

Guidance and responses were provided based on information known on 09.10.2026 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Infection Prevention Webinar Series for Post-Acute and Long-Term Care

September 10, 2026



NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presentation Information

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

Continuing Education Disclosures

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

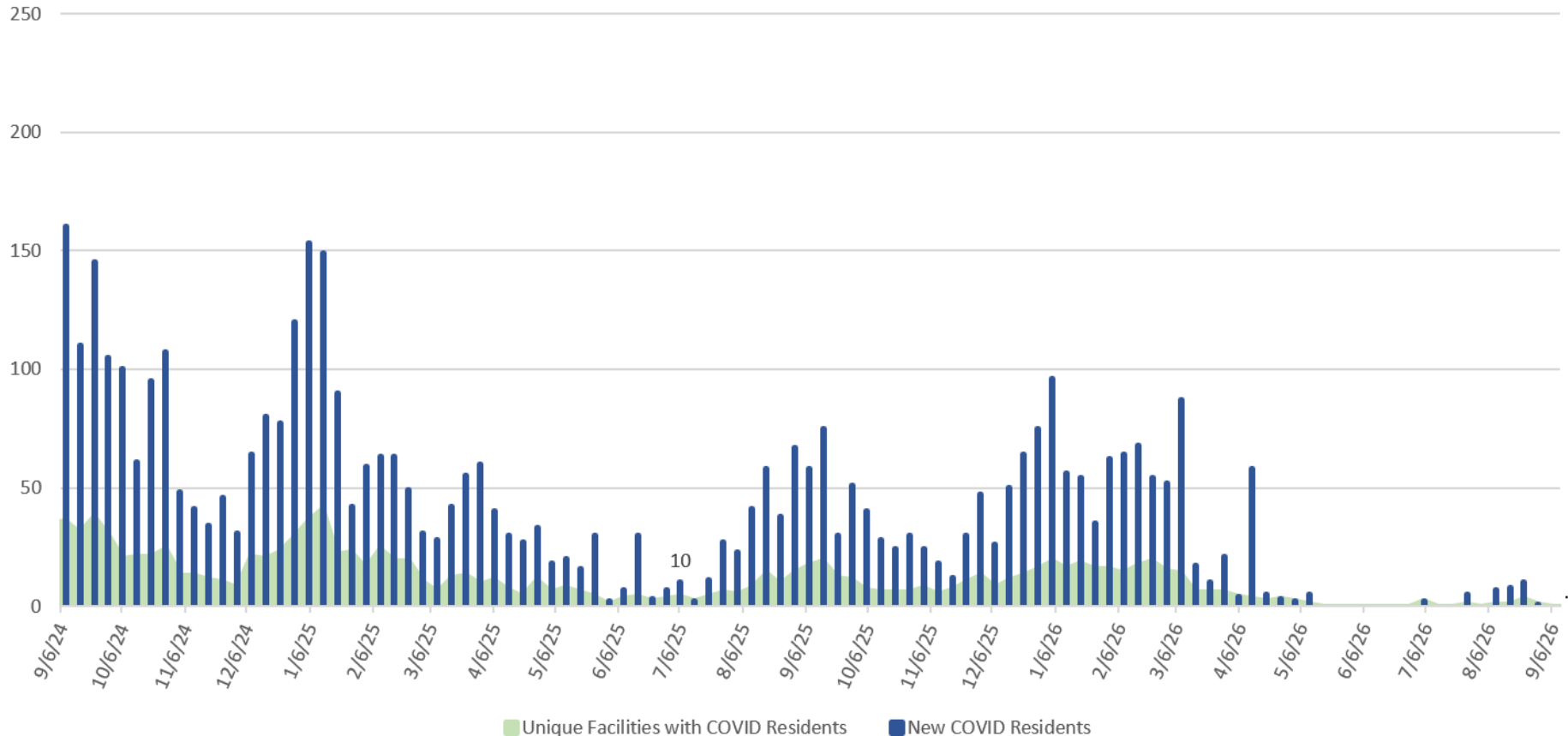


Communicable Illness Update



Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC - Facilities with at Least One COVID Resident &
Total COVID Residents by Week



**Updated: 9/6/2026

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

National Wastewater Data

Time Period: August 23, 2026 - August 29, 2026

Influenza A

Wastewater viral activity levels for influenza A are **very low**.



COVID-19

Wastewater viral activity levels for COVID-19 are **very low**.



RSV

Wastewater viral activity levels for RSV are **very low**.



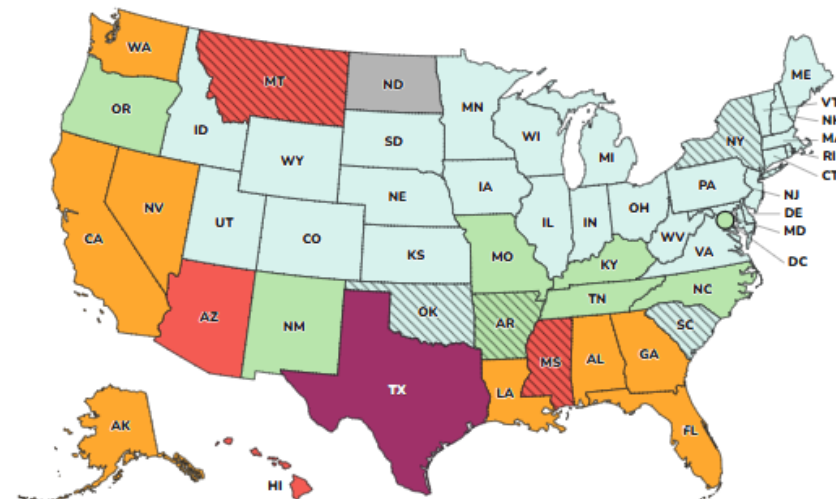
National Wastewater Activity

Time Period: August 23, 2026 - August 29, 2026

COVID-19 Wastewater Viral Activity Levels



Limited Coverage



U.S. territories

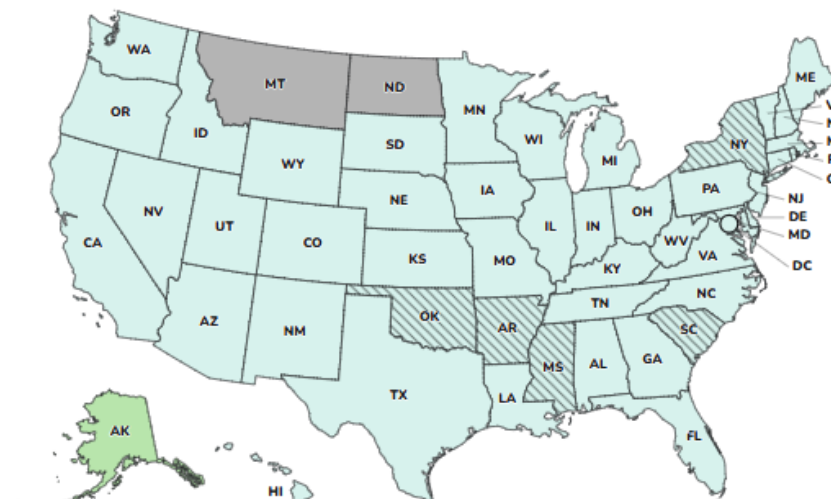


Time Period: August 23, 2026 - August 29, 2026

Influenza A Wastewater Viral Activity Levels



Limited Coverage



U.S. territories



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

2026 – 2027 Influenza Vaccines

CDC has posted [Interim Clinical Considerations for the Use of Seasonal Influenza Vaccines in the United States](#) as guidance for public health and healthcare professionals for the 2026-2027 flu season.

- The seasonal influenza vaccines are trivalent, containing components of three different influenza viruses: an influenza A(H1N1)pdm09 virus, an influenza A(H3N2) virus, and an influenza B/Victoria virus.
- All three virus components of the 2026-2027 U.S. season were updated.
- Most of the vaccine is provided within pre-filled syringes (PFS) with a multi-dose vial (MDV) option and a pre-filled single-use intranasal sprayer option.

2026 -2027 Influenza Vaccines

Vaccine type and trade name (manufacturer)	Presentation	Age indication	µg HA (IIV3s and RIV3) or virus count (LAIV3) for each vaccine virus (per dose)	Route
IIV3s (standard-dose, egg-based vaccines)[†]				
FLUARIX (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM [§]
FLULAVAL (GlaxoSmithKline)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM [§]
Fluzone (Sanofi)	0.5-mL PFS [¶]	≥6 mos [¶]	15 µg/0.5 mL	IM [§]
	5.0-mL MDV	≥6 mos [¶]	7.5 µg/0.25 mL 15 µg/0.5 mL	IM [§]
cclIV3 (standard-dose, cell culture-based vaccine)				
FLUCELVAX (Seqirus)	0.5-mL PFS	≥6 mos	15 µg/0.5 mL	IM [§]
HD-IIV3 (high-dose, egg-based vaccine)[†]				
Fluzone High-Dose (Sanofi)	0.5-mL PFS	≥65 yrs	60 µg/0.5 mL	IM [§]
aIIV3 (standard-dose, egg-based vaccine[†] with MF59 adjuvant)				
FLUAD (Seqirus)	0.5-mL PFS	≥65 yrs	15 µg/0.5 mL	IM [§]
RIV3 (recombinant HA vaccine)				
Flublok (Sanofi)	0.5-mL PFS	≥9 yrs	45 µg/0.5 mL	IM [§]
LAIV3 (egg-based vaccine)[†]				
FluMist (AstraZeneca) ^{**}	0.2-mL prefilled single-use intranasal sprayer	2 through 49 yrs	10 ^{6.5-7.5} FFU/0.2 mL	Intranasal
mRNA				
MFLUSIVA (Moderna)	0.38-mL PFS	≥50 yrs		IM

Table adapted from: [CDC Table 1 of Seasonal Influenza Vaccines in the United States with Footnotes and Details](#)

COVID-19 Vaccination 2026-2027

Manufacturer	Vaccine	FDA Approved Indication	Adult Dosing
Moderna	SPIKEVAX (mRNA)	65 years of age or older, or 6 mos. through 64 yrs with at least 1 high-risk conditions	Available in a pre-filled syringe formulation. Single dose, 0.5 mL If previously vaccinated, administer >2 months after the last dose of COVID-19 vaccine.
	MNEXSPIKE (mRNA)	Previously vaccinated with any COVID-19 vaccine and: 65 years of age or older, or 12 years through 64 yrs with at least 1 high-risk conditions	Available in a pre-filled syringe formulation. Single dose, 0.2 mL If previously vaccinated, administer >3 months after the last dose of COVID-19 vaccine.
Pfizer-BioNTech	COMIRNATY (mRNA)	65 years of age or older, or 5 years through 64 years with at least 1 high-risk condition	Available in single dose vials and pre-filled syringe formulation. Single dose, 0.3 mL If previously vaccinated, administer >2 months after the last dose of COVID-19 vaccine.
Novavax	NUVAXOVID (Protein-based vaccine)	65 years of age or older, or 12 yrs through 64 yrs with at least 1 high-risk conditions	Available in a pre-filled syringe formulation. Single dose, 0.5 mL If previously vaccinated, administer >2 months after the last dose of COVID-19 vaccine.

[Home | Immunize.org](https://immunize.org)

Vaccine Resources

JAMA

Special Communication

COVID-19 Vaccine Effectiveness and Safety for the 2026-2027 Respiratory Season

Rachel A. Lipson, MPH¹; Emily Senerth, MS, MPH¹; Michelle A. Watson, MPH¹; et al

Conclusions and Relevance COVID-19 vaccines were consistently associated with a reduction in the risk of hospitalization and other outcomes, including among individuals at high risk of severe COVID-19, such as infants, and those who were pregnant. No new safety concerns were identified.

[COVID-19 Vaccine Effectiveness and Safety for the 2026-2027 Respiratory Season | Coronavirus \(COVID-19\) | JAMA | JAMA Network](#)

Vaccine Resources

Practice Guideline

IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients

 Published October 17, 2025  Last Updated September 02, 2026

In adults and children with compromised immunity, the IDSA guideline panel recommends administering age-appropriate 2026-2027 COVID-19 vaccinations

- An FDA-approved 2026-2027 COVID vaccine should be given as soon as possible.
- Approved 2026-2027 COVID vaccines include mRNA and recombinant protein subunit products.
- Patients may receive age-appropriate COVID-19, influenza, and RSV vaccines together.
- Household members and close contacts of immunocompromised patients should be up to date with COVID-19 vaccination.
- A second booster dose of 2026-2027 COVID-19 vaccination may extend protection.

Building a Stronger IPC Program in Long-Term Care



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.



Infection Prevention and Control (IPC) Programs

- A proactive approach to reduce the spread of infectious pathogens.
- A key component is the incorporation of core IPC practices (e.g., hand hygiene, Standard Precautions, cleaning and disinfection of equipment) during resident care activities.
- Support a culture that prioritizes safety and emphasizes that everyone has a role in promoting infection prevention.

Infection Preventionist (IP) Requirements - CMS

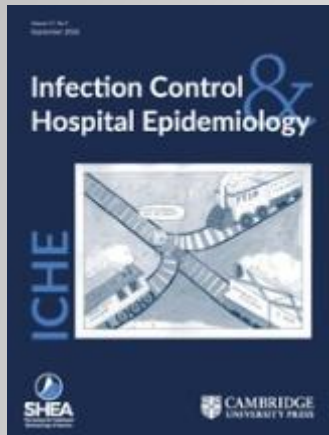
The facility must designate one or more individuals as the infection preventionist who is responsible for managing the infection prevention and control program, including the antibiotic stewardship program.

- The IP must have primary professional training in nursing, medical technology, microbiology, epidemiology, or an other-related field.
- The IP must be qualified by education, training, experience, or certification. They must be trained beyond initial professional training or education prior to assuming the role.

Infection Preventionist (IP) Requirements - CMS

- The amount of time required to fulfill the IP role must be at least part-time and should be determined by the facility assessment.
- The IP must physically work onsite in the facility.
- The IP must be a participant on the facilities QAA Committee and report on the infection prevention and control program (IPCP) and on incidents (e.g. HAIs) identified under the program on a regular basis.

IP Dedicated Time



Infection Control & Hospital Epidemiology (2025), **46**, 1069–1096
doi:[10.1017/ice.2025.10252](https://doi.org/10.1017/ice.2025.10252)



SHEA Expert Guidance

Multisociety guidance for infection prevention and control in nursing homes

Sufficient dedicated time for the IP(s) to manage the IPC program based on the complexity of the resident population and services provided:

- At least one full-time equivalent (FTE) IP, if the facility has more than 100 licensed beds or provides onsite ventilator or hemodialysis services.
- At least 0.5 FTE IP (20 IP hours per week), if the facility has fewer than 100 beds and does not provide on-site ventilator or hemodialysis services.

[Multisociety guidance for infection prevention and control in nursing homes](#) | [Infection Control & Hospital Epidemiology](#) | [Cambridge Core](#)

IPs - Need to Know

- IP job description
- The facility's written infection prevention and control policies
- Current regulatory requirements
 - Regulations must be followed by law (e.g., CMS, OSHA, EPA, local and/or state health authorities).
- Evidence based guidelines and standards of care
 - Guidelines are framed as recommendations. They are written to provide practice guidance and are generally formed by expert consensus using the best scientific evidence (e.g., CDC)

Regulations				Nationally Recognized Guidelines
CMS	Accreditation Standards	Other Federal Regulations	State Regulations	CDC/HICPAC/SHEA/APIC
U.S. Code of Federal Regulations, Title 42/Chapter IV/SubchapterG/Part 483/Subpart B-Requirements for Long Term Care Facilities https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B CMS Nursing Homes Resources, including State Operations Manual (SOM), Appendix PP https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes Policy & Memos to States (updates) https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos/policy-memos-states-and-cms-locations Note: IPC Section is §483.80	Examples: The Joint Commission	Examples: OSHA FDA EPA	Nebraska DHHS, Title 175 Health Care Facilities and Services Licensure https://rules.nebraska.gov/rules?agencyId=37&titleId=104 Ch 1: General Facility and Services Regulations Ch 4: Assisted Living Facilities Ch 12: Skilled Nursing Facilities, Nursing Facilities, and Intermediate Care Facilities Nebraska DHHS, Title 173 Control of Communicable Diseases https://rules.nebraska.gov/rules?agencyId=37&titleId=102	Examples: CDC Core Infection Prevention and Control Practices for Safe Delivery in All Settings https://www.cdc.gov/infection-control/hcp/core-practices/index.html CDC Guidelines and Guidance Library https://www.cdc.gov/infection-control/hcp/guidance/index.html SHEA/IDSA/APIC Practice Recommendations https://shea-online.org/compendium-of-strategies-to-prevent-healthcare-associated-infections-in-acute-care-hospitals/ https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-guidance-for-infection-prevention-and-control-in-nursing-homes/88B28E99CD7FDB3668DDAE9C3D2184A0 APIC Text https://portal.apic.org/s/store#/store/browse/detail/a1BUd000004g8jN

What is a CDC “recommendation”?

Strength	Definition	Implied Obligation	Language
Recommendation	A Recommendation means that CDC and HICPAC are confident that the benefits of the recommended approach clearly exceed the harms (or, in the case of a negative recommendation, that the harms clearly exceed the benefits). In general, Recommendations should be supported by high- to moderate-quality evidence. In some circumstances, however, Recommendations may be made based on lesser evidence or even expert opinion when high-quality evidence is impossible to obtain and the anticipated benefits strongly outweigh the harms or when then Recommendation is required by federal law.	A Recommendation implies that healthcare personnel/healthcare facilities “should” implement the recommended approach unless a clear and compelling rationale for an alternative approach is present.	The wording of the Recommendation should specify the setting and population to which the Recommendation applies (e.g., adult patients in intensive care unit settings). • Action verbs, e.g., use, perform, maintain, replace • Should, should not • Recommend/ is recommended, recommend against/ is not recommended • Is indicated/ is not indicated

CDC is a non-regulatory agency, written guidelines are framed as “recommendations.”

Stay Survey Ready

Conduct an IPC mock assessment

Water-associated Pathogens

3. Does the facility have a surveillance process to detect healthcare-associated infections attributable to water-associated pathogens?

☐ Yes
☐ No
☐ Unknown
☐ Not Assessed

If YES:

3a. What water-associated pathogens are routinely included in surveillance plans? (select all that apply)

☐ Gram-negative bacteria (e.g., *Pseudomonas*, *Burkholderia*)
☐ Nontuberculous mycobacteria (NTM)
☐ *Legionella*
☐ Fungi (e.g., *Aspergillus* spp., *Fusarium* spp)
☐ None of the above
☐ Unknown
☐ Not assessed
☐ Other (specify): _____

"Monitor the incidence of infections that may be related to care provided at the facility and act on the data and use information collected through surveillance to detect transmission of infectious agents in the facility."
Source: <https://www.cdc.gov/infection-control/hcp/core-practices/>
"Establish a surveillance process to detect healthcare-associated Legionnaires' disease. Category 1B" Source: <https://www.cdc.gov/infection-control/hcp/environmental-control/>

CDC ICAR Tool

Hand Hygiene:

☐ Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected *C. difficile* infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.

☐ Staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).

☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals. How are residents reminded to perform hand hygiene?

☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

CMS Survey Tracer

Strengthen staff knowledge and confidence

Documentation practices

Building Competency



Long-term Care Facilities (LTCFs)

EXPLORE TOPICS ▾

Nursing Home Infection Preventionist Training

AT A GLANCE

- This course is for individuals responsible for infection prevention and control (IPC) programs in nursing homes.
- This course is free.
- Participants can complete the 23 modules and sub-modules in any order and over multiple sessions.

Training overview

This specialized nursing home training covers:

- Core activities of effective IPC programs.
- Recommended IPC practices to reduce pathogen transmission.
- Healthcare-associated infections and antibiotic resistance.
- Policy and procedure templates, audit tools, and outbreak investigation tools.

ON THIS PAGE

- Training overview
- Target audience
- Continuing education

RELATED PAGES

[Nursing Home Infection Preventionist Training](#) | [LTCFs](#) | [CDC](#)

Maintaining Competency

Ongoing development is important to acquire and maintain knowledge and skills, and for professional growth.

Online training and education courses

- ICAP webinars, Learning Center
- CDC Train

Local Educational Conferences

- Nebraska Infection Control Network (NICN) <https://www.nicn.org/>

Professional Member Organizations



APIC

Association for Professionals in
Infection Control and Epidemiology

<https://apic.org/>



SHEA

The Society for Healthcare
Epidemiology of America

<https://shea-online.org/>



PALTmed

POST-ACUTE AND LONG-TERM CARE
MEDICAL ASSOCIATION

<https://paltmed.org/>

Infection Preventionist (IP) Certification



AM I ELIGIBLE?

To become certified in infection control (CIC) the candidate must meet the qualifications by the Certification Board of Infection Control and Epidemiology, Inc (CBIC)



AM I ELIGIBLE?

After passing a comprehensive written exam, the IP is certified for 5 years- and must meet additional requirements to recertify

<https://www.cbic.org/>

Poll:

Would you be interested in participating in an online study group to prepare for the CIC exam?

Do you prefer to meet: every-other-week or monthly?

Do you prefer meeting: early morning, mid day, or late afternoon?

Collaborating with Others Out of the Facility



- Engage external partners for support and resources
- Serves as a liaison to public health authorities

- Local Health Department
- State HAI Program
- QIN-QIO (Midwest)

- Local Hospital IPs
- Professional network (e.g., APIC)

Collaborating with Others in the Facility

Build Relationships – with EVS supervisor, building maintenance, materials management, medical director, pharmacist, lab.

- What can you learn from other's expertise?
- Where is teamwork in place?
- Respect and knowledge go both ways.



IPC Risk Assessment and Setting Goals

Perform a risk assessment and use the output to prioritize projects, action plans, and goals.

- Use what is identified in the risk assessment and outlined in your location specific infection control plan.
- Use data to prioritize focused rounding and to have supporting information when you do have to say “no.”
- Decline projects better suited for other scopes of practice beyond IPC.

IPC Risk Assessment

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory																
Percutaneous-gastrostomy insertion																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
<i>Clostridioides difficile</i> infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus																
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)																
Scabies																
Conjunctivitis																
Group A <i>Streptococcus</i> *																
MDRO																
Other (specify):																

Recommend review of CDC
Nursing Home Infection
Preventionist Training, Module 1 -
development of an IPC risk
assessment

Use data to risk assess

- Infection / HAI surveillance trends
- Near misses / adverse events
- Audits (hand hygiene, PPE use, etc.)
- Environment of care rounds
- Regulatory deficiencies
- Resident safety events/staff concerns (incident reports)
- New service lines / procedures
- Construction / renovations
- Equipment / process failures
- Leadership strategic goals

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are policies, procedures, and resources available?)			
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	
Care activity												
Inadequate staff adherence to hand hygiene												

Use the risk assessment

Don't let the risk assessment live in a binder.

- ☐ Inform priorities
- ☐ Develop an action plan
 - ☐ Update policies
 - ☐ Revise procedures
 - ☐ Plan audits
 - ☐ Revise outcome surveillance (e.g., UTI, CAUTI, respiratory illness, etc.)
 - ☐ Staff training
- ☐ Update assessment annually and PRN

References:

APIC. Infection Preventionist (IP) Competency Model. (some resources are members-only).

<https://apic.org/professional-practice/infection-preventionist-ip-competency-model/>

APIC. Infection Prevention Guide to Long-Term Care. 2nd Edition. 2019 (Text book)

<https://portal.apic.org/s/store#/store/browse/detail/a1BUd000004g8jN>

CDC. Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.

<https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

CDC. Guidelines and Guidance Library. <https://www.cdc.gov/infection-control/hcp/guidance/index.html>

CDC. Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings. <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>

CDC. Nursing Home Infection Preventionist Training. <https://www.cdc.gov/long-term-care-facilities/hcp/training/index.html>

CMS. Nursing Homes. <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

- Appendix PP State Operations Manual
- Survey Resources

SHEA. Multisociety Guidance for Infection Prevention and Control in Nursing Homes.

<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/multisociety-guidance-for-infection-prevention-and-control-in-nursing-homes/88B28E99CD7FDB3668DDAE9C3D2184A0>

In Closing



2026 APIC NEBRASKA FALL CONFERENCE

OCTOBER 9, 2026

7:30 AM TO 4:00 PM

CHI HEALTH ST. ELIZABETH

555 S 70TH ST.

LINCOLN, NE 68510

[2026 APIC Nebraska Fall Conference Tickets,](#)
[Friday, October 9 • 7:30 AM – 4 PM |](#)
[Eventbrite](#)

Registration Link:

[2026 APIC](#)
[Nebraska Fall](#)
[Conference](#)



SCAN ME

AGENDA

0730 – 0745 Welcome & CBIC reminder for IPU

0745 – 0845 Leadership - *Dr. Mark Bergeron, Neonatologist CommonSpirit Health*

0845 – 0930 Break and Vendor Fair

0930 – 1030 Small Job Big Risk: Infection Prevention Leading ICRA Oversight: *Amanda Brown and Christa Mardau, Carpenters Union*

1030 – 1130 Special Pathogens – *Dr. Angela Hewlett and Angie Vasa RN, UNMC Infection Physician and Biocontainment RN*

1130 – 1230 Lunch and Vendor Fair

1230 – 1330 Breakout Session #1

Acute Care

Rose/Franciscan Room: Maternal Safety in Action: An L&D Subcommittee's Efforts to Reduce Cesarean Surgical Site Infections – *Angel Plueger, RN Infection Preventionist CUMC Bergan Mercy*

Long Term Care

Friendship Room: HAI in Long Term Care - *Dr. Salman Ashraf, Nebraska Department of Health and Human Services HAI/AR Team*

1300 – 1430 Breakout Session #2

Acute Care

Rose/Franciscan Room: IPC in the OR - *Tammy Strait, RN CHI Health St. Elizabeth Surgical Services Educator*

Long Term Care

Friendship Room: Ethical Infection Prevention and Control Exploring the APIC/IPAC Ethical Infection Prevention and Control (EIPAC) Decision-Making framework - *Deb Burdsall, PhD, RN-BC, Infection Preventionist and Manager Baldwin Hill Solutions LLC*

1430 – 1445 Break and Snack

1445 – 1545 AI – *Jen Vogelsberg, MLS (ASCP) Manager of Infection Prevention Nebraska Medicine*

1545 – 1600 Thank you & Closing remarks

Upcoming Webinars

October 8th, 2026 at 12:00 CST

- IPC Surveillance

November 12th, 2026 at 12:00 CST

- Outbreak Management

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.