

Hospital & Outpatient Settings Webinar Series

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

April 8, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

Presenters today: *(in order)*

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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 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 your question so it can be read aloud.
- If your question is not answered during the webinar or you need one-on-one help, call 402.552.2881 Monday to Friday, 8 a.m. to 4 p.m. CST, to speak with an Infection Preventionist.
- You can also email your question to nebraskaicap@nebraskamed.com

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- During the webinar: You can access the slides on the [NE ICAP Hospital webpage](#)
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Nebraska Pathogen Watch

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

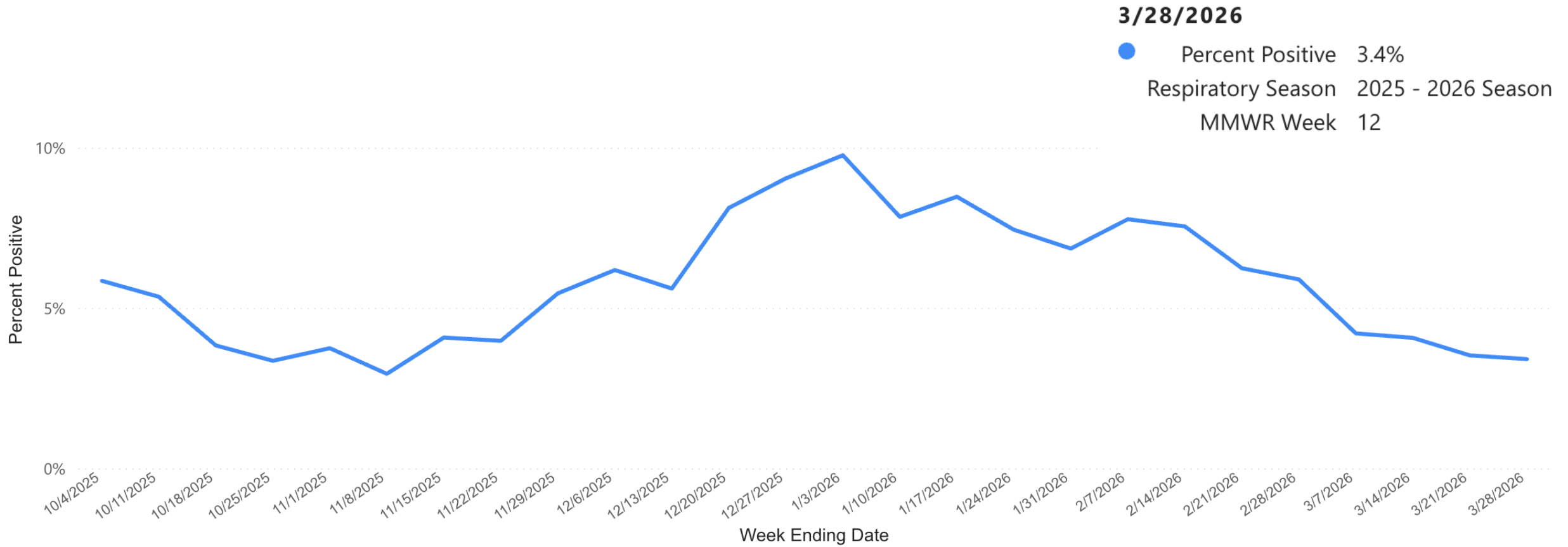


NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

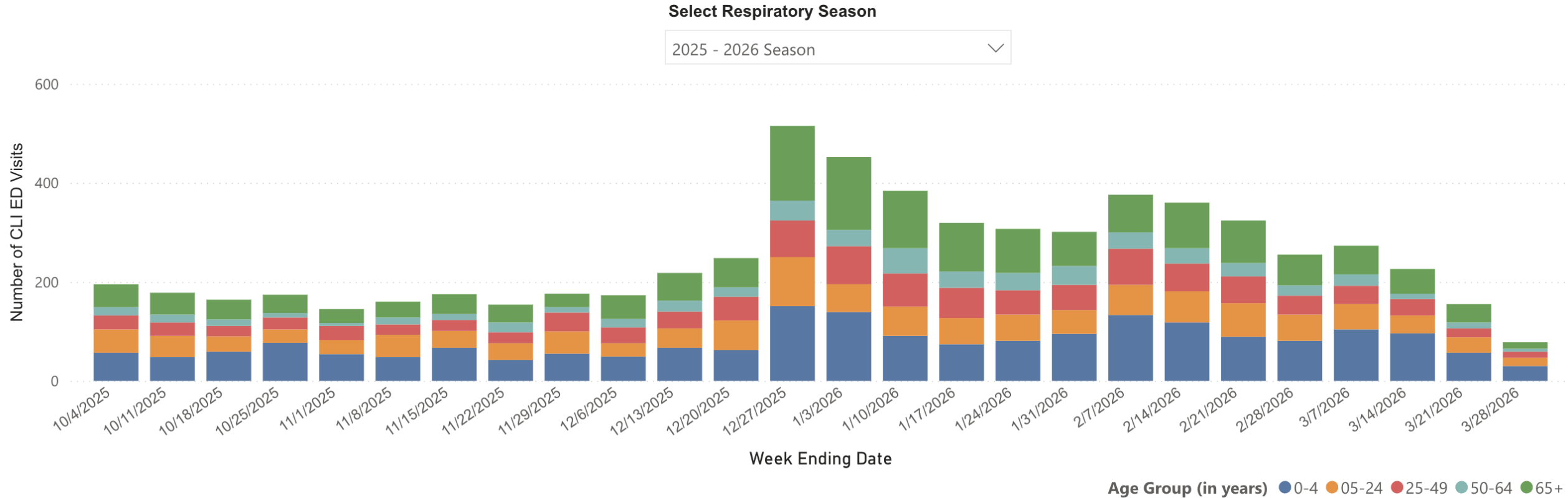
Key Points

- COVID-19 and Flu activity continue to decline
- RSV activity remains elevated with ongoing upward trends

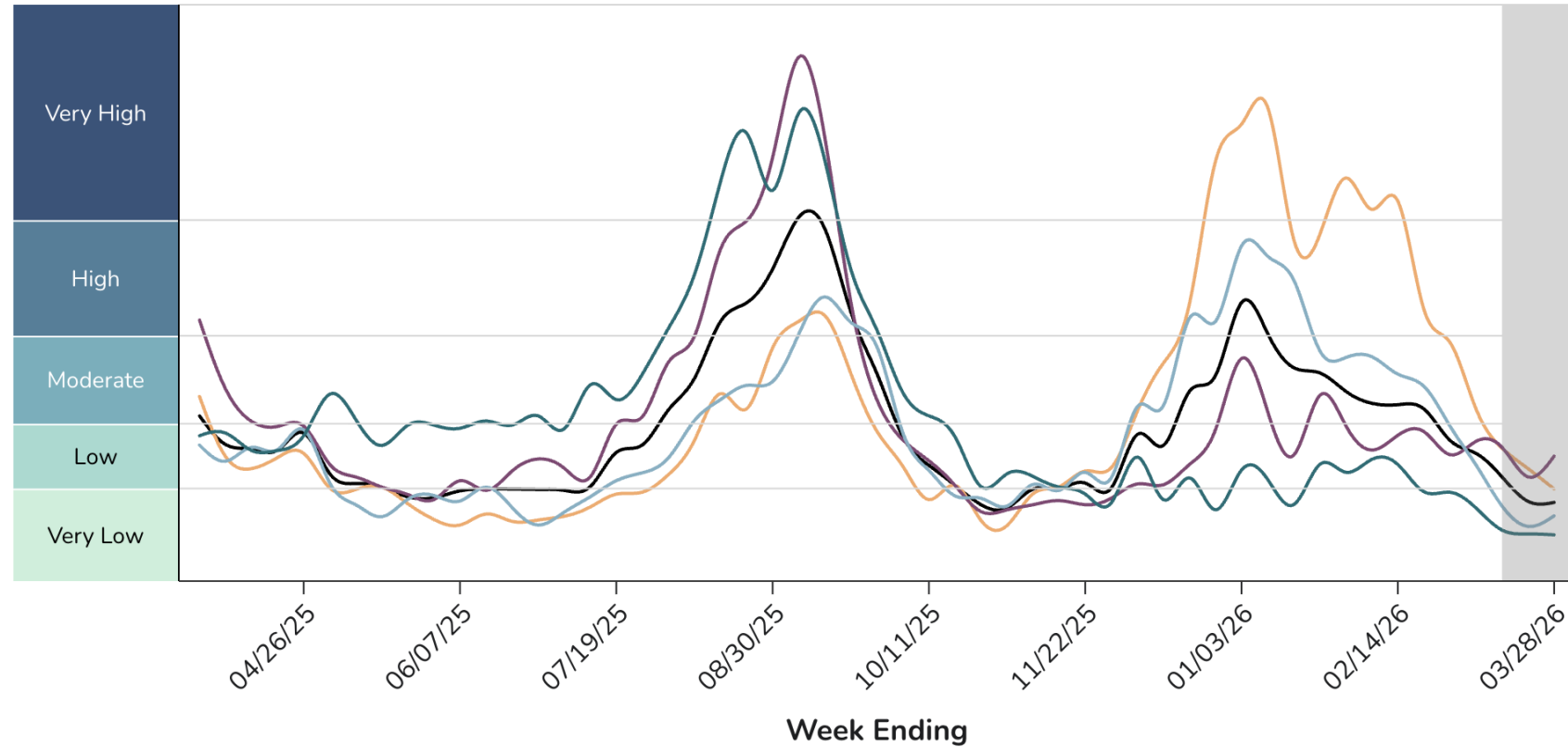
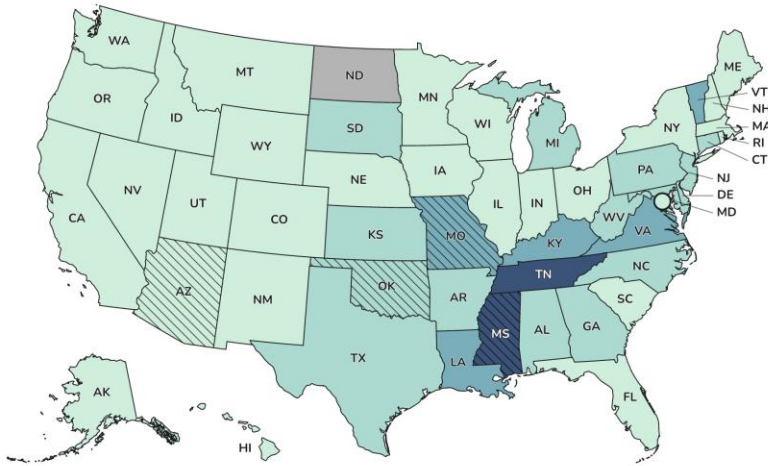
COVID-19 NE DHHS Report



COVID-19 NE DHHS Report



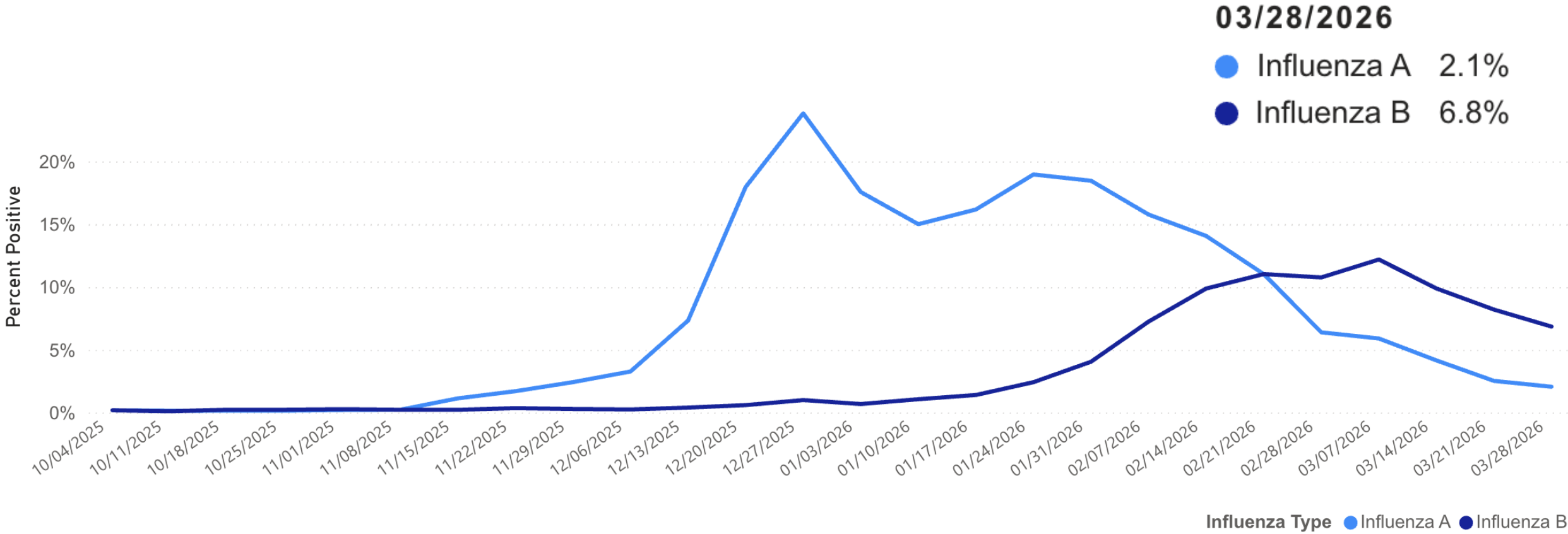
COVID-19 Wastewater Activity



● National ● Midwest ● South ● Northeast ● West

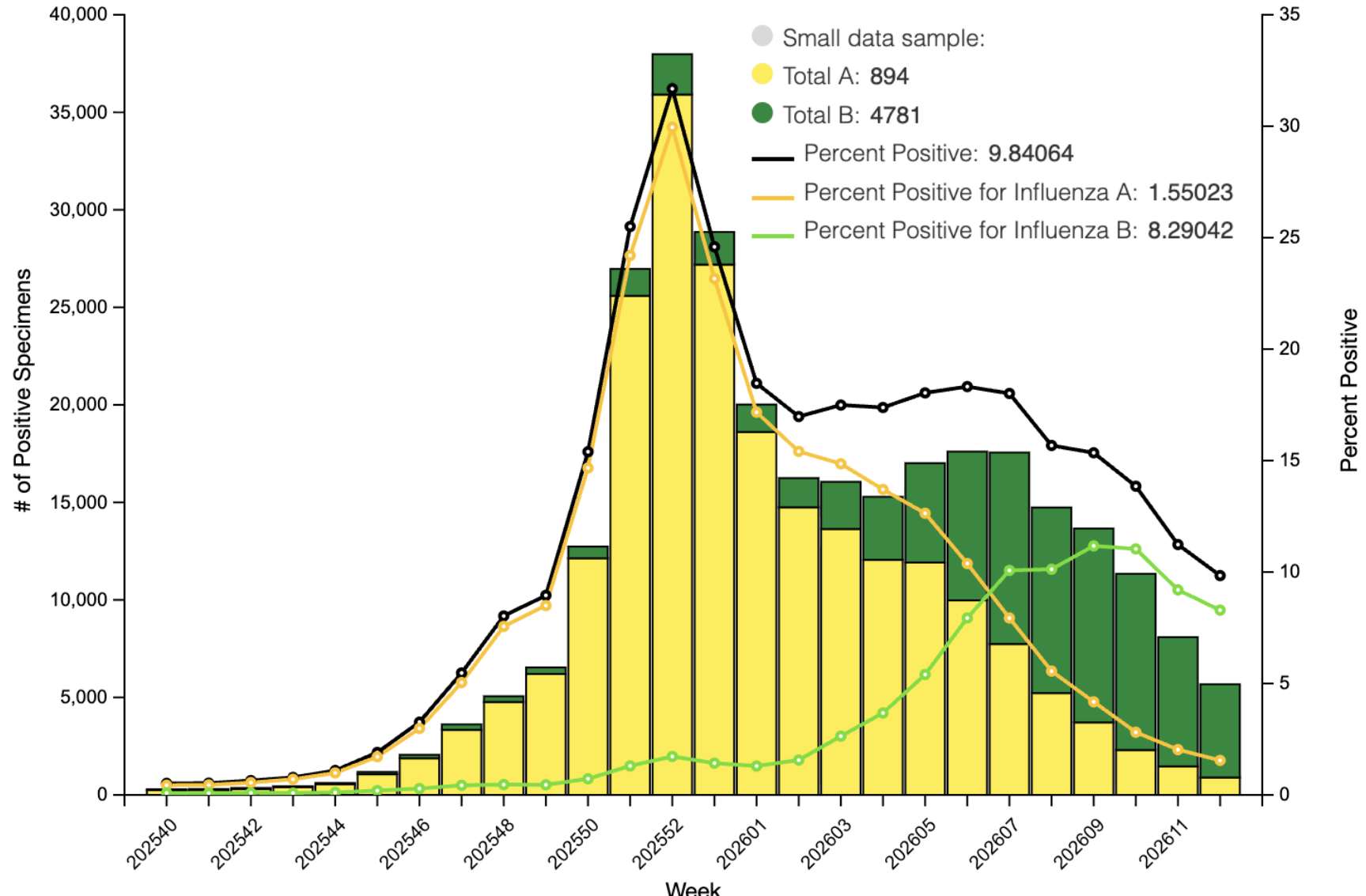


Influenza Percent Positive



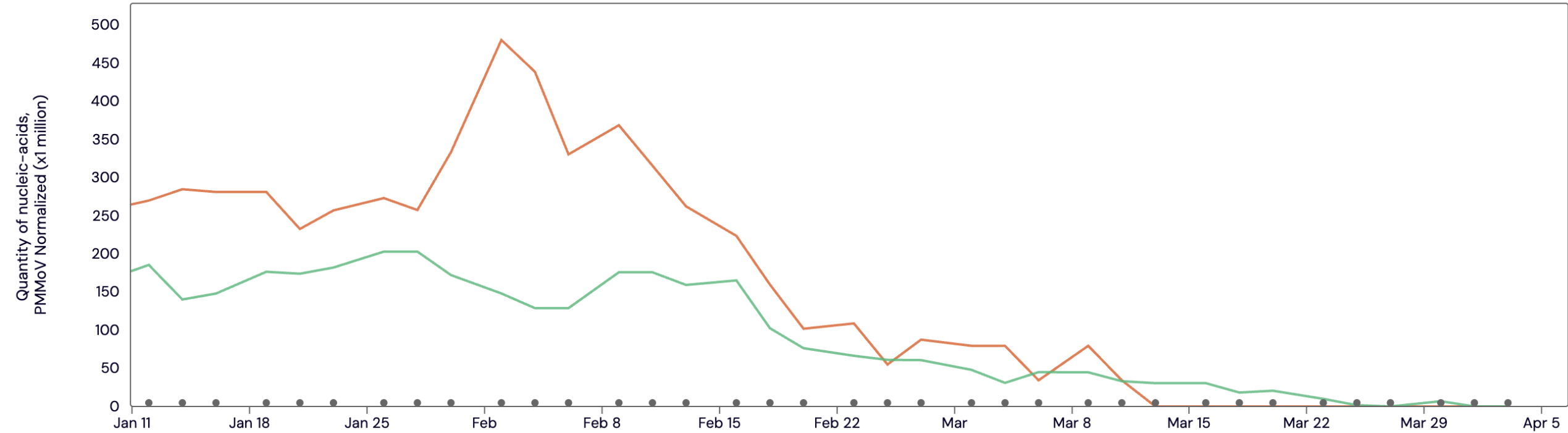
Influenza Cases and Percent Positive

Influenza Positive Tests Reported to CDC by Clinical Laboratories,
National Summary, 2025-26 Season, week ending Mar 28, 2026



Influenza Wastewater Data

Influenza A, Nebraska

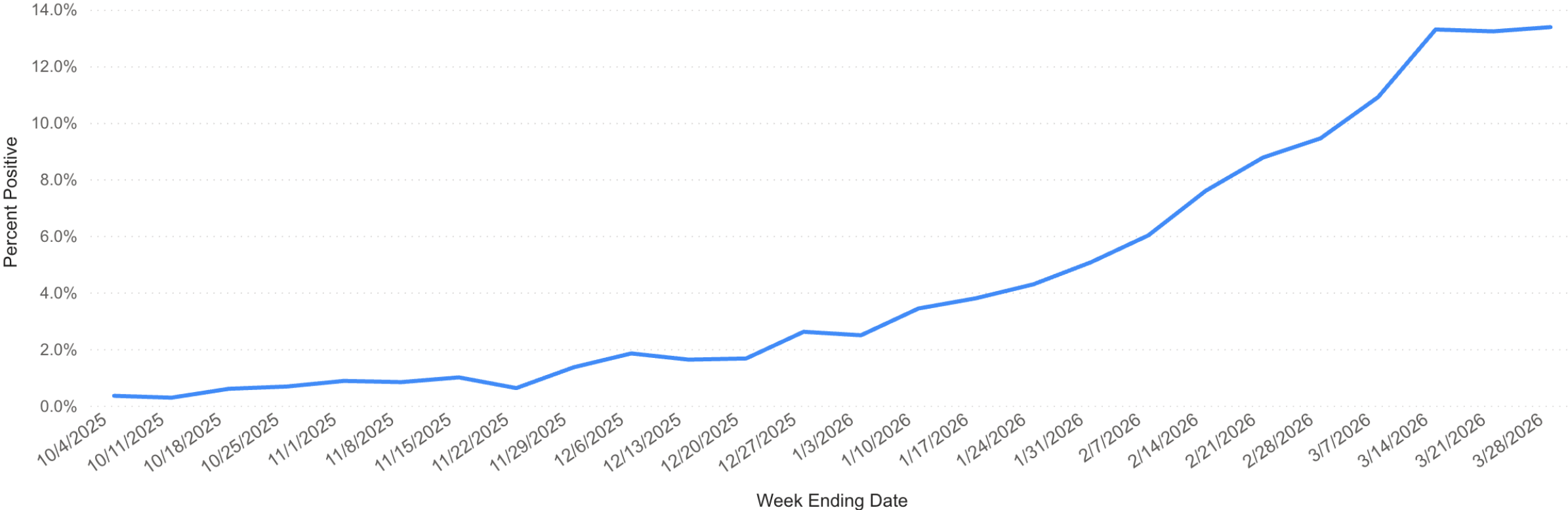


Nebraska

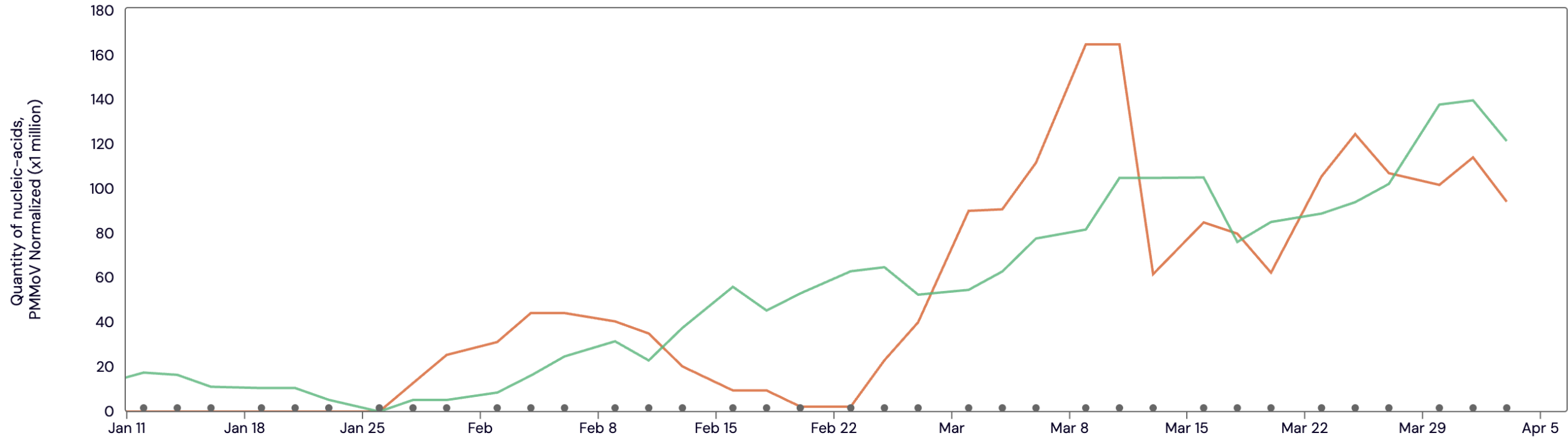
- Northeast, Lincoln, NE (Northeast Water Resource Recovery Facility)
- Theresa Street, Lincoln, NE (Theresa Street Water Resource Recovery Facility)

RSV Percent Positive

Respiratory Season	Week Ending Date	MMWR Week	Percent Positive
2025-26	3/28/2026	12	13.4%



RSV Wastewater Data



Nebraska

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



RHTP HAI- RFA Q&A Session

Join the Nebraska DHHS HAI-AR team for a live Q&A session to discuss the funding opportunity outlined in the HAI Prevention RFA (RHTP Initiative 4.2b).

This session is intended for healthcare facilities to ask questions about the funding, eligible projects and activities, reimbursement options, and overall expectations. We will also review key details from the RFA and application process.

Whether you are planning to apply or just exploring options, this is a great opportunity to get clarification and connect with our team.

*Date to be
determined (TBD).
More details
to come
Soon.*



NEBRASKA
RURAL HEALTH TRANSFORMATION

Infection Control Essentials for the Clinical Laboratory

Kay Huff, MLS (ASCP), CIC
Infection Preventionist, Methodist
Fremont Health



Poll Question #1 – The IP Confession

**When you see a lab report with a positive culture,
your first thought is...**

- a) “This must be a contaminant, right?” 🤔
- b) “Better double-check the patient’s chart before acting” 📋
- c) “Time to call the lab and ask 100 questions” 📞
- d) “Yes! Another opportunity for surveillance!” 🎯
- e) “I’m going to need coffee before interpreting this” ☕



Resource:

The Infection
Preventionist's
Guide to the
Lab



Learning objectives

- Apply infection control principles in the clinical laboratory
- Understand exposure risks in the clinical laboratory
- Ask practical questions that strengthen the partnership between IP & lab
- Resources of checklists provided at the end

What an IP should know about the Lab

Understanding lab processes, limitations, and regulatory requirements helps IPs collaborate more effectively.



The laboratory environment is unique. The lab is NOT a nursing unit!



Ask! Laboratory staff are highly trained and well versed in applicable regulations and standards.

Laboratory regulating bodies



- Clinical Laboratory Improvement Act (CLIA)
 - Federal requirements for accurate & reliable laboratory testing
 - **For the IP:** foundation for the quality of the surveillance data we use
- Centers for Medicare & Medicaid Services (CMS)
 - Enforces CLIA & link compliance to payment
 - **For the IP:** surveyors may ask how the IP & Lab work together on safety
- Food & Drug Administration (FDA)
 - Regulates diagnostic tests & instruments
 - Regulates blood products & ensures product safety
- College of American Pathologists (CAP)
 - Peer based accreditation program
 - **For the IP:** includes requirements related to infection control & environment of care.

What does “waived testing” mean?

Simple tests with low risk of incorrect results when instructions are followed

Examples: Rapid strep, pregnancy, glucose, rapid flu/COVID

Key Points for Laboratorians & Infection Preventionist:

- **Waived ≠ no oversight** – instructions must be followed
- **Training required** – staff must demonstrate competency
- **Quality matters** – proper collection, timing, and handling prevent errors
- **Infection control is essential** – clean surfaces, PPE, and proper handling affect accuracy
- **Regulatory oversight still applies** – Joint Commission/CMS can cite if standards aren't met



Infection Control in the Clinical Lab



- Guided by the CAP GEN Checklist
- Applies to all laboratory sections
- Requires infection control policies and procedures
- Focuses on reducing contamination and exposure
- Aligns with organizational Infection Prevention programs

GEN.74000

Infection Control

Phase II



The laboratory follows written policies and procedures for **infection control** that comply with national, federal, state (or provincial), and local guidelines on occupational exposure to bloodborne pathogens and other infectious pathogens, and to the institution's exposure control plan.

*NOTE: Universal or standard precautions must be used when handling all blood and potentially infectious materials, such as body fluid specimens and unfixed tissues. The term "universal precautions" refers to a concept of bloodborne disease control requiring all human blood and other potentially infectious materials to be treated as if infectious for HIV, HBV, HCV or other bloodborne pathogens, regardless of the perceived "low risk" status of a patient or patient population. Alternative concepts in **infection control** are called Body Substance Isolation (BSI) and Standard Precautions. These latter terms define all body fluids and substances as infectious. All personnel must routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated. For laboratories subject to US regulations, policies and procedures must comply with the OSHA Standard on Bloodborne Pathogens. The institution's exposure control plan must address potential hazards that laboratory visitors may encounter.*

Evidence of Compliance:

- ✓ Records of universal precaution training for all personnel expected to have contact with infectious materials

REFERENCES

- 1) Ipolito G. The risk of occupational human immunodeficiency virus infection in health care workers. *Arch Intern Med.* 1993;153:1451-1458
- 2) Howanitz PJ, Schiffman RB. Safety practices and infectious risks for laboratory phlebotomists. *Am J Clin Pathol.* 1994;102:553
- 3) Krienitz DR. Safety education in the laboratory. *Lab Med.* 1996;27:823-827
- 4) The Hospital **Infection Control** Practices Advisory Committee, Centers for Disease Control and Prevention, Public Health Service. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. 2007. Accessed December 1, 2024. <https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf>
- 5) McGovern PM, et al. Laboratory professionals' compliance with universal precautions. *Lab Med.* 1997;28:725-730
- 6) Occupational Safety and Health Administration. Toxic and hazardous substances. Bloodborne pathogens. Washington, DC: US Government Printing Office, 1999(Jul 1); [29CFR1910.1030]
- 7) Clinical and Laboratory Standards Institute. *Protection of Laboratory Workers From Occupationally Acquired Infections; Approved Guideline.* 4th ed. CLSI Document M29-A4. Clinical and Laboratory Standards Institute, Wayne, PA; 2014

Infection Risks in the Laboratory Environment

Blood, body fluids, tissues, exudates, sputum, swabs

Microbiology culture media waste

Sharps

High-touch work surfaces

Air pressure relationships

Traffic volume & flow

“Outside” individuals in the laboratory

The Laboratory Environment: Infection risks

Bench tops, cabinets, ceilings

Hand hygiene stations

Storage & Cardboard boxes

Fans and disruptive air movement

“Good in the hood”

“Travelers” (totes, carts, mobile workstations, logbooks, clipboards)



View from Lab Door Entrance



Cardboard

Supplies

Work area with
supplies

Clean vs. Dirty Zones

- Clearly define restricted areas
- “Clean” supplies are for specimens NOT the patient
- Cardboard may be present



Cleanliness & Surfaces

- Ensure counters, floors, and storage areas are orderly and free of excessive clutter.
- Maintain a clean and organized workspace to support proper cleaning and reduce safety hazards.
- Who cleans floors and surfaces?
- No food, drink, or personal items in the lab work area



Laboratory Space

- Organization vs. clutter
- Limited space or floor plan
- Paper documentation may be necessary
 - Paper records must be stored in an organized manner and retained according to CAP requirements.
- Exits, Fire equipment, & electrical panels are not blocked

Hand Hygiene *in* the Clinical Laboratory

GEN.74250 Hand Hygiene

Phase II



All personnel remove gloves and clean hands using an effective antimicrobial method following contact with blood or other potentially infectious materials or after each patient contact.

REFERENCES

- 1) Centers for Disease Control and Prevention. Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 2002;51.
- 2) World Health Organization. WHO Guidelines on Hand Hygiene in Health-Care, 2009. http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf, accessed 12/5/2015.

- Required under the CAP GEN checklist
- Must follow CDC or WHO hand hygiene standards
- Applies to all laboratory personnel & testing areas
- Emphasizes moments when hand hygiene is essential

Hand Hygiene Supplies, Eye Wash Station, & Dedicated Hand Washing Sink

- Verify that sinks and hand sanitizer are available and accessible.
- Eyewash must be available for chemical splashes.
- Under sink storage only if allowed.



Personal Protective Equipment (PPE)

- CAP requirement-Infection Control section of GEN checklist
- Ensure gloves, gowns, and other PPE required for laboratory workflows are **readily available.**



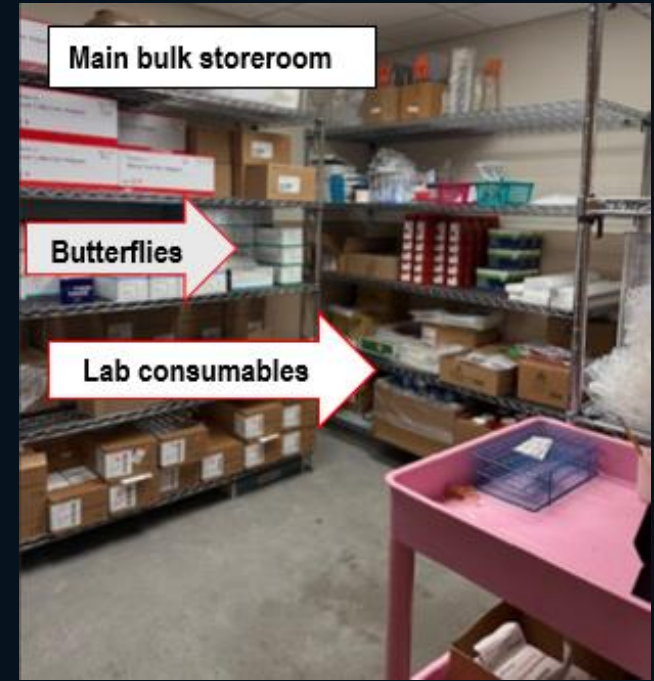
Blood Bank supplies stored in testing area



Microbiology ID & MIC panels stored in testing area



Main bulk storeroom



Storage

- Can be stored in bulk storage room or near work area
- Items used for patient collection should not be stored on bottom shelf
- Store supplies off floor
- Check expiration dates (FIFO)

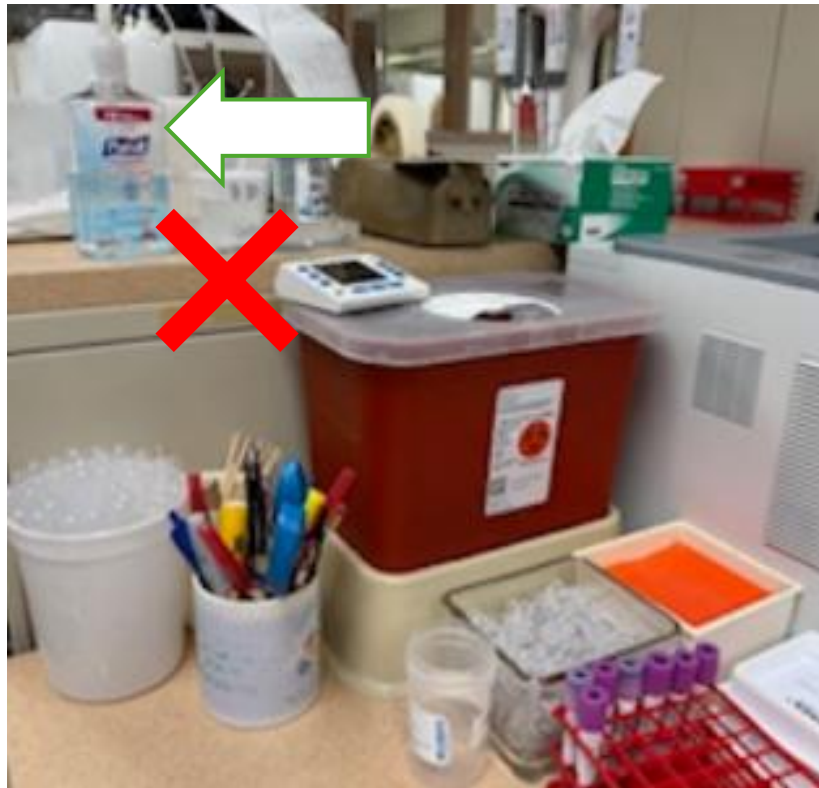


Examples of Cardboard containers



Sharps & Waste Management

- Ensure sharps containers are appropriately placed and not overfilled.
- Handle waste in accordance with laboratory policies.
- Ensure splash guards are available
- Ensure urine and reagents are not discarded in a hand washing sink





Totes, Carts, Clipboards, oh my!

- Cleaning schedule
- Appropriate disinfectant
- Hand hygiene
- Process for isolation rooms

Refrigerated & Frozen Storage: Reagents and Specimens

- Reagents and specimens can share a refrigerator
- Space often limits full separation
 - Separate refrigerators preferred for reagents and specimens
- Vaccines should be stored in a separate refrigerator, **if possible**

Reagents

Specimens



Refrigerated & Frozen Storage: Reagents and Specimens

- Examples of different temperature sensitive reagents and specimens
- No personal food or beverages stored with reagents or specimens



Reagent only Fridge



Specimen only Fridge

Meningococcal Vaccine

- Microbiologists who are routinely exposed to isolates of *Neisseria meningitidis* should be given both MenACWY and MenB vaccines.
 - As long as risk continues: boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years.

[Immunize.org HCP Vaccination Recommendations](https://www.immunize.org/hcp/vaccination-recommendations)

[CDC - Immunization of HCP - ACIP Recommendations - MMWR 2011 60 \(RR-7\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm)




[Image Courtesy of CDC](#)

Biosafety Level Requirements

Resource:

[Biosafety in Microbiological and Biomedical Laboratories](#)

Biosafety Level 	Risk Level	Examples of Agents	Containment and Practices
BSL-1	Minimal	Non-pathogenic <i>E. coli</i> , <i>Saccharomyces cerevisiae</i>	Basic microbiology practices, basic PPE, and surface decontamination.
BSL-2	Moderate	HIV, Salmonella, <i>Staphylococcus aureus</i> , Hepatitis B and C	All BSL-1 practices plus a biosafety manual, careful handling of sharps, and use of biological safety cabinets and autoclaves for decontamination.
BSL-3	High	Tuberculosis, West Nile virus, Yellow Fever	All BSL-2 practices plus specialized ventilation, sealed windows, and lab work conducted in gas-tight enclosures. Aerosol transmission of potentially lethal diseases is a primary concern.
BSL-4	Maximum	Ebola, Marburg, Lassa virus	All BSL-3 practices plus a separate, isolated zone. Personnel wear full-body, air-supplied suits, shower upon exiting, and decontaminate all materials before removal.

Biosafety Cabinet

Resource:
[OSHA Factsheet](#)
[Laboratory](#)
[Safety Biosafety](#)
[Cabinets](#)

- “Good in the Hood”
 - Work clean to dirty
- Annual certification
- Considerations for use
 - No open flames
 - Uncluttered
 - Stable location
 - Proper sash height
 - PPE



Ultraviolet Light Safety

****REVISED** 08/24/2023**
GEN.77600 UV Light Exposure

Phase II



The laboratory follows written policies and procedures to prevent or reduce ultraviolet light exposure from instrument sources.

122 of 131

Laboratory General Checklist | 12.26.2024

*NOTE: UV light may cause corneal or skin burns from direct or deflected light sources. Wherever UV light sources are used (eg, in **biological safety cabinets**, cryostats, or for gel visualization), suitable and adequate personal protective equipment must be provided, and appropriate approved signage displayed. Laboratories may obtain information on safety from manufacturers of devices that emit UV light.*

A suggested sign for display is: Warning: This device produces potentially harmful ultraviolet (UV) light. Protect eyes and skin from exposure.

Evidence of Compliance:

- ✓ Warning signage on source equipment **AND**
- ✓ Suitable PPE available, as required

REFERENCES

1) Wooley DP, Byers KB. Biological safety. Principles and practices, 5th ed. Washington, DC: American Society for Microbiology, 2017.



- “Supplementary” disinfection **AFTER physical cleaning and disinfecting**
- UV lamps must be off when people are in the room to prevent burns
- Proper PPE worn
- Warning sign
- Interlocks

Resource: [OSHA Quick Facts
Chemical Fume Hoods](#)

Chemical Fume Hoods



Laboratory Fans & Air Movement

Why are fans used

- Heat from lab equipment
- HVAC or temperature issues
- Staff comfort
- Temporary system failures

Why fans increase risk

- Disrupt controlled airflow
- Spread aerosols
- Contaminate surfaces
- Interfere with safety cabinets

Response

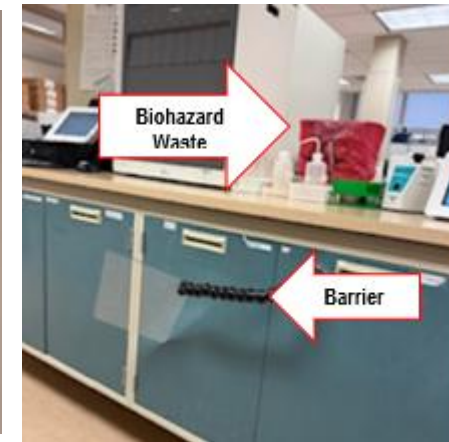
- Ask why the fan is needed
- Identify system issues
- Partner with Lab & Facilities
- Fix the environment, not blame



Safety Signage & Barriers

IP's Role

- Confirm proper labeling of biohazard areas
- Confirm placement of waste receptacles
- Confirm use of splash guards & PPE
- Ensure restricted access to testing zones.



Environment of Care (EOC) & Infection Prevention Rounding

Conduct rounding with safety and risk in mind



```
graph TD; A[Conduct rounding with safety and risk in mind] --> B[Typical cadence: twice per year]; B --> C[Increase frequency if concerns or gaps are identified]; C --> D[Continue frequent rounds until improvements are sustained];
```

Typical cadence: twice per year

Increase frequency if concerns or gaps are identified

Continue frequent rounds until improvements are sustained

EOC & Infection Prevention Rounding Tools

The Joint Commission –
Checklists, guides, and
downloadable resources
(EOC, Emergency
Management, Life Safety)

APIC – Infection
prevention–focused tools
for HVAC, water systems,
construction

ASHE – Environmental
Rounding Tool and other
EOC resources

**Specialized Software
Vendors** – ObservSMART,
Performance Health
Partners, Walsh (mobile
checklists, QR codes,
tracking)

**SafetyCulture & Similar
Platforms** – Free,
customizable templates for
EOC rounds

IP Lab Rounding Checklist

IP Lab Rounding Checklist

1. Partnership and Communication
2. Hand Hygiene and Sinks
3. PPE, Eye Protection, and Eyewash
4. Cleanliness and Surfaces
5. Space, Clutter, and Storage
6. Sharps and Waste
7. Cold Storage: Refrigerators and Freezers
8. Safety Signage, Access, and Biosafety
9. Close the Loop

IP Lab Rounding Checklist

Purpose:

Support safe laboratory practices by rounding with lab partners, identifying risks, and closing the loop on improvement.

1. Partnership and Communication

- Round with a lab leader or safety officer whenever possible.
- Start by asking, "Any recent safety concerns or near misses you want to share?"
- Clarify who will follow up on any issues you identify and how you will report back.

2. Hand Hygiene and Sinks

- Hand hygiene dispensers are present at lab entrances, exits, and near work areas.
- Sinks for hand washing are accessible, clean, and not used for storage or waste.
- No boxes, chemicals, or personal items stored under sinks.
- Staff clean hands after glove removal and before leaving the lab.

3. PPE, Eye Protection, and Eyewash

- Lab coats or gowns are worn during specimen handling and bench work.
- Gloves are available in appropriate sizes and used correctly.
- Eye and face protection is available where splashes or aerosols can occur.
- Eyewash stations are:
 - Clearly labeled and free of obstruction.
 - Tested and documented according to policy.

4. Cleanliness and Surfaces

- Benches and work surfaces are visibly clean and free of dried spills.
- Appropriate disinfectants are available and in date.
- Cleaning responsibilities are clear between lab staff and environmental services.
- No food, drink, or personal items in laboratory work areas.

5. Space, Clutter, and Storage

- Aisles, exits, and electrical panels are clear and not blocked.
- Supplies and reagents stored off the floor on shelves or racks.
- Clean supplies stored in covered or enclosed areas where possible.
- Expired reagents or supplies are removed and disposed of.

6. Sharps and Waste

- Sharps containers are secure, within reach, and not over the fill line.
- Red bags and biohazard containers are labeled and not overfilled.
- No sharps in regular trash.
- Staff know the policy for managing spills and broken glass.

7. Cold Storage: Refrigerators and Freezers

- Temperatures are monitored and documented per policy.
- Contents are labeled, dated, and stored in an organized way.
- No personal food or beverages in any lab refrigerator or freezer.
- Vaccines or medications, if present, follow storage policy and are separated from specimens as required.

8. Safety Signage, Access, and Biosafety

- Biohazard and safety signs posted at lab entrances and high risk areas.
- Access to the lab is controlled and limited to authorized personnel.
- Biosafety cabinets are certified on schedule and used for aerosol generating tasks.
- Staff can describe what biosafety level they work under and any special rules that apply.

9. Close the Loop

- Review findings with the lab leader before leaving the area.
- Agree on:
 - What will be fixed.
 - Who owns each task.
 - When you will recheck.
- Share improvements at future safety or quality meetings.

Additional Resources & Contact Information

Email: Katherine.huff@nmhs.org

Joint Commission: <https://www.jointcommission.org/en-us>

APIC: <https://apic.org/>

OSHA Bloodborne Pathogens & Needle stick prevention: <https://www.osha.gov/bloodborne-pathogens/standards>

OSHA Laboratory Safety Guidance:

<https://www.osha.gov/sites/default/files/publications/OSHA3404laboratory-safety-guidance.pdf>

CDC Regulated Medical Waste: <https://www.cdc.gov/infection-control/hcp/environmental-control/regulated-medical-waste.html>

CMS Infection Control: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-482/subpart-C/section-482.42>

JC perspective powerpoint on Lab/Infection prevention

<https://pages.jointcommission.org/rs/433-HWV-508/images/4->

[Infection%20Control%20in%20the%20Clinical%20Environment_Final_Russ%20Forney_JP.pdf](#)

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Updates & Upcoming Education

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



CDC Project Firstline Resource

What is New World Screwworm?



NWS is a parasitic fly that lays eggs on or in the open wounds and mucous membranes of animals, and sometimes humans. These eggs hatch into maggots (i.e. larvae) that feed on living tissue causing severe damage and potential for serious infections.

While NWS eggs and maggots are most commonly found in open wounds, they can also be in the nose, ears, eyes, mouth, or genitals.

What is the risk?

NWS spread in the healthcare setting has **not** been reported in the United States and it does not spread person-to-person or animal-to-person. It is still important to take the appropriate infection control actions when caring for a patient with suspected NWS infestation. Healthcare workers need to be aware of NWS and follow recommendations for reporting and waste management to prevent the establishment of a local population of NWS flies in the community.

[CDC Project Firstline's Infographic: New World Screwworm: What Healthcare Workers Need to Know](#)

[CDC Health Alert Network Advisory for New World Screwworm](#)

New World Screwworm: What Healthcare Workers Need to Know

New world screwworm (NWS) is a re-emerging threat to the United States that can cause serious infections in people exposed to the fly.

What is New World Screwworm?

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Recognizing NWS infestations

Consider a possible NWS infestation if the patient has spent time where flies are present and has the following symptoms:



Can feel or see something moving within the wound



Has painful or bad-smelling sores

Actions Healthcare Workers Must Take for a Suspected NWS-infested patient

The goal when caring for a patient with NWS is to remove and properly dispose of all maggots to limit tissue damage and prevent them from developing into adult flies.

- Collect all maggots, including those that fell out of the wound or were removed from the wound.
- Kill and preserve all maggots and eggs by putting them in a container and fully covering them with 70% ethanol (preferred) or ≥70% isopropanol alcohol.
- Closely inspect linens and patient clothing or belongings for any maggots that may have left the wound.
- Follow your state regulations and the instructions from your facility's waste management team for getting rid of remaining dead maggots and chemicals you used to kill them.

NEVER put live maggots in the trash or down the drain because they can survive and develop into a local population of NWS.



Notify the infection control team or your supervisor if you find living maggots in any patient and follow instructions for sending alcohol-preserved maggots to the health department. If the patient asks about a potentially infested animal, tell them to contact a veterinarian right away.

Prevent other germs from getting into NWS wounds



Clean your hands before and after touching your patient or the patient's surroundings.



Wear gloves for wound care, and gowns if needed for larger wounds.



Cover any of your own wounds or broken skin that is not covered by clothing.

Learn more about New World Screwworm
<http://bit.ly/4915IE4>

cdc.gov/ProjectFirstline



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

[NICN Primary Infection Prevention Course Registration](#)

[NICN Registration Flyer](#)



**SAVE
THE
DATE**



NEBRASKA INFECTIOUS DISEASES CONFERENCE

**Friday,
August
28,
2026**

**Beardmore
Event Center,
Bellevue,
Nebraska**

**New this year! Join us for a co-hosted event by the Nebraska Infectious Diseases Society and Nebraska ASAP. This conference combines the NIDS annual meeting with the Nebraska Antimicrobial Stewardship Summit
More details to follow!**

 **ID Nebraska**

 **NE ASAP**

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, CABSII)

Wound Care

Water Management

Transmission-Based Precautions



Upcoming NE ICAP Webinars

Wednesday, May 13, 2026

12:00–1:00 PM (CST)

Infection Prevention and Control (IPC) Training for Environmental Services:

Facility Collaboration and Training Resources

Presented by Rebecca Martinez, BSN, BA, RN, CIC



Wednesday, June 10, 2026

12:00–1:00 PM (CST)

NICU and Pediatric Settings: What an IP Needs to Know

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 open the [NE ICAP Contact Form](#).

Through this form, you can:

- Request to connect with an Infection Preventionist who specializes in your area
- Join our setting-specific communication lists for webinar and training updates
- Sign up for newsletters and reminders
- Request an ICAR visit for your facility



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 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 completed by the individual earning the credit, only one person per survey.
- Survey functionality is lost on mobile devices.
- One certificate is issued quarterly for all webinars attended.
- Certificate comes directly from ICAP via email.