

Hospital & Outpatient Settings Webinar

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

May 13, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

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Hantavirus

Sydney R. Stein, DVM, MPH
NE DHHS State Epidemiologist



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Multi-Country Hantavirus Cluster Linked to Cruise Ship



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Advisory



This HAN is sent to healthcare providers, hospitals, clinics, FQHCs and public health. Please distribute as appropriate.

HAN Message <https://han.ne.gov/p/m/ErLi5>

Distributed through the Nebraska DHHS, Health Alert Network - (402) 471-2937



[CDC HAN-00528](#)

Current Situation Key Points



- CDC is responding to a deadly outbreak of Andes virus, a type of hantavirus, among passengers and crew of a cruise ship in the Atlantic Ocean.
- To date, no cases of Andes virus have been confirmed in the United States as a result of this outbreak.
- The risk of a pandemic caused by this outbreak and the overall risk to the American public and travelers remains extremely low.

Multistate Investigation of Contaminated IV Sets from ICU Medical

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Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP, AL-CIP, FAPIC
NE DHHS HAI/AR Infection Preventionist
Nebraska ICAP Infection Prevention Nurse Supervisor



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Multistate Investigation of Contaminated IV Sets from ICU Medical

The Nebraska Department of Health and Human Services Healthcare-Associated Infection and Antimicrobial Resistance (HAI/AR) Program is investigating reports of contaminated IV tubing sets from a single manufacturer. Nebraska DHHS was initially alerted by CDC about multiple healthcare facilities noticing visible contamination, reported as small black dots in the internal walls of the drip chambers. The contamination report was initially received by the CDC from Maine and Pennsylvania. **Some Nebraska facilities are now reporting similar findings.**

CDC has not received any reports of patient infections or adverse events linked with the contaminated product. The manufacturer and FDA have been made aware. At this time, the impacted products appear to be limited to tubing manufactured by **ICU Medical**, distributed by **Medline**.

The ICU Medical product types include:

- Primary Set Piggyback with Backcheck Valve, 2 CLAVE Y-Sites, Secure Lock, 100 Inch
- Primary PLUM Set CLAVE Port, CLAVE Y-Site, Secure Lock, 103 Inch
- Secondary Set Secure Lock, 34 Inch with IV Set Hanger



Multistate Investigation of Contaminated IV Sets from ICU Medical



Nebraska DHHS recommends:

- Healthcare facilities should determine whether they are using IV tubing products manufactured by ICU Medical and, if so, promptly inspect supplies for any visible contamination.
- If contamination is identified, facilities should sequester the entire lot if possible and contact Nebraska DHHS's HAI/AR team at dhhs.hai-ar@nebraska.gov.
- Facilities should also notify ICU Medical and file an FDA MedWatch report.

For additional information, including suspected lot numbers and pictures of contaminated products, please see [Maine's Health Advisory Notice: Ongoing Investigation of Contaminated IV Sets from ICU Medical | Maine Center for Disease Control & Prevention](#)

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Nebraska Pathogen Watch

Juan Teran, MD

Medical Director, NE ICAP



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

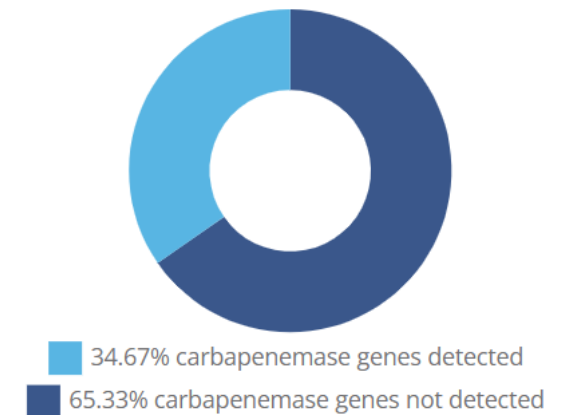
Key Points

- Increasing rates of carbapenemase-producing carbapenem-resistant Enterobacterales (CP-CRE) and *Candida auris* cases are being identified in Nebraska
- Many cases are associated with out-of-state healthcare exposure, including interfacility transfers and patients who received medical care in other states

Carbapenem-resistant Enterobacterales

- Enterobacterales are a group of bacteria that are normally part of the human and animal gastrointestinal tract but can also cause infection
- A subset of CRE can produce carbapenemases. That genetic code can be shared among bacteria
 - The big 5 carbapenemases are:
 - KPC
 - NDM
 - OXA-48-like
 - VIM
 - IMP

34.67% of CRE submitted to the AR Lab Network from 2017 through 2024 had a targeted carbapenemase gene detected.



Carbapenem-resistant Enterobacterales

- 55.3% of cases were hospitalized
- 30-day crude mortality
 - Overall: 5.6%
 - Sterile-site specimens: 18.4%
 - Urine specimens: 3.5%

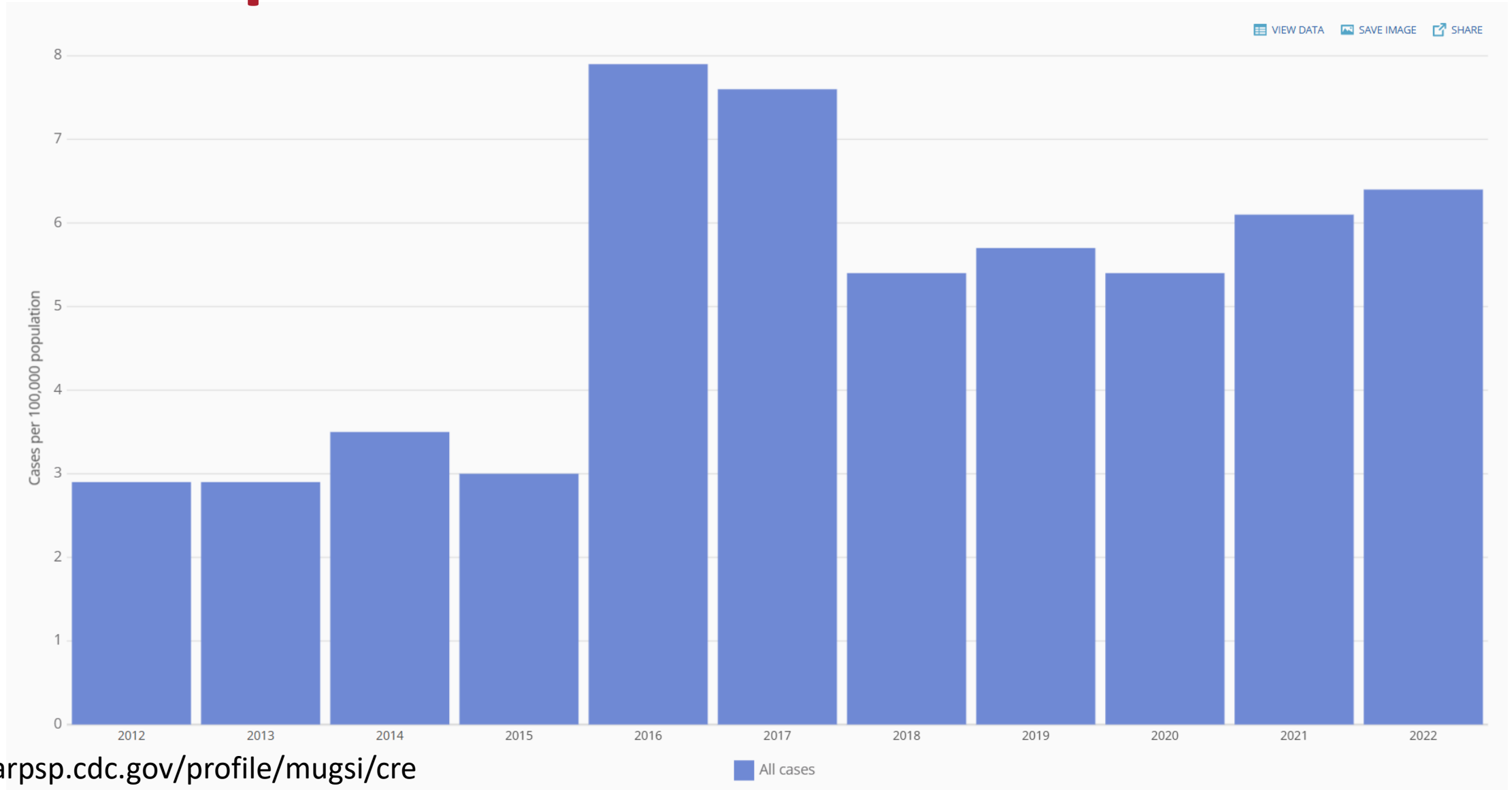
CURRENT THREAT REPORT

THREAT LEVEL	● URGENT
ESTIMATED CASES	13,100
ESTIMATED DEATHS	1,100
HEALTHCARE COSTS (USD)	\$130 M

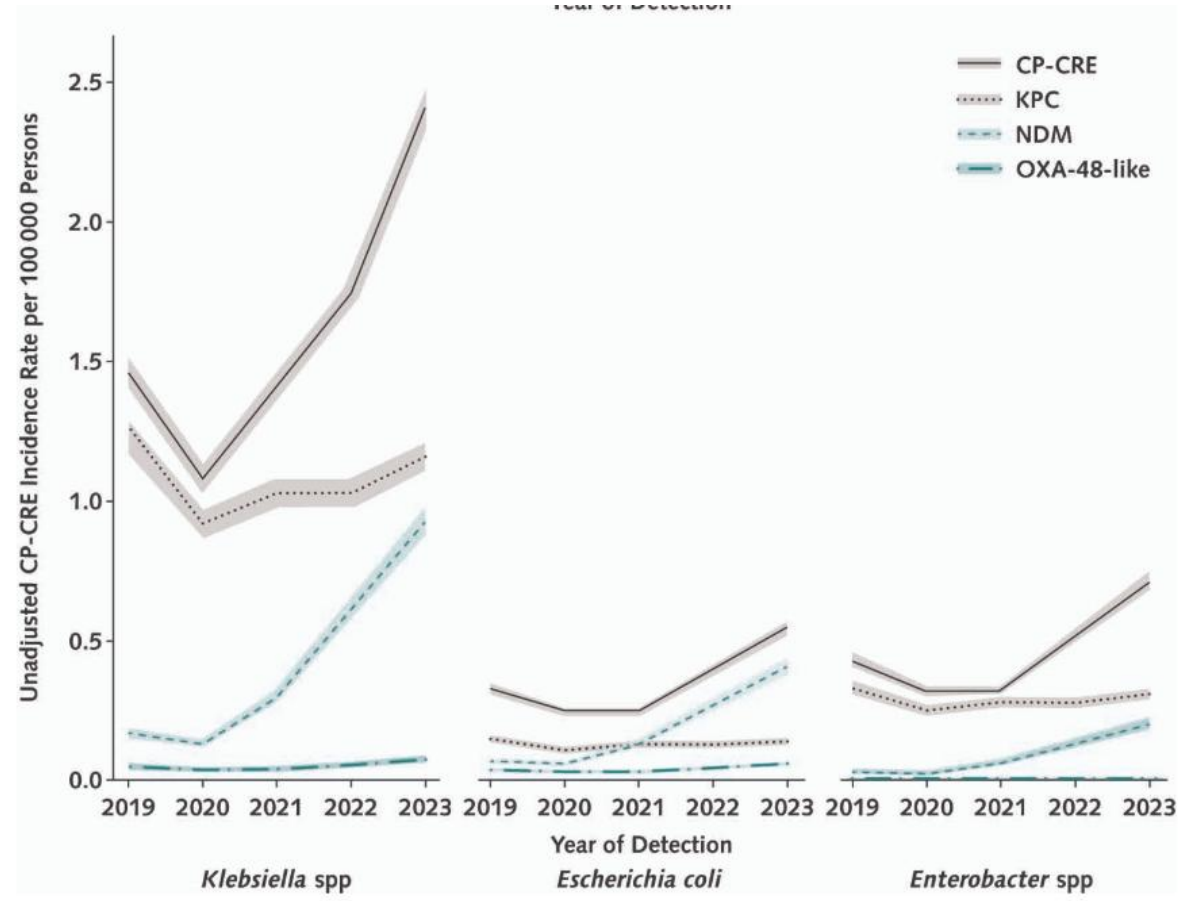
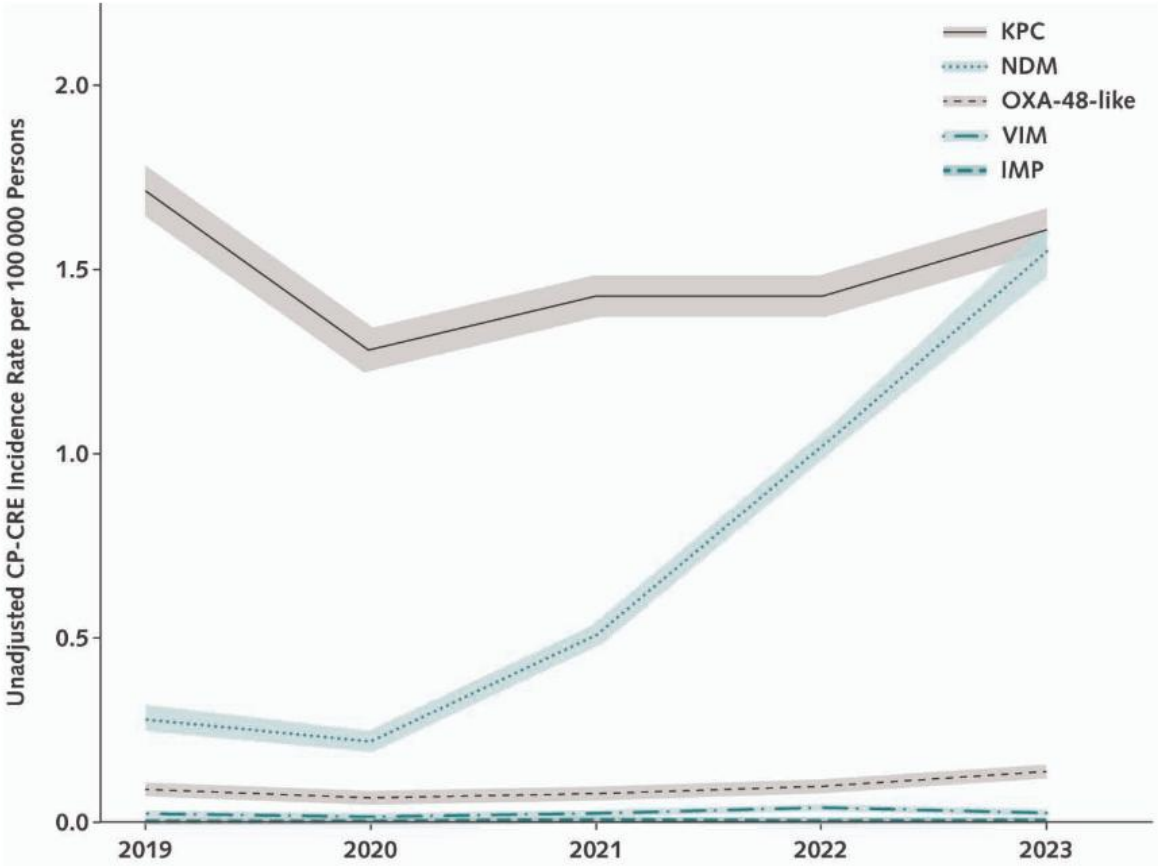
Source: COVID-19: U.S. Impact on Antimicrobial Resistance, Special Report 2024

<https://arpsp.cdc.gov/profile/mugsi/cre>

Carbapenem-resistant Enterobacterales



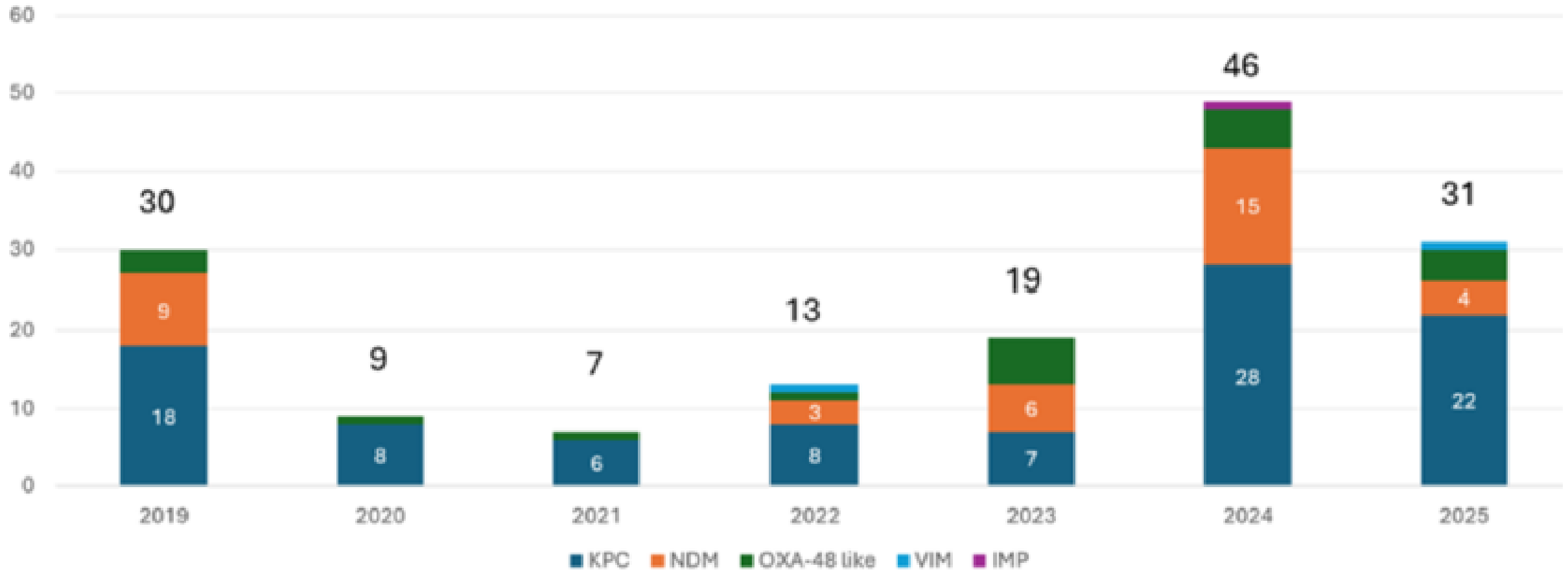
CP-CRE



Danielle A. Rankin et al., Ann Intern Med.2025;178:1818-1821. doi:[10.7326/ANNALS-25-02404](https://doi.org/10.7326/ANNALS-25-02404)

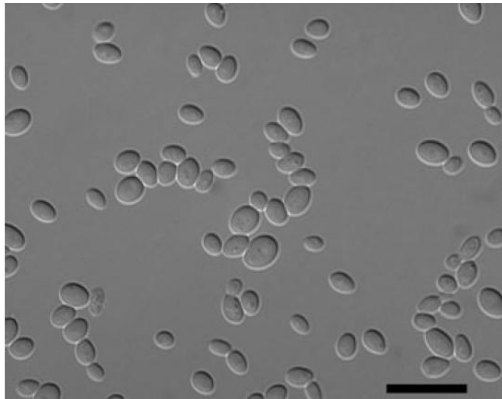
CP-CRE in Nebraska

Number of CP-CRE isolates identified, Nebraska 2019-2025



Candida auris

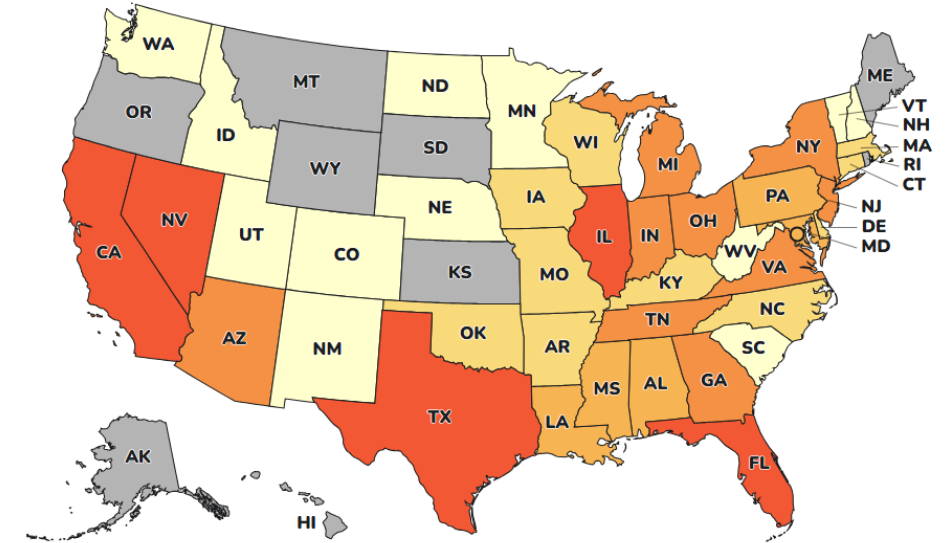
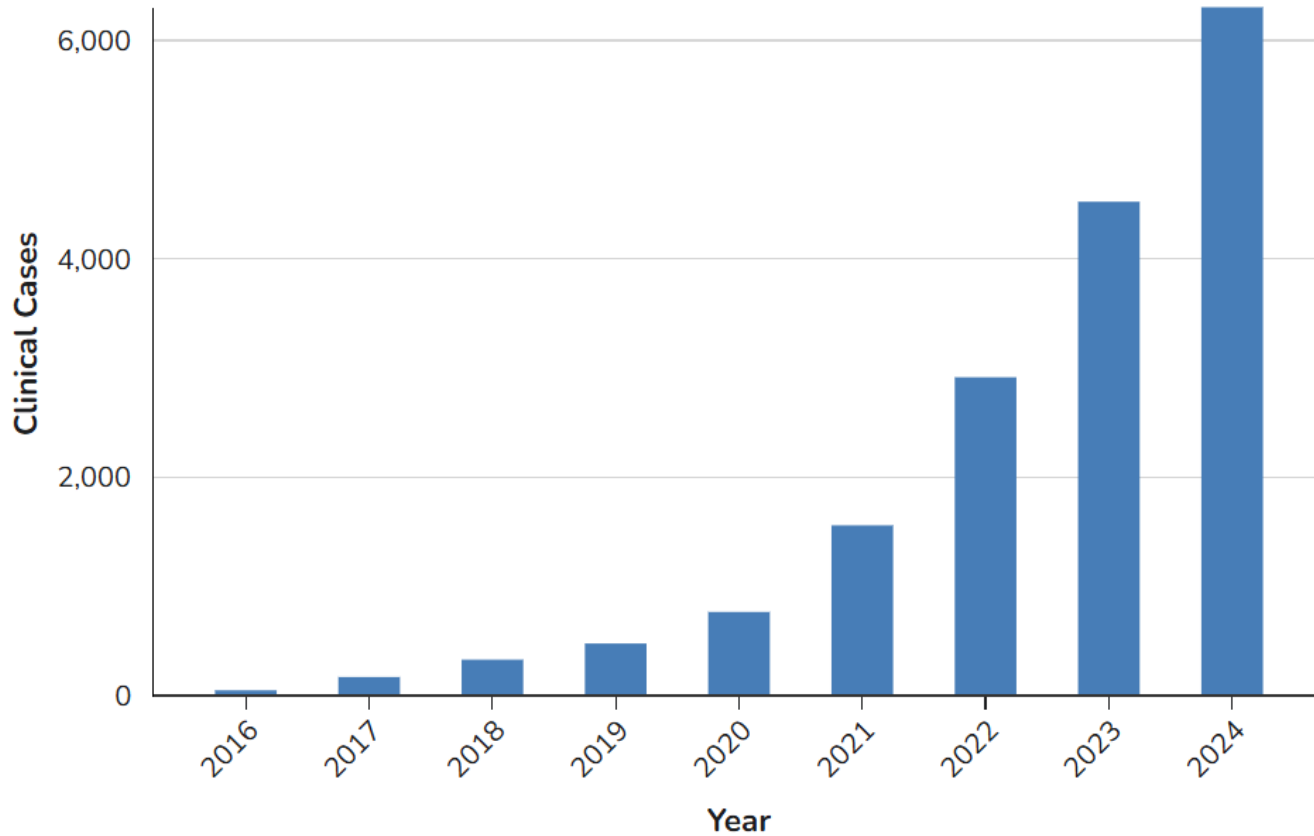
- *Candida auris* or *Candidozyma auris* is a yeast capable of producing a wide range of infections
- It spreads easily in healthcare facilities



Candida auris sp. nov., a novel ascomycetous yeast isolated from the **external ear canal** of an inpatient in a Japanese hospital

Candida auris

National Clinical Cases Reported Over Time

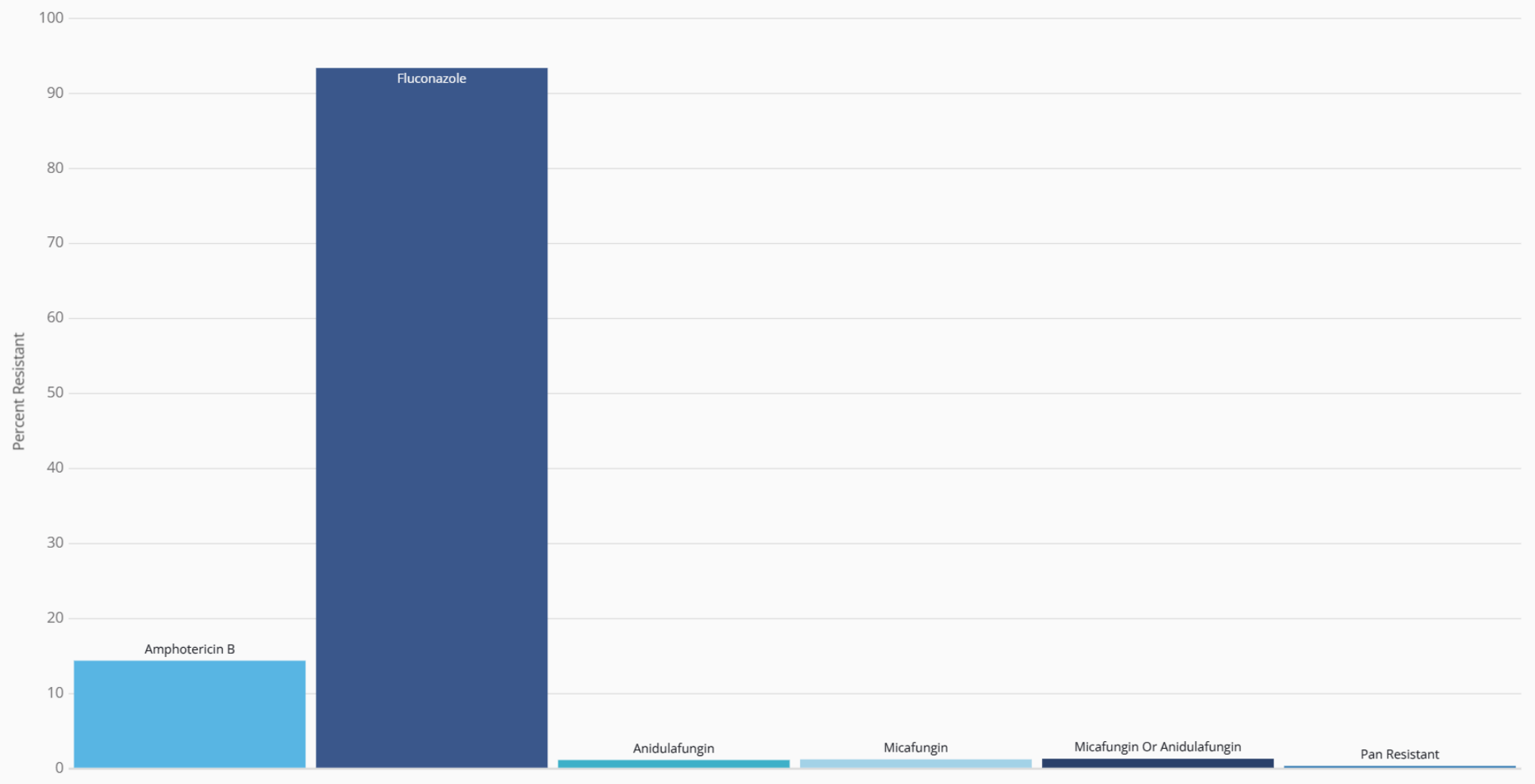


Legend

In 2024, there were 6,304 clinical cases. There were an additional 12,585 screening cases not shown on the map.

- No new clinical cases
- 1 to 10
- 11 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- Greater than 1000

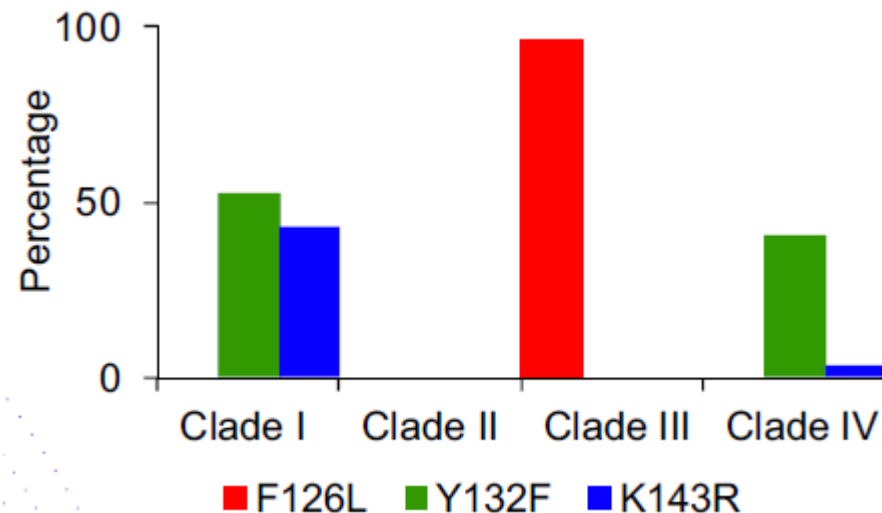
Antifungal Resistance



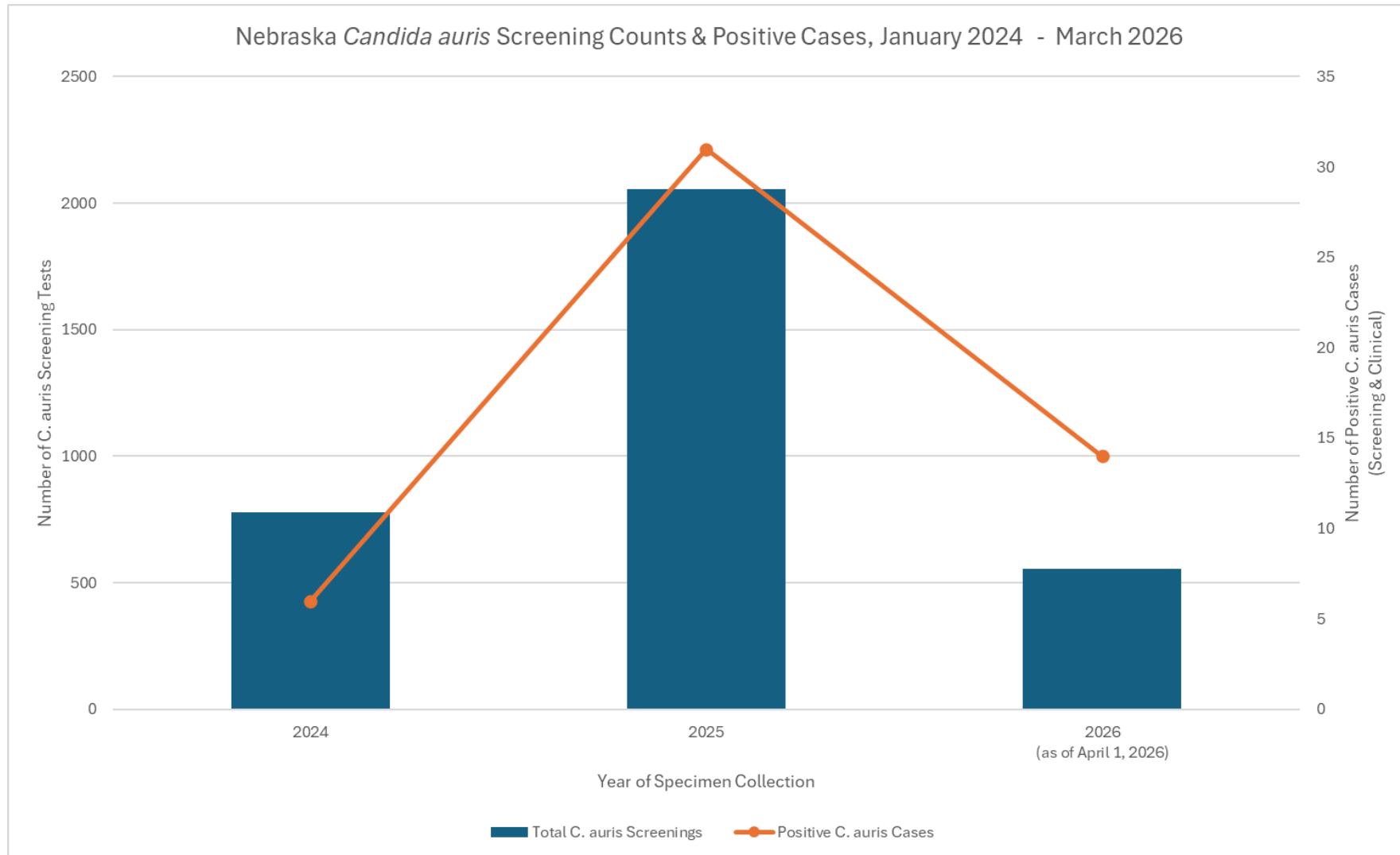
Antifungal Resistance

TABLE 1 Frequency of antifungal drug resistance among *Candida auris* isolates by clade

Clade (n)	Frequency (%) of antifungal drug resistance in isolates (n)					
	Susceptible	Fluconazole resistant	Amphotericin B resistant	Micafungin resistant	MDR ^a	XDR ^b
Clade I (118 ^c)	3 (4)	97 (114)	47 (54)	6 (7)	45 (53)	3 (4)
Clade II (7)	86 (6)	14 (1)	0 (0)	0 (0)	0 (0)	0 (0)
Clade III (51)	2 (1)	98 (50)	0 (0)	8 (4)	8 (4)	0 (0)
Clade IV (120)	31 (37)	59 (71)	11 (13)	9 (11)	10 (12)	0 (0)
Total (296)	16 (48)	80 (236)	23 (67)	7 (22)	23 (69)	1 (4)



Candida auris in Nebraska



What Can You Do

- Review and reinforce infection prevention policies for CP-CRE and *Candida auris*
- Audit and provide feedback on:
 - Isolation practices
 - PPE use
 - Hand hygiene
 - EPA List P disinfectant use
- **Early identification** is critical. Infection control measures can only be implemented if colonized or infected patients are recognized
- Nebraska DHHS can support *C. auris*/CP-CRE colonization screening for high-risk patients and units

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

Facility Collaboration and Training Resources

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



Learning Objectives

Recognize

Recognize how instrumental Environmental Services (EVS) workers are in their role related to infection prevention and control (IPC) within the healthcare setting

Outline

Outline key EVS department responsibilities for IPC

Outline key responsibilities of the Infection Preventionist (IP) related to ensuring a clean and sanitary environment

Identify

Identify environmental cleaning and disinfection best practice guidelines and training resources

Propose

Propose how hospital and outpatient IPC programs can collaborate with the EVS department to support implementation of best practices

Environmental Service Workers Are Fundamental

- Environmental contamination in healthcare settings plays a role in the transmission of germs that can cause healthcare-associated infections (HAIs).
- **Therefore, environmental cleaning is a fundamental intervention for infection prevention and control (IPC).**
 - It is a multifaceted intervention that involves cleaning and disinfection (when indicated) of the environment alongside other key program elements (e.g., leadership support, training, monitoring, and feedback mechanisms).
 - To be effective, environmental cleaning activities must be implemented within the framework of the facility's IPC program, and not as a standalone intervention.



Maintain a Clean & Sanitary Environment

- Healthcare settings are required to have an IPC program that includes maintaining a clean and sanitary environment for patients and healthcare care personnel (HCP)
 - A shared responsibility among EVS and IP roles



[CMS - State Operations Manual - Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals \(CAHs\) and Swing-Beds in CAHs - §485.640 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Programs](#)

IP and EVS Collaboration

- Build a relationships with the EVS supervisor and team.
 - Where is teamwork already in place?
 - What can you learn from other's expertise?
 - Respect and knowledge go both ways.



AdobeStock_618051706

The right infection control actions help stop germs from spreading.



Learn more:

WWW.CDC.GOV/PROJECTFIRSTLINE



Actions to Stop the Spread of Germs

[CDC Project Firstline - Actions Stop Spread of Germs](#)



CDC Guidelines for Environmental Infection Control in Health-Care Facilities



Guidelines for Environmental Infection Control in Health-Care Facilities

Recommendations of CDC and the Healthcare Infection Control
Practices Advisory Committee (HICPAC)

**U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30329**

2003

Updated: July 2019

[CDC - Environmental Infection Control Guidelines](#)

[CDC - Environmental Infection Control Guidelines PDF](#)

CDC's Best Practices for Environmental Cleaning in Healthcare Facilities

- Current best practices for environmental cleaning procedures in patient care areas, as well as cleaning for specific situations (e.g., blood spills) and for noncritical patient care equipment.

Introduction

Cleaning Programs

Supplies & Equipment

Environmental Transmission of HAIs

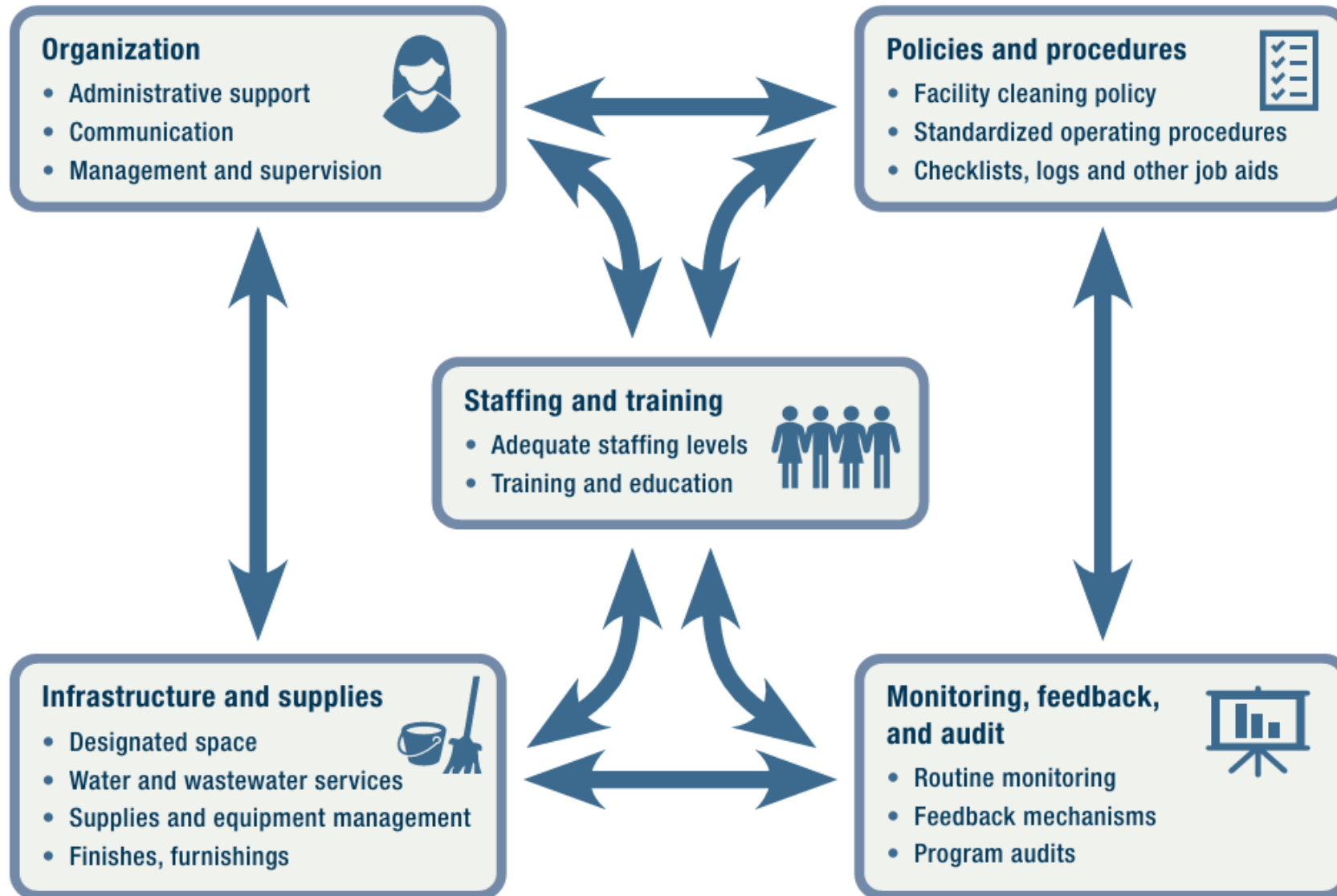
Environmental Cleaning and IPC

Organizational Elements (Admin, Staffing, Infrastructure)

Policies, Procedures, Monitoring, and Feedback

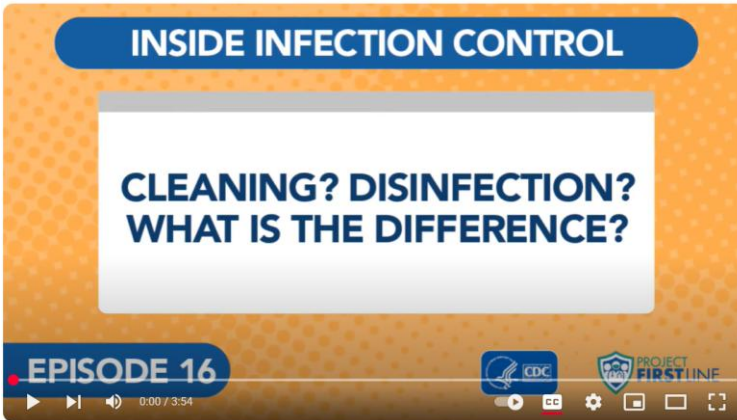
Cleaners & EPA Registered Disinfectants

Elements for Implementing Effective Environmental Cleaning



CDC Environmental
Cleaning Program
Improvement Toolkit

Differences Between Cleaning and Disinfection



Cleaning, Sanitizing, and Disinfecting

Cleaning

- The physical process of removing dirt and organic matter from surfaces or objects using soap or detergents.
- Reduces the number of germs but not intended to kill them.
- Essential before sanitization or disinfection.



Sanitizing

- Kills bacteria on surfaces using chemicals, but not intended to kill viruses.
- Sanitized items might include infant toys and food contact surfaces in the kitchen.

Low-Level Disinfection (LLD)

- A different step that is done along with, or after cleaning that kills germs on surfaces or objects.
- Use an EPA registered disinfectant.



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.



Need to find out what you have in the facility?

- *Perform environment of care (EOC) rounding*
 - *Ask purchasing*
 - *Collaborate and ask leaders*

Properties of an Ideal Disinfectant

Broad antimicrobial spectrum

Fast acting

Not affected by organic matter or other products

Nontoxic

Surface compatibility

No or minimal residual effect on surfaces

Easy to use

No odor or acceptable odor

Economical

Water solubility

Stable in concentrate and use-dilution

Cleaning properties

Environmentally friendly

What is an EPA Registered Disinfectant

- **General or Broad-spectrum**

- A disinfectant that is effective against both gram-positive and gram-negative bacteria (*Staphylococcus aureus* and *Salmonella enterica*) is considered to be a general or broad spectrum disinfectant.
 - General or broad spectrum disinfectants have a wide variety of uses in residential, commercial, institutional, and other sites.

- **Hospital**

- A disinfectant that is a general or broad-spectrum disinfectant and also is effective against the nosocomial bacterial pathogen *Pseudomonas aeruginosa* is a Hospital disinfectant.
 - These disinfectants are generally for use in hospitals, clinics, dental offices, or other health care related facilities.

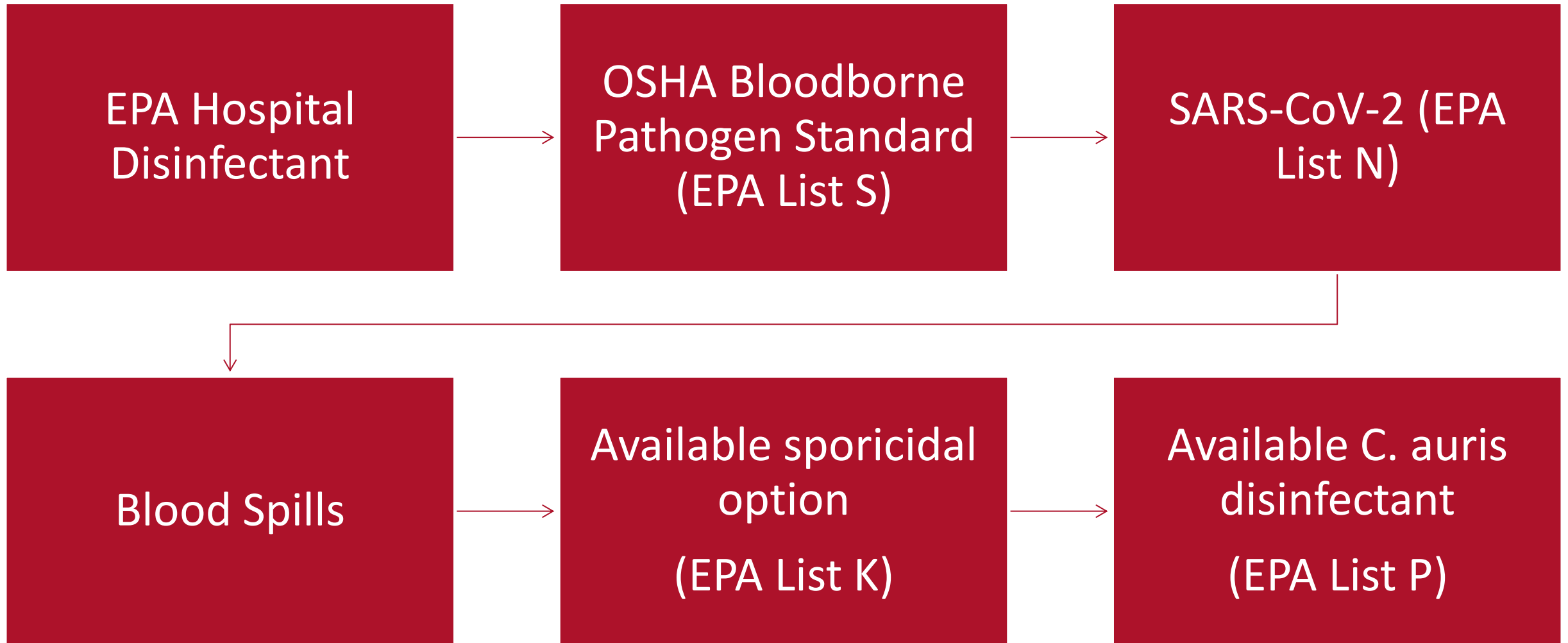
Common EPA Lists

- List S – HIV, Hepatitis B, Hepatitis C
- List N – SARS-CoV-2
- List K – *C. difficile*
- List G – Norovirus
- List P – *Candida auris*
- List Q – Emerging Viral Pathogens

<https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants>

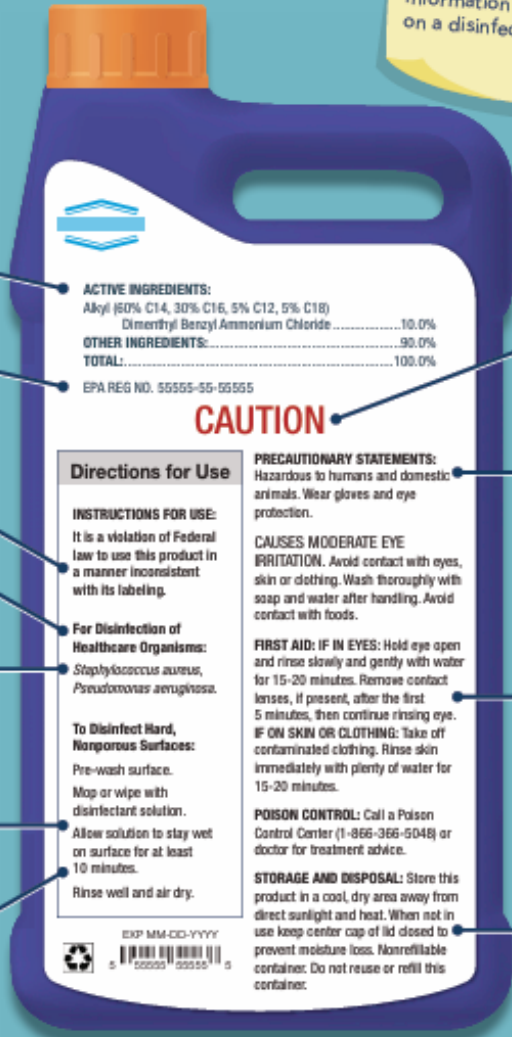
<https://www.epa.gov/pesticide-registration/pesticide-registration-manual-chapter-4-additional-considerations#use>

Consideration for Disinfectant Selection



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?

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?

How to Read a Disinfectant Label

- On the disinfectant label it should have:
 - Active ingredients
 - EPA registration number
 - Instructions for use (IFU)
 - Contact time
 - Precautions and hazard warnings
 - First aid
 - Storage & Disposal

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:

GHS PICTOGRAMS

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

EVS Disinfecting Done Right: Killing Germs on Surfaces



Germs can live on healthcare surfaces for weeks to months, which is why disinfecting surfaces correctly is so important.

1

Check the surface to make sure it does not need to be cleaned first.



2

Read the label of the disinfectant to find out its contact time.

– When using disinfectant wipes, be sure to close the lid so they don't dry out.



3

Apply the disinfectant according to the label's contact time instructions.



4

Reapply if needed to make sure the surface remains wet for the full contact time.



Once the entire contact time has passed, the disinfectant has done its job!

Learn More

Dry Surfaces Infographic: <https://bit.ly/3NsoUtV>
How to Read a Disinfectant Label: <https://bit.ly/4bxqVy7>

EVS Disinfecting Done Right With Contact Time

- If using a cleaner disinfectant, use a 2-step process if surface is visibly dirty.
- Apply for the contact time
 - 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.

CDC's Best Practices for Environmental Cleaning in Healthcare Facilities

Environmental Cleaning Techniques and Procedures

General Patient Areas

Outpatient

Inpatient

Toilets,
Floors, Body
Fluid Spills

Specialized Areas

Medication
Prep Areas

ICUs,
Emergency
Dept,
Isolation

Areas to
Reprocess
Devices

Surgery and
Labor &
Delivery

Standard Operating Procedures (SOPs)



- Develop standardized protocols (SOPs) for routine (e.g., daily) and discharge/transfer (also known as terminal) cleaning and disinfection for each major patient care room type or ward.
- Have protocols readily available (e.g., online, on the EVS cart)
- Clearly define responsibilities for the cleaning and disinfection of noncritical equipment and shared medical equipment including electronics.
 - Consider a chart of items, frequency cleaned and disinfected, role responsible, and what disinfectant to use.
 - Ensure staff are aware of their responsibilities and during training.

Infection control starts with your EVS cart.



Learn More

Dry Surfaces Infographic: <https://bit.ly/3NsoUtV>
How to Read a Disinfectant Label: <https://bit.ly/4bxqVy7>

Smart EVS Cart

- EVS carts should not enter the patient room.
- Only clean cloths are dipped into buckets of cleaning solution – never double dip.
- Don't have food or drink on the EVS cart.
- Separate clean items from dirty items.
- 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).
- Carts should be cleaned and disinfected at the end of each day or shift.

Disinfectant Application Considerations

Pourable Containers

- Narrow-necked bottles are preferred over buckets to prevent the “double dipping” of cleaning cloths, which can contaminate solutions.
- Squeeze bottles are preferred over spray bottles for applying cleaning or disinfectant solutions directly to cleaning cloths before application to a surface.



Cloth Material

- 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 for an extended period of time.



[CDC - Best Practices for Environmental Cleaning in Healthcare Facilities](#)

[Preventing Quat Binding in Healthcare Facilities - Environmental Services](#)

Effective Cleaning and Disinfection Start with Preparation



Before you enter a room:

- ✓ Decide what personal protective equipment (PPE) you will need and have those supplies ready.



- ✓ Think about how you will deal with hazards, such as blood or body fluid spills on the floor.



- ✓ Identify high-risk surfaces, such as those that are frequently touched or likely to be extra dirty.



- ✓ Plan the order of your cleaning and disinfecting tasks to prevent further germ spread, moving from high to low surfaces and from clean to dirtier surfaces.



Learn More

Dry Surfaces Infographic: <https://bit.ly/3NsoUtV>
How to Read a Disinfectant Label: <https://bit.ly/4bxqVy7>
Water and wet surfaces: <https://bit.ly/3MPGoAk>

Prepare to Effectively Clean & Disinfect

- Preparation for effective cleaning and disinfection begins before room entry.
 - Have clear standard operating protocols.
 - Consider using checklists (even on the EVS cart) to help with cleaning and disinfecting in a standardized manner.
 - Have protocols and checklists in an order following best practices which facilitates cleaning and disinfection in a systematic manner for standardization.

[CDC Project Firstline - Effective Cleaning and Disinfection Micro-Learn](#)

Clean Hands Prevent Infections and Save Lives



As an EVS worker, do you know when to clean your hands?

- ✓ Before touching anything in the patient's room
- ✓ Before touching the EVS cart or new supplies while cleaning
- ✓ When going from a dirty task to a clean task
- ✓ When your hands are visibly dirty
- ✓ Immediately after taking off gloves

Do you know when to take off your gloves?

- ✓ Before washing your hands
- ✓ Before exiting a room
- ✓ When going from a dirty task to a clean task
- ✓ When the gloves are visibly dirty
- ✓ When the gloves are damaged

Germs Live on the Skin: <https://bit.ly/4ioJfd3>

Infection Control in Health Care: An Overview: <https://bit.ly/43Qaf1v>

Learn More

www.cdc.gov/ProjectFirstline



Clean Hands for EVS

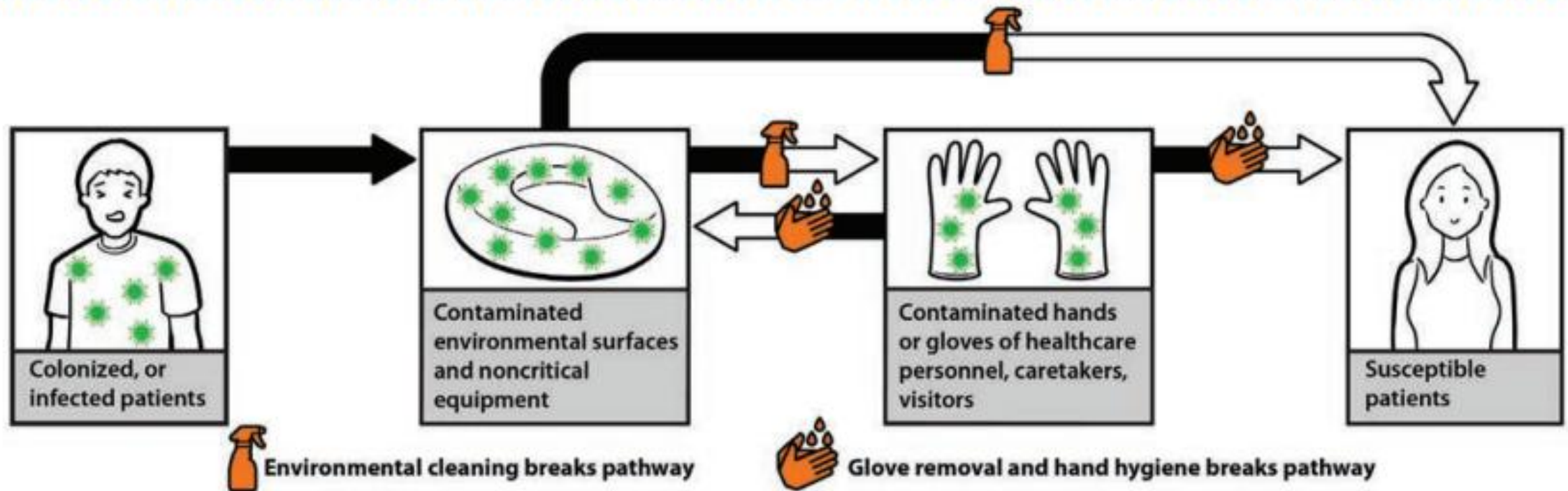
- Cleaning your hands the right way at the right time is essential to keeping harmful germs from spreading to you, patients, and others in healthcare settings
 - Gloves can spread germs to surfaces and patients.
 - Germs can also spread to your hands when you take off your gloves.
 - Gloves are not a substitute for cleaning your hands.

[CDC Project Firstline - Clean Hands Prevent Infections Micro-Learn](#)



Transmission from Surfaces & Equipment

Figure 1. Contact transmission pathway showing role of environmental surfaces, role of environmental cleaning, and hand hygiene in breaking the chain of transmission



Drains and Biofilms: Hiding Places for Germs

Germs in the sewer, including drug-resistant germs, can be found in the plumbing all the way up to the drain.



Drain biofilms are slimy layers of germs that can splash out of the sink.



Don't feed the biofilm! Never dispose of liquid waste (e.g., drinks, IV fluids) in a handwashing sink.



Reduce germ spread by keeping supplies away from the sink, minimizing splashes, and cleaning and disinfecting sinks and countertops regularly.



Learn More

Water and wet surfaces: <https://bit.ly/3MPGoAk>

www.cdc.gov/ProjectFirstline



Sink Drains & Biofilms

- Sinks and drains are an ideal environment for germs to live and grow and can form slimy layers called biofilms.
- Don't dump liquids like juice or IV fluid down the drain of a handwashing sink because this can feed the biofilm and help it grow.
- When water splashes out of a dirty drain, it can spread germs onto people's hands and skin and onto items nearby.
- Make sure supplies and patient items are stored away from sinks and drains so that they don't get splashed.
- Regular cleaning and disinfection of sinks, drains, and countertops can help stop the spread of harmful germs.

[CDC Project Firstline - Drains and Biofilms Micro-Learn](#)



Training Video for OR Terminal Cleaning



Courtesy of CommonSpirit 46 minute video on YouTube.
https://www.youtube.com/watch?v=QHHx13EXI_0

Nebraska HAI-AR Advisory Council SSI Subcommittee

Perioperative Auditing Tool

OPERATING ROOM	BEFORE FIRST PROCEDURE	YES	NO
Review Record	1. Records of previous evening terminal clean required; if not or if no surgeries on the day prior, perform terminal clean (as below) 2. Ensure staff are able to describe the appropriate dwell/wet/contact time for the disinfectant being used		
Disinfect (damp dust) all horizontal surfaces before case carts, supplies, and equipment is brought into the room	furniture surgical lights operating bed equipment boom countertops		
Clean and Disinfect Portable Equipment Not Stored in OR	case carts supplies other equipment suction regulators anesthesia trolley compressed gas tanks x-ray machines lead gowns		

OPERATING ROOM	BETWEEN CASES (After Patient Leaves - Before Next Case)
Policy/Procedure	1. Written policy for what is cleaned, who cleans it, when and how; between cases and end of day terminal cleaning 2. All items stored up off the floor 3. Shared patient equipment cleaned per IFU or policy
Remove trash, waste, and linen	all used linen surgical drapes waste (including suction canisters)
	3/4 filled sharps containers kick buckets (for reprocessing or disposal)
	*high-touch surfaces light switches door handles and push plates *any surface visibly soiled with blood or body fluids *all surfaces and noncritical equipment and the floor inside the surgical overhead surgical lights reflective portion of surgical lights suction regulators tourniquet cuffs and leads anesthesia trolley (including top and drawer handles) anesthesia equipment (IV poles and IV pumps) anesthesia machines (including dials, knobs, and valves) patient monitors including cables operating table from top to bottom reusable table straps OR bed attachments (e.g., arm boards, stirrups, head rests) positioning devices (check integrity) patient transfer devices (e.g., roll boards) tables and Mayo stands
Clean and Disinfect High-Touch Surfaces, Soiled Surfaces, All Surfaces Inside Surgical Field, & All Items Used	*all items used and mobile and fixed equipment (varies but may include) compressed gas tanks, radiology equipment including lead gowns, sitting or standing stools, suction regulators, pneumatic tourniquets, imaging viewers, viewing monitors, electro-surgical units, microscopes, robots, lasers
Anesthesia Carts	Carts are disinfected between patients; carts are not entered with contaminated hands or gloves
Walls	Spot clean and disinfect the walls after each surgical or invasive procedure when visibly soiled
Floor	Clean and disinfect the floor with a mop after each surgical or invasive procedure when visibly soiled or potentially soiled by blood or body fluids (e.g., splash, splatter, dropped item)

OPERATING ROOM	Terminal Clean or End of Day - Each Day Room is Used	YES	NO
Remove trash, waste, and linen	all used linen surgical drapes waste (including suction canisters) 3/4 filled sharps containers kick buckets (for reprocessing or disposal)		
Clean and Disinfect All* exposed surfaces (high-touch & low-touch) and fixed equipment in the room, including booms and heels and casters of any equipment (e.g., carts)	light switches door handles and push plates overhead surgical lights reflective portion of surgical lights suction regulators tourniquet cuffs and leads anesthesia trolley (including top and drawer handles) anesthesia equipment (IV poles and IV pumps) anesthesia machines (including dials, knobs, and valves) patient monitors including cables operating table from top to bottom reusable table straps OR bed attachments (e.g., arm boards, stirrups, head rests) positioning devices (check integrity)		
Thoroughly clean and disinfect portable patient-care equipment that is not stored within the operating room before removal from the operating room.	patient transfer devices (e.g., roll boards) tables and Mayo stands		
Clean and Disinfect Vertical Surfaces	*all items used and mobile and fixed equipment (varies but may include) compressed gas tanks, radiology equipment including lead gowns, sitting or standing stools, suction regulators, pneumatic tourniquets, imaging viewers, viewing monitors, electro-surgical units, microscopes, robots, lasers storage cabinets, supply carts, and furniture telephones and mobile communication devices computer accessories (e.g. keyboards, mouse, touch screen) chair, stools and step stools trash and linen receptacles		
Clean and Disinfect Entire Floor including Baseboards	walls ceilings ventilation (ducts) sinks handwashing sinks, scrub and utility areas/sinks Clean and disinfect entire floor using a wet vacuum or mop, including baseboards taking care to move the operating table and any mobile equipment to make sure to reach the floor areas underneath		

- Consider using the perioperative tool to help with training
 - Before First Procedure
 - Between Cases
 - Terminal Clean
 - Scheduled Cleaning

OPERATING ROOM	Scheduled Basis (e.g., weekly)	YES	NO
Clean and Disinfect low-touch surfaces on scheduled	inside of cupboards		
	ceilings		
	walls		

[NE ICAP - Hospital Resources](#)



CMS Hospital Infection Control Worksheet

- The CMS Hospital Infection Control Worksheet helps to outline responsibilities related to infection control and includes general elements a surveyor could assess.
 - Consider collaborating and completing together for a self-assessment.

Section 2.D. Environmental Services		
Elements to be assessed	Surveyor Notes	
Environmental services are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: For some questions an observation may not be		
2.D.1 During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.2 Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated. Note: High-touch surfaces (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in patient bathrooms) are cleaned and disinfected more frequently than minimal-touch surfaces.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.3 After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.4 Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.5 Separate clean (laundered if not disposable) cloths are used to clean each room and corridor.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

2.D.6 Mop heads and cleaning cloths are laundered at least daily using appropriate laundry techniques (e.g., following manufacturer instructions when laundering microfiber items).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.7 The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.8 The hospital has established and follows a schedule for areas/equipment to be cleaned/serviced regularly (e.g., HVAC equipment, refrigerators, ice machines, eye wash stations, scrub sinks).	<input type="radio"/> Yes <input type="radio"/> No	
Laundry is processed in a manner consistent with hospital infection control policies and procedures including the following:		2.D.13 Clean textiles are packaged, transported, and stored in a manner that ensures cleanliness and protection from dust and soil. <input type="radio"/> Yes <input type="radio"/> No
2.D.9 Personnel handle soiled textiles/linens with minimum agitation to avoid contamination of air, surfaces, and persons.	<input type="radio"/> Yes <input type="radio"/> No	Reprocessing of non-critical items is accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:
2.D.10 Soiled textiles/linens are bagged or otherwise contained at the point of collection in leak-proof containers or bags and are not sorted or rinsed in the location of use. Note: Covers are not needed on contaminated textile hampers in patient care areas.	<input type="radio"/> Yes <input type="radio"/> No	2.D.14 Reusable noncritical patient-care devices (e.g., blood pressure cuffs, oximeter probes) are disinfected on a regular basis (e.g., after use on each patient, once daily, or once weekly) and when visibly soiled. <input type="radio"/> Yes <input type="radio"/> No
2.D.11 The receiving area for contaminated textiles is clearly separated from clean laundry areas and is maintained at negative pressure compared with the clean areas of the laundry in accordance with FGI (formerly AIA) construction standards in effect during the time of facility construction.	<input type="radio"/> Yes <input type="radio"/> No	2.D.15 For patients on Contact Precautions, if dedicated, disposable devices are not available, noncritical patient-care devices are disinfected after use on each patient. <input type="radio"/> Yes <input type="radio"/> No
2.D.12 If hospital laundry services are contracted out and performed offsite, the contract must show evidence that the contractor's laundry service meets these design standards.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	2.D.16 There is clear designation of responsibility for disinfection of reusable noncritical patient-care devices. <input type="radio"/> Yes <input type="radio"/> No
		2.D.17 Manufacturers' instructions for cleaning noncritical medical equipment are followed. <input type="radio"/> Yes <input type="radio"/> No
		2.D.18 Hydrotherapy equipment (e.g., Hubbard tanks, tubs, whirlpools, spas, birthing tanks) are drained, cleaned, and disinfected using an EPA-registered disinfectant according to manufacturer's instructions after each patient use. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
If no to any of 2.D.1 through 2.D.18, cite at 42 CFR 482.42(a) (Tag A-0749)		

Summary & Proposals Related to Environmental Cleaning & Disinfection

WHO & WHAT

- Have clear roles and responsibilities between IP and EVS, and then EVS and other disciplines.
 - Have protocols and consider checklists for immediate, daily, terminal, and scheduled cleans
 - For surgical services need daily damp dust, in-between cases, terminal cleans and scheduled basis

HOW & WHY

- Educate on correct cleaning technique and sequence (i.e., top to bottom, clean to dirty)
- Ensure staff are instructed on which disinfectants to use and contact time
- Education and training is an on-going process. Consider using these Micro-Learns as a quick refresher.

VALIDATION

- Audit disinfectant use according to IFUs (e.g., dilution, storage, shelf-life, contact time)
- Perform cleaning audits of multiple departments (i.e.; EVS, nursing services, surgical services)

Updates and Upcoming Education

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





**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!**

 **Nebraska**

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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, CABS)

Wound Care

Water Management

Transmission-Based Precautions



Upcoming NE ICAP Webinars

Wednesday, June 10, 2026

12:00–1:00 PM (CST)

NICU and Pediatric Settings: What an IP Needs to Know

Wednesday, July 8, 2026

12:00–1:00 PM (CST)

To Be Determined (TBD)

NE ICAP Monthly Webinars



Hospital & Outpatient Monthly Webinar

When: 12:00 PM Central Time (CST)

Occurs: 2nd Wednesday of every month

Topic: Infection Prevention and Control for Hospital and Outpatient Settings

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Long Term Care Facility Monthly Webinar

When: 12:00 PM Central Time (CST)

Occurs: 2nd Thursday of every month

Topic: Infection Prevention and Control for Long Term Care Settings

[NE ICAP Long Term Care Facility Webinar Invite Information](#)

ICAP Contact Information

Call 402-552-2881

Business Hours are Monday – Friday
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Through this form, you can:

- Request to connect with an Infection Preventionist who specializes in your area
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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 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.