 'best practices'?</i>	Remaining Risks	What controls could further reduce the risk? <i>Identify who will take the action, when they will take the action, and make note of when the action is completed.</i>

Routine audits and feedback

Monitoring method	Monitoring staff ^d	Monitoring frequency
Performance observations	Cleaning supervisors	At least weekly Might be more frequent with new cleaning staff and eventually reduce in frequency after a defined time or target score has been reached
Visual assessments of cleanliness	Cleaning supervisors Cleaning program manager or focal person IPC or hygiene committee staff	Developed at facility level, based on local policy and context (e.g., resources) See Methods for assessment of cleaning and cleanliness (page 64)
Fluorescent markers (e.g., UV visible)	Cleaning supervisors Cleaning program manager or focal person IPC or hygiene committee staff	Developed at facility level, based on local policy and context (e.g., resources) See Methods for assessment of cleaning and cleanliness . (page 64)

Routine audits and feedback

TARGET PLACMENT ON HIGH TOUCH OBJECTS



CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional): ²	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- ☐ Direct observation
 ☐ Fluorescent gel
 ☐ Swab cultures
 ☐ ATP system
 ☐ Agar slide cultures

¹Selection of detergents and disinfectants should be according to institutional policies and procedures

²Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

³Sites most frequently contaminated and touched by patients and/or healthcare workers

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Multisociety guidance for infection prevention and control in nursing homes

How should nursing homes conduct environmental cleaning and disinfection?

1. Have clearly written policies on the processes and time involved in cleaning and disinfection of environmental surfaces in shared areas, residents' rooms, and for reusable medical equipment
2. Ensure that written policies address the frequency of both routine cleaning and disinfection practices, and cleaning and disinfection practices during outbreak situations
3. Audit practices for equipment and areas that are cleaned and disinfected, such as frequency and adequacy of cleaning and adherence to contact time (how long a disinfectant remains wet on a surface)
4. Assess availability of appropriate cleaning and disinfection supplies at the point of care, ensuring that products are EPA registered as effective for the purpose for which they are being used (see 31)
5. Use objective methods for evaluation of routine environmental cleaning, which may include direct observation, fluorescent markers, or adenosine triphosphate (ATP) bioluminescence
6. Focus on HCP education and training and provide regular performance feedback

In Closing





Nebraska Infection
Control Network



Primary Infection Prevention Course

Track 1 (two-day): Prevention for All Health Care Settings, Acute Care Hospital, Ambulatory Care & Surgical Centers

Track 2 (two-day): Prevention for All Health Care Settings and Long-Term Care and Assisted Living Facilities

April 22 & 23, 2026
Holthus Convention Center
3130 Holen Ave., York, NE 68467

<https://www.nicn.org/events/nicn-primary-infection-prevention-course>

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 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

*Messages left outside of Office hours will be answered the next business day.

**Please call the main hotline number to ensure the quickest response.