Guidance and responses were provided based on information known on 08.13.2026 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

Infection Prevention Webinar Series for Long Term Care

August 13, 2026

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presentation Information

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Moderated by Marissa Chaney	machaney@nebraskamed.com

- Slides and a recording of this presentation will be available on the ICAP website: https://icap.nebraskamed.com/events/webinar-archive/
- Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail NE ICAP or call during our office hours to speak with one of our IPs.

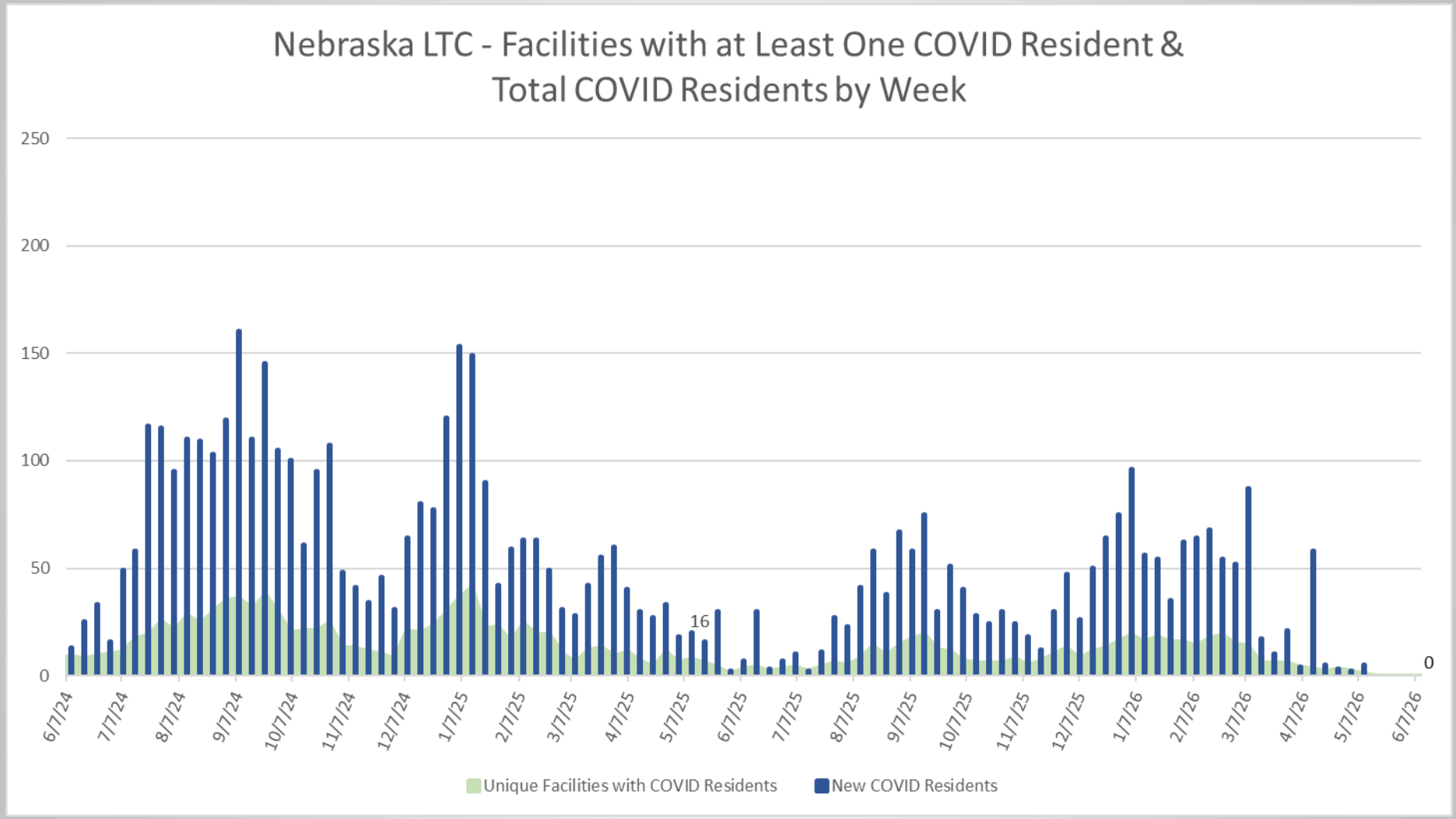
Continuing Education Disclosures

- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- To obtain the nursing contact hour, you must attend the entire live activity and complete the post webinar survey
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content
- This CE is hosted Nebraska ICAP along with Nebraska DHHS
- Nebraska Infection Control Assessment and Promotion Program is approved as a provider of nursing continuing professional development by VTL Center for Professional Development, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Communicable Illness Update

NE ICAP

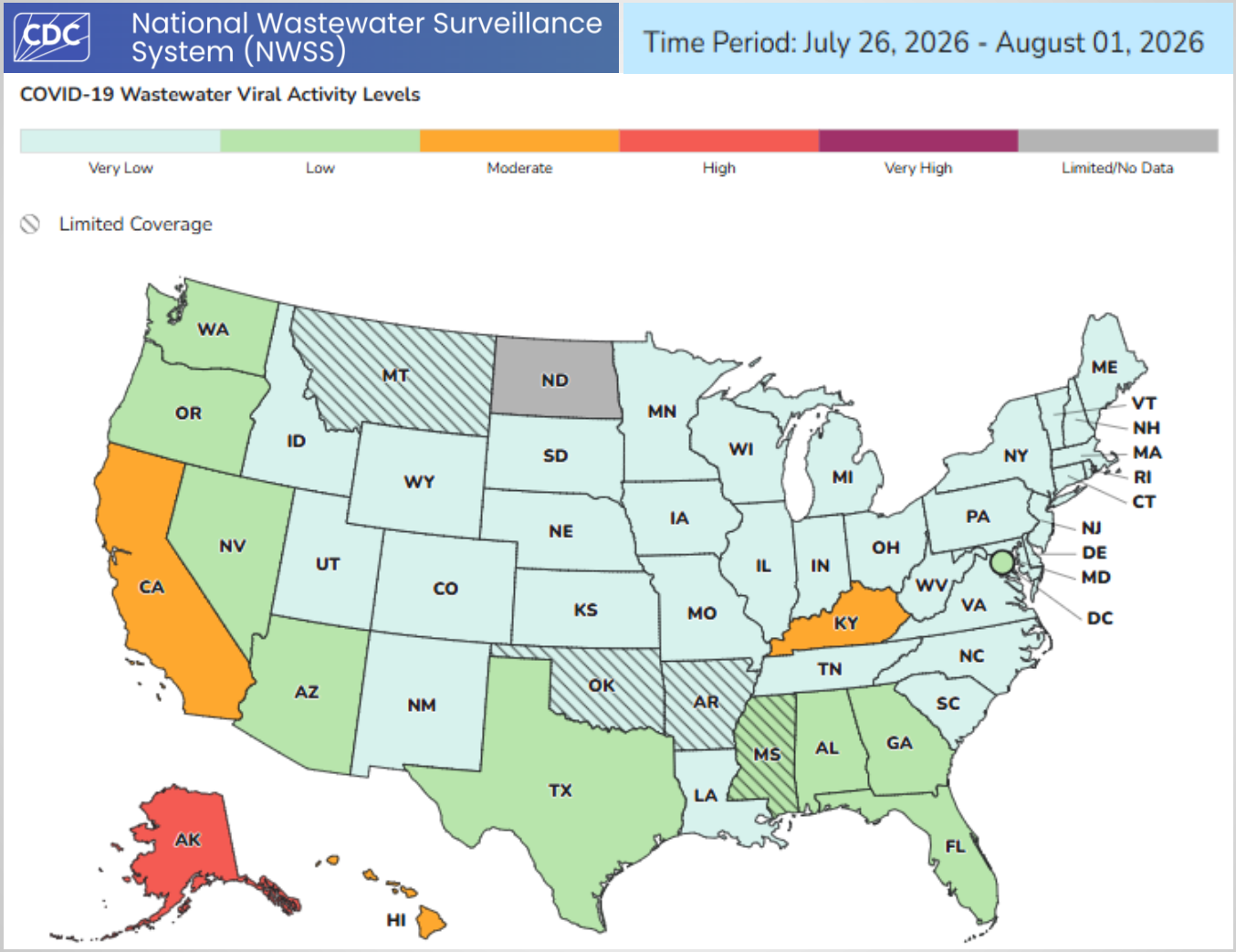
Nebraska LTC Facility COVID-19 Outbreaks



**Updated: 6/8/2026

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

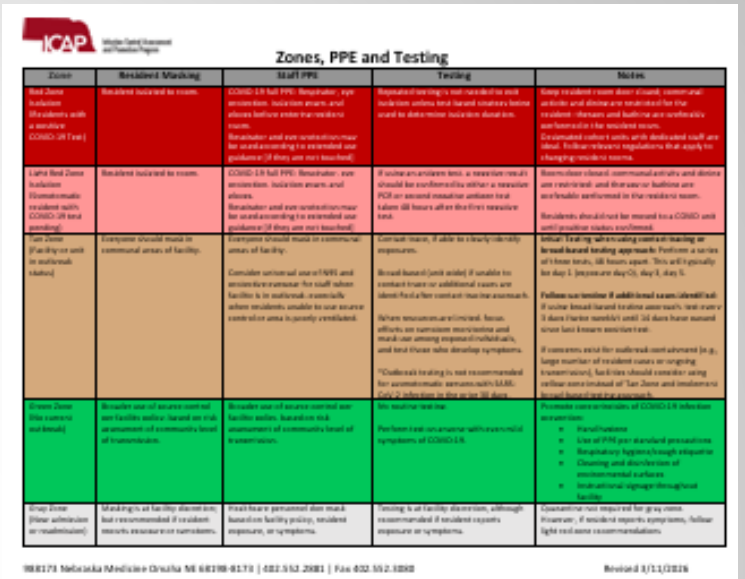
COVID-19 Wastewater Activity



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

Early detection of symptoms is the key in managing an outbreak.

- Anyone with even mild symptoms of COVID-19 should receive a viral test for SARS-CoV-2 as soon as possible.
- Apply transmission-based precautions as recommended by CDC.
- Initiate outbreak testing per recommendations.



ICAP

Zones, PPE and Testing

Zone	Resident Masking	Staff PPE	Testing	Notes
Red Zone Isolation (Residents with a positive COVID-19 Test)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection. Isolation gown and gloves before entering resident's room. Respirator and eye protection may be used according to extended use guidance (if they are not touched).	Repeated testing is not needed to end isolation unless test-based strategy below used to determine isolation duration.	Keep resident room door closed; communal activities and dining are restricted to the resident room. Dedicated toilet units with dedicated staff are ideal. Follow relevant regulations that apply to changing resident rooms.
Light Red Zone Isolation (Symptomatic resident with COVID-19 test pending)	Resident isolated to room.	COVID-19 full PPE: Respirator, eye protection. Isolation gown and gloves. Respirator and eye protection may be used according to extended use guidance (if they are not touched).	If initial antigen test, a negative result should be confirmed by either a sensitive PCR or second negative antigen test taken 48 hours after the first sensitive test.	Same as above: closed communal activity and dining are restricted; and the use of bathrooms are preferable and favored in the resident's room. Residents should not be moved to a COVID unit until positive status confirmed.
Tan Zone (Facility or unit in outbreak status)	Everyone should mask in communal areas of facility.	Everyone should mask in communal areas of facility. Consider universal use of N95 and sensitive measures for staff when facility is in outbreak, especially when residents unable to use source control once area is purely ventilated.	Contact trace, if able to clearly identify exposures. Broad-based (unit wide) if unable to contact trace or additional cases are identified after contact-tracing approach. When resources are limited, focus efforts on symptom monitoring and mask use among exposed individuals, and test those who develop symptoms. *Outbreak testing is not recommended for asymptomatic persons with SARS-CoV-2 infection in the prior 90 days.	**Initial Testing when using contact-tracing or broad-based testing approach:** Perform a series of 3 base tests, 48 hours apart. This will typically be day 1 (exposure day=0), day 3, day 5. **Follow-up testing if additional cases identified:** If some broad-based testing approach, test every 3 days (when needed) until 14 days have passed since last known resident case. If concerns exist for outbreak continuing (e.g., large number of resident cases or ongoing transmission), facilities should consider using cellular care instead of Tan Zone and implement broad-based testing approach.
Green Zone (No cases in outbreak)	Resident use of source control per facility policy; based on risk assessment of community level of transmission.	Broader use of source control per facility policy, based on risk assessment of community level of transmission.	No routine testing. Perform test on anyone with even mild symptoms of COVID-19.	Promote containment of COVID-19 infection prevention: • Hand hygiene • Use of PPE per standard precautions • Respiratory hygiene/cough etiquette • Cleaning and disinfection of environmental surfaces • Instructional signage throughout facility
Gray Zone (New admission or readmission)	Masking is at facility discretion, but recommended if resident reports exposure or symptoms.	Mask/face-permanent dim mask based on facility policy, resident exposure, or symptoms.	Testing is at facility discretion, although recommended if resident reports exposure or symptoms.	Quarantine not required for gray zone. However, if resident reports symptoms, follow light red zone recommendations.

988175 Nebraska Medicine Omaha NE 68198-0175 | 402.552.2681 | Fax 402.552.3303 Revised 3/11/2026

ICAP Summary of Recommendations for COVID-19, last updated 3/11/2026

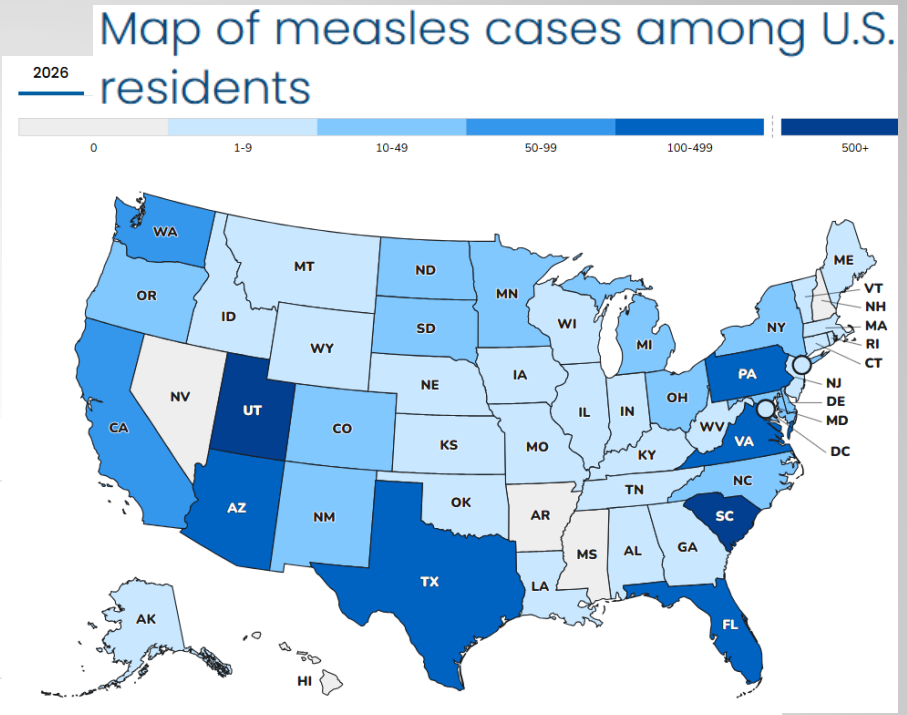
- ICAP-Summary-of-Recommendations-for-COVID-19-in-a-Long-Term-Care-Facility-5.11.23.pdf

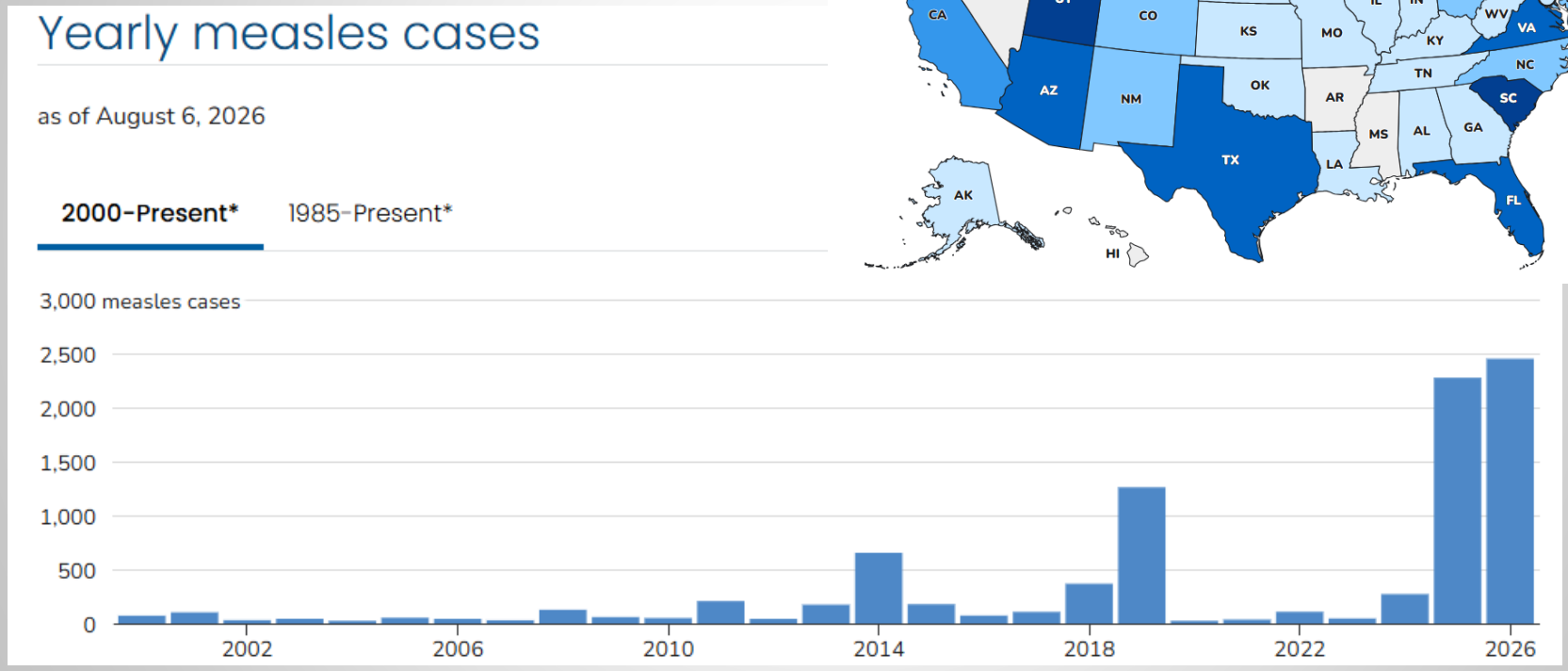
ZONES PPE and Testing, last updated 3/11/2026

- Zones-and-PPE.pdf

Weekly US Map: Influenza Summary Update | FluView | CDC

Measles





[Measles Cases and Outbreaks | Measles (Rubeola) | CDC]

Measles Resources for Long-Term Care

Post-acute and Long-term Care Medical Association (PALTmed) Measles Statement

- https://paltmed.org/news-media/paltmed-measles-statement

AHCA/NCAL Infection Preventionist Hot Topic Brief, Measles Risk in the Long-term Care Setting

- https://www.ahcancal.org/Quality/Clinical-Practice/Documents/Hot%20Topic%20Brief_Measles%20Risk%20in%20the%20Long-Term%20Care%20Setting.pdf

CDC Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings

- https://www.cdc.gov/infection-control/hcp/measles/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/measles/index.html

PALTmed
POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION

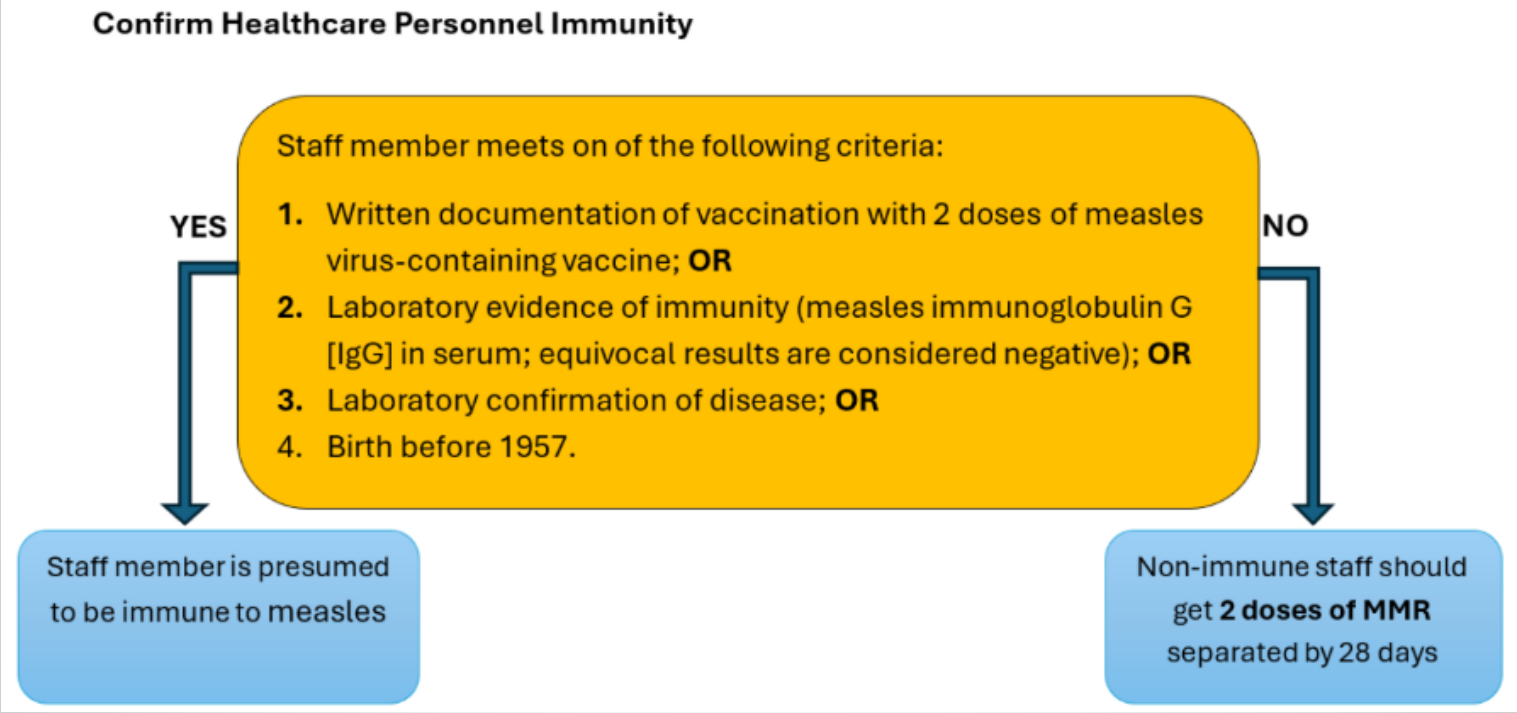
In a non-outbreak regions

The focus of the Medical Director should be on prevention and readiness by:

- Verifying immunity of staff.
- Reviewing screening and isolation/work exclusion protocols and Personnel Protective Equipment (PPE) supplies.
- Educating staff about signs and symptoms of measles.
  - Early signs and symptoms of measles include fever, cough, coryza and red, watery eyes (conjunctivitis)
  - Measles rash appears 3 to 5 days after the first symptoms. It usually begins on the face and then spread downward to the neck, trunk, arms, legs, and feet.
- Discussing measles containment response plans with infection prevention and control team.

PALTmed Measles Statement | PALTmed

Measles – Verify Immunity of Staff



PALTmed Measles Statement | PALTmed

Foodborne Illness Outbreaks

Cyclospora

Cases acquired in the U.S.

May 1 - August 10, 2026:

Laboratory-confirmed cases	13,895
Hospitalizations	740
Deaths	2
States reporting cases	47*

Salmonella

Jalapeño peppers

- Distributed by Coast Citrus Distributors
- Grown in Sinaloa, Mexico

Taylor Fresh Foods has recalled jalapeño peppers. The recall includes whole peppers and products peppers were used in, such as burritos, bowls, guacamole, sandwiches, salsas, salads, and wraps.

"Best if used by" date	Up to and including August 16, 2026
Distributed to	Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, Mississippi, Nebraska, New Hampshire, New York, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Vermont, Wisconsin, West Virginia
Stores receiving recalled foods	Albertsons, H-E-B, Hannaford, Kroger, RaceTrac, Randalls, Stop and Shop, Target, Tom Thumb, Trader Joe's, Walmart, Wawa, Whole Foods

Reportable Conditions

Register Now for NE ICAP Monthly Webinars

Infection Prevention Webinar Series for Post-Acute & Long-Term Care Settings

2nd **Thursday** of every month

12:00 PM Central Time (CST)

Post-Acute & Long-Term Care Webinar Invite

Infection Prevention Webinar Series for Hospital & Outpatient Settings

2nd **Wednesday** of every month

12:00 PM Central Time (CST)

Hospital & Outpatient Webinar Invite

ICAP 12-Month Webinar Series for Post-Acute and Long-Term Care

This 12-month webinar series is designed to help participants build and lead a stronger Infection Prevention and Control (IPC) program.

- Webinars will occur the 2nd Thursday of every month at 12:00 PM CST, September 2026 through August 2027.
- Target audience: LTC facility staff that have a roll in the IPC program.
- Facility attendance at 75% of sessions (September 2026 through August 2027) will receive a certificate of recognition by ICAP and be recognized on a webinar and on ICAP's social media pages.

Rural Health Transformation Program (RHTP) Updates and Upcoming Education

M. Salman Ashraf, MBBS, FIDSA
Medical Director, Healthcare-Associated Infections and Antimicrobial Resistance Program

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NE ICAP ASAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM
ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM

REGISTER HERE

NEBRASKA INFECTIOUS DISEASES CONFERENCE

Friday, August 28, 2026

Beardmore Event Center, Bellevue, Nebraska

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

Nebraska ID

NE ASAP

NE ICAP

IPC Recommendations when Animals are in the Healthcare Setting

NE ICAP

Objectives:

Review infection prevention processes to respond to risks associated with service dogs in a healthcare setting.

Review infection prevention processes to respond to risks associated with animal assisted therapy and activities.

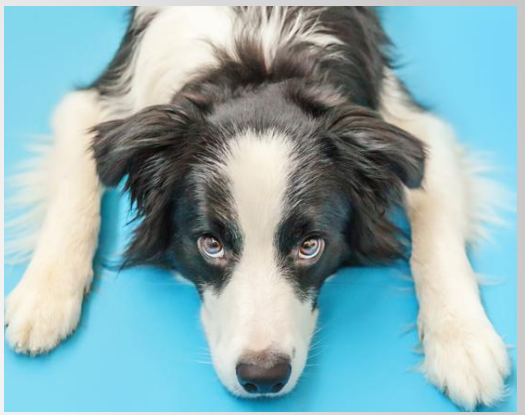
Review infection prevention processes to respond to risks associated with pet visits in the health care setting.

The focus of this presentation is on infection prevention and control. The information in this presentation does not constitute legal advice.

Animals in the Healthcare Setting

Service Animal

Animal Assisted Therapy/
Animal Assisted Activity



Pet Visits

Service Animals

Dogs that are individually trained to do work or perform tasks for people with disabilities.

- The work or task a dog has been trained to provide must be directly related to the person's disability.
- Defined by law

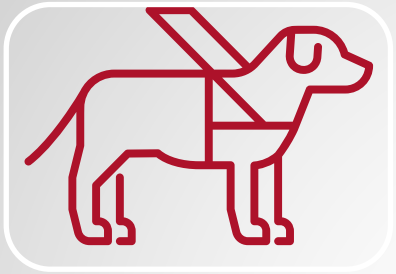
Public Access

- Individuals with disabilities can bring their service animals in all areas of public facilities and private businesses where members of the public, program participants, clients, customers, patrons, or invitees are allowed. There are limited options to restrict or remove access.

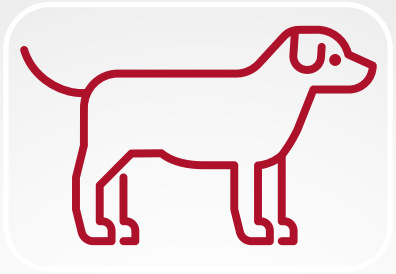
Workplace Access

- Individuals with disabilities may request a reasonable accommodation to bring their service dog or assistance animal into the workplace.

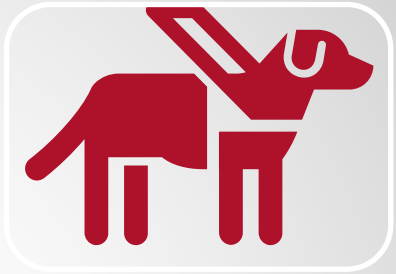
Service Animals



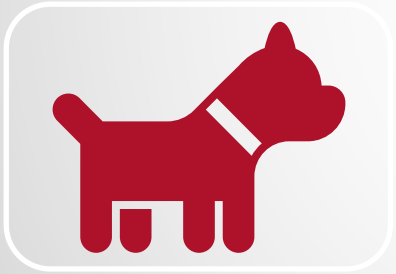
Guide Dog



Hearing Dog



Mobility Dog



Neuro/Psychiatric Dog

Medical Alert/Response

Allergy Detection

Service Animals

When it is not obvious what service an animal provides, only limited inquiries are allowed. Staff cannot ask about the person's disability, require medical documentation, require a special identification card or training documentation for the dog, or ask that the dog demonstrate its ability to perform the work or task.

Staff may ask two questions:

- Is the dog a service animal required because of a disability?
- What work or task has the dog been trained to perform?

Service Animals

People with disabilities who use service animals cannot be isolated from other patrons.

Service animal shall be allowed in all public areas, including a dining room or cafeteria, even if state or local health codes prohibit animals on the premises.

ADA FAQs

Q14. Does a hospital have to allow an in-patient with a disability to keep a service animal in his or her room?

A. Generally, yes. Service animals must be allowed in patient rooms and anywhere else in the hospital the public and patients are allowed to go. They cannot be excluded on the grounds that staff can provide the same services.

Q15. What happens if a patient who uses a service animal is admitted to the hospital and is unable to care for or supervise their animal?

A. If the patient is not able to care for the service animal, the patient can make arrangements for a family member or friend to come to the hospital to provide these services, as it is always preferable that the service animal and its handler not be separated, or to keep the dog during the hospitalization. If the patient is unable to care for the dog and is unable to arrange for someone else to care for the dog, the hospital may place the dog in a boarding facility until the patient is released, or make other appropriate arrangements. However, the hospital must give the patient the opportunity to make arrangements for the dog's care before taking such steps.

https://www.ada.gov/resources/service-animals-faqs/

Other Animals in the Healthcare Setting

Animal Assisted Therapy (AAT)/
Animal Assisted Activity (AAA)

Pet Visits

*Facilities are encouraged to perform an **infection-control risk assessment** to determine internal preparedness for the presence of animals. This includes evaluating the potential for zoonotic transmission and ensuring proper cleaning and maintenance protocols.*

Zoonotic Diseases

Zoonosis is the transmission of disease between animals and humans.

- Animals can transmit infectious diseases to humans, and likewise, humans can transmit infectious diseases to animals.
- Animals can become transient vectors or carriers of potential human pathogens and could be responsible for cross-infection.

Do not allow. . .

The following species should be excluded from visits as they may pose a higher risk of causing human injury or infection:

- Nonhuman primates
- Reptiles and amphibians
- Hamsters, gerbils, mice, and rats
- Prairie dogs, hedgehogs
- Animals that have not been litter trained or for which measures cannot be taken to prevent exposure of patients to the animal's excrement

IPC Focus

- Good hand hygiene
- Healthy, clean, and well-behaved animals
- Appropriate patient populations to minimize the risks for transmission of infectious agents.

Elimination Accidents

- Don gloves
- Use paper towels to remove organic debris.
- Place in a plastic bag and dispose of in a trash container, similar to brief disposal.
- Disinfect the surface with an EPA registered healthcare disinfectant, following the appropriate contact time.
- Doff gloves and perform hand hygiene.

IPC Recommendations for AAA/AAT Policy

Consider allowing only registered or certified AAA/AAT animals. (Refer to standards of practice for temperament and safety recommendations.)

Animal in permanent home for at least 6 months

- No animals from the shelter or pound

Animal should be at least 1 year old and healthy

- Records of animal's health must be up to date (annual exam)
- An annual physical examination, include dental and dermatological evaluation.
- Current with immunizations, including rabies vaccination and others required in the state in which the healthcare facility is located.

Animal cannot be on a raw food diet

IPC Recommendations for AAA/AAT Policy

- Animals are required to be bathed within 24 hours before the visit.
- Can use protective clothing and pet/baby wipe to control dander.
- Handlers must ensure animal does not come in contact with an open wound or device.
- Use a barrier if the animal is on the resident's bed.

Infection Prevention Recommendations for Therapy/Activity Animals

- Neither the handler nor the animal may visit if either is ill. The program should give guidance regarding when visitations can be restarted after an illness.

- A bite or scratch incident must be reported and investigated

Resident Exclusion from AAA/AAT

- Exclude patients with allergies to animals, open wounds or burns, open tracheotomy, immunosuppression, agitation or aggression, or those on transmission-based precautions (TBP).
- Exclude patients who are infected with tuberculosis, *Salmonella, Campylobacter, Shigella*, *Streptococcus A*, MRSA, ringworm, *Giardia*, and amebiasis
- Wounds (not open) or healed burns must be covered during the visit, and the animal must not come in contact with these areas.

Infection Prevention Recommendations Personal Pets

- The pet must be bathed within 24 hours before the visit.
- A record of current vaccination should be provided prior to approval of the visit.
- The pet must be on a short leash or in a carrier. Use of a retractable leash is not allowed.
- Staff should escort the pet into and out of the facility.
- The pet should not be allowed to interact with other patients or visitors.
- Limits per facility policy based on facility specific factors.
- Inform prior to the visit that they may be asked to remove the animal from the facility at any time.

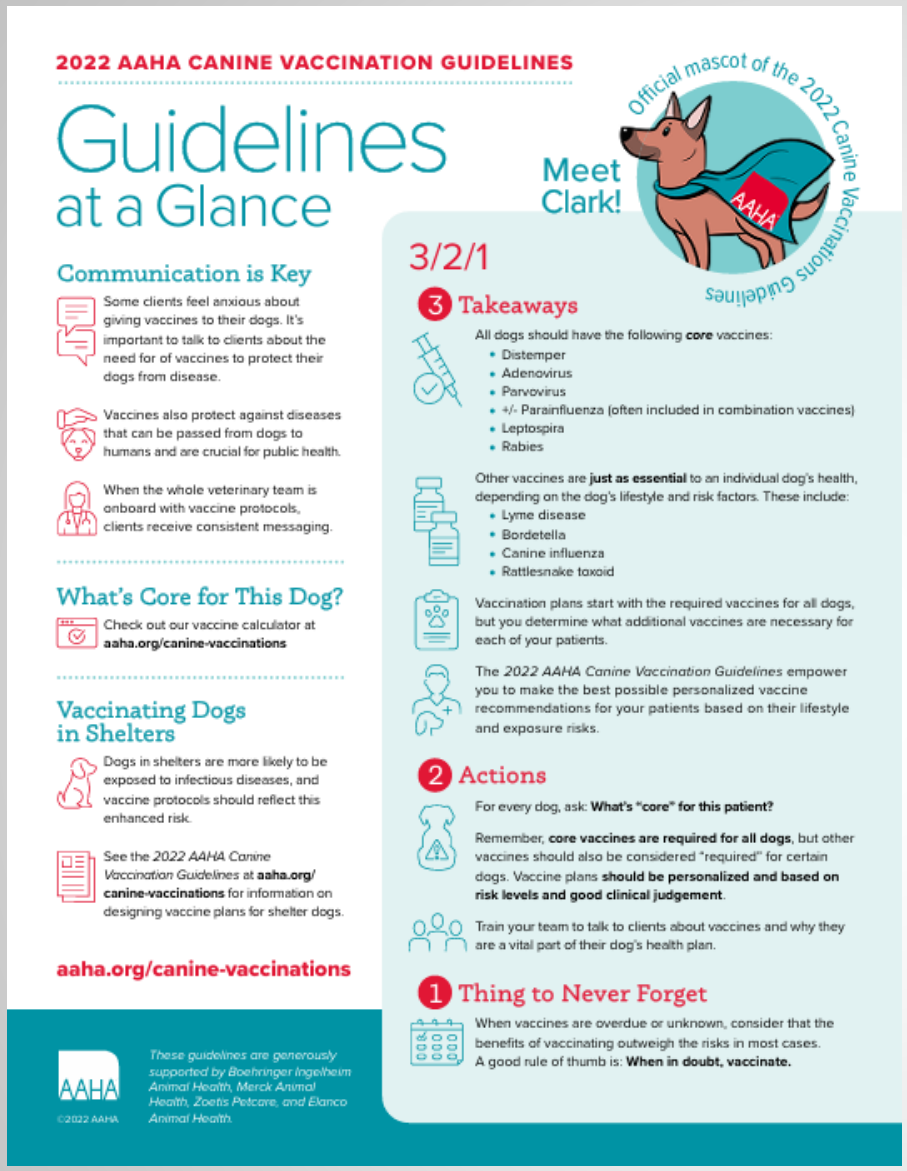
Patient and Visitor Education

Staff act as liaison to animal handlers visiting the facility

Pamphlets/ handouts outlining facility guidelines

Signage alerting handler to stop at registration desk

Review Vaccine Record



2022 AAHA CANINE VACCINATION GUIDELINES

Guidelines at a Glance

Meet Clark!

Official mascot of the 2022 Canine Vaccinations Guidelines

Communication is Key

Some clients feel anxious about giving vaccines to their dogs. It's important to talk to clients about the need for of vaccines to protect their dogs from disease.

Vaccines also protect against diseases that can be passed from dogs to humans and are crucial for public health.

When the whole veterinary team is onboard with vaccine protocols, clients receive consistent messaging.

What's Core for This Dog?

Check out our vaccine calculator at **aaha.org/canine-vaccinations**

Vaccinating Dogs in Shelters

Dogs in shelters are more likely to be exposed to infectious diseases, and vaccine protocols should reflect this enhanced risk.

See the *2022 AAHA Canine Vaccination Guidelines* at **aaha.org/canine-vaccinations** for information on designing vaccine plans for shelter dogs.

aaha.org/canine-vaccinations

3/2/1

3 Takeaways

All dogs should have the following **core** vaccines:

- Distemper
- Adenovirus
- Parvovirus
- +/- Parainfluenza (often included in combination vaccines)
- Leptospira
- Rabies

Other vaccines are **just as essential** to an individual dog's health, depending on the dog's lifestyle and risk factors. These include:

- Lyme disease
- Bordetella
- Canine influenza
- Rattlesnake toxoid

Vaccination plans start with the required vaccines for all dogs, but you determine what additional vaccines are necessary for each of your patients.

The *2022 AAHA Canine Vaccination Guidelines* empower you to make the best possible personalized vaccine recommendations for your patients based on their lifestyle and exposure risks.

2 Actions

For every dog, ask: **What's "core" for this patient?**

Remember, **core vaccines are required for all dogs**, but other vaccines should also be considered "required" for certain dogs. Vaccine plans **should be personalized and based on risk levels and good clinical judgement**.

Train your team to talk to clients about vaccines and why they are a vital part of their dog's health plan.

1 Thing to Never Forget

When vaccines are overdue or unknown, consider that the benefits of vaccinating outweigh the risks in most cases. A good rule of thumb is: **When in doubt, vaccinate.**

AAHA

These guidelines are generously supported by Boehringer Ingelheim Animal Health, Merck Animal Health, Zoetis Petcare, and Elanco Animal Health.

2022 AAHA Canine Vaccination Guidelines - AAHA

Resources for AAA/AAT Standards

- American Veterinary Medical Association (AVMA). Animal-assisted interventions: Guidelines. Accessed August 2026. https://www.avma.org/resources-tools/animal-health-and-welfare/service-emotional-support-and-therapy-animals/animal-assisted-interventions-guidelines

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- Murthy R, Bearman G, Brown S, et al. Animals in Healthcare Facilities: Recommendations to Minimize Potential Risks. Infect Control Hosp Epidemiol. 2015. May;36(5):495–516.
- All images in presentation form Adobe Stock. https://stock.adobe.com/

In Closing

NE ICAP

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NEBRASKA INFECTIOUS DISEASES CONFERENCE

Friday, August 28, 2026

Beardmore Event Center, Bellevue, Nebraska

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

Nebraska ID

NE ASAP

NE ICAP

Webinar CE Process

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

Individual surveys must be completed for each attendee.

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

Nursing Contact Hours:

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

Infection Prevention and Control Hotline Number:

Call 402-552-2881

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

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