Guidance and responses were provided based on information known on 02.12.2026 and may become out of date.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
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Long Term Care Webinar Series

February 12, 2026

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

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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.

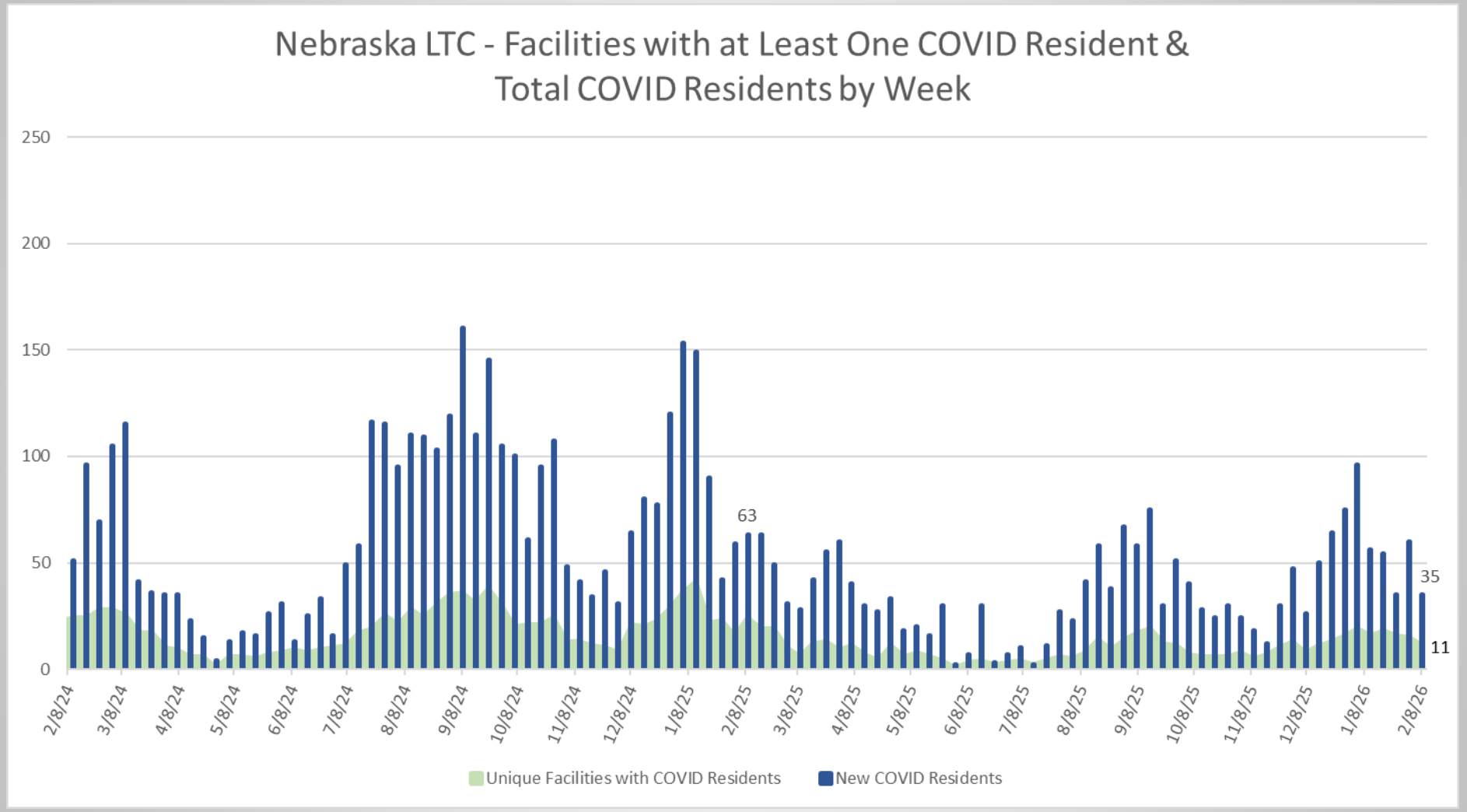
Continuing Education Disclosures

- 1.0 Nursing Contact Hour 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

NE ICAP

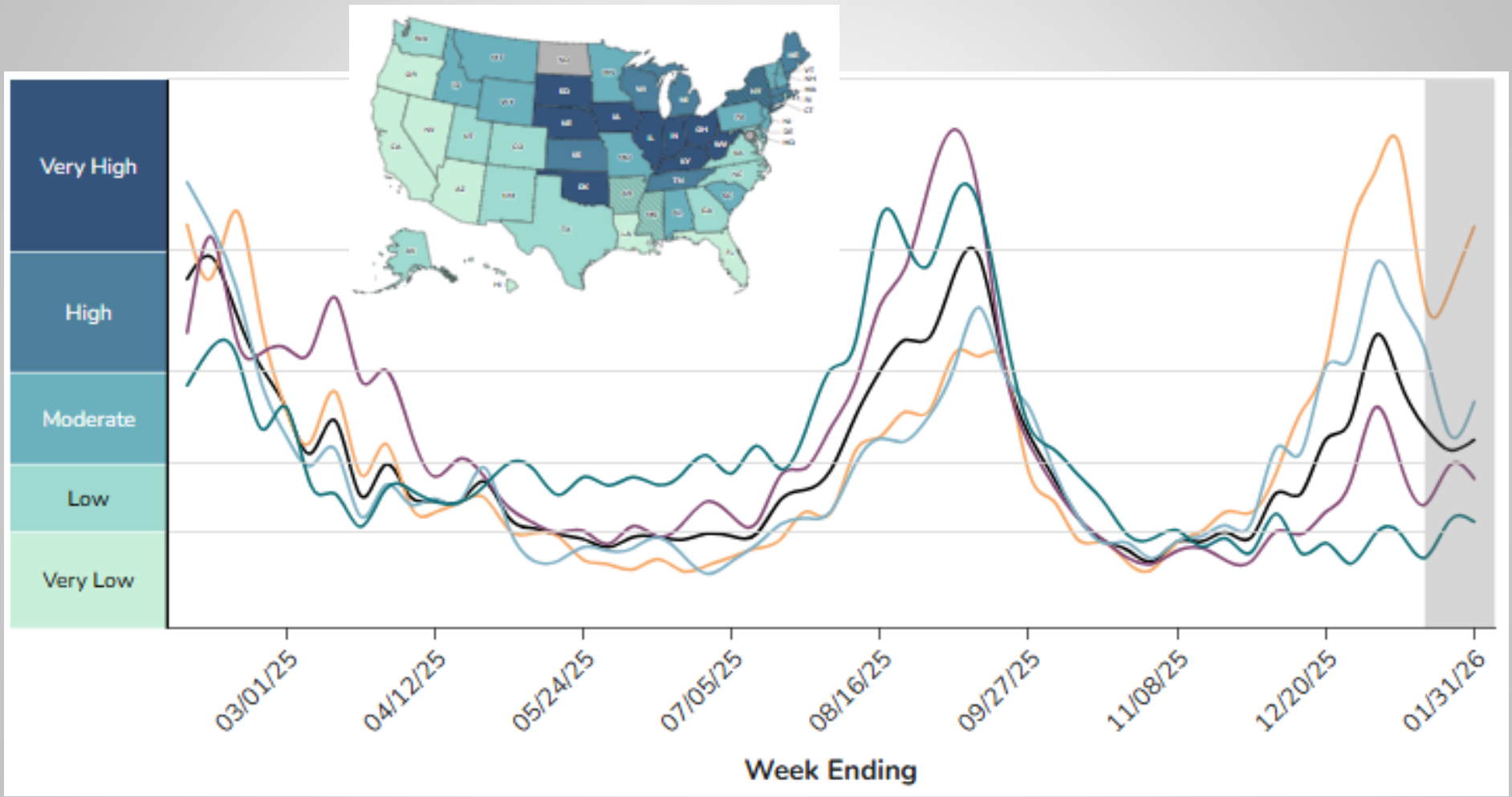
Nebraska LTC Facility COVID-19 Outbreaks



**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

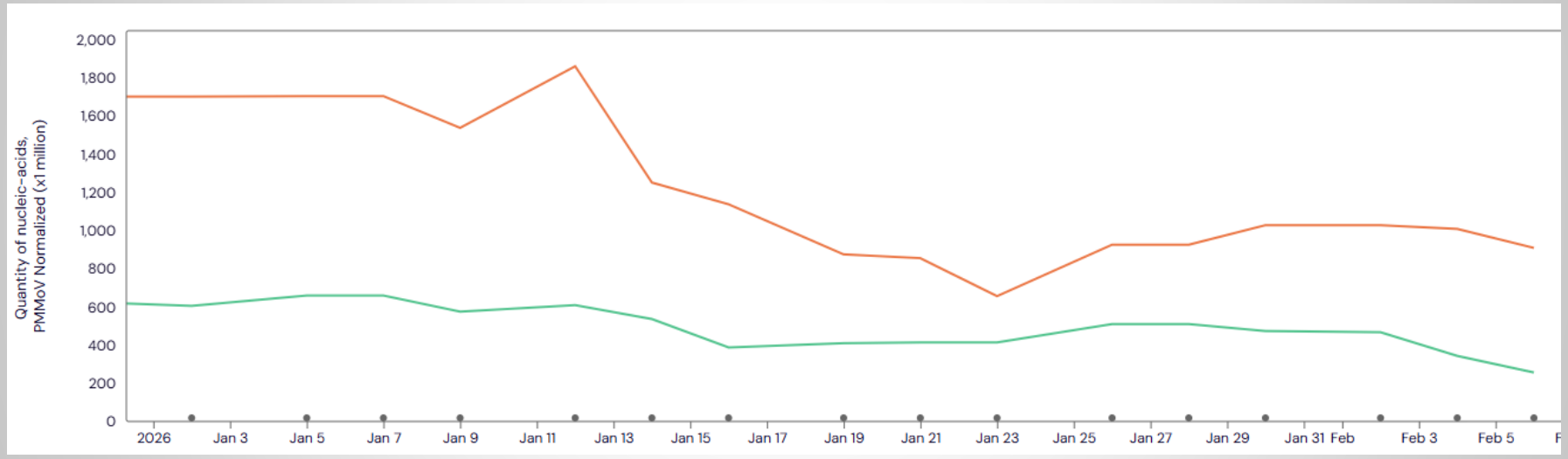
National Wastewater Surveillance System (NWSS)

WASTEWATER SCAN

Nebraska

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

SARS-CoV-2



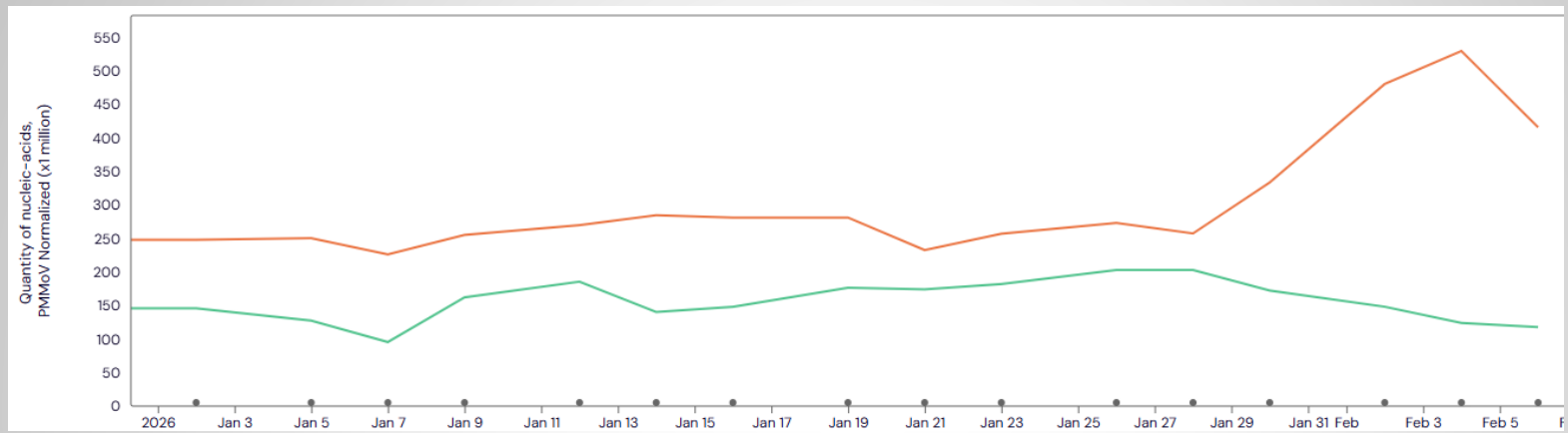
WastewaterSCAN Dashboard

WASTEWATER SCAN

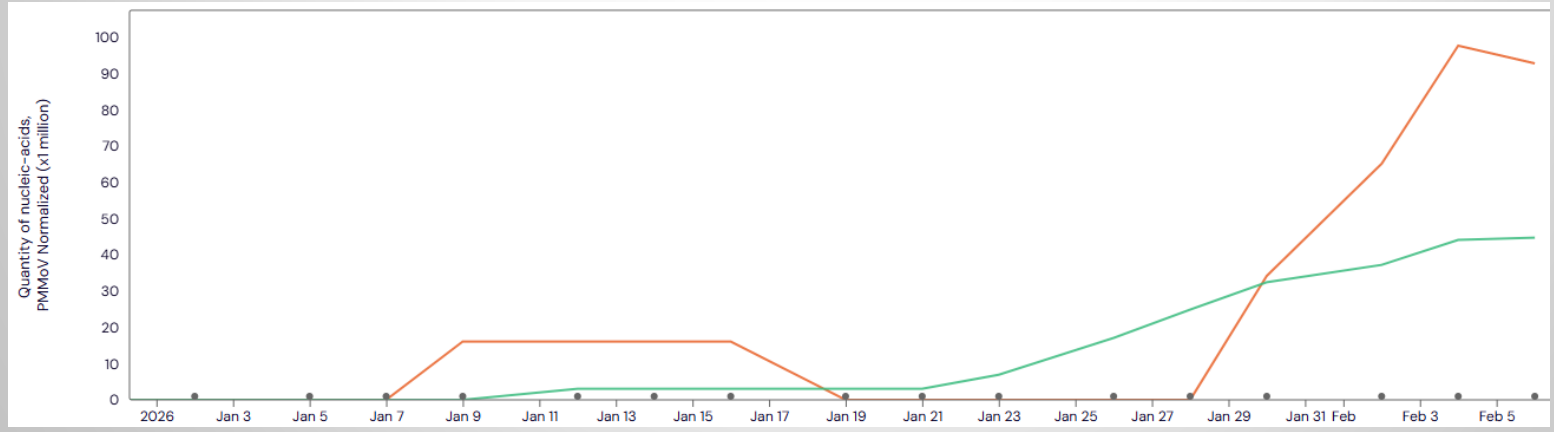
Nebraska

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

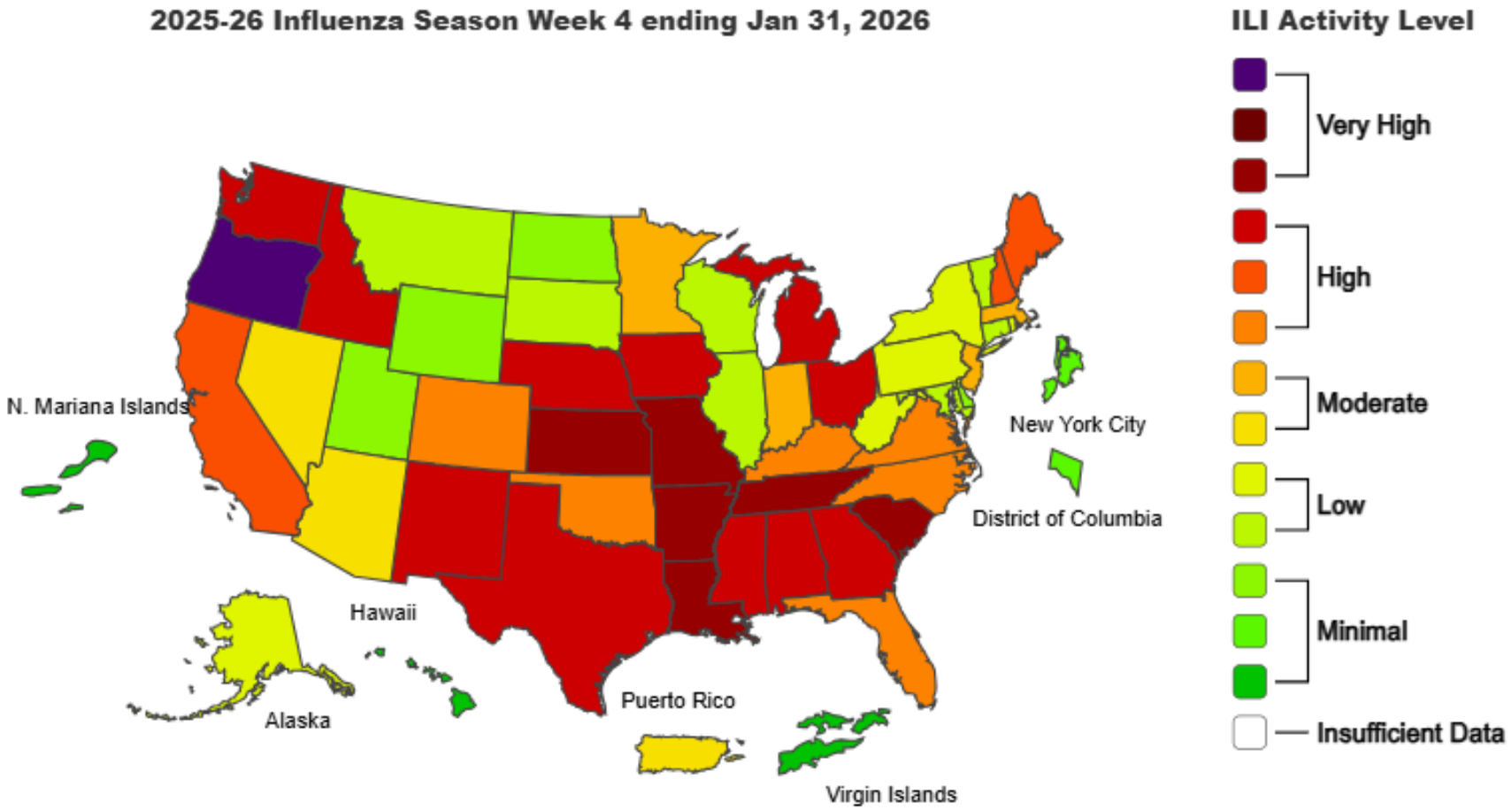
Influenza A



Influenza B



WastewaterSCAN Dashboard



[Weekly US Map: Influenza Summary Update | FluView | CDC]

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

NE ICAP

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?

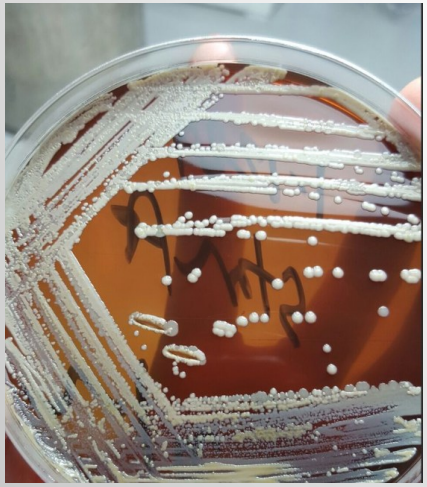
Clean, Sanitize, or Disinfect?

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.



CDC Project Firstline Cleaning? Disinfection? What is the Difference?

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.

[CDC Guideline for Disinfection and Sterilization in Healthcare Facilities]

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**

Chemical Disinfectants | Infection Control | CDC

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.

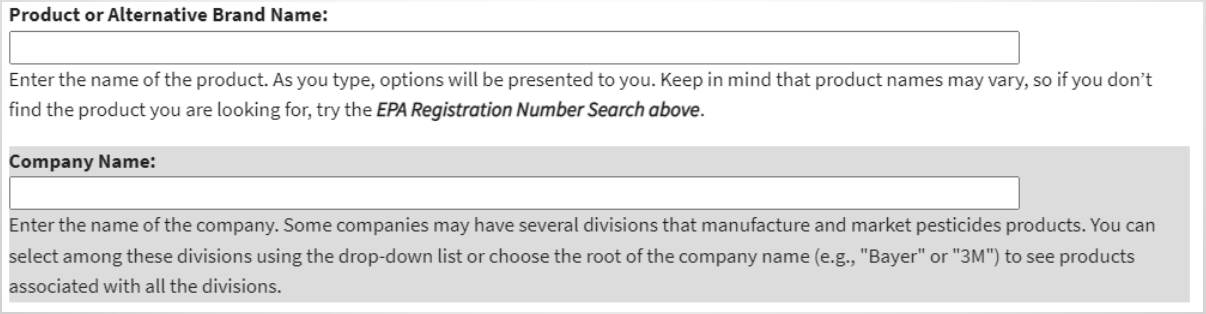
The registration number will have two to three parts that are separated by dashes.

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.



Sample Label

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

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 1000527]
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* (VRSA) [NARSA VRS1]

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]

Selected EPA-Registered Disinfectants | US EPA

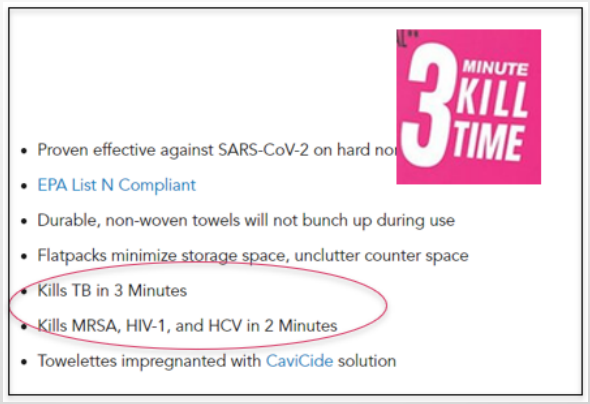
Contact Time

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:



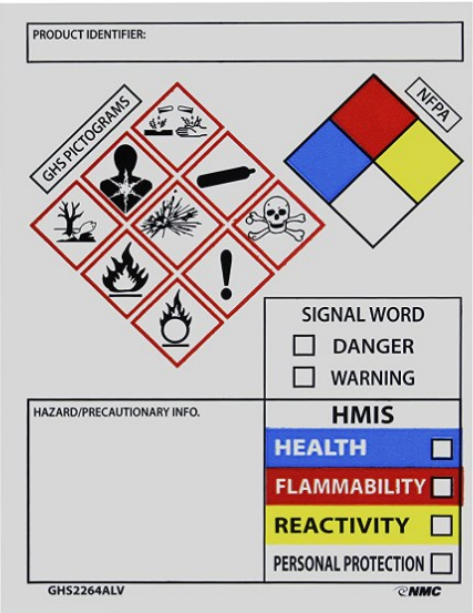
Additional Considerations

- **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

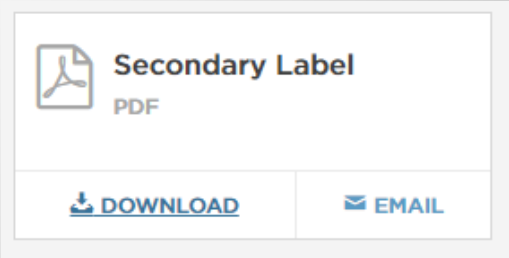
Disinfectants That Require Dilution

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



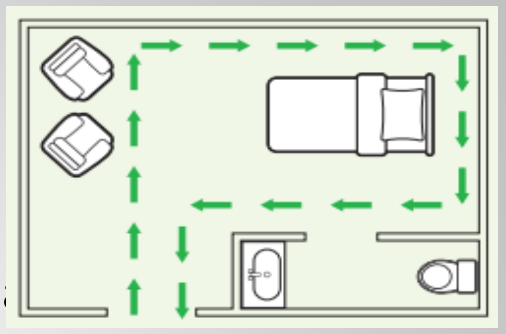
Secondary label can be printed from manufacturer websites.



Labeling of Secondary Containers | Occupational Safety and Health Administration

1910.1200 - Hazard Communication. | Occupational Safety and Health Administration

Staff Training



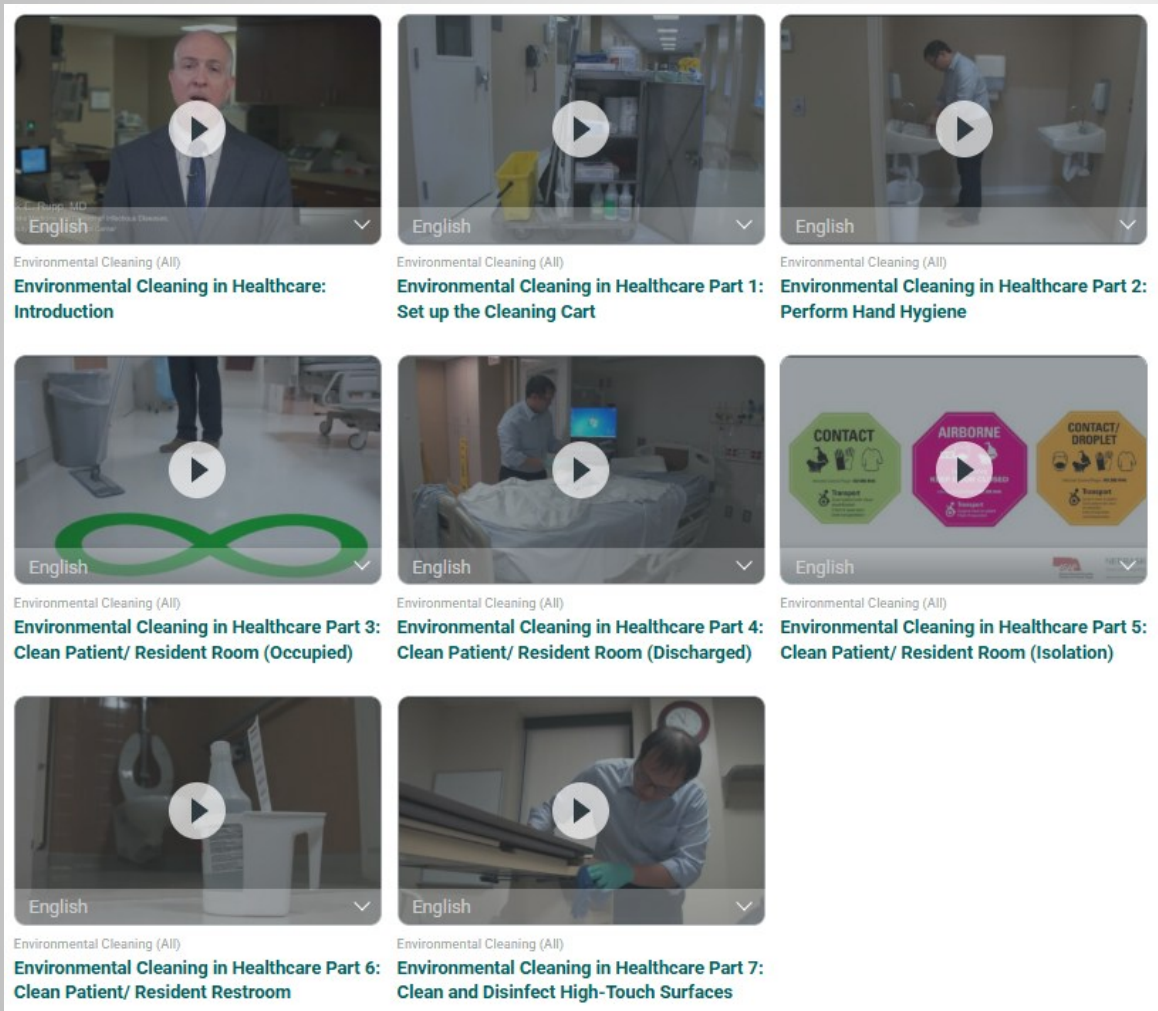
ALL staff should receive education upon hire, annually, and
when processes, equipment, or chemicals change.

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

environmental-cleaning-rls-508.pdf

ICAP Environmental Cleaning and Disinfection Videos



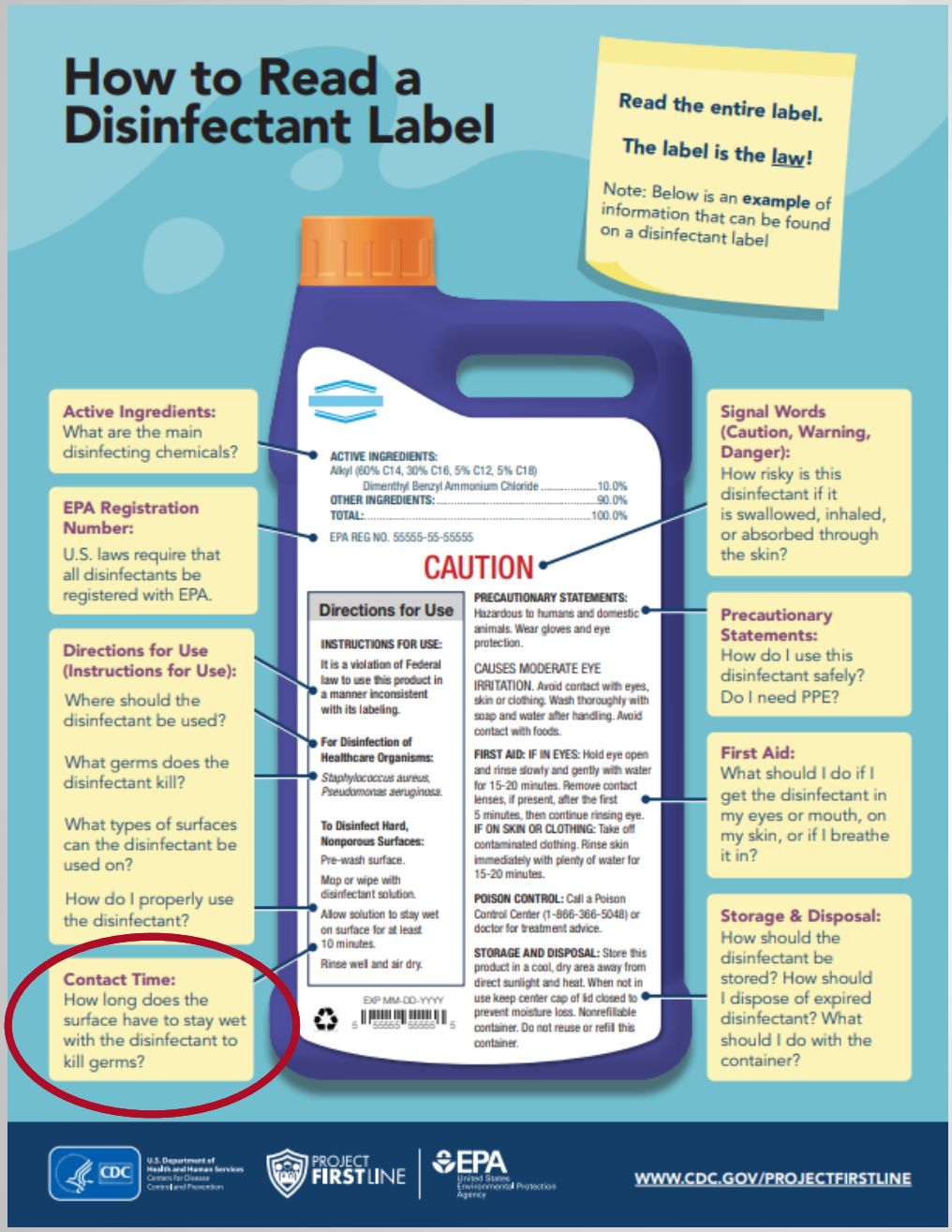
8-part series to teach basic IPC concepts related to environmental cleaning and disinfection in hospitals and long-term care settings.

Training videos are available in additional languages:

- English
- Arabic
- French
- Spanish

Environmental Cleaning and Disinfection Videos - ICAP

NE ICAP



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

PROJECT FIRSTLINE

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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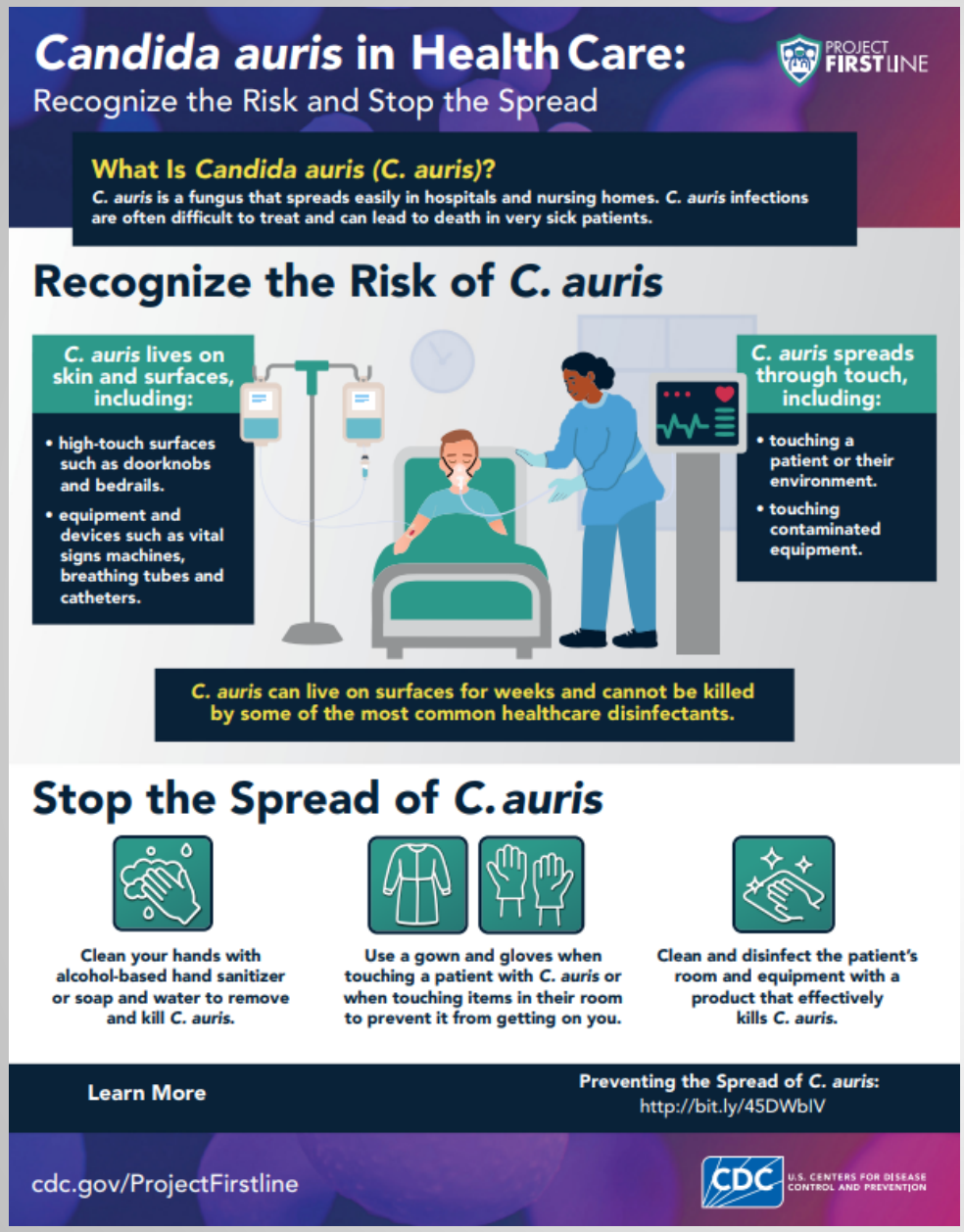
Germs can live on devices

Germs can live on dry surfaces

NE ICAP



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.

Candida auris in Health Care: Recognize the Risk and Stop the Spread

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)

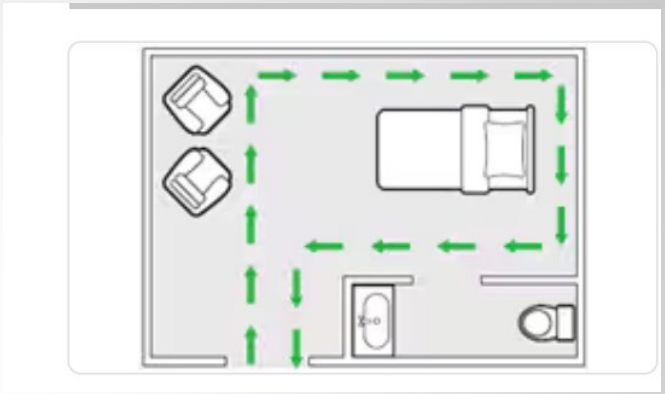
Standardized approach with job aids

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.

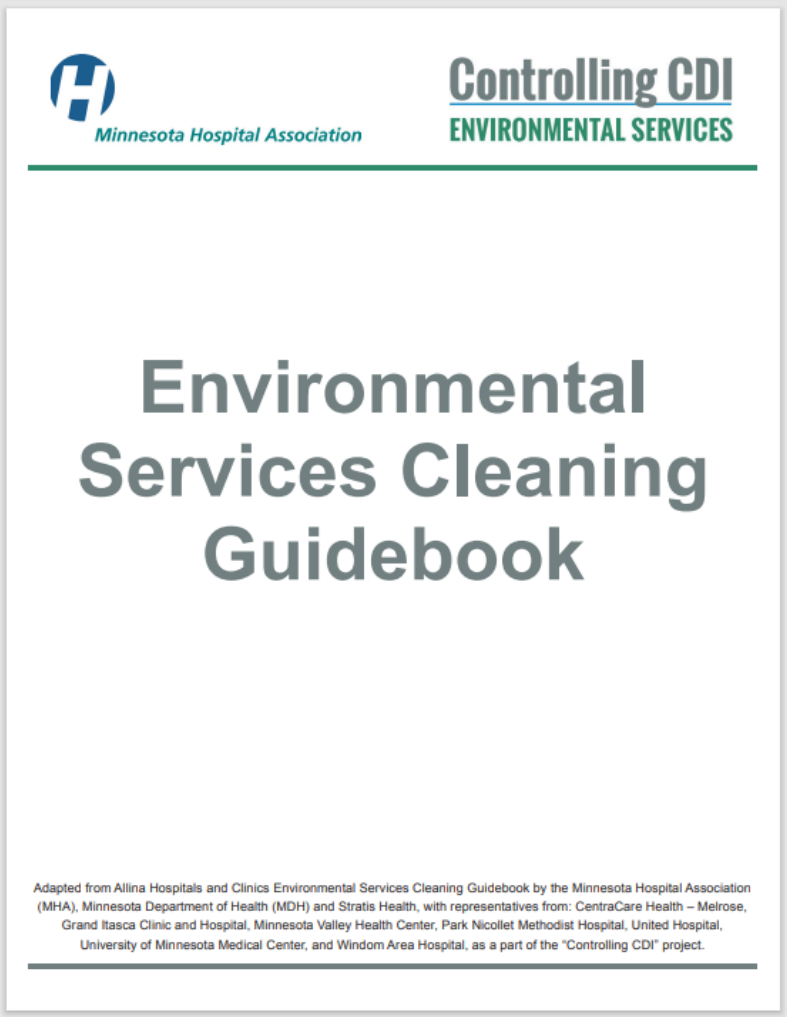
Protocols should be readily available to staff. (e.g., hard copy or checklist).



- 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



4. Environmental Services Cleaning Guidebook.pdf

Considerations for Reducing Risk: Surfaces in Healthcare Facilities | HAIs | CDC

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 matter 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.

environmental-cleaning-rls-508.pdf

Preventing Quat Binding in Healthcare Facilities - Environmental Services

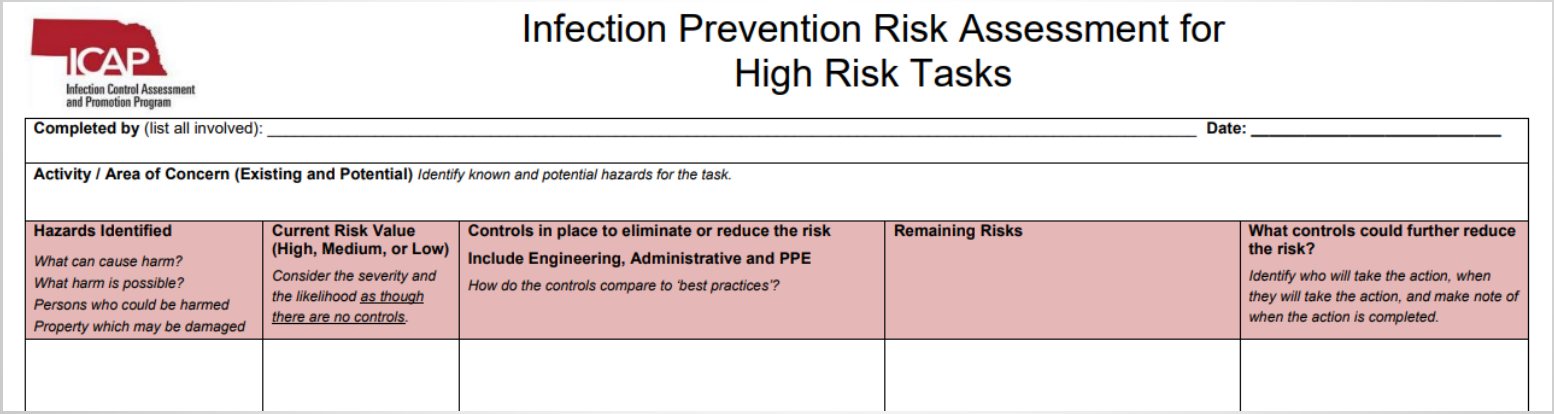
Supplemental Devices

- 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



ICAP
Infection Control Assessment and Promotion Program

Infection Prevention Risk Assessment for High Risk Tasks

Completed by (list all involved): _____ **Date:** _____

Activity / Area of Concern (Existing and Potential) *Identify known and potential hazards for the task.*

Hazards Identified *What can cause harm? What harm is possible? Persons who could be harmed Property which may be damaged*	**Current Risk Value (High, Medium, or Low)** *Consider the severity and the likelihood as though there are no controls.*	**Controls in place to eliminate or reduce the risk** **Include Engineering, Administrative and PPE** *How do the controls compare to 'best practices'?*	**Remaining Risks**	**What controls could further reduce the risk?** *Identify who will take the action, when they will take the action, and make note of when the action is completed.*

Infection-Prevention-Risk-Assessment-for-High-Risk-Tasks.pdf

NE ICAP

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)

Options for Evaluating Environmental Cleaning | Infection Control | CDC

Routine audits and feedback

CDC Environmental Checklist for Monitoring Terminal Cleaning[1]

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

[1]Selection of detergents and disinfectants should be according to institutional policies and procedures
[2]Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.
[3]Sites most frequently contaminated and touched by patients and/or healthcare workers

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

CDC

[Options for Evaluating Environmental Cleaning | Infection Control | CDC]

NE ICAP

SHEA Expert Guidance

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

Multisociety guidance for infection prevention and control in nursing homes | Infection Control & Hospital Epidemiology | Cambridge Core

In Closing

NE ICAP

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 **O**ffice hours will be answered the next business day.
**Please call the main hotline number to ensure the quickest response.