

Hospital & Outpatient Settings Webinar

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

July 8, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists

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Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar.
- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
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- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.

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- 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

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

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Nebraska Pathogen Watch

Juan Teran, MD

Medical Director, NE ICAP



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Key Points

- Pathogen update:
 - Measles
 - Ebola
 - Respiratory Infections

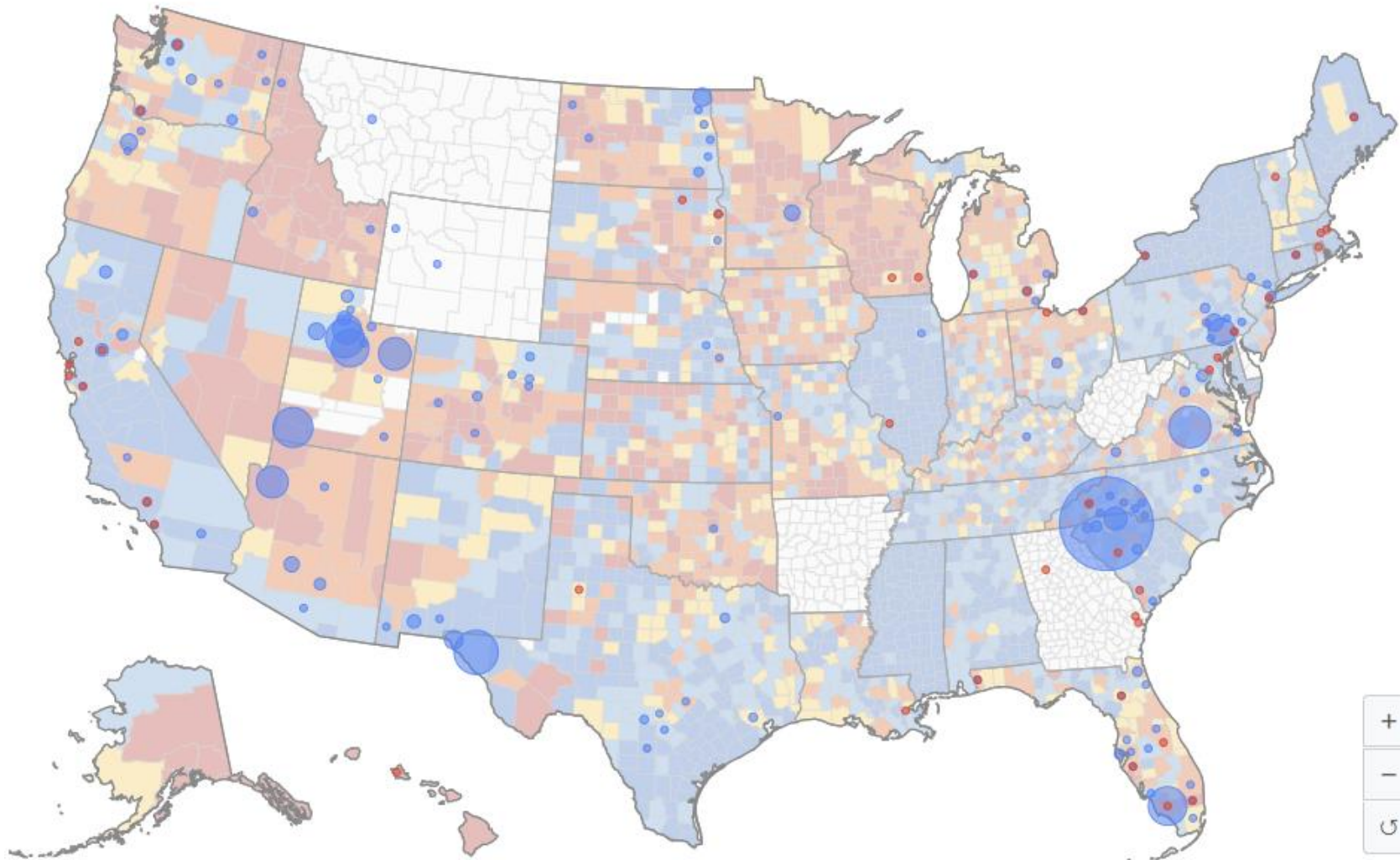
Measles Update

- As of July 2, 2026, **2170** confirmed measles cases were reported in the US.
- There have been 31 new outbreaks, and **93%** of confirmed cases are outbreak related

	2026 To date	2025 Full year
Total Cases	2,170	2,289
Age		
Under 5 years	442 (20%)	584 (26%)
5-19 years	1,097 (51%)	1,017 (44%)
20+ years	625 (29%)	675 (29%)
Age unknown	6 (less than 1%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	93%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%

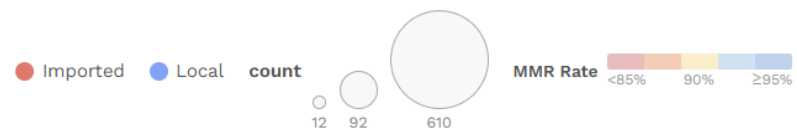
<https://www.cdc.gov/measles/data-research/index.html>

Measles Case Distribution



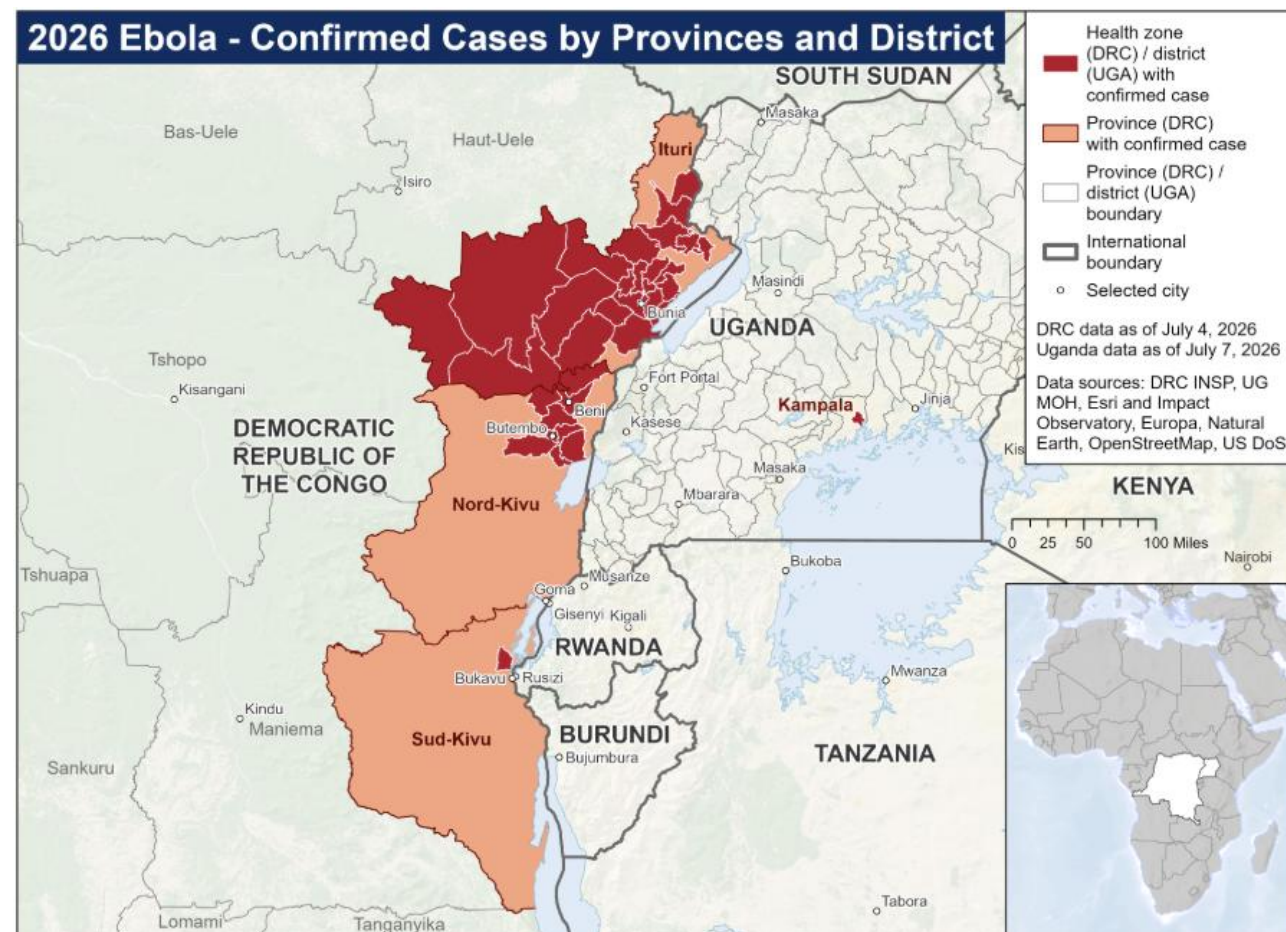
Source: Johns Hopkins University

Measles cases reported in the United States (2026)



Current Outbreak

Reported	Count
DRC (as of Jul 05, 2026)	
Confirmed cases	1624
Confirmed deaths	521
Probable cases	0
Probable deaths	0
Uganda (as of Jul 07, 2026)	
Confirmed cases	20
Confirmed deaths	2
Probable cases	1
Probable deaths	1



<https://www.cdc.gov/ebola/situation-summary/index.html>

Know Your PPE for VHF such as Ebola:

Dry and Suspect Cases

DRY

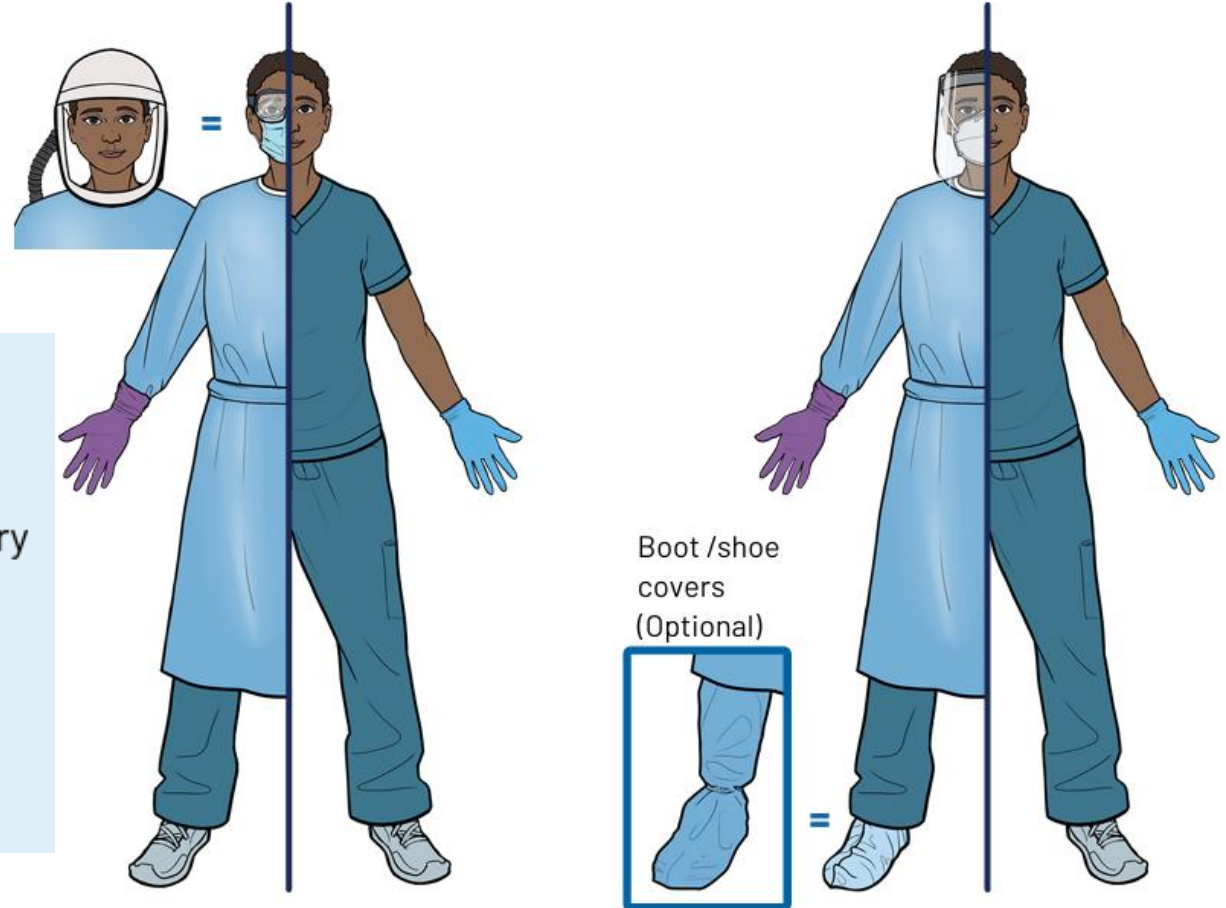
AND SUSPECT

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 coverall¹
- 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>



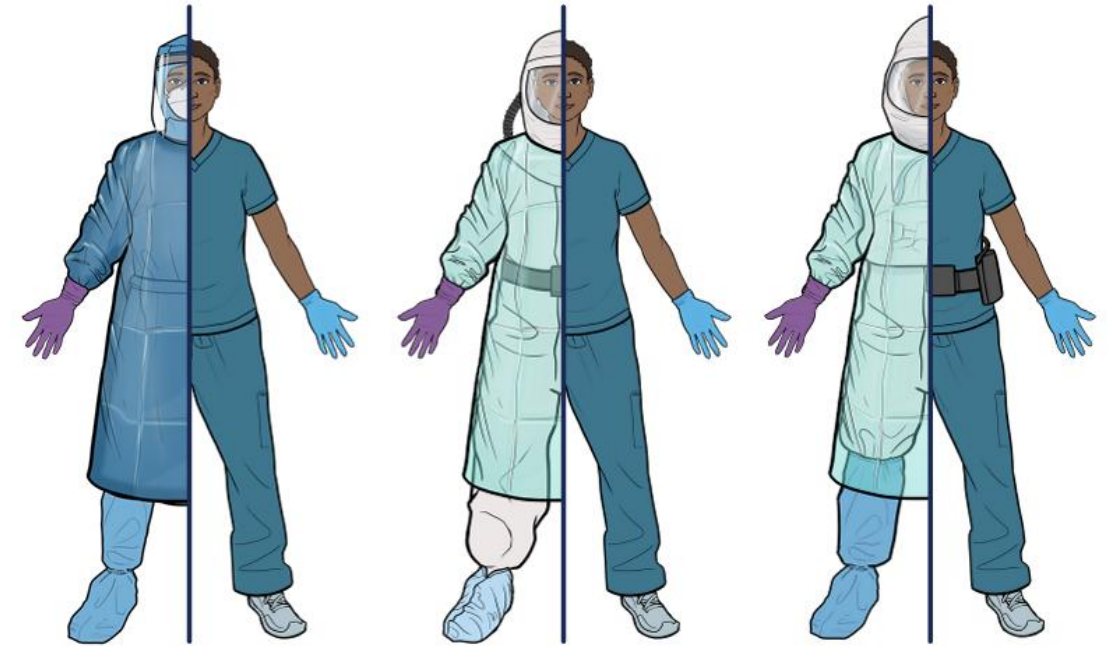
Know Your PPE for VHF such as Ebola:

Wet or Confirmed Cases



For Wet VHF choose:

Wet/Confirmed VHF choose an ensemble that provides total body coverage and respiratory protection. Outer layers¹ should be fluid-impervious whenever possible, with two layers of gloves, the outer layer with extended cuffs.



NIOSH Approved N95® 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

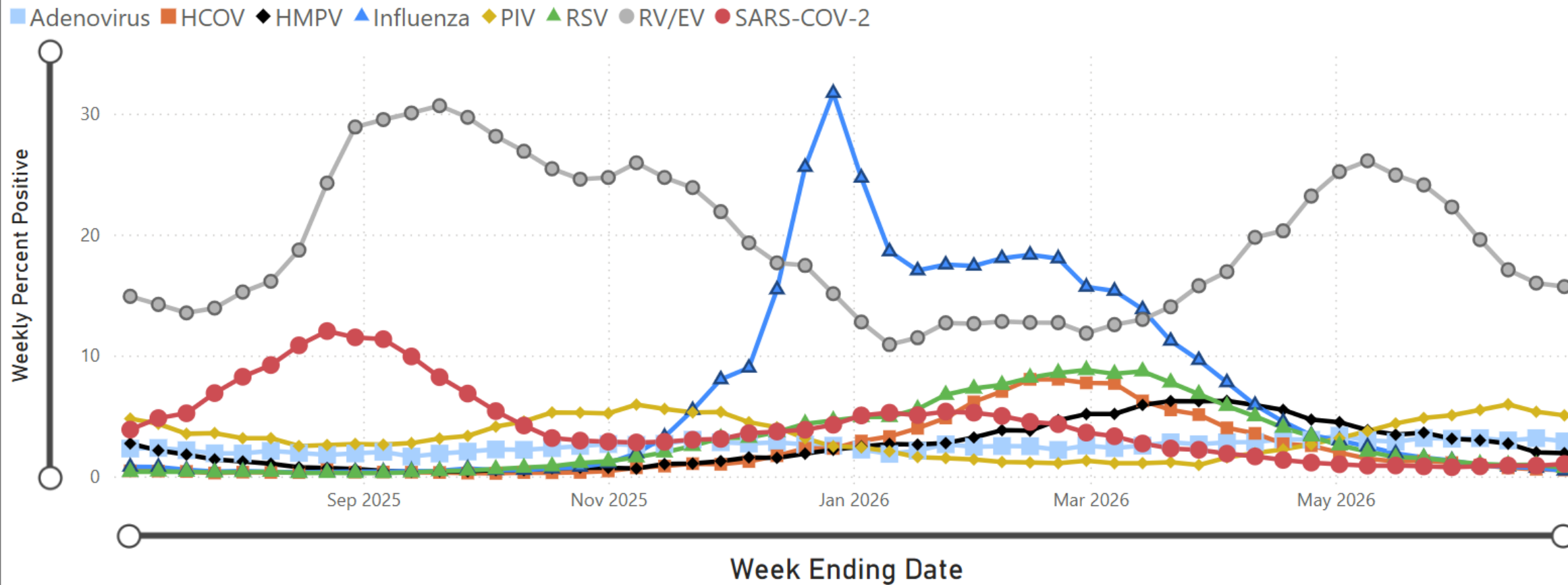
Shoe or boot covers

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>

Respiratory Viruses

Weekly percent of tests positive for respiratory viruses reported to NREVSS



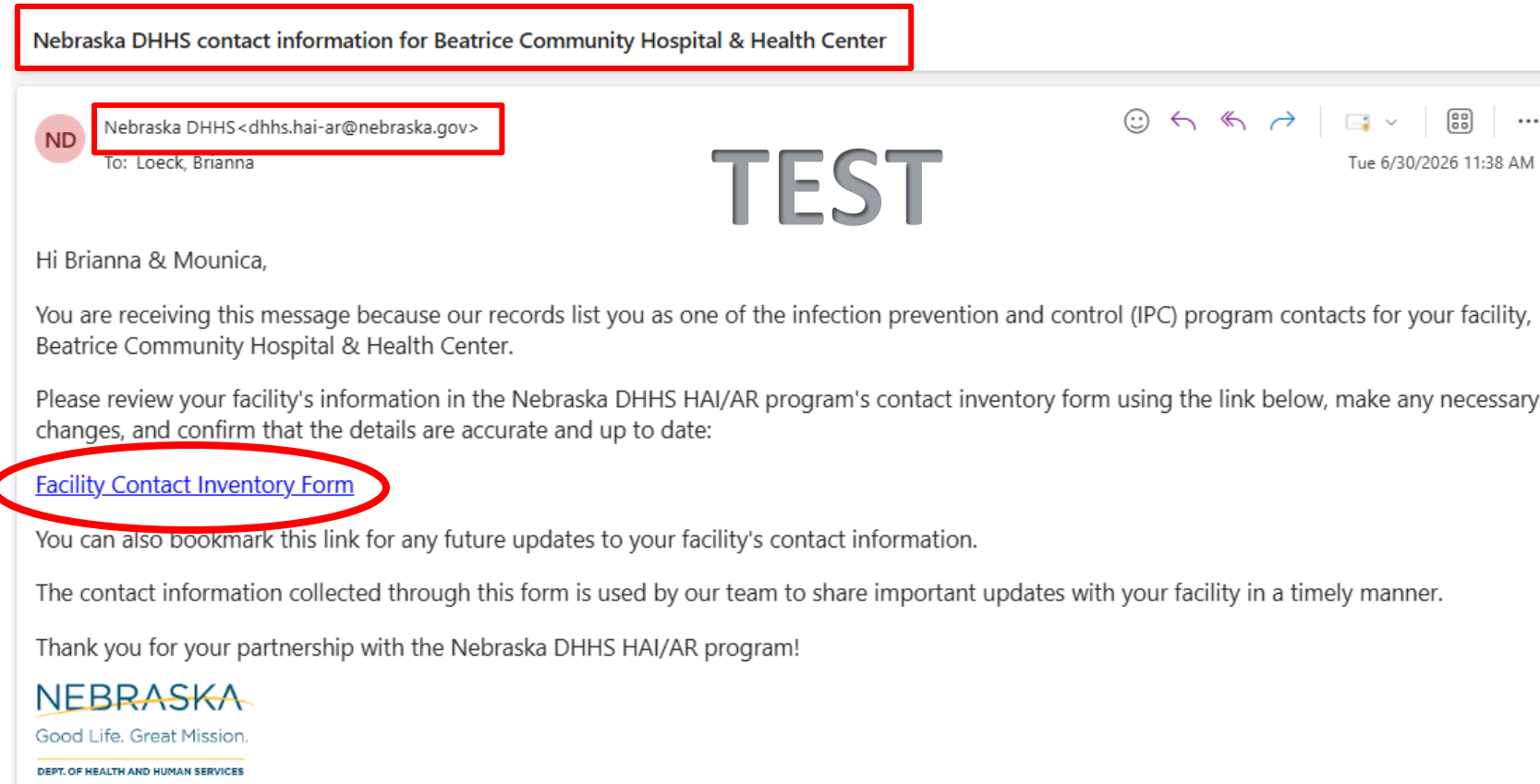
New Facility Contact Inventory Form

Brianna Loeck, MPH
Nebraska DHHS Infectious Disease Epidemiologist III



DHHS Facility Contact Inventory Form

- Maintain Nebraska IP contact list & improve timely communications such as admission alerts for patients colonized with extensively drug-resistant organisms (XDRO)
- Emailed alerts sent on Tuesday July 7th at 10:00am CST from DHHS.HAI-AR@nebraska.gov NOT SPAM 😊
- Please use the blue link in your email to review, update, and complete the form. This link is unique to your facility!
 - You can save this email and go back anytime to update information
- To keep your facility's contact information current, an automated email will be sent every 6 months



Facility Contact Inventory Form

Timely communication is vital to improving healthcare outcomes. Please complete this contact list to ensure your facility can receive critical public health updates from the Nebraska DHHS HAI/AR program, including admission alerts for patients colonized with extensively drug-resistant organisms (XDRO).

Please note that sections marked with (*) are required.

Facility Information*

Facility Name (Note. Please choose your facility from the dropdown, select other if not found)

Facility Type

(Note. Please use the licensure roster

([https://dhhs.ne.gov/licensure/Pages/Rosters-of-Facilities-and-](https://dhhs.ne.gov/licensure/Pages/Rosters-of-Facilities-and-Services.aspx)

[Services.aspx](https://dhhs.ne.gov/licensure/Pages/Rosters-of-Facilities-and-Services.aspx)) to be as accurate as possible when choosing facility type(s). If there are different point of contact for different facility type, then please fill out a separate survey for those facility types)

- ☐ Acute Care Hospital
- ☐ Ambulatory Surgical Center
- ☐ Assisted Living Facilities
- ☐ Critical Access Hospital
- ☐ Dental Office
- ☐ Dialysis Facility
- ☐ Inpatient Rehabilitation Facility
- ☐ Intermediate Care Facility
- ☐ Long-Term Acute Care Hospital
- ☐ Outpatient Clinic
- ☐ Rural Health Center (RHC)
- ☐ Skilled Nursing Facility / Nursing Facility
- ☐ Other

Did not receive our email?

- Check your spam/junk folders
- We may need updated contact information, or your facility is not currently in our contact list
 - Please visit our [DHHS HAI website](#) as soon as possible to complete a new form by clicking on “Facility Contact Inventory Form”
 - Please have **one** person from your facility (preferably the primary IP) complete the form
 - If duplicate submissions are received, we will delete the older record(s) and keep the most recent submission



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

Juan Teran Plasencia, MD, Medical Director, NE ICAP

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



Learning Objectives

Learners will be able to do the following after attending this activity:

1. Describe the role of health literacy among the general population in preventing the spread of infections and describe ways to overcome barriers and enhance enablers.
2. Explain the principles of the train-the-trainer model and assessment methods to deliver an effective and customized education to address the patient needs.
3. Apply the learned principles and techniques to educate healthcare providers and patient caregivers on methods to prevent the spread of MDRO upon patient transfer to another healthcare facility or discharge to a home setting.

Background

The intended learner for this program will not be directly communicating with patients and families, rather they are the individuals who will be providing training to those who do communicate with patients and families.

Patient education in healthcare settings is most often conducted by frontline staff members.

Infection Preventionists (IPs) or epidemiologists are rarely the party that is giving education directly to patients or caregivers upon during their admission or discharge/transfer to another healthcare facility.



Key Concepts

Juan Teran, MD
Medical Director Nebraska ICAP



Core Infection Prevention and Control Practices For Safe Healthcare Delivery¹



LEADERSHIP
SUPPORT



EDUCATION AND
TRAINING ON
INFECTION CONTROL



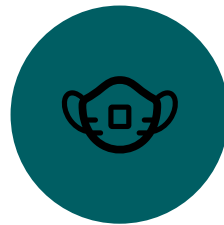
PATIENT, FAMILY,
AND CARE GIVER
EDUCATION



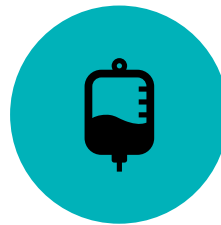
PERFORMANCE
MONITORING AND
FEEDBACK



STANDARD
PRECAUTIONS



TRANSMISSION-BASED
PRECAUTIONS



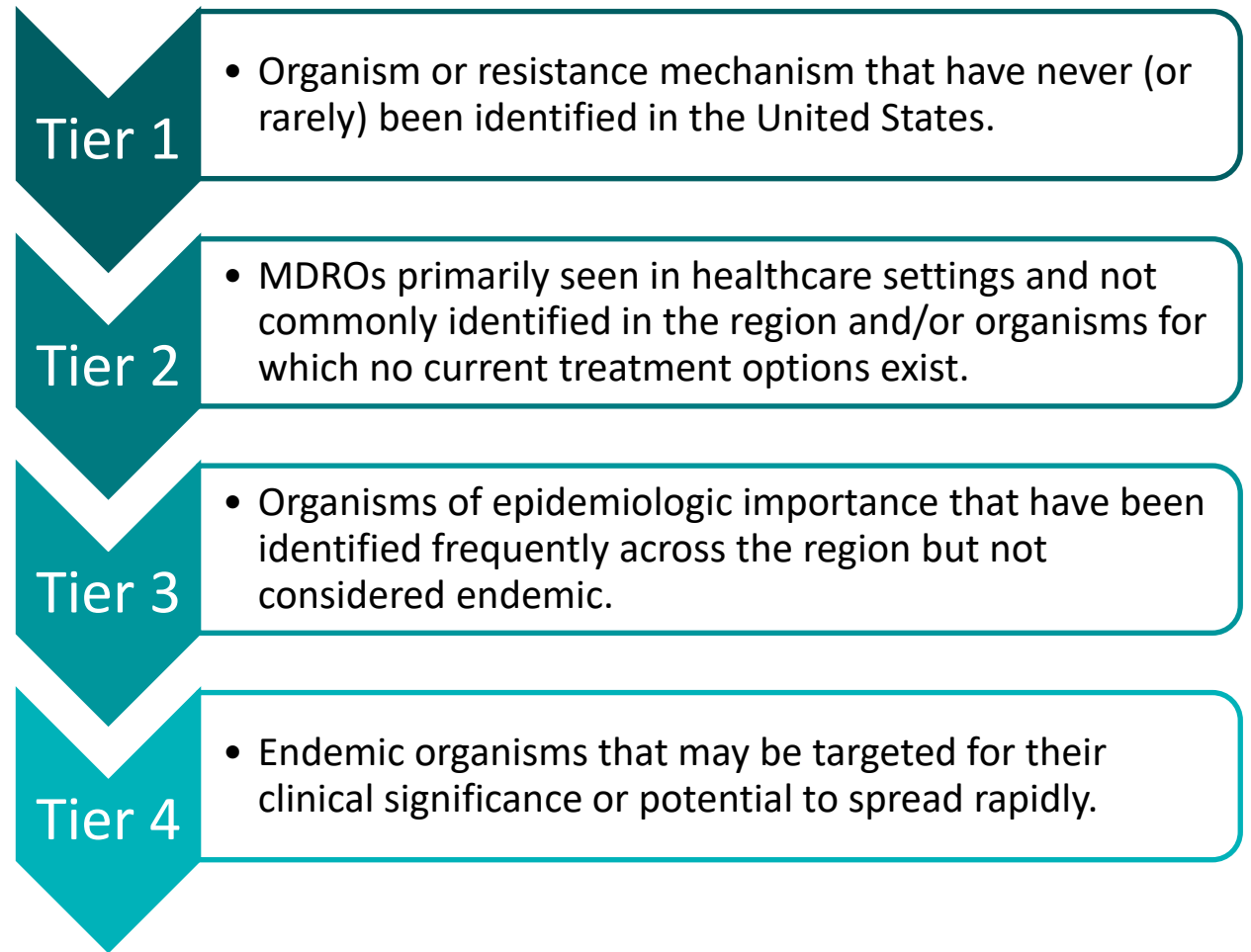
TEMPORARY
INVASIVE MEDICAL
DEVICES



OCCUPATIONAL HEALTH

Multidrug-resistant Organisms (MDROs)^{1,2}

- Microorganisms – predominantly bacteria – that are resistant to one or more classes of antimicrobial agents
- Infection control measures may differ between facilities
- May differ between city, state, or territory



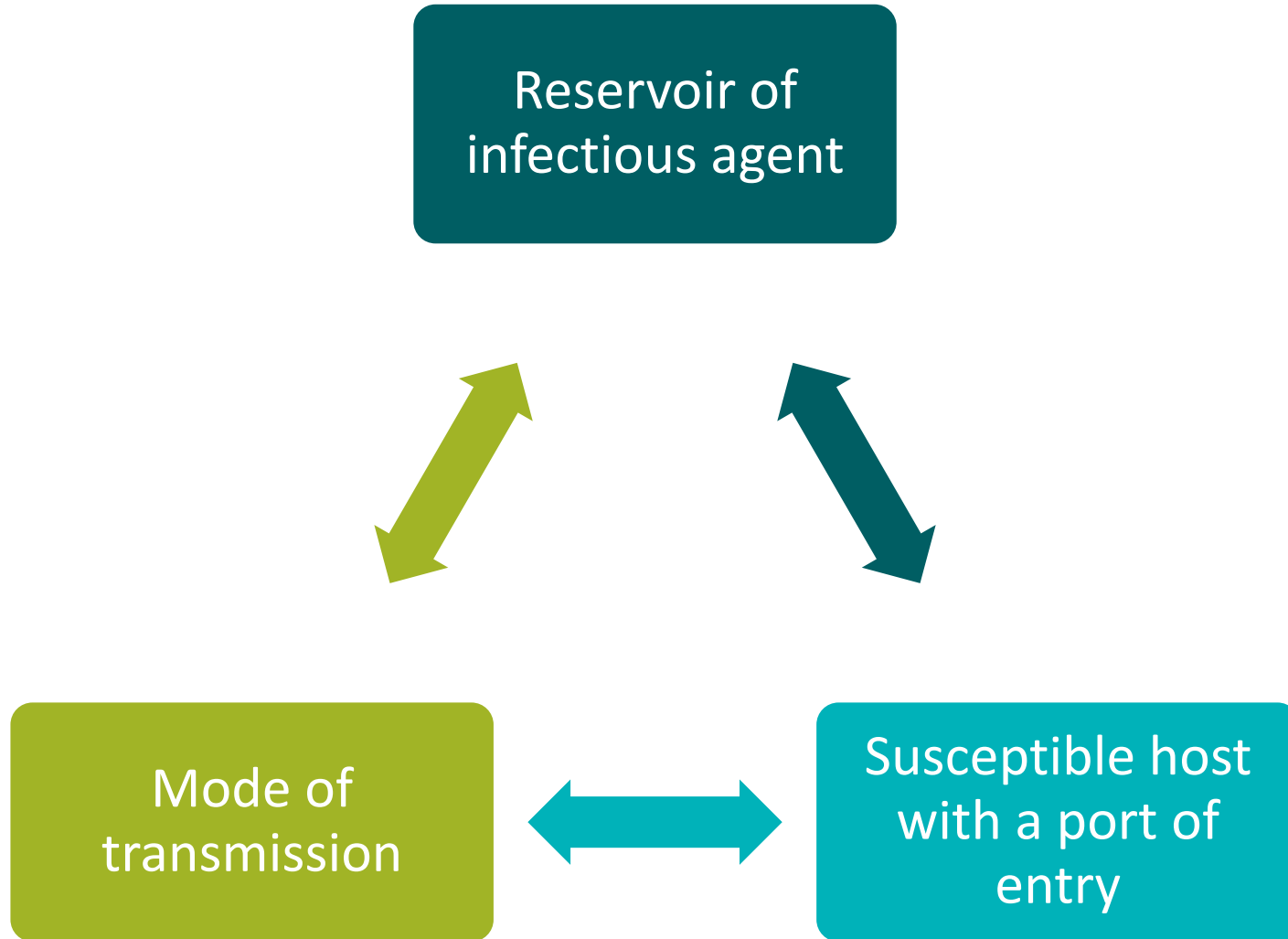
Standard Precautions^{1, 3}

They are based on the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents.

Use of PPE is based on the interaction and the potential for exposure to blood, body fluids, or pathogens.



Transmission of infectious agent⁴



Modes of Transmission⁴



Contact



Droplets



Airborne

Transmission-Based Precautions⁵

MEDIDAS DE PRECAUCIÓN POR CONTACTO

STOP CONTACT PRECAUTIONS STOP

EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

-  Put on gloves before room entry. Discard gloves before room exit.
-  Put on gown before room entry. Discard gown before room exit.
-  Do not wear the same gown and gloves for the care of more than one person.
-  Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

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

MEDIDAS DE PRECAUCIÓN POR GOTAS

STOP DROPLET PRECAUTIONS STOP

EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

 Make sure their eyes, nose and mouth are fully covered before room entry.

 or 

Remove face protection before room exit.

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

MEDIDAS DE PRECAUCIÓN POR AEREOGOTAS

STOP AIRBORNE PRECAUTIONS STOP

EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.
-  Put on a fit-tested N-95 or higher level respirator before room entry.
-  Remove respirator after exiting the room and closing the door.
-  Door to room must remain closed.

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

Long-term care setting⁶

- MDRO transmission is common in nursing homes
- Enhanced Barrier Precautions is an infection control intervention designed to reduce transmission of resistant organisms
- Indications include:
 - Indwelling medical devices
 - Wounds
 - Colonization or infection with MDRO
- Standard precautions continue to apply

Multidrug-resistant organisms (MDROs) are a threat to our residents.

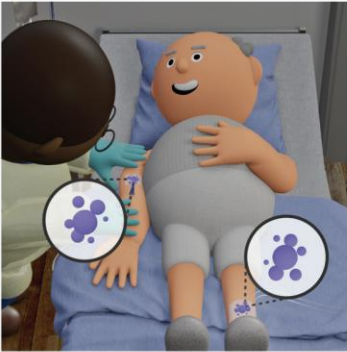
Enhanced Barrier Precautions (EBP) Steps



Perform Hand Hygiene Wear Gown Wear Gloves Dispose of Gown & Gloves in Room

Use EBP during high-contact care activities for residents with:

- 1 Indwelling Medical Devices
(e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator)
- 2 Wounds
- 3 Colonization or Infection with a MDRO



Protect residents and stop the spread of germs.

bit.ly/PPE-LTCFs

Scan to watch an EBP video.



Special considerations

- Some patient characteristics will impact the infection prevention strategies. Examples include:
 - Diapered/Incontinent
 - Wound and wound care
 - Medical devices
 - Urinary catheter, central venous catheter, drains, gastrostomy tube, LVAD, etc.
- Disclaimer: The content provides broad principles and is not an exhaustive list of medical device care. The specific care required may vary based on individual circumstances.

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NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Discharge Pathways:

**Acute Care or Long-term
Care to Home with or
without Home care**

Discharge to Home⁷

- Much of the care provided in the home is focused on teaching the patient or their caregivers how to perform and manage the patient's complex medical needs in the home.
- In the home, patients receive a variety of services ranging from homemaker/companion services to complex medical care, which may include:
 - Pain management
 - Antineoplastic therapy
 - Antibiotic administration
 - Parenteral nutrition or enteral nutrition therapy
 - Dialysis
 - Phlebotomy
 - Wound care
 - Maintenance of venous access devices
 - Indwelling urinary catheters
 - Suprapubic catheters
 - Tracheostomies
 - Respiratory treatments
 - Oxygen therapy
 - Telemonitoring
 - Ventilator management



All these cares can become increasingly more difficult when the patient is colonized or infected with an MDRO

Health Literacy Gaps related to MDROs and Post-Discharge Care to the Home Setting⁷

To reduce MDRO Health Literacy Gaps in the home setting, patient and family education upon discharge should address:

- Hand hygiene
- Standard Precautions
- Environmental Cleaning
- Laundry
- Equipment and Supply Management
- Waste Management
- Respiratory hygiene/cough etiquette
- Relevant IPC practices based on the individual patient's care
 - Wound care
 - Tube feedings
 - Indwelling urinary catheters,
 - Venous access devices
 - Oxygen equipment and supplies



Unique Challenges⁷

- There are unique infection risk factors within the home setting after discharge from the acute care setting.
- Conditions in home care that are not factors in other care settings may include:
 - Pets
 - Pests
 - Extreme clutter
 - Poor sanitation
 - Lack of appliances (e.g., washing machine and dryer) in working order
 - Lack of care equipment and basic supplies
 - Lack of utility systems (e.g., running water)
- Lack of a consistent, willing, and capable caregiver or support system is also an infection risk factor.
- These conditions may serve as significant barriers to providing effective patient care and preventing the onset of new infections in the home setting.



Hand Hygiene⁸

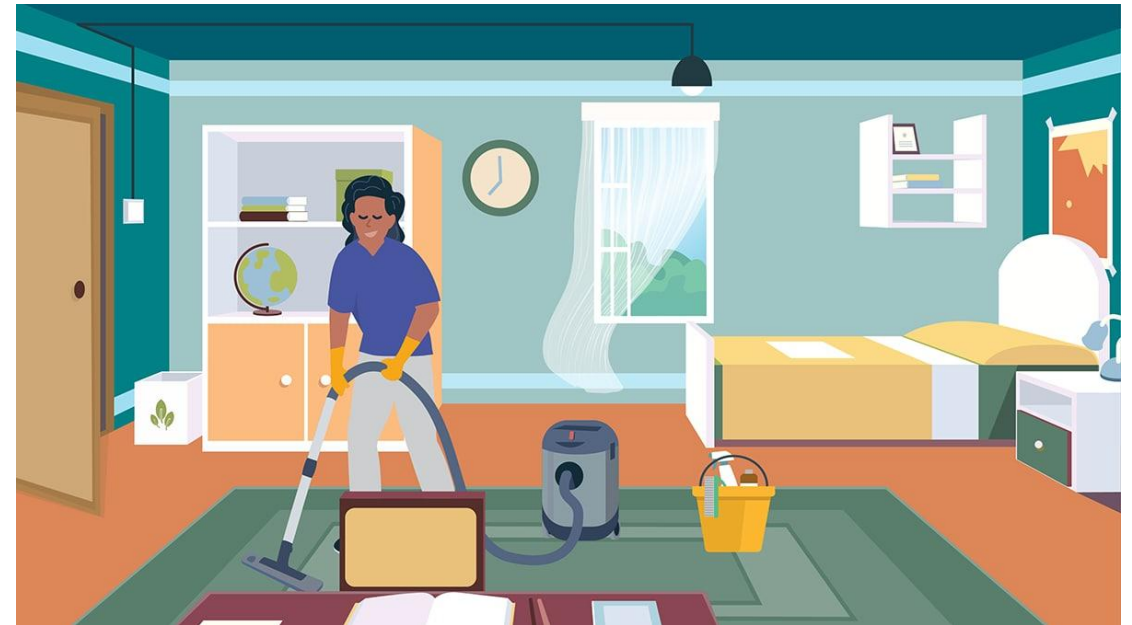
- **Five steps:** Wet, lather, scrub for 20 seconds, rinse, and dry
- **Drying:** Reusable towels are a practical choice at home. They should be changed when visibly dirty. Avoid sharing toiletry
- Hand sanitizer can be used. It should contain at least 60% alcohol. Not an adequate replacement for hand washing if the hands are visibly soiled
- Key moments for hand hygiene:
 - Before, during, and after preparing food
 - Before and after eating food
 - Before and after caring for somebody who is sick
 - After using the toilet or helping someone to do so
 - Changing diapers
 - After touching garbage
 - Before and after handling medical devices or wounds



General Cleaning⁹

- **Definitions:**

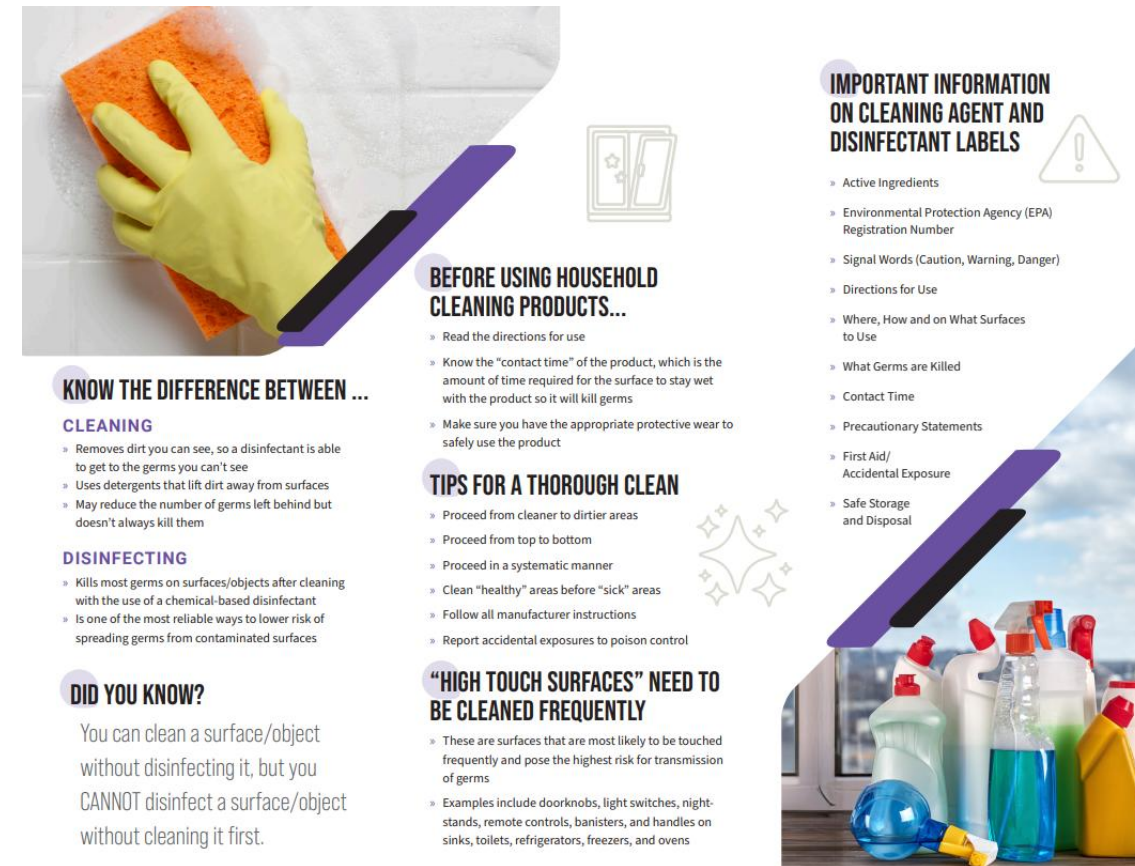
- **Cleaning:** Removes dirt and germs from surfaces. Clean with water and soap (or other detergents)
- **Sanitizing:** Reduces germs to levels considered safe
- **Disinfecting:** kills most germs
- **Contact time:** The amount of time a surface must stay wet for the disinfectant to effectively kill germs



General Cleaning Cont. 10

- **Tips:**

- The label will include active ingredients, the Environmental Protection Agency (EPA) registration number. Read the directions for use for your cleaning supplies.
- Use protective wear if indicated
- Proceed from cleaner to dirtier areas and from top to bottom
- For the bathroom, use different sponges or cloths for the toilet, shower, and sink
- Avoid sharing bathrooms whenever possible. If sharing is necessary, clean and disinfect surfaces at least once a week and do not share toiletries.



BEFORE USING HOUSEHOLD CLEANING PRODUCTS...

- » Read the directions for use
- » Know the "contact time" of the product, which is the amount of time required for the surface to stay wet with the product so it will kill germs
- » Make sure you have the appropriate protective wear to safely use the product

KNOW THE DIFFERENCE BETWEEN ...

CLEANING

- » Removes dirt you can see, so a disinfectant is able to get to the germs you can't see
- » Uses detergents that lift dirt away from surfaces
- » May reduce the number of germs left behind but doesn't always kill them

DISINFECTING

- » Kills most germs on surfaces/objects after cleaning with the use of a chemical-based disinfectant
- » Is one of the most reliable ways to lower risk of spreading germs from contaminated surfaces

TIPS FOR A THOROUGH CLEAN

- » Proceed from cleaner to dirtier areas
- » Proceed from top to bottom
- » Proceed in a systematic manner
- » Clean "healthy" areas before "sick" areas
- » Follow all manufacturer instructions
- » Report accidental exposures to poison control

“HIGH TOUCH SURFACES” NEED TO BE CLEANED FREQUENTLY

- » These are surfaces that are most likely to be touched frequently and pose the highest risk for transmission of germs
- » Examples include doorknobs, light switches, nightstands, remote controls, banisters, and handles on sinks, toilets, refrigerators, freezers, and ovens

IMPORTANT INFORMATION ON CLEANING AGENT AND DISINFECTANT LABELS

- » Active Ingredients
- » Environmental Protection Agency (EPA) Registration Number
- » Signal Words (Caution, Warning, Danger)
- » Directions for Use
- » Where, How and on What Surfaces to Use
- » What Germs are Killed
- » Contact Time
- » Precautionary Statements
- » First Aid/Accidental Exposure
- » Safe Storage and Disposal

Laundry¹⁰

- Always follow manufacturer instructions for use (IFU) of equipment and cleaning
- Dry items completely
- Clean hamper or laundry basket after laundry



BATHROOM CLEANING TIPS

- » Clean top to bottom and cleanest to dirtiest
- » Use separate, clean cloths or sponges for the toilet, tub/shower, and sink
- » Deep clean every 1-2 weeks to prevent mildew and other buildup
- » Clean and disinfect at least weekly toilets, sinks, and other high-traffic surface areas

DID YOU KNOW?

Your bathroom can become home to bacteria, fungus and unwanted odors due to water, steam, and added dirt.



6 STEPS TO A CLEAN BATHROOM

- 1 Apply cleaning solution(s) to toilet, tub/shower, and sink
- 2 Remove shower curtain, floor mats, and items from countertops
- 3 Clean mirrors, countertops, and sinks
- 4 Clean tub/shower
- 5 Clean toilet
- 6 Clean floor

LAUNDRY TIPS

- » Launder using detergent and recommended water temperature
- » Dry items completely
- » Clean clothes hamper or laundry baskets with an appropriate cleaning product after removing dirty laundry
- » It is safe to wash dirty laundry from a person who is sick with other people's items
- » Wash hands after handling dirty laundry



Household Medical Waste ¹¹

- Not regulated by OSHA, but they should adhere to local and state laws and regulations
- Sharps may include needles, syringes, and lancets. They should be placed in a sharp disposal container immediately after use
- Do not reuse sharp containers
- Dispose of sharp containers according to community guidelines. Options may include:
 - Dropbox
 - Waste collection sites
 - Mail-back programs
 - Special waste pick-up services



Respiratory Hygiene¹²



Home Care⁷

- Services range from homemaker/companion services to complex medical care
- It includes home health agencies, private duty and other non-medical providers, home hospice/palliative care providers, home infusion therapy providers, durable medical equipment providers
- Providers will assess the environment of care. Study by Adams et al showed frequent barriers include clutter (74.5%) and dirty environment (70.3%)²⁵
- Home care providers should also assist in patient and caregiver education
- Standard precautions will remain the cornerstone of infection prevention practices. Transmission based precautions could be applied in selected cases.
- Bag technique minimizes the risk of transmission by incorporating hand hygiene, regular cleaning of the interior and exterior of the bag, and proper maintenance of equipment stored in the bag. When a patient is colonized with an MDRO, using a double disposable bag can further reduce the risk of transmission

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Discharge Pathways:

Acute Care to Long-term care



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Resident Education in Long-Term Care (LTC)

- The facility must orient and prepare the resident regarding his or her transfer or discharge in a form and manner that the resident can understand.
- Factors such as educational level, language and/or communication barriers, and physical and mental impairments should be considered.
- The facility must also document this orientation in the medical record, including the resident's understanding of the transfer or discharge.



Interfacility Transfer Form ¹³

Personal Protective Equipment for Safe Patient Contact and Infection Prevention

Please check what is needed:



☐ Standard



☐ Gown



☐ Gloves



☐ Surgical
(Droplet mask)



☐ Fit-Tested
N95

POINT OF CONTACT:

Name

Phone Number

Role (Check one)

☐ Social Work ☐ Case Manager ☐ Nurse ☐ Doctor ☐ Other: _____

Place patient label here:

Patient Name: _____

DOB: _____

Date of Admission: _____

Date of Discharge: _____

Please check:

- ☐ *Clostridium difficile* infection (CDI)
- ☐ Carbapenem - Resistant Enterobacteriaceae (CRE)
- ☐ Other MDRO (VRSA, MRSA, ESBL, VRE): _____
- ☐ Other communicable disease: _____
- ☐ No communicable disease or resistant organisms

Importance & Principles

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



Health Literacy^{14,15}

Health literacy is important for everyone because, at some point in our lives, we all need to be able to find, understand, and use health information and services.

Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Key recommendations included:

- using plain language
- using your audience's preferred language and communication channels
- using culturally and linguistically appropriate language

Health Literacy continued^{14,15}

Even people who read well and are comfortable using numbers can face health literacy issues when:

- They aren't familiar with medical terms or how their bodies work.
- They must interpret statistics and evaluate risks and benefits that affect their health and safety.
- They are diagnosed with a serious illness and are scared and confused.
- They have health conditions that require complicated self-care.

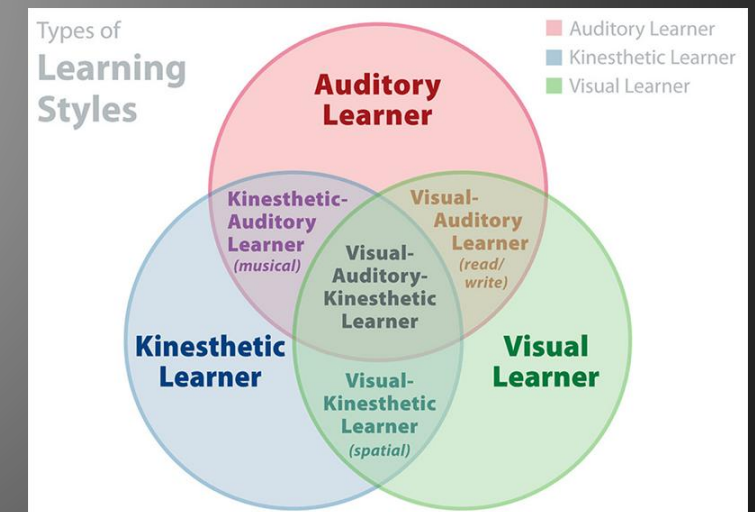
Frontline Staff needs to Assess Literacy Needs^{16,17}

- The interdisciplinary team needs to identify the patient's health literacy needs.
- The patient educator needs to educate the patient and/or their caregiver on self-management tools and techniques based on the patient's individual requirements.
- Patients and/or caregivers should be asked to demonstrate their understanding of the education provided by explaining it in their own words or demonstrating.

Learning Needs Assessment
Is the patient with a caregiver today? If yes, name/relationship: Mother, EEEEEEEEEE
What is your preferred spoken language? English
What is your preferred written language? English
What is your highest level of education? College
Assessment: Special consideration is needed
Impairment Type: Physical
Comments: TEST TEST TEST
Provider reviewed results of learning needs assessment
Previous Learning Needs Assessment:
The patient does not demonstrate cognitive impairment (05/27/2015 10:42:53 AM)

Learning Needs Assessment TEST: AUDREY TEST

Learning Needs Assessment
Is the patient with a caregiver today? If yes, name/relationship: Mother, EEEEEEEEEE
What is your preferred spoken language? English
What is your preferred written language? English
What is your highest level of education? College
Please select one: ☒ Special consideration is needed ☐ Special consideration is NOT needed
Impairment Type: ☒ Physical ☐ Visual ☐ Hearing ☐ Cognitive
Comments: TEST TEST TEST
☒ Provider reviewed results of learning needs assessment
Previous Learning Needs Assessment: The patient does not demonstrate cognitive impairment (05/27/2015 10:42:53 AM)
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close



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Principles of Adult Learning¹⁶

Higher sense of self-direction and motivation

Use their life experience to facilitate learning

Focused on achieving goals

Need to know how the information is relevant

Are practical

Looking for help and mentorship

Open for modern ways of learning

Want to choose how they learn

Learn because they want to or see a direct benefit of learning

Learn by doing/Direct experience

Choose their learning path

Long-term and short-term benefits

Application of what they learn

Learn by example

Be flexible

Information is relevant to learner's current role

Frontline Staff Need to Assess the Learner^{17, 18}

All Healthcare facilities need to perform a learning needs assessment for each patient and/or the patient's caregivers.

Facilities should coordinate the patient/caregiver education and training services provided by all disciplines involved in the patients care, treatment and services.

The educator needs to incorporate the patient's health literacy needs into their patient's education.



Factors Influencing Readiness to Learn

Acuteness of illness

Anxiety

Depression

Fatigue

Financial concerns

Information requested

Interest in learning

Motivation lacking

Motivation to learn

Nonacceptance

Nonalliance

Pain

Example of an Assessment of the Adult Patient

Learning Assessment (Adult Patient)	
Education Details	☐ first grade ☐ second grade ☐ third grade ☐ fourth grade ☐ fifth grade ☐ sixth grade ☐ seventh grade ☐ eighth grade ☐ ninth grade ☐ tenth grade ☐ eleventh grade ☐ twelfth grade ☐ special education ☐ career/technical training ☐ high school graduate or GED ☐ bachelor's degree or some college ☐ graduate level degree or coursework
Factors Influencing Readiness to Learn	☐ acuteness of illness ☐ anxiety ☐ depression ☐ fatigue ☐ financial concerns ☐ information requested ☐ interest in learning ☐ motivation lacking ☐ motivation to learn ☐ nonacceptance ☐ nonalliance ☐ pain
Factors that Impact Ability to Learn	☐ none ☐ cognitive limitations ☐ communication limitations ☐ comprehension ☐ hearing problems ☐ language ☐ learning disabilities ☐ literacy ☐ physical limitations ☐ touch/tactile deficit ☐ visual problems
Learning Preferences	☐ audio ☐ computer/internet ☐ group instruction ☐ individual instruction ☐ pictorial ☐ skill demonstration ☐ verbal instruction ☐ video ☐ written material
Cultural/Personal Considerations	☐ none ☐ cultural/personal considerations (describe)
Developmental Considerations	☐ none ☐ developmental considerations (describe)
Religious Considerations	☐ none ☐ religious considerations (describe)
Other Learners	☐ patient representative ☐ spouse ☐ significant other ☐ family ☐ father
Additional Comments	

Example of Learning
Assessment in an
Electronic Health Record

Learning Assessment (Adult Patient)	
Education Details	☐ first grade ☐ second grade ☐ third grade ☐ fourth grade ☐ fifth grade ☐ sixth grade ☐ ☐ career/technical training ☐ high school graduate or GED ☐ bachelor's degree or some college ☐ g
Factors Influencing Readiness to Learn	☐ acuteness of illness ☐ anxiety ☐ depression ☐ fatigue ☐ financial concerns ☐ inform
Factors that Impact Ability to Learn	☐ none ☐ cognitive limitations ☐ communication limitations ☐ comprehension ☐ hearing p
Learning Preferences	☐ audio ☐ computer/internet ☐ group instruction ☐ individual instruction ☐ pictorial
Cultural/Personal Considerations	☐ none ☐ cultural/personal considerations (describe)
Developmental Considerations	☐ none ☐ developmental considerations (describe)
Religious Considerations	☐ none ☐ religious considerations (describe)
Other Learners	☐ patient representative ☐ spouse ☐ significant other ☐ family ☐ father ☐ moth
Additional Comments	

Example of an Assessment of the Caregiver

Learning Assessment (Other Learner)	
Learner	☐ patient representative ☐ spouse ☐ significant other ☐ family ☐ father ☐ mother ☐ legal guardian ☐ friend
Educational Level	☐ elementary ☐ special education ☐ high school ☐ career/technical training ☐ college ☐ graduate school ☐ postgraduate
Factors Influencing Readiness to Learn	☐ acuteness of illness ☐ anxiety ☐ depression ☐ fatigue ☐ financial concerns ☐ information requested ☐ interest in learning ☐ motivation lacking ☐ motivation to learn ☐ nonacceptance ☐ nonalliance ☐ pain
Factors that Impact Ability to Learn	☐ none ☐ cognitive limitations ☐ communication limitations ☐ comprehension ☐ hearing problems ☐ language ☐ learning disabilities ☐ literacy ☐ physical limitations ☐ touch/tactile deficit ☐ visual problems
Learning Preferences	☐ audio ☐ computer/internet ☐ group instruction ☐ individual instruction ☐ pictorial ☐ skill demonstration ☐ verbal instruction ☐ video ☐ written material
Cultural/Personal Considerations	☐ none ☐ cultural/personal considerations (describe)
Developmental Considerations	☐ none ☐ developmental considerations (describe)
Religious Considerations	☐ none ☐ religious considerations (describe)
Knowledge Base	
Learning Assessment (Other Learner) Comments	

Learning Assessment (Other Learner)	
Learner	☐ patient representative ☐ spouse ☐ significant other ☐ family ☐ father ☐ mother
Educational Level	☐ elementary ☐ special education ☐ high school ☐ career/technical training ☐ college ☐ graduate
Factors Influencing Readiness to Learn	☐ acuteness of illness ☐ anxiety ☐ depression ☐ fatigue ☐ financial concerns ☐ information
Factors that Impact Ability to Learn	☐ none ☐ cognitive limitations ☐ communication limitations ☐ comprehension ☐ hearing problem
Learning Preferences	☐ audio ☐ computer/internet ☐ group instruction ☐ individual instruction ☐ pictorial
Cultural/Personal Considerations	☐ none ☐ cultural/personal considerations (describe)
Developmental Considerations	☐ none ☐ developmental considerations (describe)
Religious Considerations	☐ none ☐ religious considerations (describe)
Knowledge Base	

Example of Learning Assessment in an Electronic Health Record

Instructional Methods¹⁶



LECTURES



COMPUTER-BASED
TRAINING



GAMES-QUIZZES,
WORD SEARCH AND
SCRAMBLE PUZZLES



SELF-INSTRUCTIONAL
MODULES



VIDEOS-SHORT
VIDEO CLIPS



TRAIN THE TRAINER

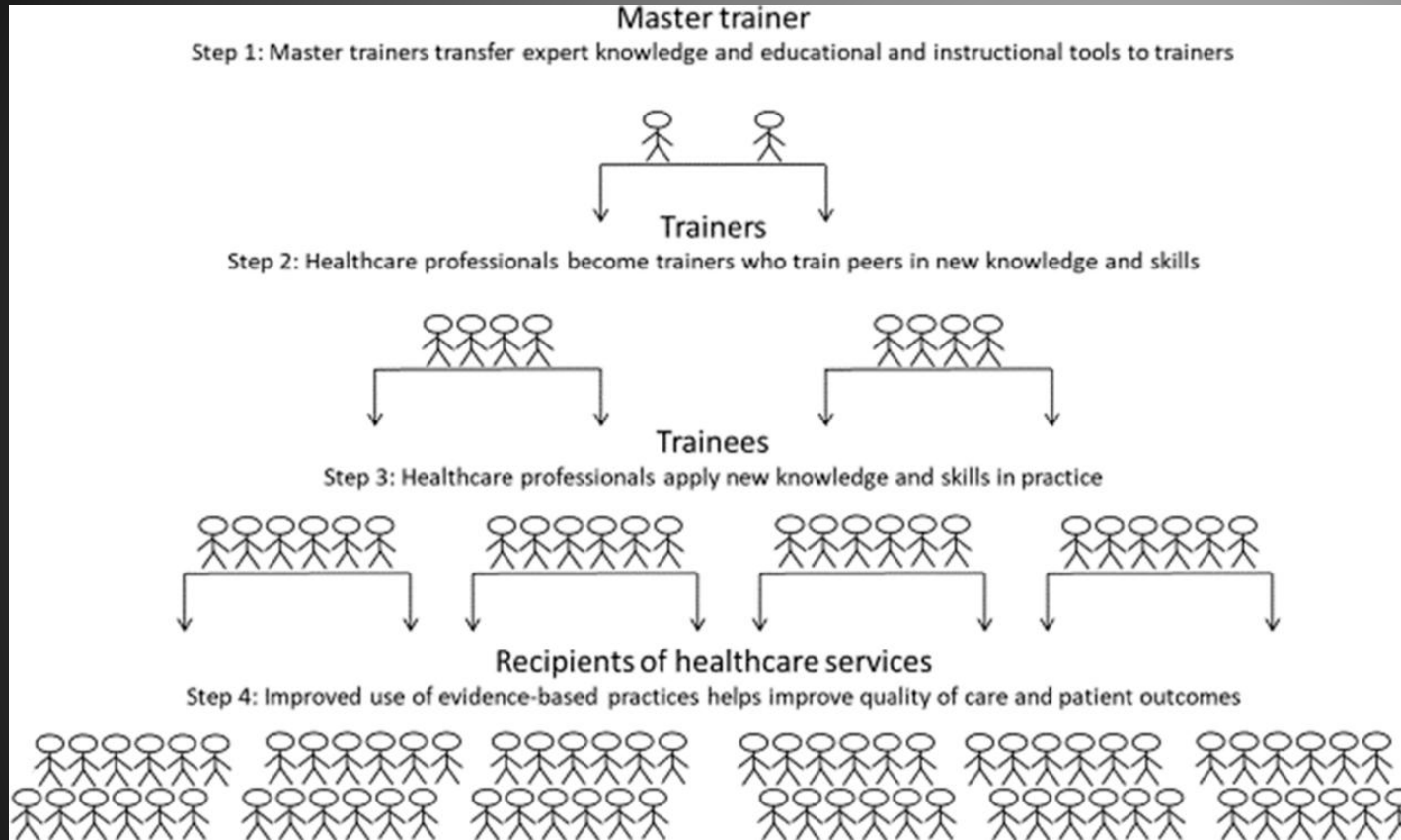


CASE STUDIES



SIMULATION

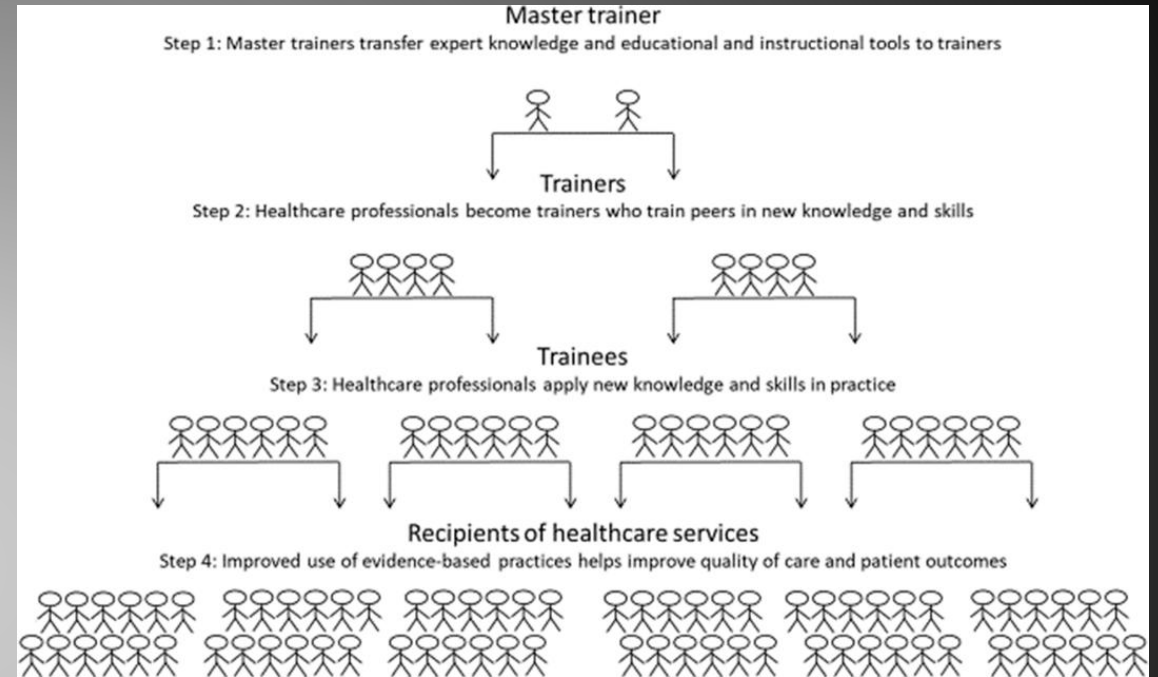
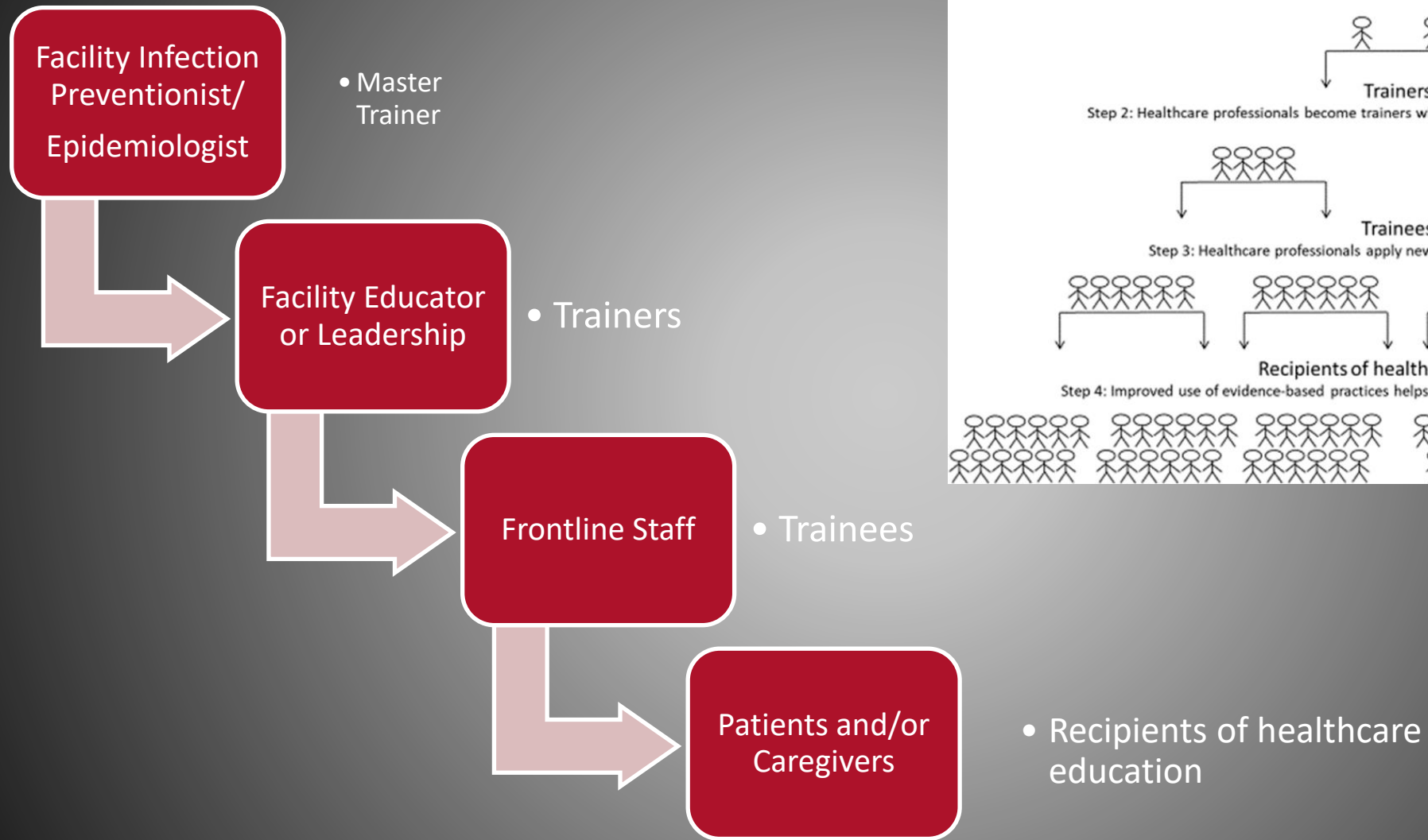
Train the Trainer^{16,19}



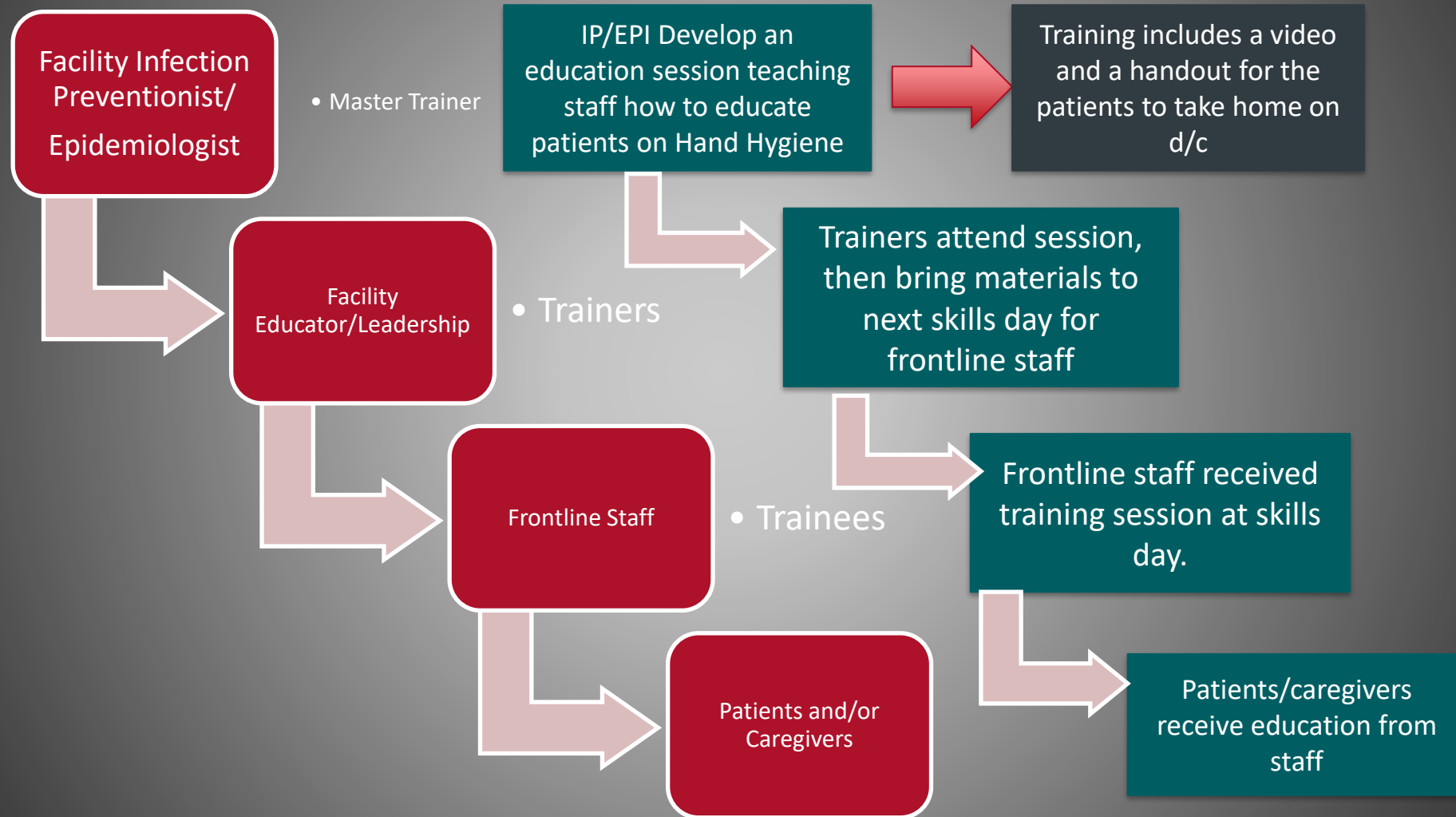
Train-the-trainer models can successfully disseminate knowledge to frontline healthcare staff within healthcare systems.

Instructors use leader guides to train selected personnel, who are then responsible for implementing the training program in a particular department or area and providing the ongoing staff in-service and continuing education.

Example of Train the Trainer in the Health Care Setting^{16,19}



Example of Train the Trainer For Patient Hand Hygiene



Common Patient Discharge Education Process

Orders received for discharge

Nurse prints educational materials from computer system

Nurse reviews paper stack of education materials with patient/caregiver

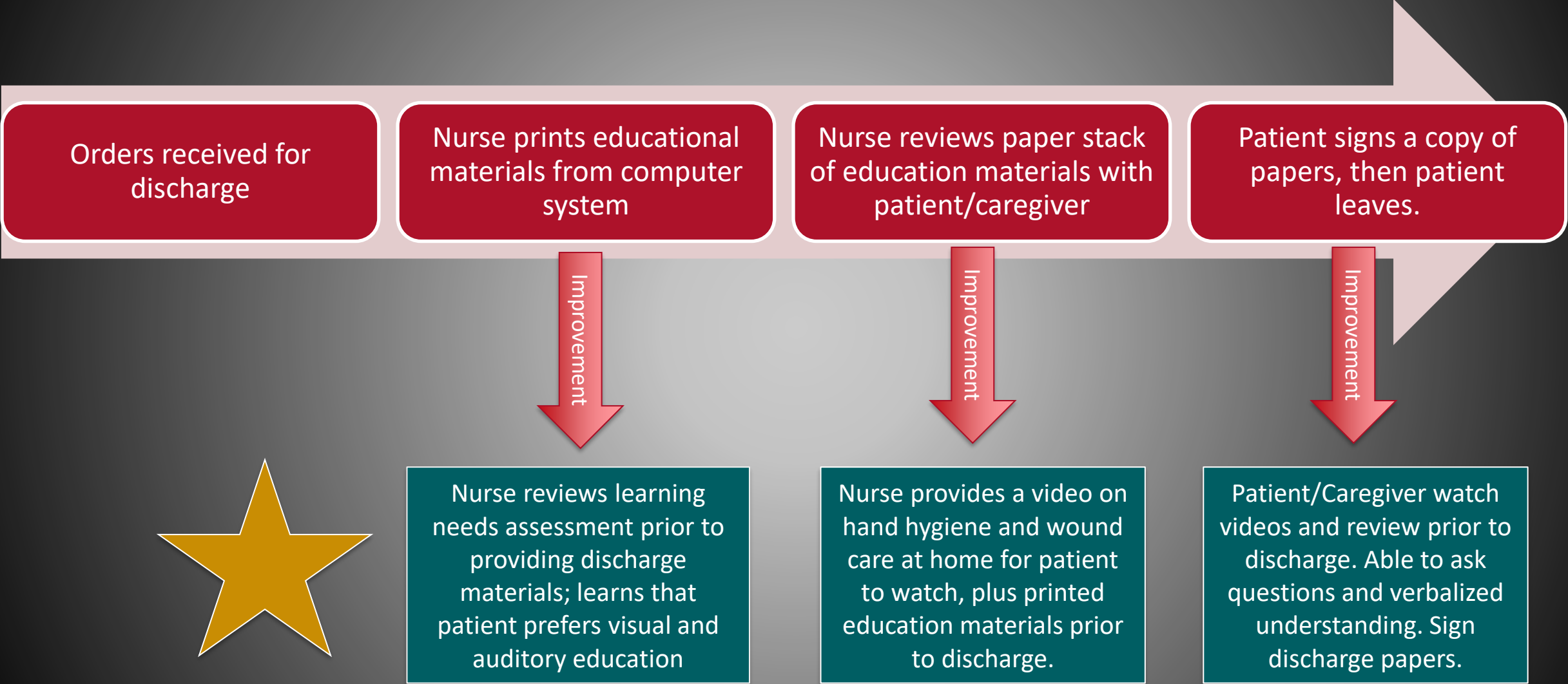
Patient signs a copy of papers, then patient leaves.



Issues with this process:

- Not tailored to individual patient learning needs
- Only written/verbal education given
- No return demonstration of competency or verbalized understanding

Improved Patient Discharge Education Process



Demonstration of Competency²⁰

Competency may not be demonstrated simply by documenting that patients or their caregivers attended a training, listened to a lecture, or watched a video.

A learner's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video should be assessed and evaluated by frontline staff.

Examples for evaluating competencies may include but are not limited to:

- Verbal education with return demonstration for physical activities
- A pre-and post-test
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for patient.



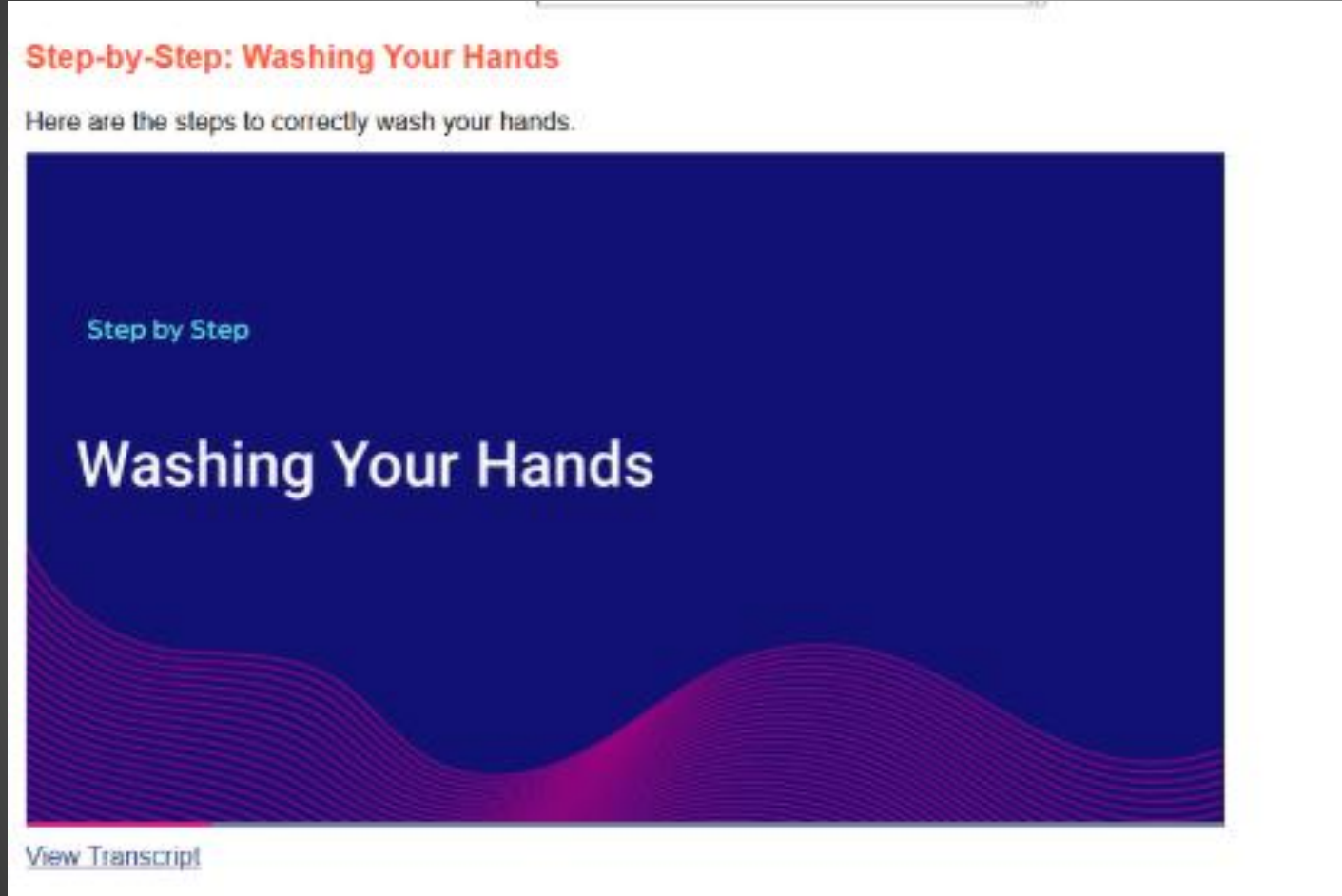
Discharge Education Planning Starts at Admission²⁰

Examples of education that should be done prior to discharge:	
Wound Care	• Wound Care nurse provides education session for family members, and they provide return demonstration prior to discharge
Central Line Care	• Nurse has patient demonstrate performing central line maintenance care three times independently prior to discharge
Urinary Catheter Care	• Nurse has family demonstrate performing catheter care with hand hygiene several days prior to discharge

Identify needs that must be addressed before the patient is be discharged

Discharge planning begins at admission and is based on the patient’s assessment and goals for care, desire to be discharged, and the patient’s capacity for discharge.

Examples of Materials for Hand Hygiene Training



Example of Step-by-Step: Washing Your Hands Video, courtesy of © 2000-2025 The StayWell Company, LLC. All Rights Reserved.

Assign patients videos to watch.

Could be during admission (use system on TV) or after discharge (link on discharge paperwork)

Examples of materials for Hand Hygiene Training⁸



INFECTION PREVENTION

Infection prevention and control (IPC) in your home is a set of practices that help to protect you and your family from getting sick and spreading illnesses and infectious diseases. These practices include maintaining good hygiene, cleaning, disinfecting surfaces, and social distancing.

Hand hygiene is a crucial aspect of IPC in your home.



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

This brochure was created by the Infection Prevention and Control Team at the Virginia Department of Social Services (VDSS) and made possible through the Virginia Long-Term Care Infrastructure and Pilot Program grant awarded to VDSS by the Virginia Department of Health through funding from the Centers for Disease Control and Prevention.



FOR MORE INFO



Scan this QR code or visit:
www.dss.virginia.gov/trainthetrainer



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

HAND HYGIENE IN YOUR HOME



Proper handwashing could save 1 MILLION LIVES EVERY YEAR!



GERMS REQUIRE 3 THINGS TO SPREAD:

1. **SOURCE** - A place where the germs live
2. **HOST** - A susceptible person with a way for the germs to get into the body
3. **MODE OF TRANSMISSION** - A way for germs to get from a source to a host

WHEN SHOULD I CLEAN MY HANDS?

- Whenever hands are visibly dirty or contaminated
- Immediately before preparing food
- Immediately before eating
- After smoking
- After using the restroom or helping someone else use the restroom
- After blowing your nose, coughing, or sneezing
- After touching a pet, pet food, treats, cages, or animal feces
- After handling the mail or packages
- After handling garbage
- After removing gloves
- After using cleaning products
- After coming in from outdoors and/or outings



WHY IS IT IMPORTANT?

- » Many infections are spread by our hands
- » Hands pick up germs and carry them from place to place, transferring the germs to surfaces, or people (including yourself)!

HAND WASHING TIPS USING SOAP AND WATER (PREFERRED)



- Wet hands with water
- Apply soap
- Rub hands together for at least 20 seconds covering all surfaces, focusing on the fingertips and fingernails
- Rinse under running water and dry with disposable towel
- Turn off the faucet with a clean paper towel or your forearm/elbow

USING HAND SANITIZER

- Make sure it contains at least 60% alcohol
- Apply to palm of one hand
- Rub hands together, covering all surfaces, focusing on the fingertips and fingernails, until dry
- Rubbing motions should take at least 20 seconds
- Allow hands to air dry (no waving or fanning)



Brochure courtesy of Virginia Department of Social Services:
https://www.dss.virginia.gov/files/division/licensing/train-the-trainer/tri-fold_brochures/Licensing_Tri-Fold_Brochure3_hand-hygiene.pdf

Patient Education in Different Languages

Ignite ON-DEMAND

Multidrug-Resistant Organisms (MDRO)

Some bacteria have become resistant to the common antibiotics. This means the antibiotics can no longer kill those germs. Some types of antibiotic are called multidrug-resistant organisms (MDROs). They are found in hospitals and long-term care facilities. But they have also been found in children and adults. A person may be a carrier of the bacteria without having any symptoms from it. Or they may have an infection from it.

- **Colonization.** When a person carries the MDRO but does not have any symptoms, they are colonized. This person can spread the MDRO to others if their immune system gets weak.
- **Infection.** When a person gets sick because of the MDRO, they are infected. A person can also spread the MDRO to others. If a person is infected, it can be serious and even cause death.

What causes MDROs?

MDROs are mainly caused by the misuse of antibiotics.

- Are taken when they're not needed
- Aren't taken for the full time prescribed by the healthcare provider
- Are fed in large amounts to animals raised for food

At first, only a few bacteria may survive treatment with antibiotics. But if the antibiotics are not used correctly, the more likely it is that resistant bacteria will grow.

Who's at risk for MDROs?

Anyone can be colonized or infected by an MDRO. People at risk include:

- Living with or having close contact with a person who has an MDRO
- Sharing items with a person who's infected or colonized
- Having a serious illness or weakened immune system
- Recent hospital stay
- Living in a nursing home or long-term care facility
- Recent antibiotic treatment
- Having repeated medical procedures, such as surgery
- Having a medical device, such as a tube placed in the body
- Past MDRO colonization or infection
- Being older
- Injecting illegal drugs

Ignite ON-DEMAND

Organismos resistentes a múltiples medicamentos (MDRO)

Algunas bacterias se han vuelto resistentes a los medicamentos comunes. Esto significa que los antibióticos ya no funcionan para combatirlos. Algunos tipos de antibióticos se llaman organismos resistentes a múltiples medicamentos (MDRO, por su sigla en inglés). Se encuentran en hospitales y centros de atención a largo plazo. Pero también se encuentran en niños y adultos. Una persona puede ser portadora de la bacteria sin presentar ningún síntoma. O puede tener una infección causada por la bacteria y, en este caso, sí presenta síntomas.

- **Colonización.** Cuando una persona es portadora de un MDRO, pero no está colonizada. Esta persona puede contagiar el MDRO a otras personas si su sistema inmunitario está debilitado.
- **Infección.** Si una persona se enferma a causa de la bacteria, está infectada. Una persona también puede contagiar el MDRO a otros. Si no se trata a tiempo, la infección por MDRO pueden ser graves e incluso pueden producir la muerte.

¿Cuáles son las causas de los MDRO?

Los MDRO se deben principalmente al mal uso de los antibióticos. Un uso incorrecto de los antibióticos puede causar lo siguiente:

- Se toman cuando no son necesarios
- No se toman durante el tiempo total que indicó el proveedor de atención médica
- Se administran en grandes cantidades a animales criados para producción

Al principio, es posible que unas pocas bacterias sobrevivan al tratamiento con antibióticos. Pero si los antibióticos no se usan correctamente, es más probable que las bacterias resistentes crezcan.

¿Quién corre riesgo de contraer MDRO?

Un MDRO puede colonizar o infectar a cualquier persona. Pero hay algunas personas que corren mayor riesgo de contraer un MDRO. Entre ellas, se encuentran:

- Vivir o tener contacto cercano con una persona que está infectada o colonizada
- Compartir elementos con una persona que está infectada o colonizada
- Tener una enfermedad grave o el sistema inmunitario debilitado
- Haber tenido una hospitalización reciente
- Residir en un hogar de ancianos o en un centro de cuidados de larga duración
- Haber recibido un tratamiento con antibióticos en el último tiempo
- Haberse hecho varios procedimientos médicos, como hemodiálisis
- Tener colocado un dispositivo médico, como un catéter urinario (un tubo para eliminar la orina)
- Haber estado colonizado o infectado por MDRO antes
- Ser mayor
- Inyectarse drogas ilegales

Ignite ON-DEMAND

Multidrug-Resistant Organisms (MDROs)

Vì sinh vật đa kháng thuốc (MDRO)

Một số vi khuẩn đã trở nên kháng các loại thuốc thông thường (kháng sinh) được sử dụng để điều trị chúng. Điều này có nghĩa là thuốc kháng sinh không còn có thể tiêu diệt được những vi trùng đó nữa. Một số loại kháng sinh được gọi là sinh vật đa kháng thuốc (MDRO). MDRO chủ yếu ảnh hưởng đến những người ở bệnh viện và cơ sở chăm sóc dài hạn. Nhưng chúng cũng trở nên phổ biến hơn ở trẻ em và người lớn khỏe mạnh. Một người nào đó có thể là người mang vi khuẩn. Có nghĩa là họ không có bất kỳ triệu chứng nào. Hoặc họ có thể bị nhiễm khuẩn, nghĩa là họ có triệu chứng.

- **Cư trú.** Khi một người mang vi khuẩn MDRO nhưng không có triệu chứng thì được gọi là bị vi khuẩn cư trú. Người này có thể lây lan MDRO cho người khác. Về sau họ cũng có thể xuất hiện các triệu chứng nếu hệ miễn dịch của họ yếu đi.
- **Nhiễm khuẩn.** Khi một người bị bệnh do vi khuẩn này, họ đã bị nhiễm MDRO. Người này cũng có thể lây lan MDRO cho người khác. Nếu không được điều trị đúng cách, tình trạng nhiễm MDRO có thể rất nghiêm trọng và thậm chí gây tử vong.

Nguyên nhân gì gây ra MDRO?

MDRO chủ yếu là do lạm dụng kháng sinh. Lạm dụng xảy ra khi kháng sinh:

- Được dùng khi không cần thiết
- Không được dùng đủ thời gian như chỉ định của nhà cung cấp dịch vụ chăm sóc sức khỏe
- Được cho động vật nuôi để lấy thịt, chẳng hạn như gà và gia súc ăn với số lượng lớn

Lúc đầu, chỉ có một số vi khuẩn có thể sống sót sau khi điều trị bằng kháng sinh. Nhưng càng sử dụng kháng sinh thường xuyên thì khả năng vi khuẩn kháng thuốc phát triển càng lớn.

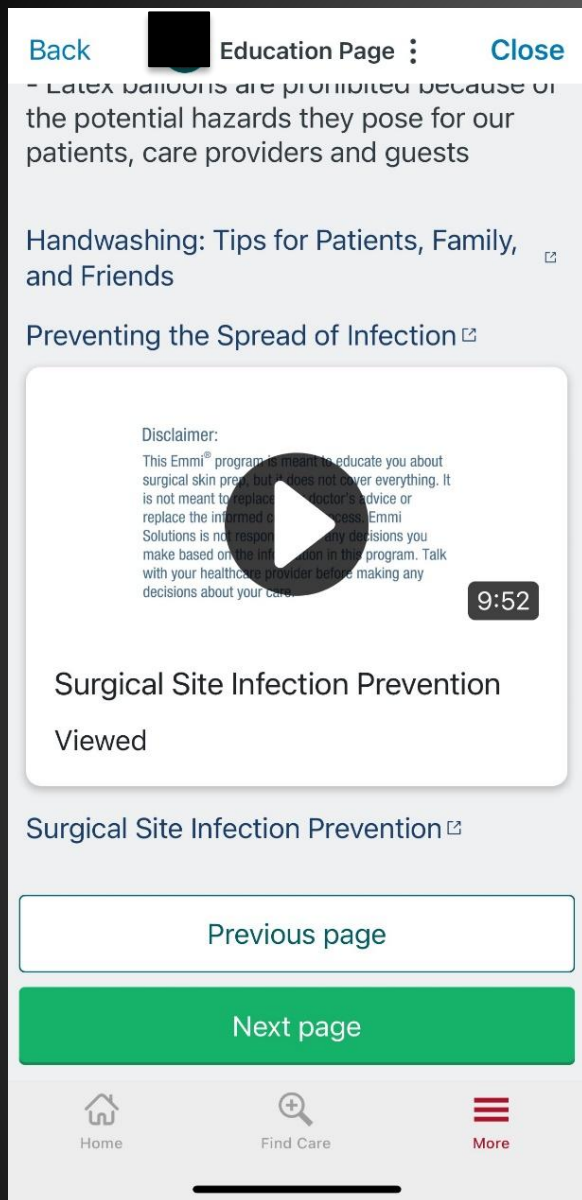
Ai có nguy cơ nhiễm MDRO?

Bất kỳ ai cũng có thể bị MDRO cư trú hoặc bị nhiễm MDRO. Nhưng một số yếu tố rủi ro khiến điều này dễ xảy ra hơn. Chúng bao gồm:

- Sống chung hoặc tiếp xúc gần với người bị nhiễm hoặc có MDRO cư trú
- Dùng chung đồ vật với người bị nhiễm hoặc có MDRO cư trú
- Bị bệnh nặng hoặc hệ thống miễn dịch suy yếu
- Gắn dây nẹp vết thương
- Sống trong viện dưỡng lão hoặc cơ sở chăm sóc dài hạn
- Điều trị bằng kháng sinh gần đây
- Làm các thủ thuật y khoa lặp đi lặp lại, chẳng hạn như chạy thận nhân tạo
- Dùng thiết bị y tế, chẳng hạn như ống đặt trong bàng quang để dẫn lưu nước tiểu (ống thông tiểu)
- Trước kia từng nhiễm hoặc có MDRO cư trú
- Lớn tuổi hơn
- Tiêm chích ma túy bất hợp pháp

Evaluate what references are available to staff that area already translated into different languages

Most hospitals have access to a database of discharge instructions that are already available in several different languages



Use of Technology for Patient Education

Use a phone application!

This is an example of education that I personally received as an inpatient receiving surgical care.

I was signed up to be able to look at my test results, notes, etc. via the healthcare facilities electronic health care record system.

While I was a patient, I received alerts/notifications that this education was assigned and available for review within the same application.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Other resources

SHEA Guide to Being a Safe Patient or Caregiver²¹

- Available at: <https://eguideline.guidelinecentral.com/i/1530868-guide-to-being-a-safe-patient-or-caregiver-to-help-prevent-infections/7?>



GUIDE TO BEING A SAFE PATIENT OR CAREGIVER

Help Prevent Infections

Take these steps to protect patients and their caregivers from germs while in the hospital.



Surgical Site Infection (SSI)

A surgical site infection (SSI) is an infection that occurs after surgery, usually in the part of the body where the surgery took place.

Tell a healthcare professional if you have:

- Fever
- Cloudy fluid draining from your surgical wound
- Redness, pain, warmth, tenderness, swelling, or a bad odor at your surgical wound.

*Follow the **Steps to Prevent HAIs. Before your surgery** also:*

- Tell your doctor about any medical problems you have. Health problems like allergies or diabetes could affect your surgery and your treatment.
- Ask your doctor if there are specific instructions for bathing prior to surgery. You may be asked to shower, or you may be wiped or bathed with a special antiseptic before surgery.
- Ask if you will get antibiotics before surgery.
- If you are having a heart, brain, or spine surgery, ask if you need to be screened for MRSA.
- Do not shave near where you will have the surgery. Shaving with a razor can irritate your skin and make you more vulnerable to an infection.
- Confirm with your healthcare team that you will not be shaved with a razor. Your surgeon may need to remove some of your hair before your surgery. Hair removal should be done immediately before the surgery with electric clippers.
- Only allow healthcare professionals to touch the surgical wound or dressings. Patients, visitors, and family members should not touch the surgical wound or dressing while the patient is in the hospital.

Patient prompt:

When receiving instructions before a surgery, ask,
“Will I get antibiotics for this surgery? If so, when
will I get them and when will they be stopped?”



Methicillin-Resistant *Staphylococcus aureus* (MRSA)

- *Staphylococcus aureus* or “staph” can infect wounds in the skin, cause pneumonia, or cause infections of the blood.
- MRSA is a type of staph that cannot be killed by some of the antibiotics used to treat staph infections.
- People commonly carry MRSA on their skin or in their nose without developing an infection.
- The chance of getting an MRSA infection from visiting a person who has MRSA is low. Still, MRSA can spread on equipment, room surfaces, and on the hands of healthcare professionals and visitors. Visitors should follow instructions carefully if a patient has an MRSA infection.

Tell a healthcare professional if you have:

- Fever
- Chills
- A bump or infected area on the skin that may be red, swollen, or full of pus or discharge
- Headache
- Chest pain
- Cough or shortness of breath.

*Follow the **Steps to Prevent HAIs, and:***

- Visitors may be asked to wear disposable gowns and gloves during the visit. Requirements for wearing gowns and gloves may vary by facility. If visitors are asked to wear gloves, they should clean their hands before and after using them.
- Ask visitors to perform hand hygiene before entering and after exiting your hospital room.
- After returning home:
 - Use hot water to wash clothes and bed linens.
 - Wash dishes with soap and water and dry them.
- Tell anyone else who is caring for you that you have an MRSA infection (for example, home health nurses and aides, therapists, and doctors' offices).

SHEA Guide to Being a Safe Visitor²²

- Available at: <https://guideline.guidelinecentral.com/i/1530869-guide-to-being-a-safe-visitor-to-help-prevent-infections/0?>



GUIDE TO BEING A SAFE VISITOR

Help Prevent Infections

Take these steps to protect patients and yourself from germs when you visit the hospital.



Common HAIs and How You Can Help to Prevent Them

Catheter-associated urinary tract infection (CAUTI)

- An indwelling urinary catheter is a tube inserted into the patient's bladder to collect urine. It can cause a urinary tract infection called a catheter-associated urinary tract infection (CAUTI).
- As a visitor**, follow the *Steps to Protect Patients and You*, and avoid the catheter tubing.

Central line-associated bloodstream infection (CLABSI)

- A central line or intravenous catheter (IV) is a small tube placed in a vein in the neck, chest, arm, or groin. It can cause a bloodstream infection called central line-associated bloodstream infection (CLABSI).
- As a visitor**, follow the *Steps to Protect Patients and You*, and avoid the catheter tubing.

Pneumonia

- A ventilator is a machine that helps a patient breathe by giving oxygen through a tube placed in their mouth, nose, or a hole in the front of their neck. A ventilator can cause pneumonia called ventilator-associated pneumonia (VAP).
- Lung infections also can occur in hospitalized patients that do not have a ventilator.
- As a visitor**, follow the *Steps to Protect Patients and You*, and take care to avoid cords and tubing around the patient.

Surgical Site Infection (SSI)

- A surgical site infection (SSI) is an infection that occurs after surgery, usually in the part of the body where the surgery took place.
- As a visitor**, follow the *Steps to Protect Patients and You*, and:
 - Do not touch the surgical wound or dressing. Only healthcare professionals should touch the surgical wound or dressing while the patient is in the hospital.
 - After they return home, the patient will have specific instructions for care of their wound. Visitors of patients at home should not touch the wound or dressing, unless they are involved in the care of the patient and they have received training from the patient's healthcare team to be involved in the care of the patient.

Methicillin-Resistant *Staphylococcus aureus* (MRSA)

- Staphylococcus aureus* or "staph" can infect wounds in the skin, cause pneumonia, or cause infections of the blood.
- MRSA is a type of staph that cannot be killed by some of the antibiotics used to treat staph infections.
- People commonly carry MRSA on their skin or in their nose without developing an infection. The chance of getting an MRSA infection from visiting a person who has MRSA is low. Still, MRSA can spread on equipment, room surfaces, and on the hands of healthcare professionals and visitors. Visitors should follow instructions carefully when they are visiting a patient who has an MRSA infection.
- As a visitor**, follow the *Steps to Protect Patients and Yourself*. You may be asked to wear a disposable gown and gloves during your visit. Before and after you use gloves, wash your hands with soap and water. Requirements for wearing gowns and gloves may vary by facility.

Clostridioides difficile (C. diff)

- Clostridioides difficile* or "C. diff" (pronounced See-dif) is a germ that can cause severe diarrhea. Most cases of C. diff infection occur in patients who are taking antibiotics. While anyone can get C. diff, people who were recently in the hospital have the highest risk. C. diff can live outside the human body for a long time, in the bathroom, on equipment, on other surfaces, and on hands.
- As a visitor**, follow the *Steps to Protect Patients and Yourself*. You may be asked to wear a disposable gown and gloves during your visit. Before and after you use gloves, wash your hands with soap and water. Requirements for wearing gowns and gloves may vary by facility.

Pediatric Patients

Some pediatric patients – especially pre-term newborns – can get sick very easily. Caregivers and visitors should be up-to-date with their vaccines, meaning that they have gotten the vaccines recommended for them. Vaccinated caregivers and visitors protect vulnerable patients by "cocooning" them with their protection.

Pediatric patients may not be able to follow instructions consistently. Caregivers may need to help them with the steps in this guide and any special instructions from the healthcare team.

Reference Section 1

1. CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings. <https://www.cdc.gov/infection-control/hcp/core-practices/index.html> Accessed: 2/16/2025
2. 2022 Interim Guidance for a Public Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MDROs)
3. CDPH Healthcare-associated infections Program. <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx> Accessed: 2/16/2025
4. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
5. CDC's Transmission-based precautions. <https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html> Accessed: 2/16/2025
6. Enhanced barrier precautions. <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html> accessed: 2/16/2025
7. McGoldrick, M. (2023, September 25). Home care. APIC Text. <https://text.apic.org/toc/infection-prevention-for-practice-settings-and-service-specific-patient-care-areas/home-care>
8. CDC Clean hands. <https://www.cdc.gov/clean-hands/about/> Accessed: 2/16/2025
9. How to clean and disinfect your home. <https://www.cdc.gov/hygiene/about/when-and-how-to-clean-and-disinfect-your-home.html> Accessed: 2/16/2025
10. General cleaning https://www.dss.virginia.gov/files/division/licensing/train-the-trainer/tri-fold_brochures/Licensing_Tri-Fold_Brochure1_bathroom-laundry.pdf Accessed: 2/16/2025
11. Disposal of sharps <https://www.fda.gov/medical-devices/safely-using-sharps-needles-and-syringes-home-work-and-travel/best-way-get-rid-used-needles-and-other-sharps> Accessed: 2/16/2025
12. Cough Etiquette. <https://www.dhs.wisconsin.gov/publications/p02673.pdf> Accessed: 6/2/2025
13. Interfacility Transfer form <https://dhhs.ne.gov/HAI%20Documents/Interfacility%20Infection%20Control%20Transfer%20Form.pdf> Accessed 6/2/25

Reference Section 2

14. Centers for Disease Control and Prevention. (2024, October 16). What is health literacy?. Centers for Disease Control and Prevention. <https://www.cdc.gov/health-literacy/php/about/index.html#:~:text=These%20definitions%20are%20%20a%20%20change%20from%20the,make%20appropriate%20health%20decisions.%22%20The%20new%20definitions>
15. Office of Disease Prevention and Health Promotion. (n.d.). Health Literacy in healthy people 2030. Health Literacy in Healthy People 2030 - Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>
16. Bachman, B., & Kenneley, I. (2024, August 27). Education and training. APIC Text. <https://text.apic.org/toc/overview-of-infection-prevention-programs/education-and-training>
17. TTUHSC EMR Team. (2015, June 25). *Joint Commission Changes – Learning Needs Assessment*. EMR_Newsletter. https://ttuhscep.edu/emr_newsletter/ElPasoFilesNewsletterHistory/062515/EMR_Newsletter.aspx
18. The Joint Commission E-dition (2025, January 1). Program: Hospital. Chapter: Provision of Care, Treatment, and Services. <https://e-edition.jcrinc.com/MainContent.aspx>
19. Nexø MA, Kingod NR, Eshøj SH, Kjærulff EM, Nørgaard O, Andersen TH. The impact of train-the-trainer programs on the continued professional development of nurses: a systematic review. BMC Med Educ. 2024;24(1):1-15. doi:10.1186/s12909-023-04998-4
20. *State Operations Manual Appendix PP*. Centers for Medicare & Medicaid Services. (n.d.). <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
21. The Society for Healthcare Epidemiology of America (SHEA) . (n.d.-b). Guide to being a safe patient or caregiver. Shea guidelines bundle (Free trial) - guide to being a safe patient or caregiver to help prevent infections. <https://eguideline.guidelinecentral.com/i/1530868-guide-to-being-a-safe-patient-or-caregiver-to-help-prevent-infections/0?>
22. The Society for Healthcare Epidemiology of America (SHEA) . (n.d.). Guide to being a safe visitor. Shea guidelines bundle (Free trial) - guide to being a safe visitor to help prevent infections. <https://eguideline.guidelinecentral.com/i/1530869-guide-to-being-a-safe-visitor-to-help-prevent-infections/0?>

Questions & Answer Session

- Please use the Q&A box in the webinar platform to type your question so it can be read aloud.
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ASAP

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- Explore current antibiotic use trends
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The Core Elements of Outpatient Antibiotic Stewardship Programs



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