Guidance and responses were provided based on information known on 05.14.2026 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

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DEPT. OF HEALTH AND HUMAN SERVICES

Long Term Care Webinar Series

May 14, 2026

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presentation Information

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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.

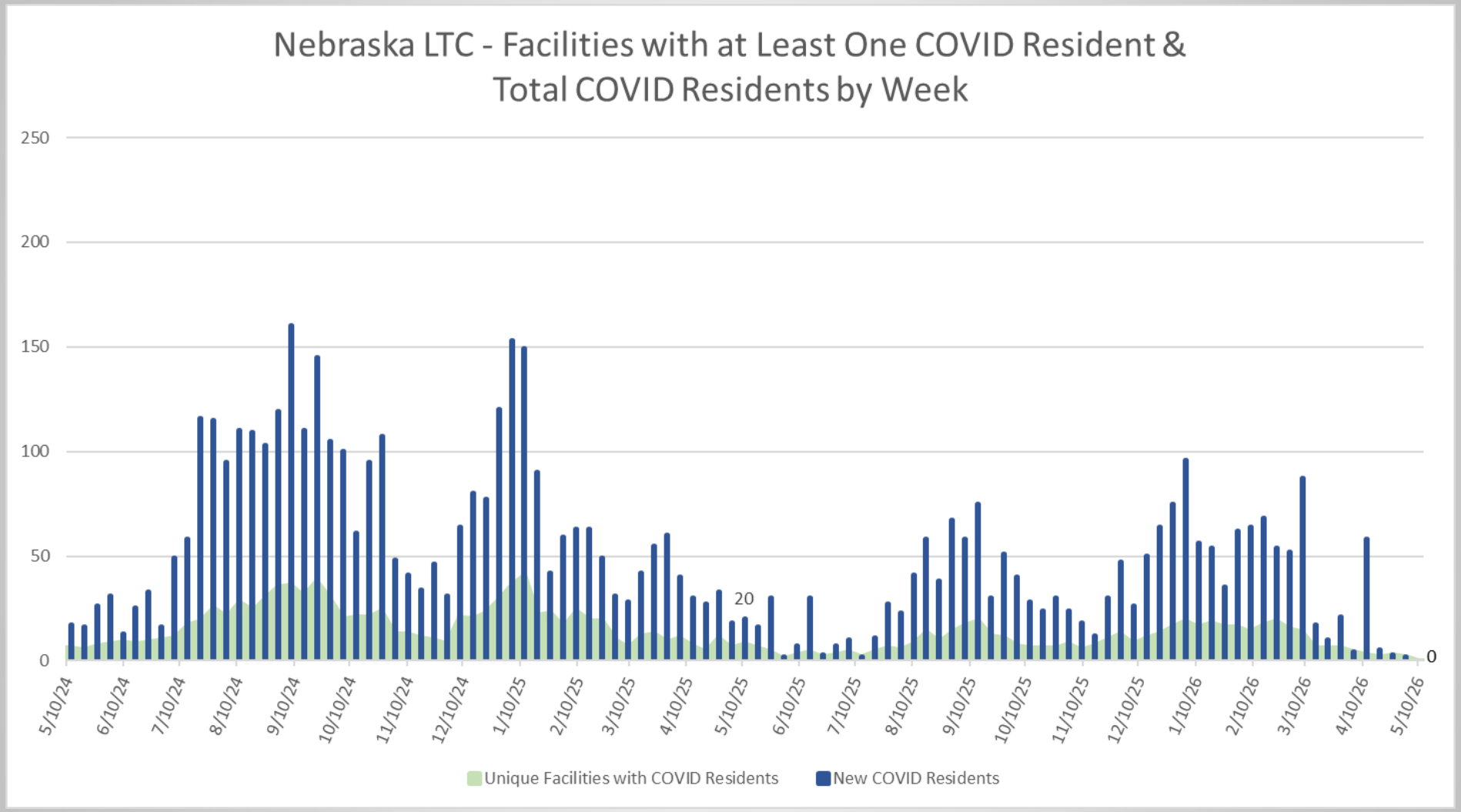
Continuing Education Disclosures

- 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 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: 5/11/2026

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

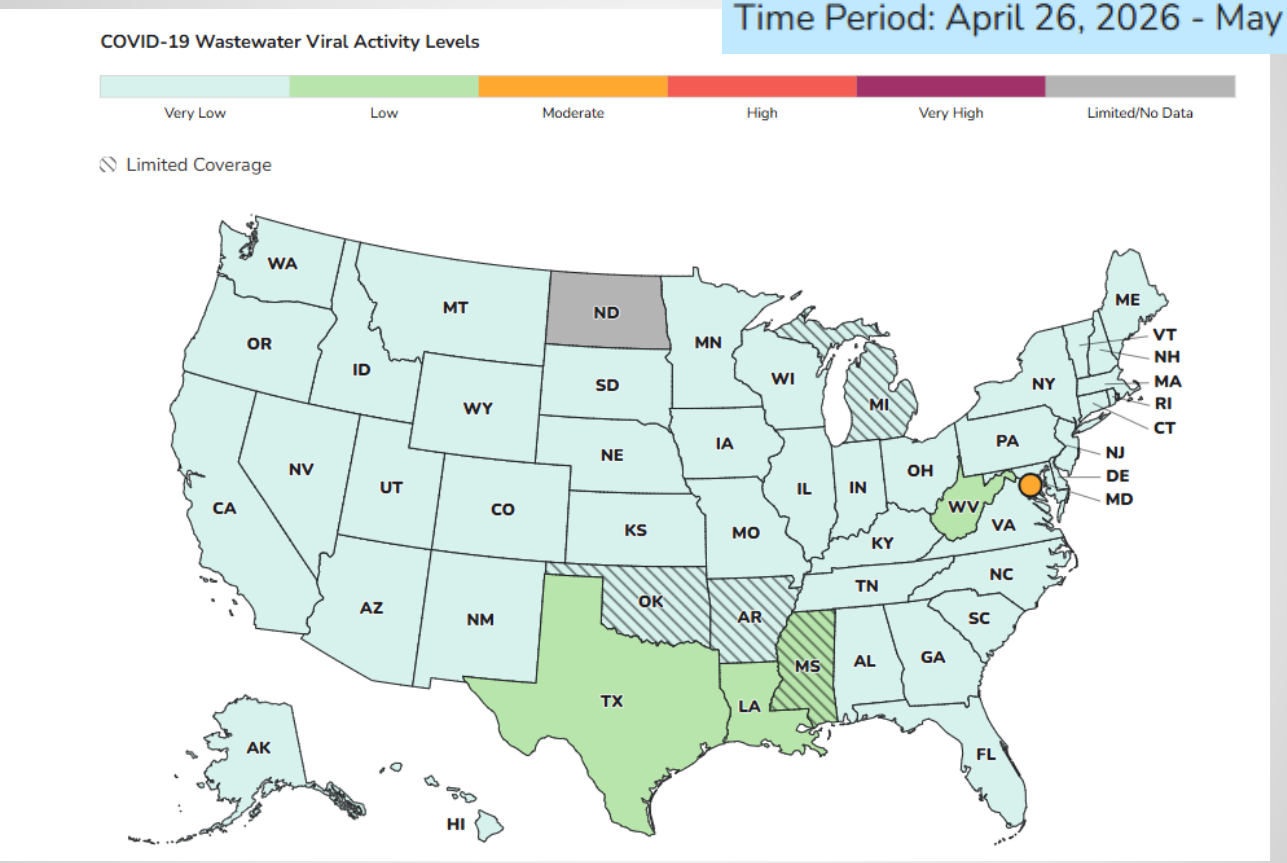
COVID-19 Wastewater Activity

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

National Wastewater Surveillance System (NWSS)

COVID-19 Wastewater Activity

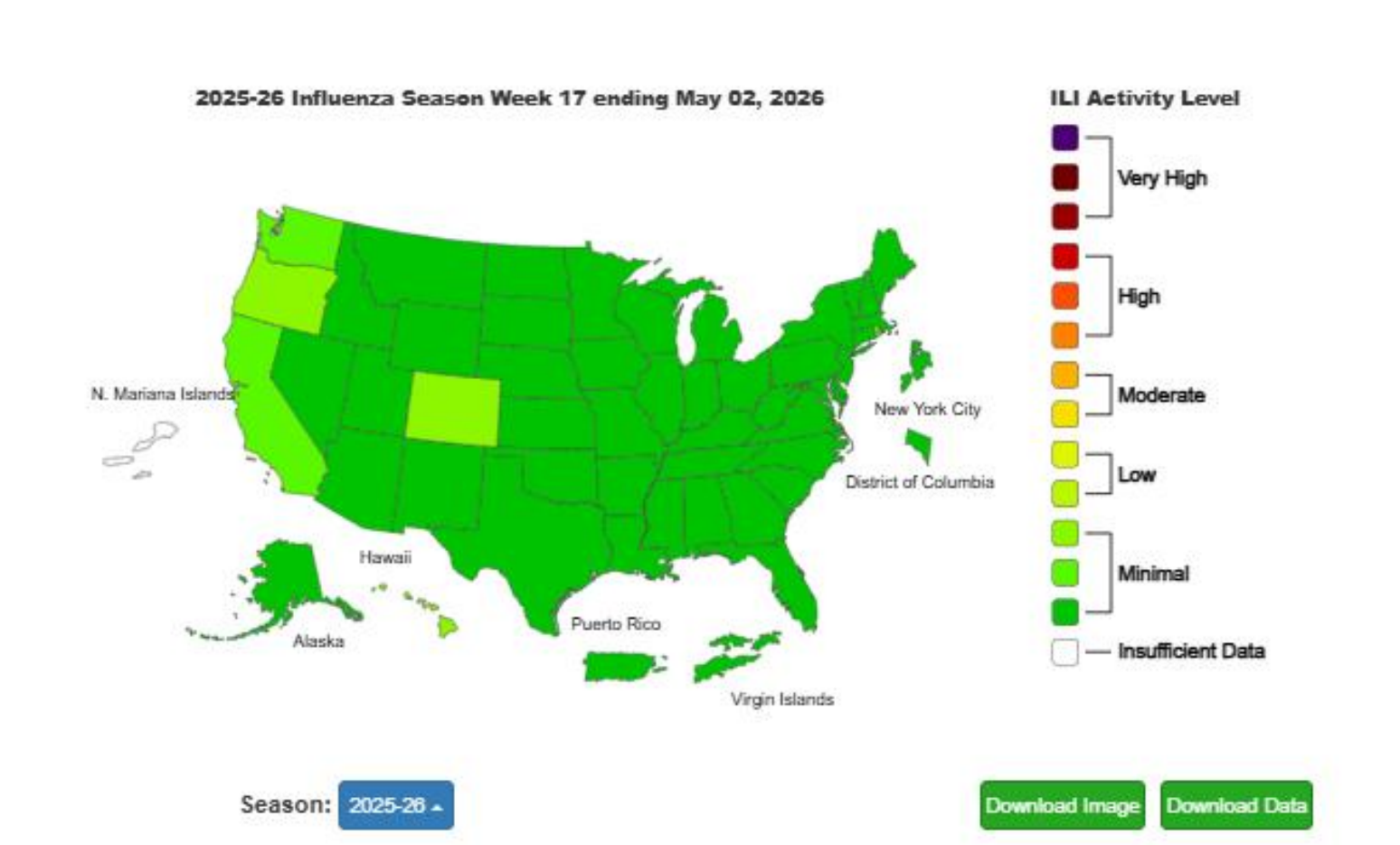
Time Period: April 26, 2026 - May 02, 2026



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

National Wastewater Surveillance System (NWSS)

CDC Weekly Influenza Surveillance



Weekly US Map: Influenza Summary Update | FluView | CDC

Health Alert Network (HAN)

This is an official CDC HEALTH ADVISORY

2026 Multi-country Hantavirus Cluster Linked to Cruise Ship

MAY 8, 2026

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about a new cluster of hantavirus disease cases caused by infection with Andes virus. Hantavirus disease can cause severe illness and can be fatal. Clinicians should be aware of the potential for imported cases, although the risk of broad spread to the United States is considered extremely unlikely at this time. As a precaution, this Health Advisory summarizes CDC's recommendations for U.S. public health departments, clinical laboratories, and healthcare workers about hantavirus disease case identification, testing, and biosafety considerations in clinical laboratories.

Health Alert Network

NHSN Reminder

Facilities must report annual influenza vaccination for HCP through the NHSN Healthcare Personnel Safety (HPS) Component.

The reporting period for the 2025-2026 influenza season is October 1, 2025, through March 31, 2026. Facilities are only required to submit one report that covers the entire reporting period by **May 18, 2026**.

Only the **NHSN Facility Administrator (FA)** can activate a new component. Once the component is activated, the NHSN FA can then add users, including an HPS

Training materials Healthcare Personnel (HCP) Safety: Influenza webpage.

Multistate Investigation of Contaminated IV Sets from ICU Medical

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

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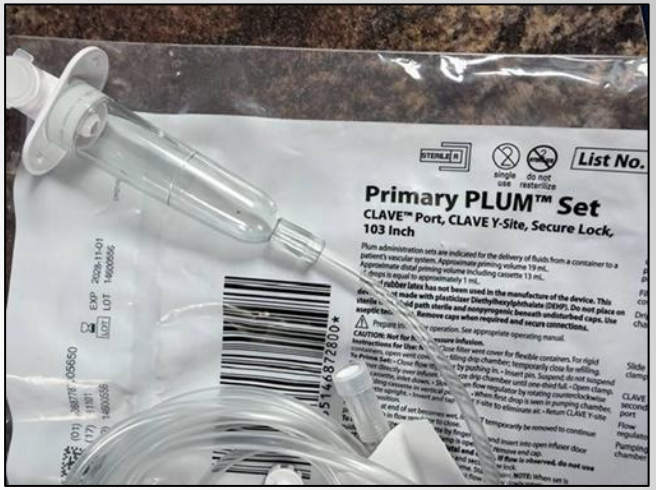
NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

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

NE ICAP

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

NE ICAP

icumedical
human connections

ICU Medical, Inc.
951 Calle Amanecer, San Clemente, CA 92673
T: +1 949 366 2183
www.icumed.com

Information Regarding Reported Black Specks in Certain IV Tubing Set Drip Chambers from ICU Medical

Date: 12 May 2026

Conclusion

ICU Medical has reviewed the reported concern, engaged with the Maine Center for Disease Control and Prevention (CDC) and healthcare stakeholders, and assessed the available information against prior investigations and technical understanding of the component and manufacturing process.

Based on the current assessment, ICU Medical is not recommending sequestration or discontinuation of use of the lots identified in the public health alert on the basis of evaluation to date.

https://www.icumed.com/media/sozhupvc/p26-8510-icu-medical-cdc-response-to-iv-tubing-set-drip-chambers.pdf

Infection Prevention and Control During Construction and Renovation

NE ICAP

Learning objectives:

- Identify common pathogens associated with construction and the infections they cause
- Demonstrate an understanding of the requirements and process of performing an Infection Control Risk Assessment (ICRA)
- Explain infection control mitigation strategies to be used during construction projects

Potential contaminants in environment during renovation and construction

Fungi

Mold

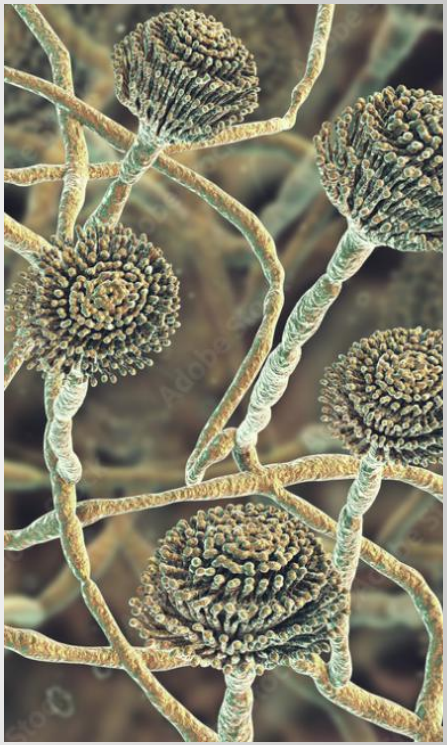
Bacteria

Healthcare-Acquired Infection Related to Construction

- 50% of healthcare-associated *Aspergillus* outbreaks were estimated to result from construction and renovation activities.
- Heavy demolition and transportation of wreckage have been found to cause the greatest concentrations of Aspergillus species, but even small concentrations may be sufficient to cause infection in high-risk hospitalized patients.

Aspergillus

- Ubiquitous mold in the environment (soil, household dust, building materials, plants, food and water)
- Transmission through inhalation
- Aspergillosis is the infection caused by aspergillus mold, which can invade and infect the entire body.
- Can cause death in individuals with weakened immune systems due to antifungal resistance



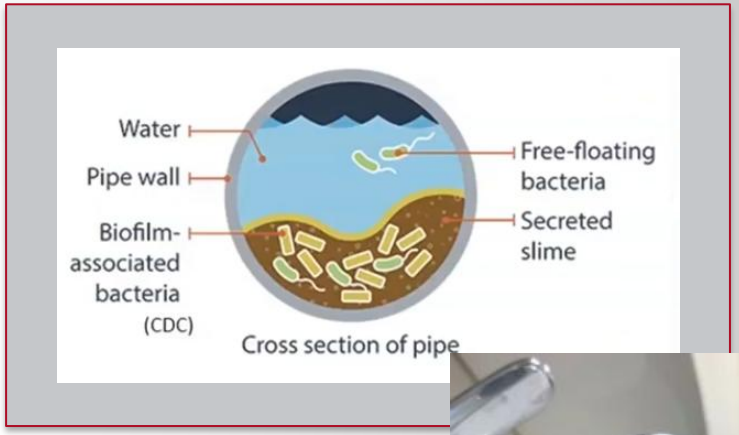
Legionella

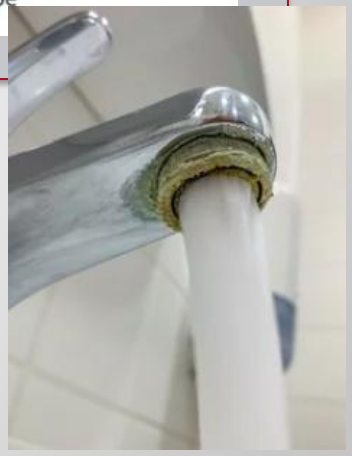
Gram-negative bacteria that causes Legionnaires' disease and Pontiac fever

Spread through small water droplets (aerosolization) or aspiration

Can be found in the collection of stagnant water and can live and grow in biofilm

Case fatality rate can be as high as 33% for healthcare associated Legionnaires' disease.





Chain of Infection

Infectious agent – *Aspergillus*

Reservoir – Drywall, ceiling tile, floor covering

Portal of exit – disturbing building materials/dust

Mode of transmission – air currents, construction equipment, carts and debris, worker's clothing

Portal of entry – lungs or open wounds of a susceptible (immunocompromised) patient or surgical patient

Susceptible host – elderly, immunocompromised, open wound

Goal – break the chain of infection

Mitigating Risk

Certain measures have been shown to significantly decrease the risk of mold infections and other healthcare acquired infections during construction projects, including:

- Effective dust control through containment units and barriers
- Consistent use of high-efficiency particulate air filters in hospital units that care for immunocompromised and critically ill patients
- Routine surveillance

What is an Infection Control Risk Assessment (ICRA)?

- A process to assess the impact of construction and renovation work in healthcare facilities on infection control programs and practices
- Use as a guideline for the precautions required during the construction project and after its completion
- Provide the information to construction professionals leading the work

ICRA Team

The **Infection Control Risk Assessment (ICRA) team** is a group that decides what precautions are necessary to isolate the work are and protect patients.

Before the start of a construction or renovation project, the ICRA team studies the scope of the work to be done and evaluates the risk factors and any potential hazards that may affect patients, laboratories, sterile supplies, or medical equipment.

ICRA team may include, but is not limited to:

- Infection Prevention
- Safety
- Engineering
- Healthcare professionals from affected areas
- Risk management
- Patient safety
- Environmental Services
- Information Systems

A Review of ASHE ICRA 2.0

The American Society for Health Care Engineering (ASHE)

ASHE ICRA 2.0® Toolkit | ASHE

ICRA Step 1 – Construction Activity Type

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Non-existing cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

Step One:
Using Table 1, Identify the Activity Type (A-D).

ICRA Step 2 - Patient Risk Group

Step Two:
Using Table 2, identify the Patient Risk Group(s) that will be affected. If more than one risk group will be affected, select the higher risk group.

Low Risk Non-patient care areas such as:	Medium Risk Patient care support areas such as:	High Risk Patient care areas such as:	Highest Risk Procedural, invasive, sterile support and highly compromised patient care areas such as:
• Public hallways and gathering areas not on clinical units. • Office areas not on clinical units. • Breakrooms not on clinical units. • Bathrooms or locker rooms not on clinical units. • Mechanical rooms not on clinical units. • EVS closets not on clinical units.	• Waiting areas. • Clinical engineering. • Materials management. • Sterile processing department - dirty side. • Kitchen, cafeteria, gift shop, coffee shop, and food kiosks.	• Patient care rooms and areas • All acute care units • Emergency department • Employee health • Pharmacy - general work zone • Medication rooms and clean utility rooms • Imaging suites: diagnostic imaging • Laboratory.	• All transplant and intensive care units. • All oncology units. • OR theaters and restricted areas. • Procedural suites. • Pharmacy compounding. • Sterile processing department - clean side. • Transfusion services. • Dedicated isolation wards/units. • Imaging suites: invasive imaging.

ICRA Step 3 - Determine Class of Precautions

Step Three:

Match the Patient Risk Group (*Low, Medium, High, Highest*) from Step Two with the planned Construction Activity Project Type (*A, B, C, D*) from Step One using Table 3 to find the Class of Precautions (*I, II, III, IV or V*) or level of infection control activities required. The activities are listed in Table 5 – Minimum Required Infection Control Precautions by Class.

	Construction Project Type			
Patient Risk Group	**TYPE A**	**TYPE B**	**TYPE C**	**TYPE D**
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

Step 4 – Surrounding Area Assessment

Step Four:

Assess potential risk to areas surrounding the project. Using Table 4, identify the surrounding areas that will be affected and the type of impact that will occur. If more than one risk group will be affected, select the higher risk group using Table 2 - Patient Risk Group.

Table 4 - Surrounding Area Assessment

Unit Below:	Unit Above:	Unit Lateral:	Unit Behind:	Unit in Front:
Risk Group:	Risk Group:	Risk Group:	Risk Group:	Risk Group:
Contact:	Contact:	Contact:	Contact:	Contact:
Phone:	Phone:	Phone:	Phone:	Phone:
Additional Controls: ☐ Noise ☐ Vibration ☐ Dust control ☐ Ventilation ☐ Pressurization ☐ Vertical Shafts ☐ Elevators/Stairs **Systems impacted:** ☐ Data ☐ Mechanical ☐ Med Gases ☐ Hot/Cold Water	**Additional Controls**: ☐ Noise ☐ Vibration ☐ Dust control ☐ Ventilation ☐ Pressurization ☐ Vertical Shafts ☐ Elevators/Stairs **Systems impacted:** ☐ Data ☐ Mechanical ☐ Med Gases ☐ Hot/Cold Water	**Additional Controls**: ☐ Noise ☐ Vibration ☐ Dust control ☐ Ventilation ☐ Pressurization ☐ Vertical Shafts ☐ Elevators/Stairs **Systems impacted:** ☐ Data ☐ Mechanical ☐ Med Gases ☐ Hot/Cold Water	**Additional Controls**: ☐ Noise ☐ Vibration ☐ Dust control ☐ Ventilation ☐ Pressurization ☐ Vertical Shafts ☐ Elevators/Stairs **Systems impacted:** ☐ Data ☐ Mechanical ☐ Med Gases ☐ Hot/Cold Water	**Additional Controls**: ☐ Noise ☐ Vibration ☐ Dust control ☐ Ventilation ☐ Pressurization ☐ Vertical Shafts ☐ Elevators/Stairs **Systems impacted:** ☐ Data ☐ Mechanical ☐ Med Gases ☐ Hot/Cold Water

Noise & Vibration Mitigation Strategies

- ☐ Use diamond drills instead of powder-actuated fasteners.
- ☐ Schedule noise-making periods with adjacent spaces.
- ☐ Use beam clamps instead of shot.
- ☐ Prefab where possible.
- ☐ Use tin snips to cut metal studs instead of using a chop saw.
- ☐ Install metal decking with vent tabs, then use cellular floor deck hangers.
- ☐ Consider compression style fittings instead of soldering, brazing or welding.
- ☐ Wet core drill instead of dry core or percussion.
- ☐ Instead of jackhammering concrete, use wet diamond saws.
- ☐ Use HEPA vacuums instead of standard wet/dry vacuums.
- ☐ Use mechanical joining system sprinkler fittings instead of threaded.
- ☐ Where fumes are tolerated, use chemical adhesive remover (flooring glue) instead of mechanical.
- ☐ To remove flooring, consider abrasive blasting instead of using a floor scraper.
- ☐ Use electric sheers instead of reciprocating saw for ductwork cutting.
- ☐ Install exterior man/material lifts.

Ventilation & Pressurization Mitigation Strategies

- ☐ HEPA to exterior.
- ☐ Install temporary ductwork.
- ☐ Utilize temporary HVAC equipment.
- ☐ Vacate the area.
- ☐ Install temporary partitions.
- ☐ Use carbon filtration to filter odors.

Impact to Other Systems Mitigation Strategies

- ☐ Schedule outages.
- ☐ Provide temporary systems.
- ☐ Back-feed electricity or medical gases.

ICRA Mitigation Activities

Class I precautions require fewer interventions

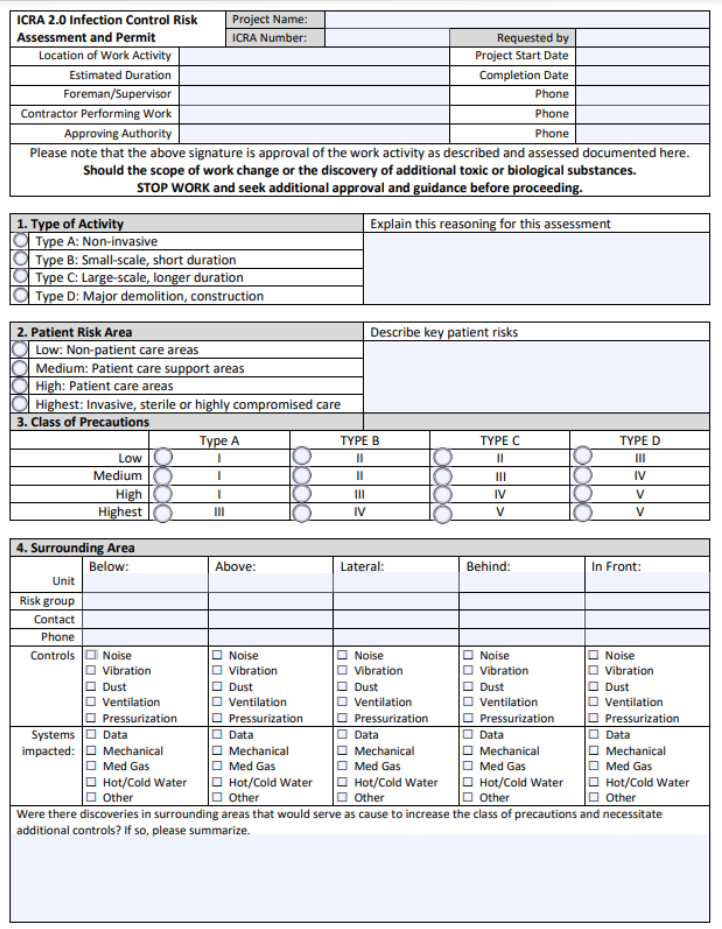
Class of Precautions	Mitigation Activities (Performed Before and During Work Activity)
Class I	1. Perform noninvasive work activity as to not block or interrupt patient care. 2. Perform noninvasive work activities in areas that are not directly occupied with patients. 3. Perform noninvasive work activity in a manner that does not create dust. 4. Immediately replace any displaced ceiling tile before leaving the area and/or at end of noninvasive work activity.
Class II	1. Perform only limited dust work and/or activities designed for basic facilities and engineering work. 2. Perform limited dust and invasive work following standing precautions procedures approved by the organization. 3. This Class of Precautions must never be used for construction or renovation activities.
Class III	1. Provide active means to prevent airborne dust dispersion into the occupied areas. 2. Means for controlling minimal dust dispersion may include hand-held HEPA vacuum devices, polyethylene plastic containment, or isolation of work area by closing room door. 3. Remove or isolate return air diffusers to avoid dust from entering the HVAC system. 4. Remove or isolate the supply air diffusers to avoid positive pressurization of the space, 5. If work area is contained, then it must be neutrally to negatively pressurized at all times. 6. Seal all doors with tape that will not leave residue. 7. Contain all trash and debris in the work area. 8. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 9. Install an adhesive (dust collection) mat at entrance of contained work area based on facility policy. Adhesive mats must be changed routinely and when visibly soiled. 10. Maintain clean surroundings when area is not contained by damp mopping or HEPA vacuuming surfaces.

ICRA Mitigation Activities

Class V	1. Construct and complete critical barriers meeting NFPA 241 requirements including: Barriers must extend to the ceiling, or if ceiling tile is removed, to the deck above, and all penetrations through the barrier shall meet the appropriate fire rating requirements. 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor. 3. Seal all penetrations in containment barriers, anteroom barriers, including floors and ceiling using approved materials (UL schedule firestop if applicable for barrier type). 4. Construct anteroom large enough for equipment staging, cart cleaning, workers. The anteroom must be constructed adjacent to entrance of construction work area. 5. Personnel will be required to wear disposable coveralls at all times during Class V work activities. Disposable coveralls must be removed before leaving the anteroom. 6. Remove or isolate return air diffusers to avoid dust entering the HVAC system. 7. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 8. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized. 9. Maintain negative pressurization of the entire workspace using HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air. 10. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas. 11. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (bathroom exhaust) is not acceptable. 12. Install device on exterior of work containment to continually monitor negative pressurization. To assure proper pressure is continuously maintained, it is recommended that the device(s) have a visual pressure indicator. 13. Contain all trash and debris in the work area. 14. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 15. Worker clothing must be clean and free of visible dust before leaving the work area anteroom. 16. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed. 17. Install an adhesive (dust collection) mat at entrance of contained work area based on facility policy. Adhesive mats must be changed routinely and when visibly soiled. 18. Consider collection of particulate data during work to monitor and ensure that contaminates do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.

Class V precautions require a high level of interventions

Permit issued and posted



ICRA 2.0 Infection Control Risk Assessment and Permit	Project Name:			
	ICRA Number:		Requested by	
Location of Work Activity			Project Start Date	
Estimated Duration			Completion Date	
Foreman/Supervisor			Phone	
Contractor Performing Work			Phone	
Approving Authority			Phone	

Please note that the above signature is approval of the work activity as described and assessed documented here.
Should the scope of work change or the discovery of additional toxic or biological substances.
STOP WORK and seek additional approval and guidance before proceeding.

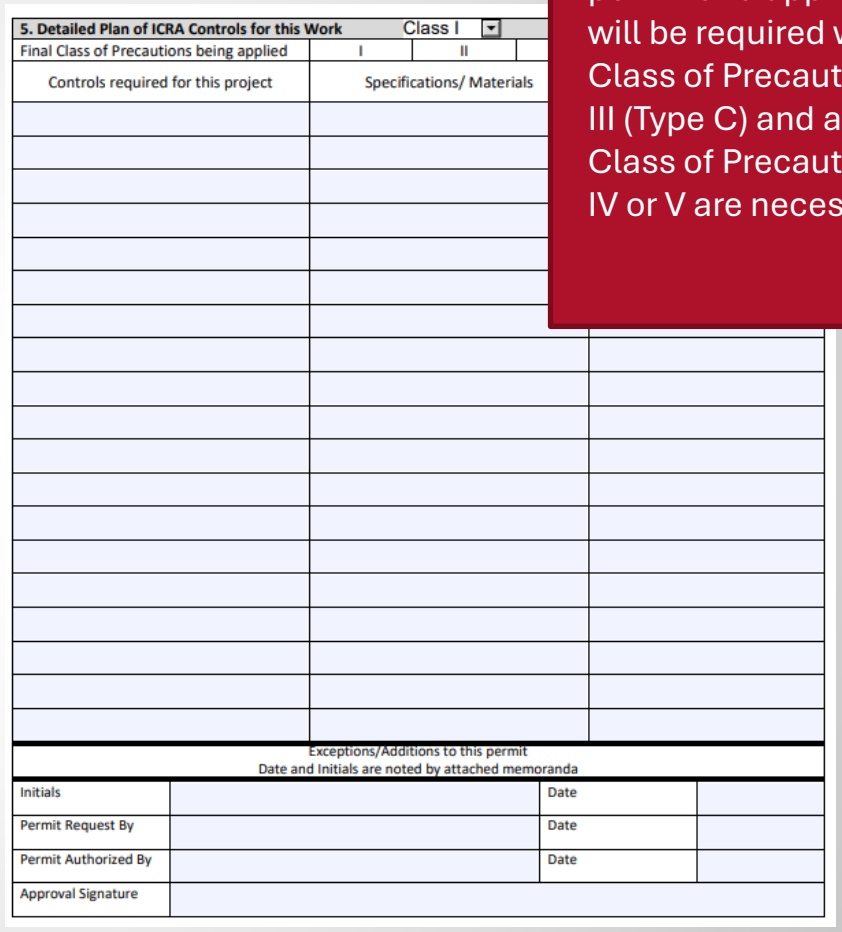
1. Type of Activity	Explain this reasoning for this assessment
○ Type A: Non-invasive	
○ Type B: Small-scale, short duration	
○ Type C: Large-scale, longer duration	
○ Type D: Major demolition, construction	

2. Patient Risk Area	Describe key patient risks
○ Low: Non-patient care areas	
○ Medium: Patient care support areas	
○ High: Patient care areas	
○ Highest: Invasive, sterile or highly compromised care	

3. Class of Precautions	Type A	TYPE B	TYPE C	TYPE D
Low	○ I	○ II	○ II	○ III
Medium	○ I	○ II	○ III	○ IV
High	○ I	○ III	○ IV	○ V
Highest	○ III	○ IV	○ V	○ V

4. Surrounding Area	Below:	Above:	Lateral:	Behind:	In Front:
Unit					
Risk group					
Contact					
Phone					
Controls	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation ☐ Pressurization	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation ☐ Pressurization	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation ☐ Pressurization	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation ☐ Pressurization	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation ☐ Pressurization
Systems impacted:	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water ☐ Other	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water ☐ Other	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water ☐ Other	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water ☐ Other	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water ☐ Other

Were there discoveries in surrounding areas that would serve as cause to increase the class of precautions and necessitate additional controls? If so, please summarize.



5. Detailed Plan of ICRA Controls for this Work	Class I		
Final Class of Precautions being applied	I	II	
Controls required for this project	Specifications/ Materials		

Exceptions/Additions to this permit
Date and Initials are noted by attached memoranda

Initials		Date	
Permit Request By		Date	
Permit Authorized By		Date	
Approval Signature			

Infection control permit and approval will be required when Class of Precautions III (Type C) and all Class of Precautions IV or V are necessary.

NE ICAP

Upon Completion of Work Activity

Table 6 - Minimum Required Infection Control Precautions | Upon Completion of Work Activity

Class of Precautions	Mitigation Activities (Performed upon Completion of Work Activity)
Classes I, II and III	Cleaning: 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. HVAC Systems: 1. Remove isolation of HVAC system in areas where work is being performed. Verify that HVAC systems are clean and operational. 2. Verify the HVAC systems meet original airflow and air exchange design specifications.
Classes III, IV and V	Class III (Type C Activities only), IV, and V precautions require inspection and documentation for downgraded ICRA precautions. Construction areas must be inspected by an infection preventionist or designee and engineering representative for discontinuation or downgrading of ICRA precautions. Work Area Cleaning: 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. Removal of Critical Barriers: 1. Critical barriers must remain in place during all work involving drywall removal, creation of dust and activities beyond simple touch-up work. The barrier may NOT be removed until a work area cleaning has been performed. 2. All (plastic or hard) barrier removal activities must be completed in a manner that prevents dust release. Use the following precautions when removing hard barriers: i. Carefully remove screws and painter tape. ii. If dust will be generated during screw removal, use hand-held HEPA vacuum. iii. Drywall cutting is prohibited during removal process. iv. Clean all stud tracks with HEPA vacuum before removing outer hard barrier. v. Use a plastic barrier to enclose area if dust could be generated. Negative Air Requirements: 1. The use of negative air must be designed to remove contaminates from the work area. 2. Negative air devices must remain operational at all times and in place for a period after completion of dust creating activities to remove contaminants from the work area and before removal of critical barriers. HVAC systems: 1. Upon removal of critical barriers, remove isolation of HVAC system in areas where work is being performed. 2. Verify that HVAC systems are clean and operational. 3. Verify the HVAC systems meets original airflow and air exchange design specifications.

Training and Communication

- ✓ Facility orientation by the facility
  - Include education about the importance of adhering to infection control measures

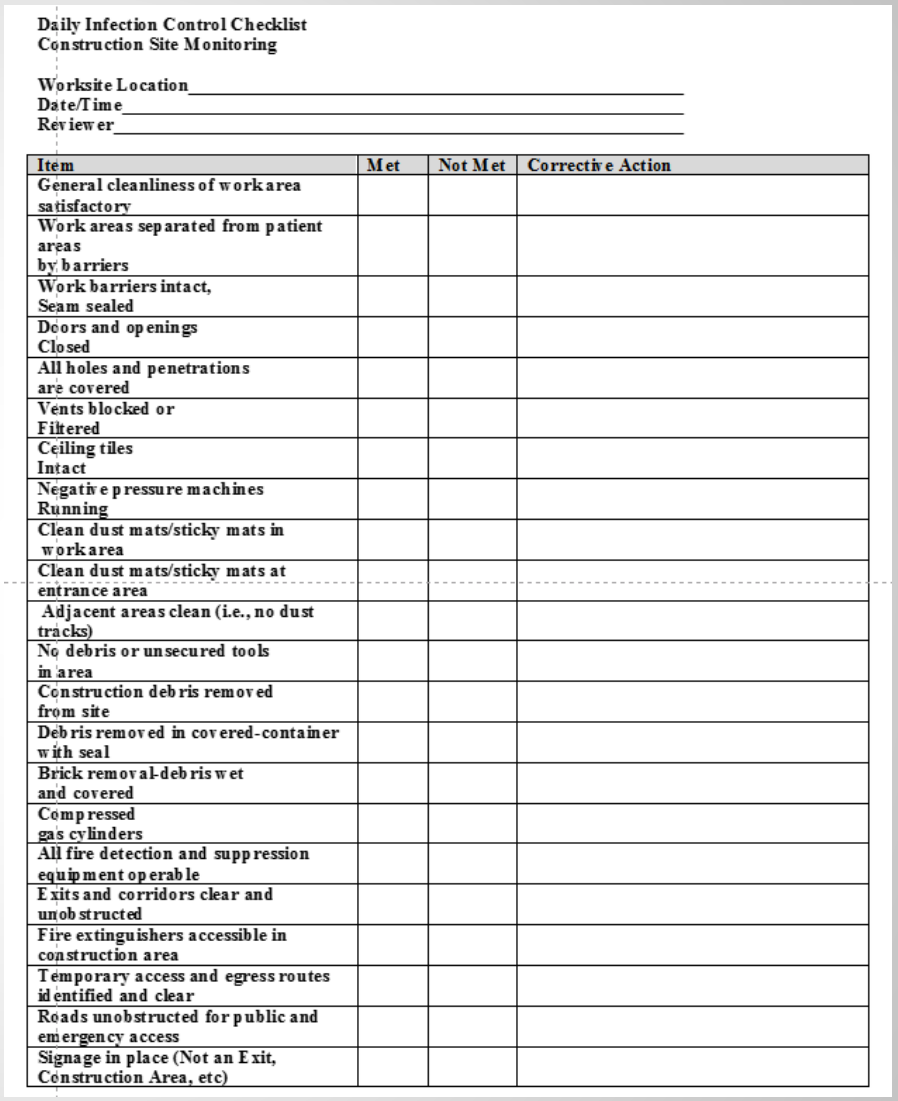
- ✓ Site specific training to individual project by the contractor
  - Include language in the construction contract requiring construction workers and subcontractors to participate in infection prevention training

- ✓ Placards and posted signage
  - Post signs to identify construction areas and potential hazards

ICRA Daily Rounding

Inspect work areas daily, or more frequently as necessary:

Compliant?
Need to stop work?



Daily Infection Control Checklist
Construction Site Monitoring

Worksite Location_____
Date/Time_____
Reviewer_____

Item	Met	Not Met	Corrective Action
General cleanliness of work area satisfactory			
Work areas separated from patient areas by barriers			
Work barriers intact, Seam sealed			
Doors and openings Closed			
All holes and penetrations are covered			
Vents blocked or Filtered			
Ceiling tiles Intact			
Negative pressure machines Running			
Clean dust mats/sticky mats in work area			
Clean dust mats/sticky mats at entrance area			
Adjacent areas clean (i.e., no dust tracks)			
No debris or unsecured tools in area			
Construction debris removed from site			
Debris removed in covered-container with seal			
Brick removal-debris wet and covered			
Compressed gas cylinders			
All fire detection and suppression equipment operable			
Exits and corridors clear and unobstructed			
Fire extinguishers accessible in construction area			
Temporary access and egress routes identified and clear			
Roads unobstructed for public and emergency access			
Signage in place (Not an Exit, Construction Area, etc)			

Barrier

Photo credit: Carpenters International

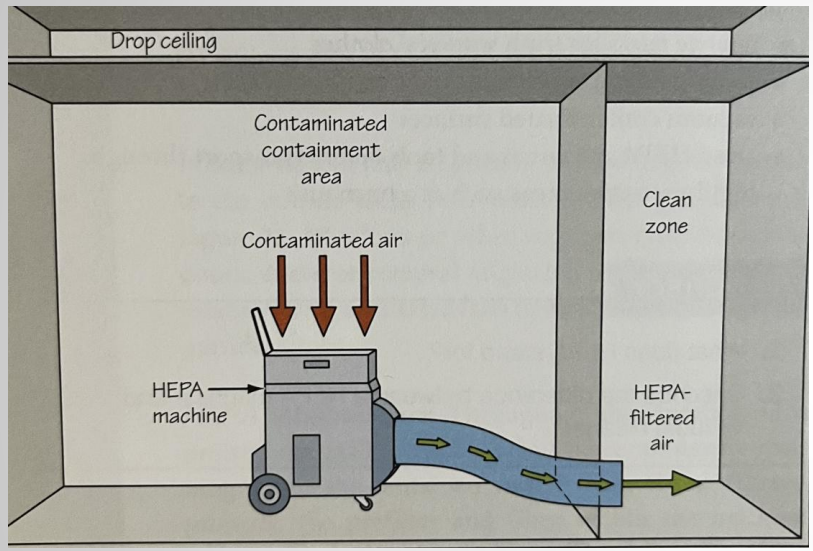
Dust and Construction Debris

- Clothes and tools must be cleaned before leaving a contaminated area
- Use walk-off sticky mats
- Dedicate traffic route away from patient areas for workers, supplies, and debris.
- Carts covered tightly and exterior clean

Photo credit: Carpenters International

HEPA Filtration and Negative Air Pressure

Negative air pressure in a contained area



Equal air pressure

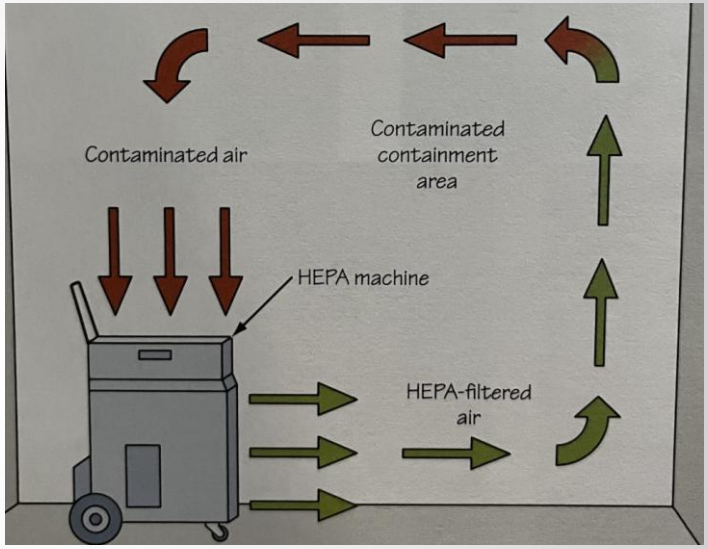
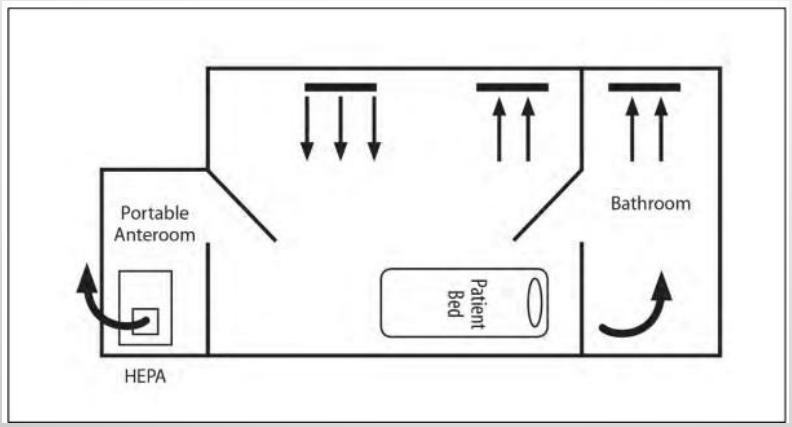


Photo credit: Carpenters International



Project Firstline Training Videos

Why is pressure important to infection prevent and control (English)

View Spanish Version

BEST IPC scenario, exhaust air to the outside (English)

View Spanish Version

Second best IPC scenario, exhaust air to the corridor (English)

View Spanish Version

Third best IPC scenario, exhaust air to HVAC system (English)

View Spanish Version

Fourth best IPC scenario, HVAC servicing multiple rooms (English)

View Spanish Version

Project Firstline Explainer Video Series | ASHE

NE ICAP

Case Scenario # 1

Electrical in the kitchen needs to be replaced. The project will be completed in one shift, but they will need to have multiple ceiling tiles open at the same time.

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

Consider:

- When will this work be completed? Can it be done overnight or at a time when food isn't actively being prepared?
- Where in the kitchen is it taking place? Directly over cook/prep areas?
- Plan to monitor the area is ready to be used again to cook/prep food.

Case Scenario # 2

Remodel of 5 resident rooms on a skilled nursing unit to include painting, new flooring and complete installation of new bathrooms. Project should take 6 weeks. Residents in the remaining rooms on the unit cannot be relocated

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

Consider:

- Can the hallway where these rooms are located be completed blocked off from the rest of the unit?
- How will this impact exits and general flow of traffic?
- How will the noise from this impact other residents in the unit?
- During what hours will the construction take place?
- Where will HEPA exhaust be directed? Outdoors? Indoors?
- Where will you fit an anteroom?

References:

American Society for Healthcare Engineering (ASHE). ASHE Infection Control Risk Assessment (ICRA) 2.0 Toolkit.
https://www.ashe.org/icra2

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American Society for Healthcare Engineering (ASHE). Project Firstline Explainer Video Series.
https://www.ashe.org/project-firstline/explainer-videos

CDC. Environmental Infection Control Guidelines.
https://www.cdc.gov/infection-control/media/pdfs/Guideline-Environmental-H.pdf

CDC. Legionella (Legionnaires' Disease and Pontiac Fever).
https://www.cdc.gov/legionella/index.html

CDC. Aspergillosis.
https://www.cdc.gov/aspergillosis/index.html

Multi-society publication. Using the Health Care Physical Environment to Prevent and Control Infection.
https://www.ashe.org/sites/default/files/ashe/CDCfullbookDIGITAL.pdf

What are the risks to inpatients during hospital construction or renovation? Amjad Kanj, Yuqing Gao, Ayman O. Soubani
Cleveland Clinic Journal of Medicine Oct 2019, 86 (10) 650-652; **DOI:** 10.3949/ccjm.86a.19008
https://www.ccjm.org/content/86/10/650

Assessing compliance of infection prevention mitigation strategies in hospital construction and renovation. Buchanan, M., et al.
Infection Control & Hospital Epidemiology (2021), 1-3. DOI: 10.1017/ice.2021.433
Buchanan et al 2021 assessing-compliance-of-infection-prevention-mitigation-strategies-in-hospital-construction-and-renovation.pdf

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In Closing

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 ID

NE ASAP

Webinar CE Process

1 Nursing Contact Hour is offered for attending this LIVE webinar.

Individual surveys must be completed for each attendee.

Questions? Contact us at: nebraskaicap@nebraskamed.com 402-552-2881

Nursing Contact Hours:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email

Infection Prevention and Control Hotline Number:

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

*Messages left outside of office hours will be answered the next business day.
**Please call the main hotline number to ensure the quickest response.