

# Hospital & Outpatient Settings Webinar

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

June 8, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

# Presenters & Panelists

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# Nebraska Pathogen Watch

Juan Teran, MD

Medical Director, NE ICAP



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

# Key Points

- Andes Virus Outbreak on Cruise Ship
  - No cases have been confirmed in the United States
- New World Screwworm (NWS) Outbreak
  - 1 case of NWS on June 3, 2026 in a calf in Texas
- Ebola Virus Disease (EVD) Outbreak
  - No cases of EVD in the United States
- Measles (Rubeola) Cases and Outbreaks
  - Cases will continue to grow.
    - Already in 2026, 2030 confirmed cases from 30 new outbreaks
      - Year 2025 totals were 2288 confirmed cases from 48 outbreaks

# Suspected Viral Hemorrhagic Fever (VHF) Case

- Signs and symptoms compatible with VHF AND an epidemiological risk factor within the incubation period of the virus before the onset of symptoms
- High risk exposures:
  - Percutaneous, mucous, or skin contact with blood or body fluids of a person with confirmed or suspected case of VHF
  - Physical contact with a confirmed or suspected case of VHF without appropriate PPE
  - Physical contact with the body of a person with suspected or confirmed VHF, or any dead body in an area with declared VHF outbreak
  - Living in the same household of a person with confirmed or suspected VHF while that person was symptomatic

[https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html#cdc\\_generic\\_section\\_2-definitions](https://www.cdc.gov/viral-hemorrhagic-fevers/php/public-health-strategy/people-with-suspected-or-confirmed-vhf-or-high-risk.html#cdc_generic_section_2-definitions)

# Ebola Disease Symptoms & Transmission



- Symptoms start 2-21 days after exposure and early symptoms include:
  - Fever
  - Fatigue
  - Muscle aches
  - Headaches
  - Sore throat
- Ebola virus spreads through direct contact with blood, body fluids (saliva, vomit, sweat, semen), or tissues of infected people or animals, and contact with contaminated objects like needles and surfaces.
- Survivors can carry the virus in certain bodily fluids for months.

[CDC - Ebola - Information - Health Care Providers](#)

[CDC - Ebola Virus Disease \(EVD\) Outbreak: Current Situation](#)

[UNMC Nebraska Medicine Global Center for Health Security - Ebola Virus Disease](#)

# Ebola Disease

Ebola virus species involved in outbreak	Vaccines	Therapeutics
Ebola virus ( <i>Orthoebolavirus zairense</i> )	<ul style="list-style-type: none"><li>• ERVEBO</li><li>• Zabdeno/ Mvabea</li></ul>	<ul style="list-style-type: none"><li>• Ebanga</li><li>• Inmazed</li></ul>
Sudan virus ( <i>Orthoebolavirus sudanense</i> )	No licensed vaccine	No licensed therapeutics
Tai Forest virus ( <i>Orthoebolavirus taiense</i> )	No licensed vaccine	No licensed therapeutics
Bundibugyo virus ( <i>Orthoebolavirus bundibugyoense</i> )*	No licensed vaccine	No licensed therapeutics

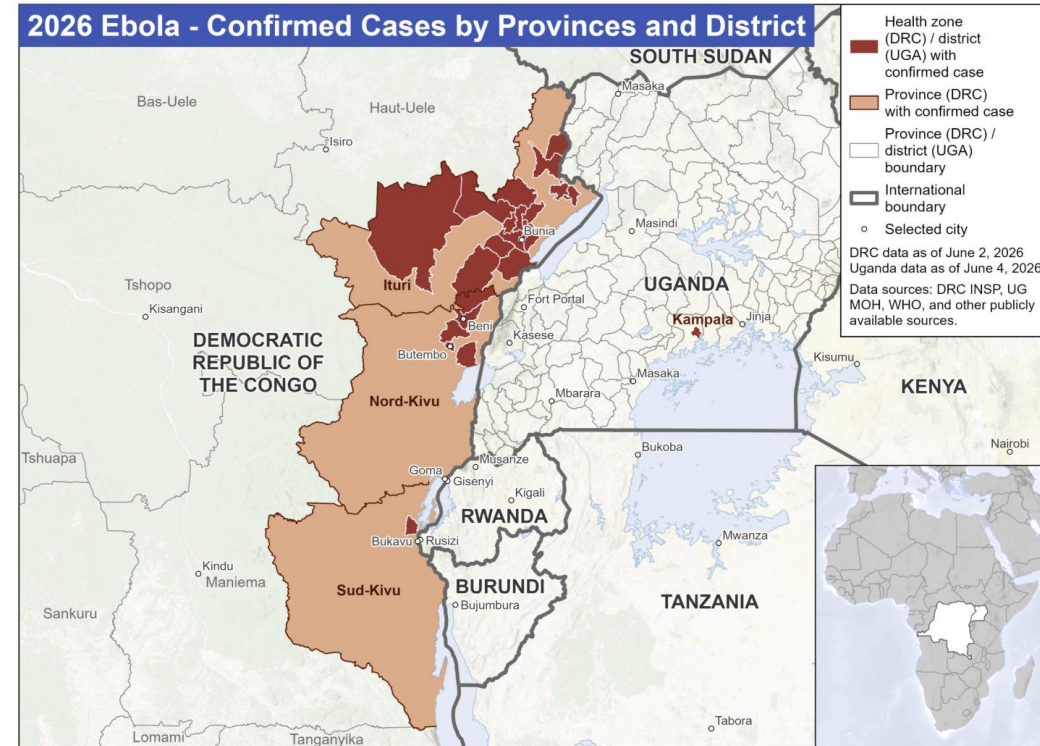
# Current Outbreak

Enhanced screening, entry restrictions, and public health measures to prevent Ebola disease from entering the US.

Affected passengers from DRC, South Sudan, and Uganda will have flights rerouted to:

- Washington-Dulles IA
- Atlanta Hartsfield Jackson IA
- George Bush IA
- John F. Kennedy IA

<p><b>DRC</b></p> <p><b>(As of June 8)</b></p>	<ul style="list-style-type: none"> <li>• 598 confirmed cases</li> <li>• 115 confirmed deaths</li> <li>• NA - probable cases</li> <li>• NA - probable deaths</li> <li>• NA - suspected cases*</li> <li>• NA - suspected deaths*</li> </ul>
<p><b>Uganda</b></p> <p><b>(As of June 8)</b></p>	<ul style="list-style-type: none"> <li>• 19 confirmed cases</li> <li>• 2 confirmed deaths</li> <li>• 1 probable case</li> <li>• 1 probable death</li> </ul>



# Infection Preventionist Job Action Sheet

## PRE-WORK

- Preparing for a Patient
- Preparing the Room
- Things to Consider

## PATIENT ARRIVAL

- Once a Patient is Roomed
- Patient Transfer / Discharge

NETEC. (2024). Infection Preventionist Job Action Sheet. NETEC Resource Library. Retrieved 2026-06-08, from <https://repository.netecweb.org/items/show/1906>

Infection Preventionist Job Action Sheet	
<b>Role Description:</b>	
<b>Reports to:</b>	
PRE-WORK	
Preparing for a Patient	
<input type="checkbox"/>	1. Know your <a href="#">Regional Partners</a>
<input type="checkbox"/>	2. Utilize Identify, Isolate, Inform Process <ul style="list-style-type: none"><li>a. <a href="#">Identify, Isolate, Inform Tip Sheet</a></li><li>b. <a href="#">NETEC Resource: Mystery Patient Drill</a></li><li>c. Account for All Points of entry</li></ul>
<input type="checkbox"/>	3. Collaborate with leadership in Infectious Disease, Nursing, Emergency Management, and Physician leads
<input type="checkbox"/>	4. Coordinate with Occupational/Employee Health <ul style="list-style-type: none"><li>a. Risk assessment</li><li>b. <a href="#">Monitoring process</a></li></ul>
<input type="checkbox"/>	5. Know who is trained and have access to training records
<input type="checkbox"/>	6. Know what Personal Protective Equipment (PPE) you have <ul style="list-style-type: none"><li>a. Know where it is stored, donned and doffed</li><li>b. Do you have donning and doffing checklists?<ul style="list-style-type: none"><li>i. <a href="#">High Level PPE - Doffing Full Checklist</a></li><li>ii. <a href="#">ASPR PPE Calculator</a></li><li>iii. <a href="#">CDC NIOSH PPE Calculator</a></li></ul></li></ul>
<input type="checkbox"/>	7. Limit staff - only healthcare worker in the room per CDC staffing
<input type="checkbox"/>	8. Be aware of/have knowledge of protocols <ul style="list-style-type: none"><li>a. Work process inside the room<ul style="list-style-type: none"><li>i. Cleaning and disinfection frequency</li><li>ii. Disposable and reusable items</li></ul></li><li>b. Identify safest travel route in facility for patient transport</li><li>c. Waste Management<ul style="list-style-type: none"><li>i. Sequester waste</li><li>ii. Managing liquid and solid waste</li><li>iii. <a href="#">Category A Waste and Healthcare Facility Questions to Ask Your Vendor</a></li></ul></li><li>d. Specimen Collection and other clinical testing, if applicable</li><li>e. Trained Observer</li><li>f. Visitation Policy</li><li>g. Transfer Process in &amp; Out<ul style="list-style-type: none"><li>i. Waste Management</li></ul></li></ul>

Infection Preventionist Job Action Sheet	
ii. EMS interaction	
iii. Procedures outside the unit, if applicable	
Preparing the Room	
<input type="checkbox"/>	9. Designate a room ahead of time <ul style="list-style-type: none"><li>a. Place the patient in a private room - ideally Airborne Isolation Infection Isolation Room (AIIR) containing a private bathroom<ul style="list-style-type: none"><li>i. If utilizing AIIR room, test negative pressure prior to patient placement</li></ul></li></ul>
<input type="checkbox"/>	10. Remove excess supplies & equipment from room
<input type="checkbox"/>	11. Ensure zones are delineated (Cold, Warm, Hot)
<input type="checkbox"/>	12. Check alcohol-based hand rub and soap dispensers are full and located inside and outside the room
<input type="checkbox"/>	13. Ensure EPA-registered disinfectant wipes available in room and external to room <ul style="list-style-type: none"><li>a. <a href="#">EPA List L: Registered Antimicrobial Products Effective Against Ebola Virus</a></li><li>b. <a href="#">EPA List Q: Registered Disinfectants for Emerging Viral Pathogens</a></li></ul>
<b>Things to Consider</b> - Communication can be inhibited due to PPE and room set-up.	
PATIENT ARRIVAL	
Once a Patient is Roomed	
<input type="checkbox"/>	1. Implement room entry log <ul style="list-style-type: none"><li>a. Name</li><li>b. Time in room, time out of room</li><li>c. Breach or compromise in PPE or contamination</li></ul>
<input type="checkbox"/>	2. Post proper signage
<input type="checkbox"/>	3. Initiate designated PPE monitor/trained observer
<input type="checkbox"/>	4. Validate staff are following Donning and Doffing Protocols. Conduct just-in-time training if needed
Patient Transfer/Discharge	
<input type="checkbox"/>	5. Coordinate with local and/or state health department
<input type="checkbox"/>	6. Hand-off to receiving facility
<input type="checkbox"/>	7. Containment wrap

# National Emerging Special Pathogens Training and Education Center



- [NETEC](#) has compiled clinical guidance, preparedness resources, and educational materials related to Ebola to support healthcare professionals and healthcare teams seeking reliable, evidence-informed information.
- [NETEC - Ebola Virus Disease Resource Library](#)

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NETEC

Educational Materials, Courses & Training

Offers:

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Consultations & Support Services

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Research Policies & Procedures

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Experts to Answer Asked Questions

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# Know Your PPE for VHF such as Ebola:

## Dry and Suspect Cases

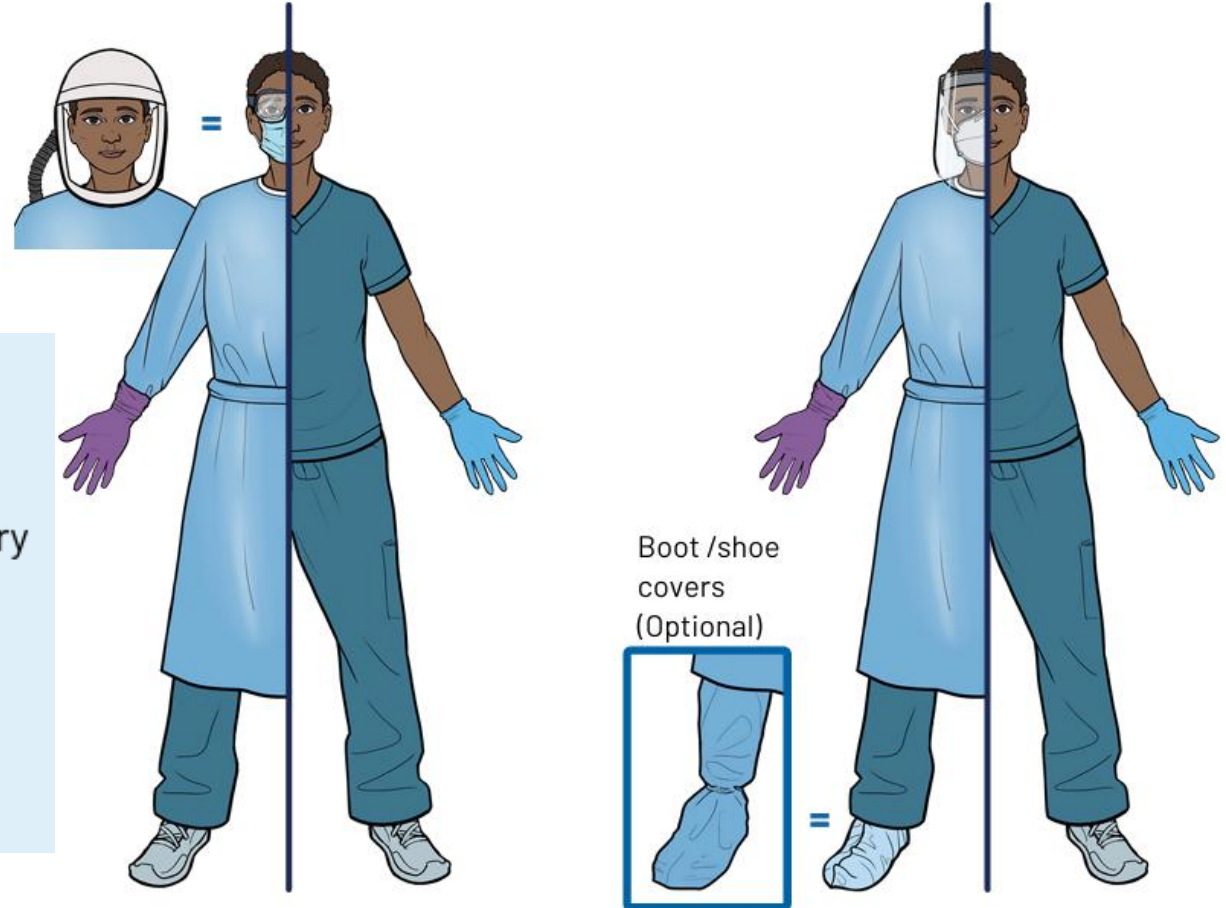
**DRY**

**AND SUSPECT**

Viral  
Hemorrhagic  
Fever (VHF)

### For Dry / Suspect VHF choose:

- Eye protection: Full face shield, integrated face shield of powered respirator, or tight-fitting goggles
- Nose and mouth coverage: Medical mask or optional respiratory protection with a NIOSH Approved N95®, elastomeric, or powered air-purifying respirator (PAPR)
- Torso/Body coverage: Fluid-resistant gown (Level 3 or 4) or coverall<sup>1</sup>
- Gloves: 2 pairs of gloves, outer pair with extended cuffs



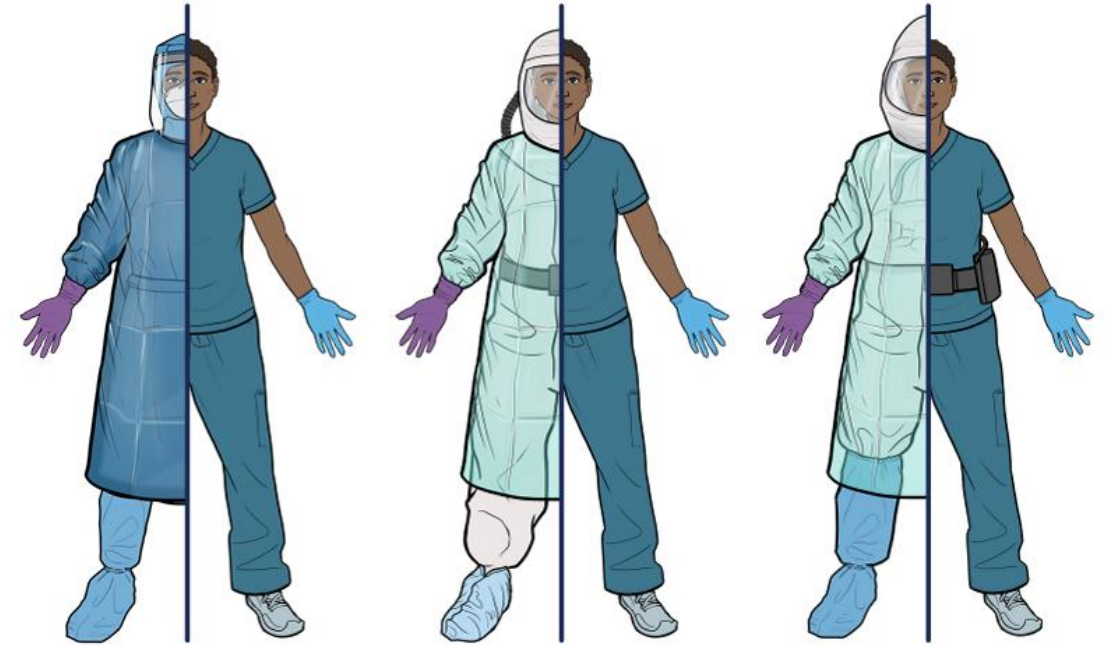
Morgan, J., Henriksen, B., & NETEC. (2025). Know Your PPE. NETEC Resource Library. Retrieved 2026-06-08, from <https://repository.netecweb.org/items/show/1930>

# Know Your PPE for VHF such as Ebola: Wet or Confirmed Cases



## For Wet VHF choose:

Wet/Confirmed VHF choose an ensemble that provides total body coverage and respiratory protection. Outer layers<sup>1</sup> should be fluid-impervious whenever possible, with two layers of gloves, the outer layer with extended cuffs.



NIOSH Approved N95<sup>®</sup> or elastomeric respirator with a fluid-resistant head and neck cover or PAPR with external motor or PAPR with internal motor


ANSI/AAMI PB70 Level 4 gown or ASTM F1670/F1671 coverall

Shoe or boot covers

2 pairs of gloves, outer are extended cuff

Morgan, J., Henriksen, B., & NETEC. (2025). Know Your PPE. NETEC Resource Library. Retrieved 2026-06-08, from <https://repository.netecweb.org/items/show/1930>

# APIC Ebola Playbook

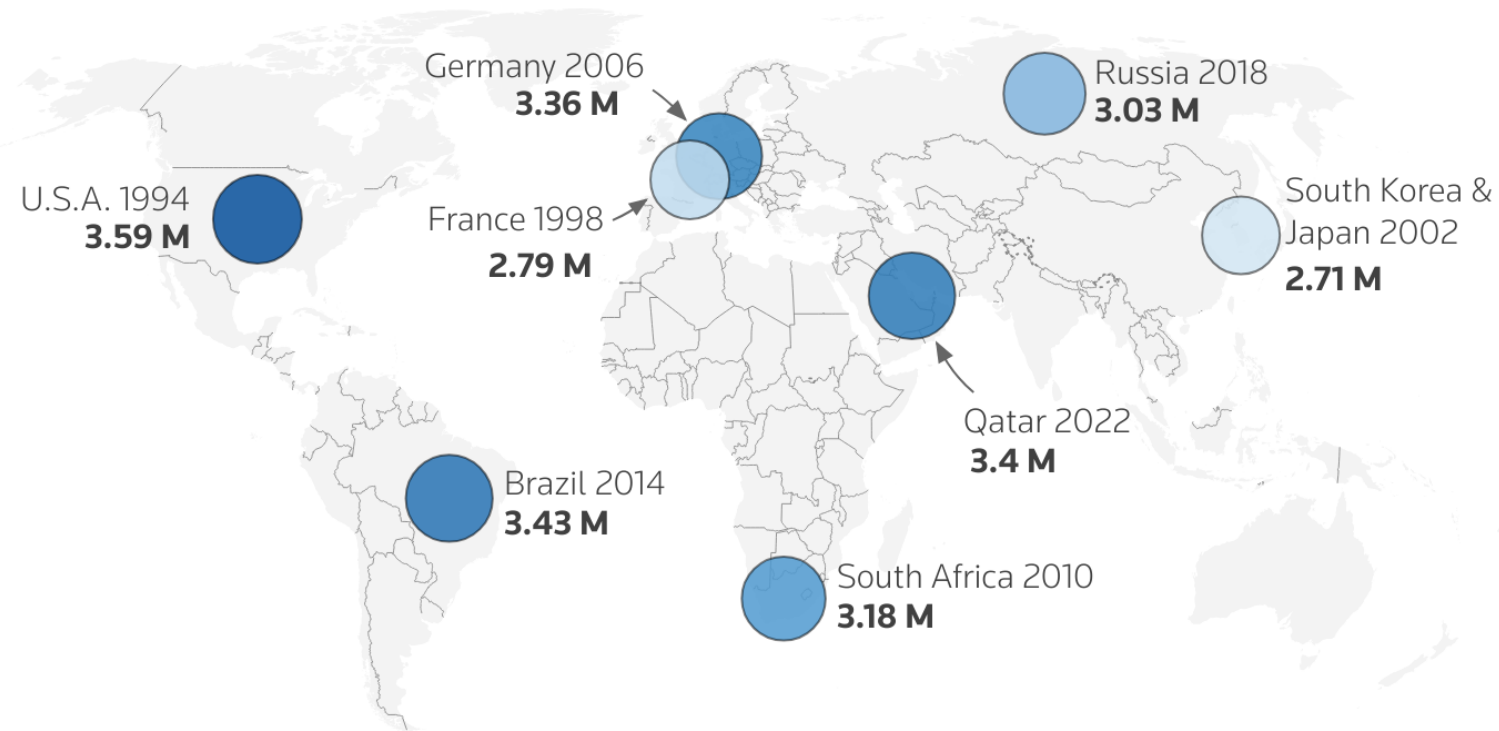
	
Appendix B	
<b>Trained Observer Checklist for PPE <u>DONNING</u> for a Clinically Stable <u>DRY</u> Ebola Patient</b>	
<b>Introduction:</b>	
Trained observer must be present	
<ul style="list-style-type: none"> <li>• Provides guidance and supervision</li> <li>• Confirms visually that PPE is serviceable and donned successfully</li> <li>• Uses visual command and written checklist below to verify each step in donning PPE</li> <li>• May assist in donning process as required</li> </ul>	
Healthcare Worker Donning PPE	
<ul style="list-style-type: none"> <li>• Acknowledges each command given by observer</li> </ul>	
<b>Prerequisites:</b>	<b>Supplies Needed:</b>
A. Pre hydrate and use restroom	• Table/surface to place supplies (e.g. bedside table)
B. Dress in scrubs	• Hair ties and barrettes as needed
C. Appropriately secure hair low and tight so that it is off the neck and back, and out of eyes/face	• Alcohol-Based Hand Rub
D. Remove jewelry, badge and other loose items including watches	• N95 Respirator
E. Secure glasses	• Head/neck covering
F. Ensure shoes are tied and secured	• Inner standard gloves
	• Outer extended cuff gloves
	• Gown
	• Boot/shoe covers
	• Face shield
<b>Action- Observer Reads Aloud</b>	Verified
1. <b>INSPECT:</b> The trained observer and the HCW ensure that all PPE and supplies are available and that the sizes selected are correct for the HCW. Unfold each item and ensure that there are no rips, tears, or abrasions.	<input type="checkbox"/>
2. <b>REVIEW:</b> Review the donning sequence with the HCP before beginning the donning process.	<input type="checkbox"/>
3. <b>HAND HYGIENE:</b> Use hand sanitizer. Allow hands to dry.	<input type="checkbox"/>
4. <b>PUT ON N95 RESPIRATOR:</b> Perform fit check. If unable to use N95, proceed to WET patient workflow.	<input type="checkbox"/>
5. <b>APPLY HEAD/NECK COVERING:</b> Ensure all hair is inside covering.	<input type="checkbox"/>
6. <b>PUT ON INNER GLOVES – STANDARD GLOVES:</b> Ensure the cuffs of the gloves go under gown cuffs as far up the arm as possible.	<input type="checkbox"/>
7. <b>PUT ON BOOT COVERS:</b> Easiest when sitting down. Secure boot cover to fit (e.g. Velcro or tape).	<input type="checkbox"/>
8. <b>PUT ON AND TIE GOWN:</b> Ensure that the cuffs of the inner gloves are under the sleeve of the gown. Ensure the gown is large enough to allow for unrestricted freedom of movement. Engage the Velcro closure of the gown at back of neck, then tie side tie. Do NOT fasten inner tie. Ensure base of hood is under gown.	<input type="checkbox"/>
9. <b>PUT ON FACE SHIELD:</b> Put on full face shield over the n95 Respirator to protect the eyes, as well as the front and sides of the face. No face shield for PAPR.	<input type="checkbox"/>
10. <b>PUT ON OUTER GLOVES – EXTENDED CUFF GLOVES:</b> Observer assists while HCW dons each glove. Observer pulls the cuffs over the sleeves of the gown as far up the arm as possible.	<input type="checkbox"/>
11. <b>INSPECT:</b> Verify integrity of the PPE ensemble by having the person go through a range of motion.	<input type="checkbox"/>

- [APIC's Ebola Playbook](#) is also a great resource and has helpful templates and checklists:
  - Log of HCP Who Enter the Room
  - Trained Observer Checklist
    - PPE Donning for Clinically Stable **DRY** Patient
    - PPE Doffing for Clinically Stable **DRY** Patient
    - PPE Donning for Unstable **WET** Patient
    - PPE Doffing for Unstable **WET** Patient

# FIFA World Cup is Here

## Where Fans Flocked: World Cup Attendance by Host Country (1994-2022)

As the U.S., Canada and Mexico prepare to co-host in 2026, the U.S.'s 1994 turnout of roughly 3.59 million fans remains the benchmark for what could become the most attended World Cup yet.



Note: Includes both domestic and international visitations

Sources: FIFA, Nielsen Sports, South African Government Reports, International Journal of Humanities & Social Science | Aishwarya Jain

# NICU and Pediatric Settings: What an IP Needs to Know

**Megan Boone-Stoll BSN, RN, RNC-NIC**

**NICU Bedside and Charge Nurse, Children's Nebraska**

**Rebecca Martinez, BSN, BA, RN, CIC**

**Infection Preventionist, NE ICAP**



# Learning Objectives

## Recognize

Recognize the infection prevention and control (IPC) risks associated with young pediatric patients, especially neonates.

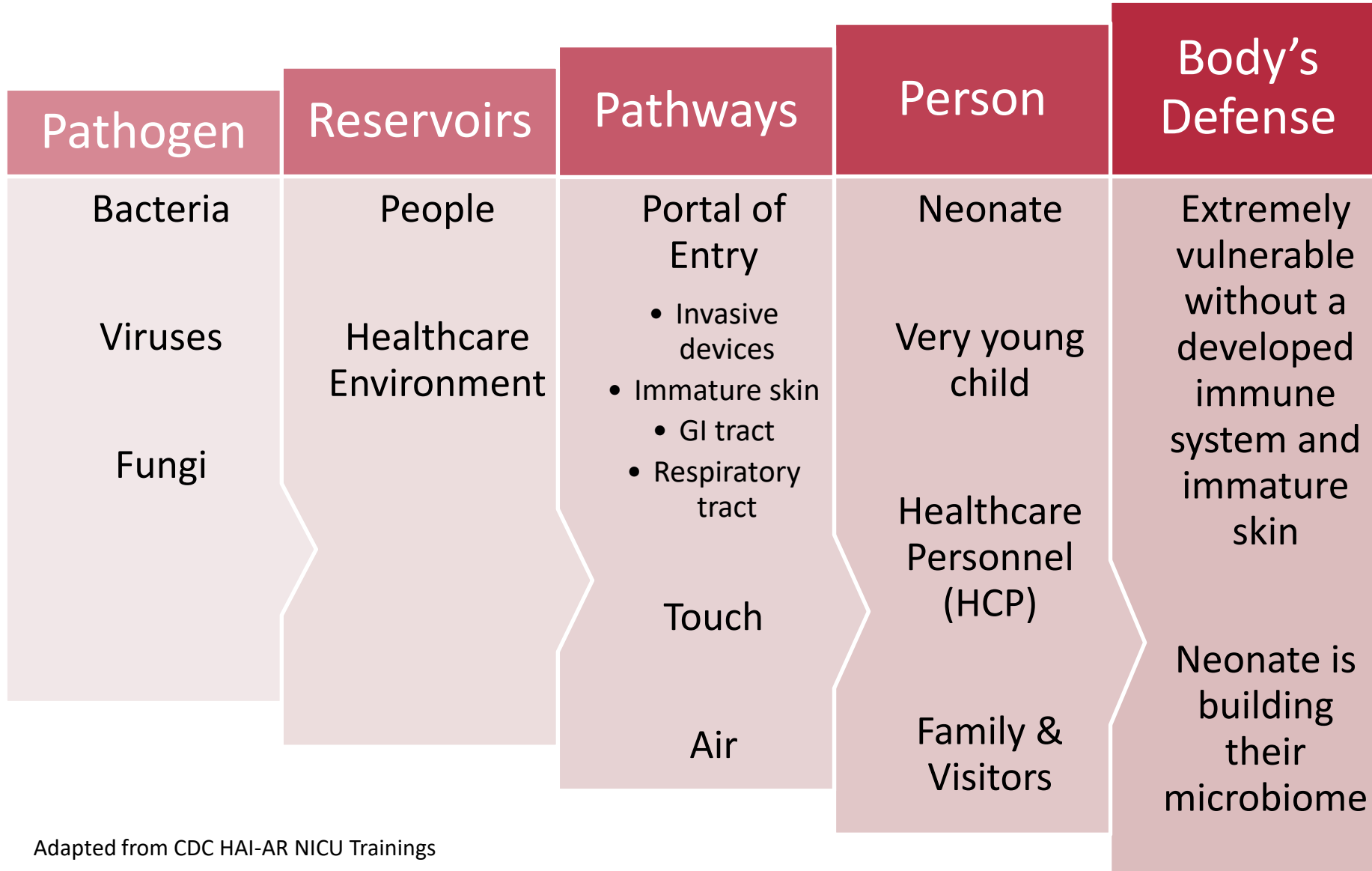
## Identify

Identify unique IPC considerations associated with the NICU or pediatric settings.

## Discuss

Discuss how a NICU investigated an increase in HAIs and implemented performance improvement activities.

# Transmission of Pathogens



# Infections Can Lead to Chronic Conditions

- Infections can alter neonatal physiology leading to permanent morbidity and mortality.
  - Neonates require stability for appropriate development.
  - Any stressors may lead to permanent morbidity and mortality.
    - Respiratory: chronic lung disease, bronchopulmonary dysplasia.
    - Neurologic: Altered sensory pathways, seizures, spasticity, paralysis, learning disabilities.
    - Gastrointestinal: Absorption issues, necrotizing enterocolitis, etc.



Image Courtesy  
AdobeStock\_170001561

# Hand Hygiene Additional Considerations in NICU and Pediatrics Settings

## Hand Hygiene

- Families often involved with providing direct cares
- Siblings and visitors and wanted touching
- HCP hand antisepsis at facility discretion
- Increased use of gloves

## IPC Measures

- Family and visitor initial and repeated education
- HCP education on facility policies, including glove changes with hand hygiene
- Traffic flow to unit includes hand hygiene station prior to unit access
- Hand hygiene sinks



# PPE Use for Standard and Transmission-Based Precautions (TBP) in NICU and Pediatrics Settings

## PPE & Precautions

- Importance of skin-to-skin contact, kangaroo care
- Separation may not be possible or desired
- Inability to control secretions
- *Clostridioides difficile* infection rare in infants < 12 months

## IPC Measures

- Conservative implementation of transmission-based precautions for HCP
  - Examples – NICU contact transmission-based precautions for MRSA and VRE and herpes simplex
  - Examples – droplet plus contact transmission-based precautions for respiratory symptoms
  - See CDC's Appendix A for recommendations for neonates and very young children or uncontained secretions



# Environmental Cleaning & Disinfection: Additional Considerations in NICU and Pediatric Settings

## Cleaning & Disinfection

- NICU longer-term stays
- Family staying with patient
- Specialized multi-disciplinary equipment
- Vulnerability of patients to certain chemicals
- Toys

## IPC Measures

- Multi-disciplinary teamwork and clear roles and responsibilities
  - Who cleans and disinfects what and who maintains what?
- Daily, terminal and scheduled cleaning including proactive terminal cleaning
- Don't use phenolics or sprays
- Avoid toys that are not cleanable



## 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>

# 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 formula 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.

# Water Management: Additional Considerations for Neonatal & Pediatric Cares

## Water Risks

- Water used for incubators
- Limited space, items stored near sinks sometimes
- Families often use the sinks especially with extended stays
  - Need space for cleaning lactation equipment and supplies



## IPC Measures

- Sterile water for incubators
- Splash guards
- Flushing at least weekly unused water lines (e.g. empty rooms)
- Avoiding or ensuring preventative maintenance of aerators
- Sink decontamination with outbreaks and consider point of use filters



# Reprocessing – Incubators, Bassinets, Ultrasound etc.: Additional Considerations in NICU and Pediatric Settings

## Incubators etc.

- Challenging to clean and disinfect
  - Incubators have many parts and pieces
  - Dried on substances like formula
  - Wood bassinets are still being used

## IPC Measures

- Have established procedures and dedicated space for reprocessing
- Consider dedicated personnel for reprocessing
- Don't use phenolics
- Avoid purchase of equipment that is difficult to clean (e.g. wood)

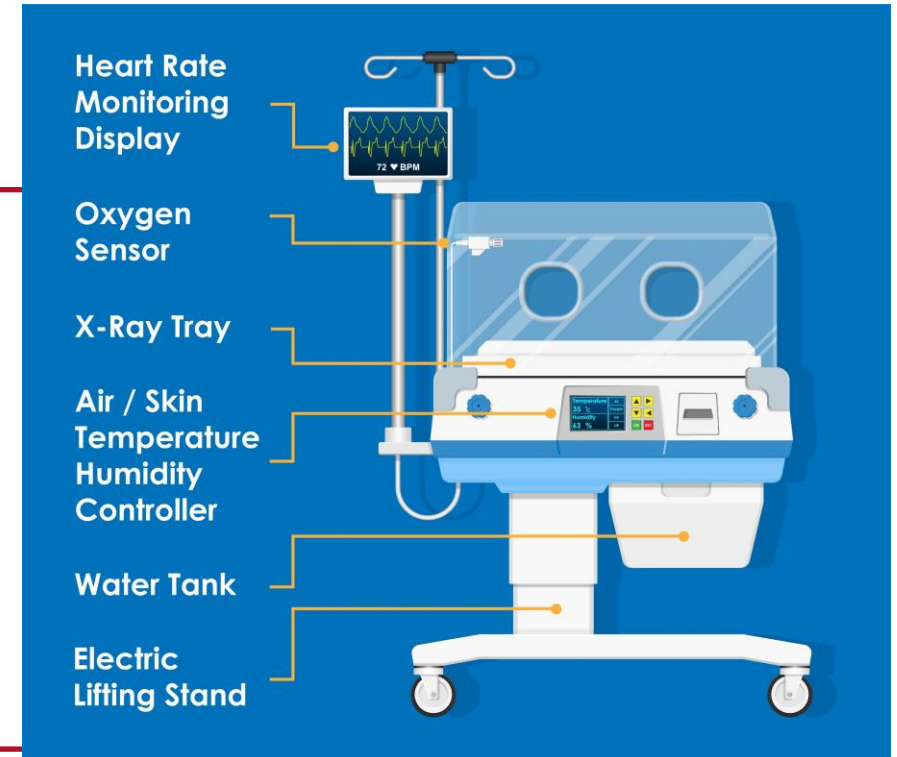


Image Courtesy AdobeStock\_328345900

# Nutrition and Food Safety

## Additional Considerations for Neonatal & Pediatric Cares

### Nutrition

- Breastmilk
- Formula
- TPN

### IPC Measures

- Storage and handling of breastmilk and formula
- Label breastmilk and have processes for verification
  - Have protocols in the event of breastmilk given to incorrect infant



# Health & Illness Procedures: Additional Considerations for Neonatal & Pediatric Cares

## Health

- Serving unvaccinated or under-vaccinated patient populations
- Neonates and young pediatrics are highly vulnerable
- Neonates are building their microbiome
- Human connection is important, sometime germs connect too



## IPC Measures

- Encourage keeping up to date on all recommended vaccinations
- Employee illness procedures
  - Considerations when caring for higher risk populations (e.g. NICU)
  - Consideration for universal source control in NICU and pediatrics based on community activity
- Family and visitor education along with illness and restriction policies at facility discretion

Image Courtesy  
AdobeStock\_479050495

# Stop the Spread of Pertussis in Health Care



Pertussis, also known as whooping cough, is a very contagious respiratory illness that can lead to severe illness and even death.

## Identify the Risk of Pertussis

- Watch for people who have symptoms like:
  - coughing fits that cause vomiting
  - a high-pitched whooping sound when breathing in
  - struggling to breathe
  - in infants, pauses in breathing or skin turning blue

## Stop the Spread of Pertussis

- Provide patients who have symptoms of a respiratory infection with a facemask and separate them from others when possible.
- Put on a facemask before entering the room of a patient with suspected pertussis.
- Use additional personal protective equipment (PPE) if you think you might come in contact with blood or body fluids.
- Continue the infection control actions you use for every patient such as cleaning your hands and cleaning and disinfecting surfaces.
- Talk to your doctor about getting vaccinated against pertussis if you are not up to date on your pertussis vaccine.
- Tell your care team or supervisor if you notice someone at work with pertussis symptoms.
- Talk to your Occupational Health Team if you think you were exposed to pertussis.

# Pertussis also known as Whooping Cough)

- Pertussis, also known as whooping cough, is a very contagious respiratory illness that can lead to severe illness and even death.
- Pertussis is especially dangerous for infants, older individuals, and people with respiratory conditions such as asthma or those who are immunocompromised.
- Because pertussis is very contagious and can be dangerous, it's important for everyone in the healthcare facility to be prepared to quickly recognize possible pertussis and take action to prevent spread.
- The best way to protect healthcare workers and patients from pertussis is to be up to date on your pertussis vaccine.

[CDC Project Firstline - Pertussis Micro-Learn](#)

# Invasive Medical Devices: Additional Considerations for Neonatal & Pediatric Cares

## Medical Devices

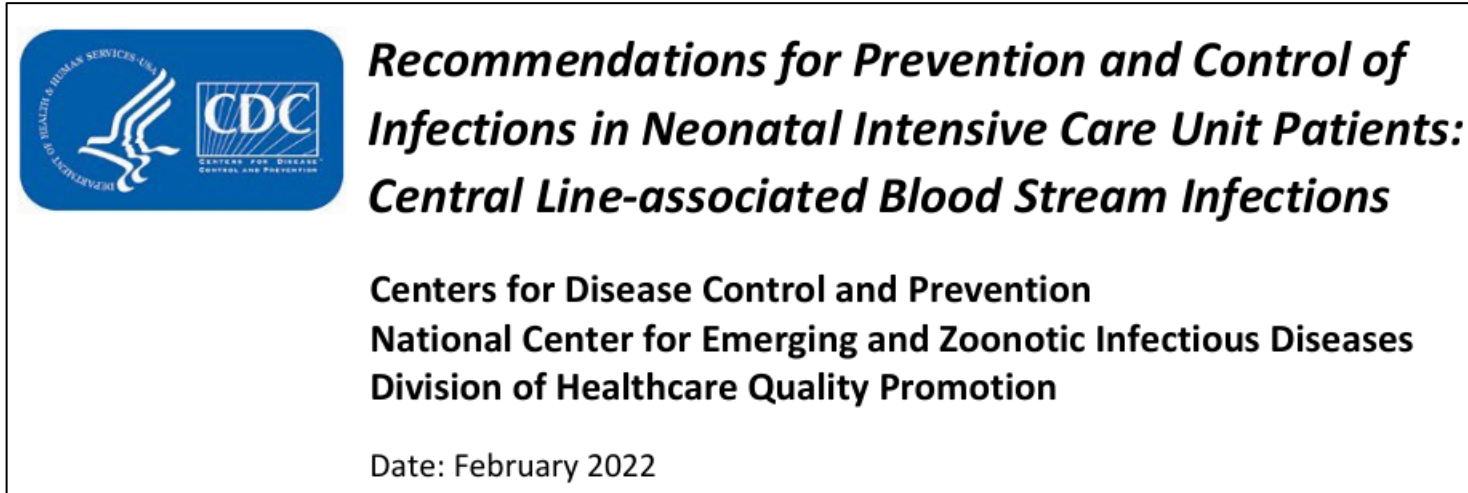
- Umbilical catheter through the artery or vein
- Other central vascular access line
- Peripheral vascular access line
- Orogastric tube
- Endotracheal tube



## IPC Measures

- Advanced skin antisepsis
- Sterile probe covers and sterile gel for guided vascular access

# CDC Recommendations for CLABSI Prevention in NICU Patients



- Core IPC recommendations for CLABSI Prevention across all settings are within [CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections \(2011\)](#)
  - [CDC's recommendations specific to the prevention and control of CLABSI in NICU patients \(2022\)](#) provides updated evidence-based recommendations to address key specific questions.

# SHEA NICU White Paper: CLABSI Prevention Approaches

*Infection Control & Hospital Epidemiology* (2023), **44**, 550–564  
doi:10.1017/ice.2022.53



## SHEA White Paper

SHEA Neonatal Intensive Care Unit (NICU) White Paper Series:  
Practical approaches for the prevention of central-line–associated  
bloodstream infections

Martha Muller MD<sup>1,2</sup>, Kristina A. Bryant MD<sup>3,4</sup>, Claudia Espinosa MD, MSC<sup>5</sup>, Jill A. Jones MS, APRN, NNP-BC<sup>6</sup>,  
Caroline Quach MD, MSc, FRCPC<sup>7,8</sup>, Jessica R. Rindels MBA, BSN, RN, CIC<sup>9</sup>, Dan L. Stewart MD<sup>10,11</sup>,  
Kenneth M. Zangwill MD<sup>12</sup> and Pablo J. Sánchez MD<sup>13,14</sup>

- [Society for Healthcare Epidemiology of America \(SHEA\) NICU White Paper](#) is intended to provide practical, expert opinion, and/or evidence-based answers to frequently asked questions about CLABSI detection and prevention in the NICU.
- Serves as a companion to the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for Prevention of Infections in Neonatal Intensive Care Unit Patients.

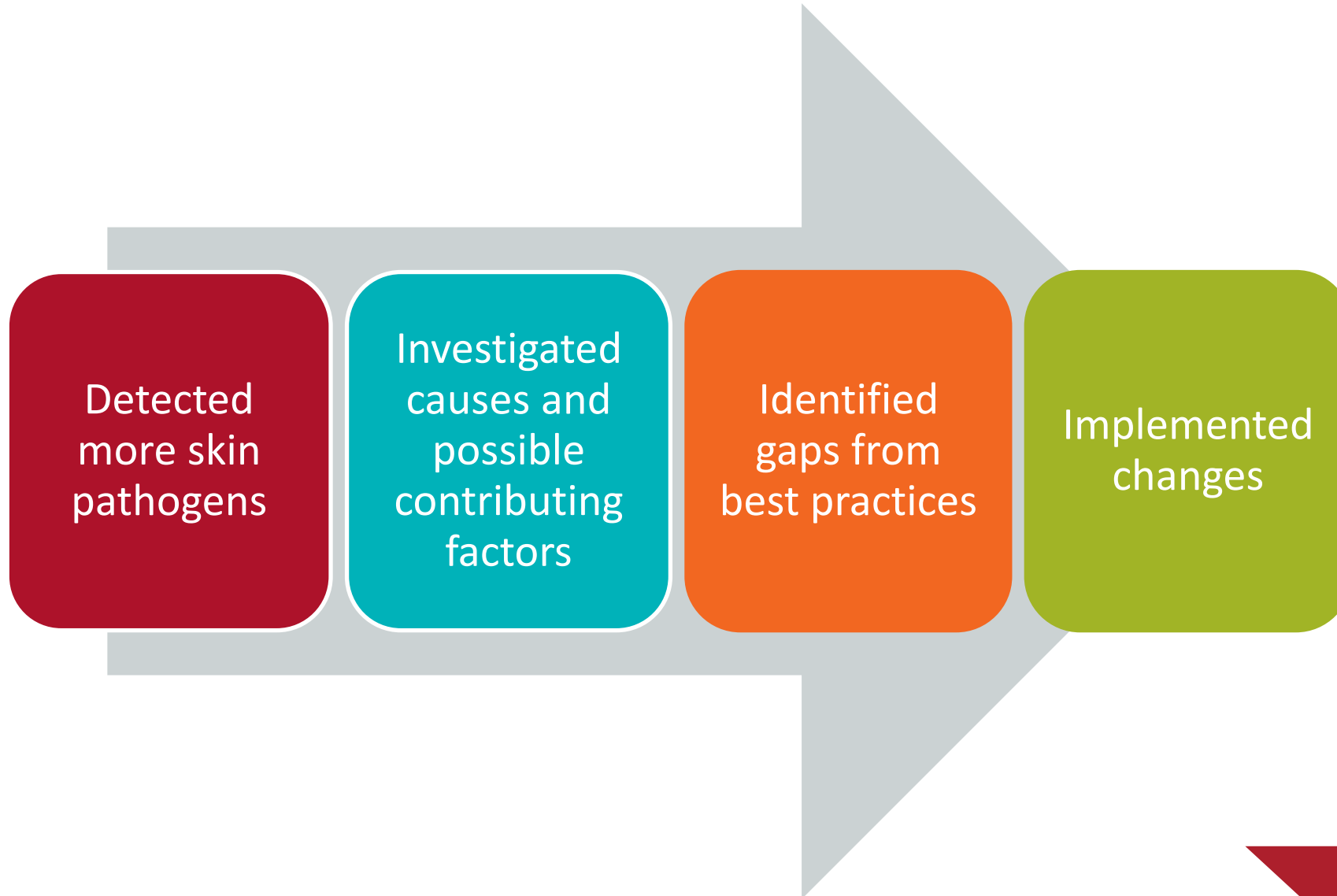
# CDC References and Resources

- [CDC - Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions](#)
- [CDC - NHSN - Bloodstream Infection Event \(2026\)](#)
- [CDC - Project Firstline - Pertussis Micro-Learn](#)
- [CDC - Project Firstline - Drains and Biofilms Micro-Learn](#)
- [CDC- Recommendations for Prevention and Control of Infections in Neonatal Intensive Care Unit Patients: Central Line-associated Blood Stream Infections \(2022\)](#)
- [CDC - Recommendations for Prevention and Control of Infections in Neonatal Intensive Care Unit Patients: Staphylococcus aureus \(2020\)](#)

# SHEA NICU White Paper Series

- Akinboyo IC, *et al.* (2020). SHEA neonatal intensive care unit (NICU) white paper series: Practical approaches to *Staphylococcus aureus* disease prevention. *Infection Control & Hospital Epidemiology*, 41: 1251–1257, <https://doi.org/10.1017/ice.2020.51>
- Muller M, Bryant KA, Espinosa C, *et al.* (2023). SHEA Neonatal Intensive Care Unit (NICU) White Paper Series: Practical approaches for the prevention of central-line–associated bloodstream infections. *Infect Control Hosp Epidemiol*, 44: 550–564, doi: [10.1017/ice.2022.53](https://doi.org/10.1017/ice.2022.53)
- Sandora TJ, *et al.* (2018). SHEA neonatal intensive care unit (NICU) white paper series: Practical approaches to *Clostridioides difficile* prevention. *Infection Control & Hospital Epidemiology* 2018, 39, 1149–1153. doi: [10.1017/ice.2018.209](https://doi.org/10.1017/ice.2018.209)
- Thampi N, Guzman-Cottrill J, Bartlett AH, *et al.* SHEA NICU white paper series: Practical approaches for the prevention of viral respiratory infections. *Infect Control Hosp Epidemiol* 2024. 45: 267–276, doi: [10.1017/ice.2023.120](https://doi.org/10.1017/ice.2023.120)

# Starting and Implementing a Performance Improvement Project



# Factors Investigated

- Portals of Entry
  - Breaks in Skin
    - Cares for all vascular access sites (central, umbilical and peripheral)
- Hand Scrubs
- Linen Changes
- Cleaning and Disinfection
  - High Touch Surfaces
  - All Equipment (e.g. cables)
  - Formula Spills
- Family Education



Image Courtesy AdobeStock\_2007158369

# 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](mailto:nebraskaicap@nebraskamed.com)

# Slides & Webinar Recordings

- During the webinar: You can access the slides on the [NE ICAP Hospital webpage](#)
- After the webinar: The slides and the recording will be available under the Webinars tab on the [Past Webinars and Slides](#) page

# 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**

**Tentative  
Agenda**

**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, CABS)

Wound Care

Water Management

Transmission-Based Precautions



# Upcoming NE ICAP Webinars

**Wednesday, July 8, 2026**

**12:00–1:00 PM (CST)**

**Bridging the Gap: Effective MDRO Prevention Education for Post-Discharge Care**

**Juan Teran Plasencia, MD**

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

**Wednesday, August 12, 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

[NE ICAP Hospital & Outpatient Webinar Invite Information](#)



## **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  
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 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.