Guidance and responses were provided based on information known on 11.12.2026 and may become out of date.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 Post-Acute and Long-Term Care

November 12, 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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- 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

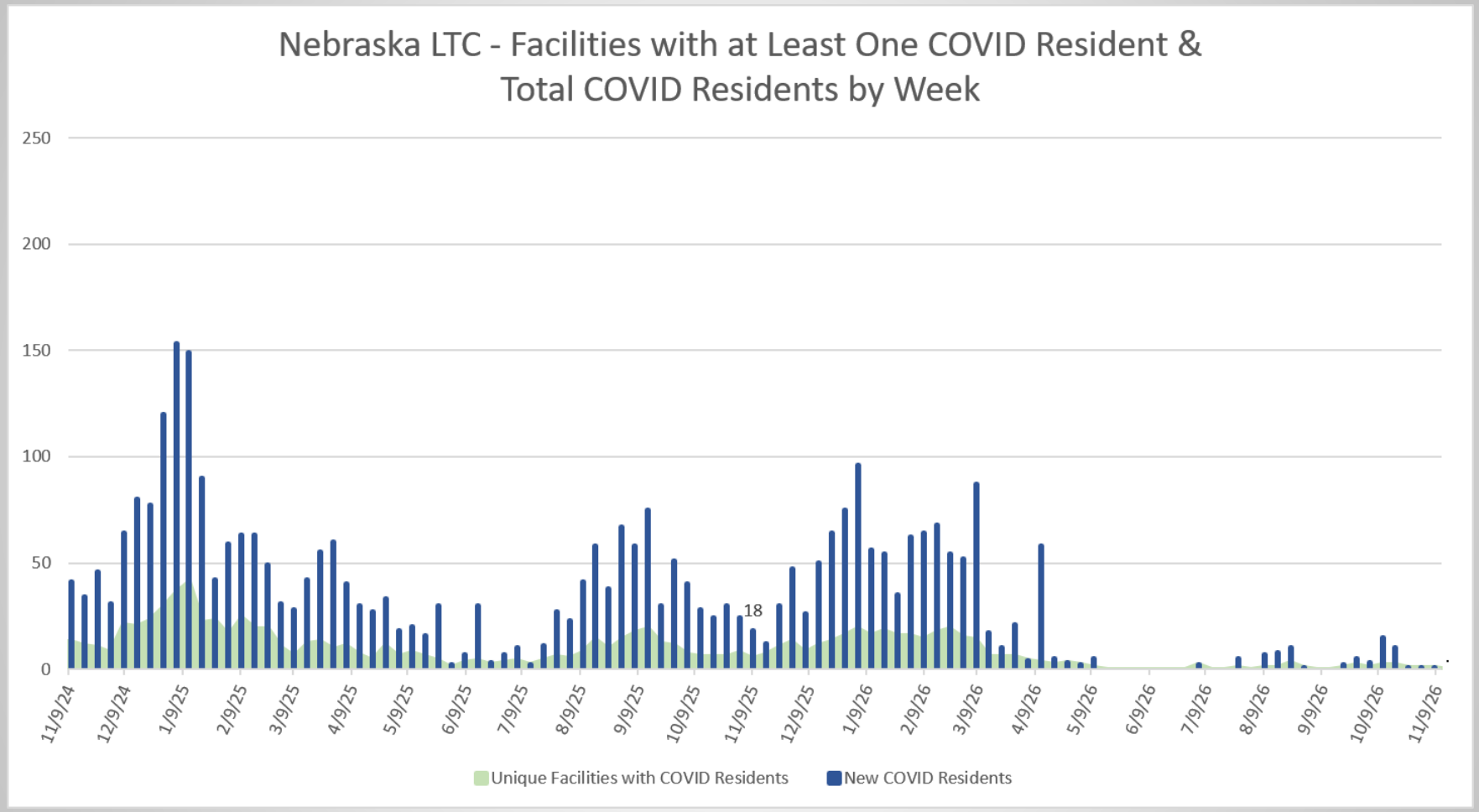
- 1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar
- To obtain the nursing contact hour, you must attend the entire live activity and complete the post webinar survey
- No relevant financial relationships were identified for any member of the planning committee or any presenter/author 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: 11/11/2026
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary.

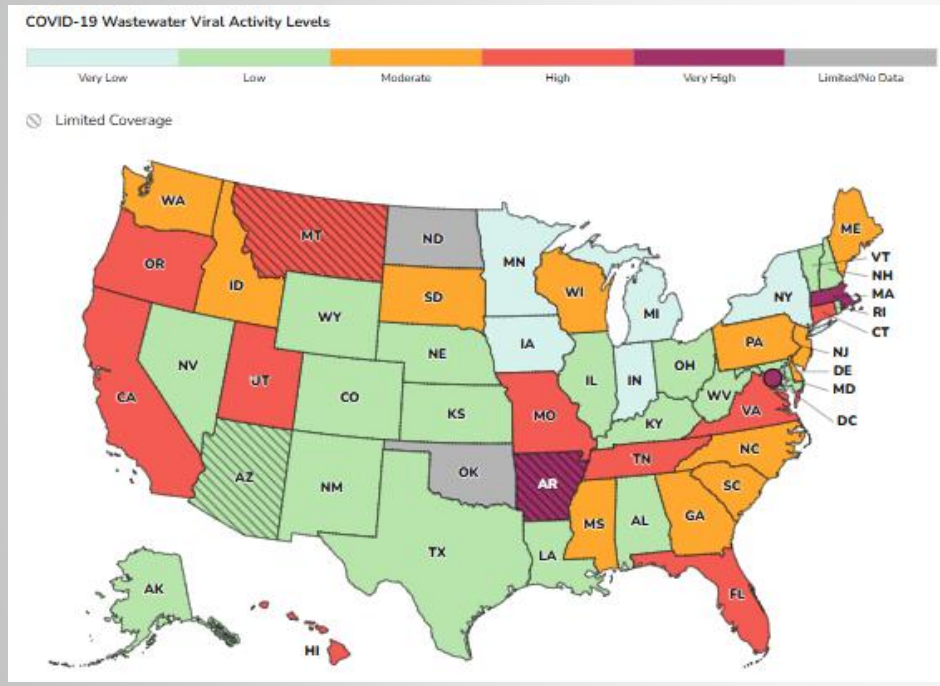
National Wastewater Data

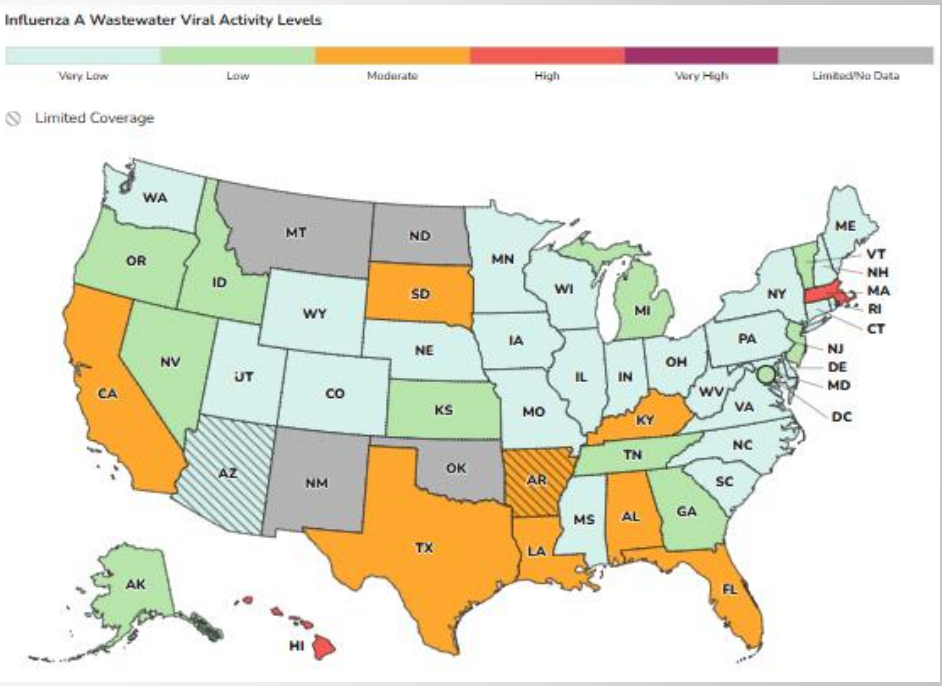


https://www.cdc.gov/wastewater/respiratory-viruses/national.html

National Wastewater Activity

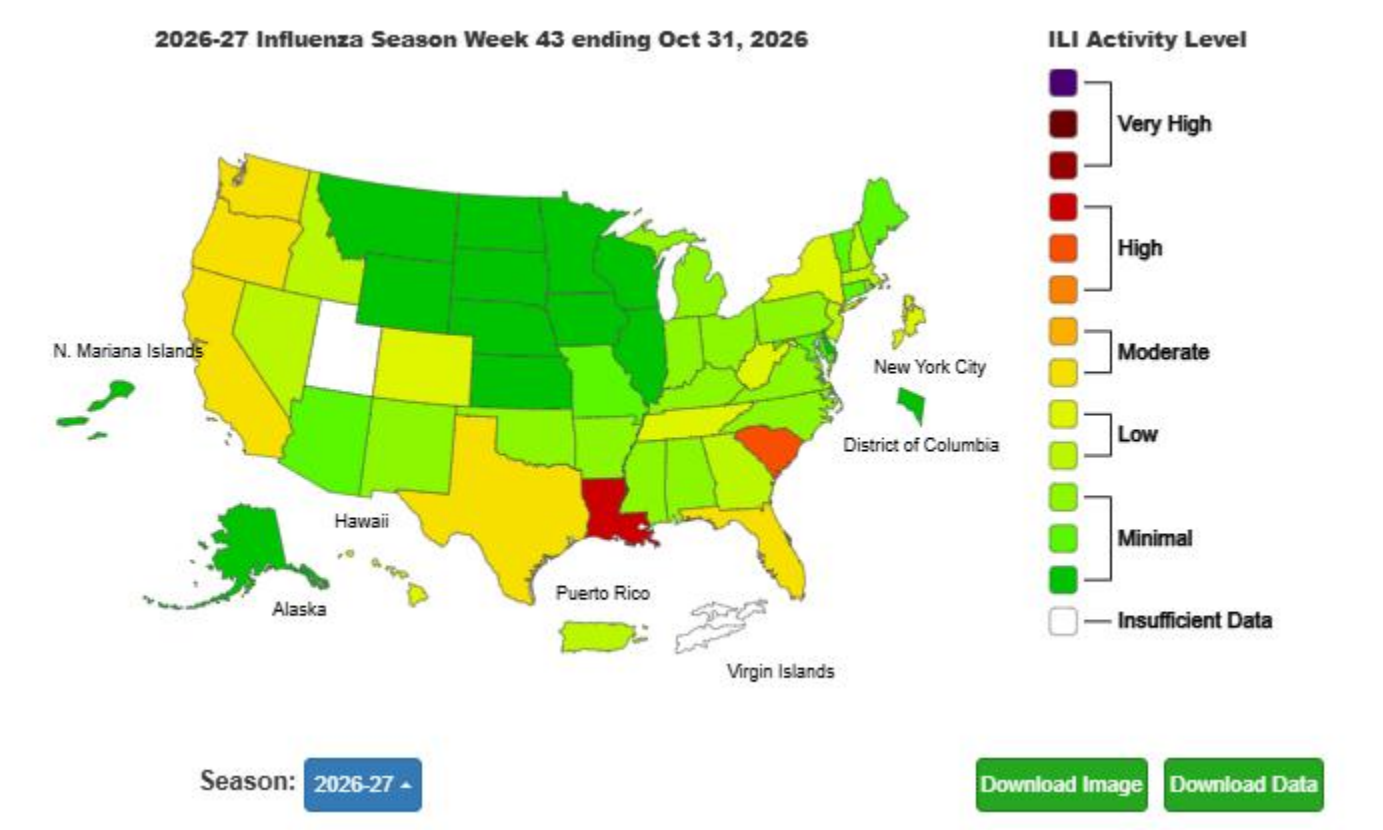
Time Period: October 25, 2026 - October 31, 2026





https://www.cdc.gov/wastewater/respiratory-viruses/national.html

CDC Weekly US Map: Influenza



https://www.cdc.gov/fluview/surveillance/usmap.html

NE Respiratory Disease Surveillance

Nebraska Influenza & Other Respiratory Disease Surveillance Report 2026-27 Surveillance Season, MMWR Week 43

All data are preliminary and may change as more reports are received. Data through week ending 10/31/2026

INFLUENZA WEEKLY SUMMARY

INFLUENZA LABORATORY SURVEILLANCE

Positive Influenza A & B Tests, Test Positivity, and Changes from Last Week

Week Ending Date	Influenza A Positives	Change from Last Week	Influenza B Positives	Change from Last Week	Influenza Test Positivity	% Change from Last Week
10/31/2026	100	↓ 16	9	↑ 8	4.2%	↓ 0.1%
Season Total	**406**		**20**		**4.2%**	

Cumulative Influenza Positive Tests by Subtype and Age Group (in years), 2026-27 season

Subtype	0-4	05-17	18-24	25-49	50-64	65+	Season Total
Flu A: H1	31	26	8	20	21	28	**134**

INFLUENZA-LIKE ILLNESS (ILI) EMERGENCY DEPARTMENT (ED) SURVEILLANCE

Total ILI ED Visits and Change from Last Week

Week Ending Date	Total ILI ED Visits	Change from Last Week
10/31/2026	174	↓ 49
Season Total	**798**	

INFLUENZA-LIKE ILLNESS (ILI) HOSPITALIZATION SURVEILLANCE

Total ILI Hospital Admissions and Change from Last Week

Week Ending Date	Total ILI Hospital Admissions	Change from Last Week
10/31/2026	84	↓ 13
Season Total	**412**	

OUTBREAK SURVEILLANCE: 1 influenza-associated outbreak has been reported in long-term care facilities during the 2026-27 surveillance season.

MORTALITY SURVEILLANCE: <6 influenza-associated deaths have been reported during the 2026-27 surveillance season.

National Influenza Summary: https://www.cdc.gov/fluview/index.html **For information on the prevention of influenza**, please visit: https://www.cdc.gov/flu/prevention/actions-prevent-flu.html

RESPIRATORY SYNCYTIAL VIRUS (RSV) WEEKLY SUMMARY

RSV LABORATORY SURVEILLANCE

Positive RSV Tests, Test Positivity, and Changes from Last Week

Week Ending Date	RSV Positives	Change from Last Week	RSV Test Positivity	% Change from Last Week
10/31/2026	14	↑ 6	1.0%	↑ 0.5%
Season Total	**53**		**1.0%**	

RSV Test Positivity by Test Type and Percent Change from Last Week

Week Ending Date	PCR	% Change from Last Week	Antigen	% Change from Last Week
10/31/2026	0.6%	↓ 0.0%	3.3%	↑ 3.3%
Season Total	**0.8%**			

OUTBREAK SURVEILLANCE: 0 RSV-associated outbreaks have been reported in long-term care facilities during the 2026-27 surveillance season.

MORTALITY SURVEILLANCE: 0 RSV-associated deaths have been reported during the 2026-27 surveillance season.

For information on the prevention of RSV, please visit: https://www.cdc.gov/rsv/vaccines/protect-infants.html or https://www.cdc.gov/rsv/vaccines/index.html.

COVID-19 (SARS-CoV-2) WEEKLY SUMMARY

COVID-19 (SARS-CoV-2) LABORATORY SURVEILLANCE

Positive COVID-19 Tests, Test Positivity, and Changes from Last Week

Week Ending Date	COVID-19 Positives	Change from Last Week	Test Positivity	% Change from Last Week
10/31/2026	67	↑ 9	3.9%	↑ 0.5%
Season Total	**218**		**3.3%**	

COVID-19 HOSPITALIZATION SURVEILLANCE

COVID-19 Hospitalizations and Change from Last Week

Week Ending Date	Total COVID-19 Hospitalizations	Change from Last Week
10/31/2026	*	↓ 4
Season Total	**31**	

OUTBREAK SURVEILLANCE: 1 COVID-19 associated outbreak have been reported in long-term care facilities during the 2026-27 surveillance season.

MORTALITY SURVEILLANCE: <6 COVID-19 associated deaths have been reported during the 2026-27 surveillance season.

National COVID-19 Summary: https://www.cdc.gov/covid/php/surveillance/index.html. **For information on the prevention of COVID-19**, please visit: https://www.cdc.gov/covid/prevention/index.html

Seasonal Respiratory Diseases

COVID-19 Vaccination

Ages 65 years and older:

COVID-19 vaccination history before 2026-2027 COVID-19 vaccine**	Number of 2026-2027 COVID-19 vaccine doses indicated	Recommended 2026-2027 COVID-19 vaccine† and interval between doses
Unvaccinated: • Administer 2 doses of 2026-2027 vaccine		
Unvaccinated	2	**2026-2027 COVID-19 vaccine dose 1** (Moderna, Novavax, or Pfizer-BioNTech): Day 0 **2026-2027 COVID-19 vaccine dose 2** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2026-2027 COVID-19 vaccine dose 1; (Moderna [mNexspike]): 6 months (minimum interval 3 months)‡ after 2026-2027 COVID-19 vaccine dose 1
Previously vaccinated before 2026-2027 vaccine: • Administer 2 doses of 2026-2027 vaccine		
1 or more doses any COVID-19 vaccine (Moderna, Novavax, or Pfizer-BioNTech)	2	**2026-2027 COVID-19 vaccine dose 1** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): At least 8 weeks after last dose; (Moderna [mNexspike]): At least 3 months after last dose‡ **2026-2027 COVID-19 vaccine dose 2** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2026-2027 Dose 1; (Moderna [mNexspike]): 6 months (minimum interval 3 months)‡ after 2026-2027 Dose 1

[2026-2027 COVID-19 Vaccination Guidance for People Who Are Not Immunocompromised | Covid | CDC]

Hand Hygiene and Process Surveillance

Josette McConville, RN, CIC

NE ICAP

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.



IPC Surveillance Definition

Infection prevention and control (IPC) surveillance is defined as the ongoing, systematic collection, analysis, and interpretation of health-related data. This data is used to plan, implement, and evaluate practices meant to control infections and communicable disease.

Process Surveillance (Audit and Feedback)



- Process surveillance is the review of practices by staff directly related to resident care.
- The purpose is to identify whether staff implement and comply with the facility's IPC policies and procedures.

Outcome Surveillance

- Addresses the criteria that the IP would use to identify and report evidence of a suspected or confirmed HAI or communicable disease.
- This process of collecting and documenting data on individual resident cases and comparing the collected data to standard written definitions (criteria) of infections.

Creating a Surveillance Plan

Once the annual risk assessment is complete, determine the surveillance methods to be employed.

- Consider time and available resources when selecting the methods to be used
- Target specific issues – select surveillance activities in which data obtained can be used to improve processes and outcomes
- Use consistent surveillance processes: defining the same steps of a process (e.g., checklist) and terms for consistency, to improve daily practice and to allow for potential internal and external benchmarking.



In 1850, Ignaz Semmelweis saved lives with three words: wash your hands

Health May 15, 2015 3:29 PM EST

In 1850, Ignaz Semmelweis saved lives with three words: wash your hands | PBS News

What is going to move the needle?



Identify Challenges

Do you like the soap and ABHR that we stock?

External	Internal
Lack of access to supplies	Apathy (lack of interest or concern)
Do not receive ongoing education	Believe guidelines don't apply
Do not receive feedback	Not sure when and how
No noticeable prompts for hand hygiene	Lack of social support
Unsupportive culture	"Too busy" or "Forgets"
Staff not encouraged to discuss errors	Integration into every day

What triggers you to wash your hands?

If you don't wash your hands when leaving a room, what is the biggest barrier?

Policy Review



- Evidence-based reference(s)
- When and how to perform hand hygiene
- When and how to use gloves
- Hand hygiene products should be facility approved and provided
- Alcohol-based hand rub is the preferred method for cleaning hands in healthcare.
  - Soap-and-water should be used when hands are visibly dirty, when caring for a resident with *C. diff*, and when the facility is experiencing an outbreak of norovirus or *C. diff.*
- Promote maintenance of healthy hand skin and fingernails
  - Use of facility approved lotion to maintain skin health
  - Fingernail and jewelry limitations
- Reduce environmental contamination from sinks/sink drains

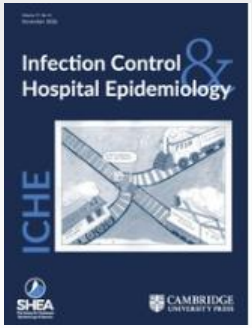
References and Resources

Guideline for Hand Hygiene in Healthcare Settings (2002)

- Guideline for Hand Hygiene in Healthcare Settings (2002) | Infection Control | CDC

Clinical Safety: Hand Hygiene for Healthcare Workers

- Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC



SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update

- SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update | Infection Control & Hospital Epidemiology | Cambridge Core

Infection Prevention and Control: Hand hygiene

- Infection prevention and control

Hand Hygiene Monitoring Tools

- Infection prevention and control (Monitoring tools)

Product Selection and Availability



- Alcohol Based Hand Sanitizer (ABHS) should be formulated with at least 60% alcohol.
- Involve frontline staff in the selection of products.
- Provide facility-approved hand moisturizer that is compatible with ABHS and gloves.
- Consider need for wall mounted dispensers that limit number of activations within a short period (e.g., memory care)

ABHS Storage and Life Safety Code

Table 1. NFPA 101 Life Safety Code Requirements for the use of ABHS Dispensers

Criteria	Requirement
Hand rub solution	• Must not exceed 95% alcohol content by volume. (The Centers for Disease Control and Prevention recommends that ABHS contain at least 60% alcohol.)
Maximum dispenser fluid capacity	• 1.2 liters (41 ounces, 0.32 gallons) for dispensers in rooms, corridors, and areas open to corridors. • 2.0 liters (67 ounces, 0.53 gallons) for dispensers in suites of rooms separated from corridors.
Maximum quantity in aerosol containers	• 18 ounces, limited to Level 1 aerosols as defined by NPFA 30 B.
Maximum quantity of ABHS allowed in-use (i.e., in dispensers)	• Ten gallons (37.8 liters in-use outside of a storage cabinet within a single smoke compartment. (Smoke compartment: A space within a building enclosed by smoke barriers on all sides, including the top and bottom.) • One dispenser per room off corridors is NOT included in the calculation.
Minimum corridor width	• Six feet (1830 millimeters) wide

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Minimum corridor width	• Six feet (1830 millimeters) wide
ABHS dispenser distance from ignition sources	• One-inch (25 millimeters) distance (horizontal or vertical) above, to the side, or beneath an ignition source. (Sources of ignition: Appliances or equipment that, because of their intended modes of use or operation, are capable of providing sufficient thermal energy to ignite flammable gas-air mixtures.5 Examples include wall outlets, thermostats, and appliances.) • Note: While one-inch is acceptable, a more conservative approach is to ensure a distance of no less than 6 inches (12.7 millimeters; horizontal or vertical, measured from the center of the dispenser) between ABHS dispensers and source of ignition.
ABHS dispenser separation	• Horizontal spacing not less than 48 inches (1,220 millimeters).
Carpeted areas	• The smoke compartment must be equipped throughout with an approved automatic sprinkler system.
Operation of the dispenser, the dispenser shall:	• Not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation. • Not dispense more solution than the amount required for hand hygiene consistent with label instructions. • Be designed, constructed and operated in a manner that ensures accidental or malicious activation is minimized. • Be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed. • Any activation of the dispenser shall only occur when an object is placed within 4 inches (100 millimeters) of the sensor. • An object placed within the activation zone and left in place shall not cause more than one activation.

Clinical Safety: Hand Hygiene for Healthcare Workers | Clean Hands | CDC

Training and Education

All staff should receive formal hand hygiene education upon hire and at least annually.

Teach the Impact

- Scientific information of how hand hygiene impacts healthcare associated infection and resistant organism transmission rates
- Awareness for facility policy/guidelines
- Knowledge concerning the low level of adherence rate for hand hygiene by the majority of HCW

Teach the Technique

- Appropriateness, efficacy and understanding of the use of products
- Return demonstration



Environmental Cleaning and Disinfection Videos - ICAP

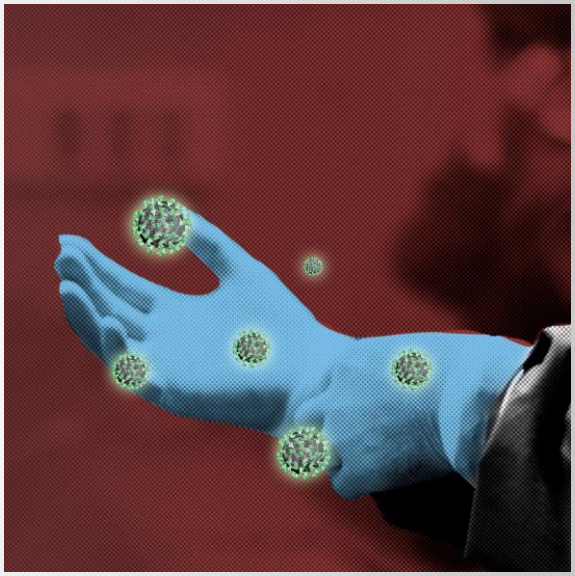
Nails and Jewelry

- Natural nail tips should be kept to ¼ inch in length
- Artificial nails should not be worn when having direct contact with high-risk patients
- Safety of wearing rings in healthcare is an unresolved issue
- (SHEA) Policies regarding the use of fingernail polish and gel shellac is at the discretion of the infection prevention program.



Glove use and hand hygiene

- Use gloves as indicated by Standard and Contact Precautions
- Educate and confirm the ability of staff to don and doff gloves in a manner that avoids contamination
- Perform Hand hygiene immediately following glove removal
- Using gloves when not indicated wastes resources and does not necessarily reduce transmission of germs.



Do you consider sink safety?





- If possible, dedicate sinks to handwashing.
- Educated staff to refrain from disposing substances that promote growth of biofilms (e.g., intravenous solutions, medications, food, or human waste) in handwashing sinks.
- Use an EPA-registered healthcare disinfectant to clean sink bowls and faucets daily.
- Do not keep medications or resident care supplies on countertops that are within 3 feet of sinks.



(WHO) By 2026, hand hygiene compliance monitoring and feedback should be established as a key national indicator.

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

1. Identify and monitor adherence to infection prevention practices and infection control requirements.

2. Provide prompt, regular feedback on adherence and related outcomes to healthcare personnel and facility leadership.

3. Train performance monitoring personnel and use standardized tools and definitions.

Regulatory Requirement

- As part of the overall IPCP for surveillance, the facility shall establish process and outcome surveillance.
- Process Surveillance Process surveillance is the review of practices by staff directly related to resident care. The purpose is to identify whether staff implement and comply with the facility's IPCP policies and procedures.
- Some areas that facilities may want to consider for process surveillance are the following: hand hygiene, use of PPE, injection safety, POC testing. . . .

SOM - Appendix PP, p. 819

Do you audit hand hygiene?

Competency	Audit
Evaluates whether an individual knows how to perform a task correctly.	Evaluates whether the task is **actually being performed correctly** in practice.
Focuses on staff knowledge, skills, and abilities.	Focuses on compliance, processes, outcomes, or documentation.
Usually performed during orientation, annually, or when new procedures are introduced.	Usually performed routinely (daily, weekly, monthly, quarterly) for quality monitoring.
Answers: "Can this person do it correctly?"	Answers: "Are we doing it correctly and consistently?"
Often includes return demonstrations, observation, testing, or simulation.	Often includes direct observation, chart review, environmental rounds, or data collection.
Staff-specific.	Unit-, department-, process-, or organization-specific.

Audit and Feedback

Prioritize and plan for baseline and regular follow-up hand hygiene compliance observations.

Use collected data to identify appropriate interventions for hand hygiene promotion, education and training.

$$\text{Adherence Rate} = \frac{\text{Hand hygiene performed}}{\text{Hand hygiene indicated}} \times 100$$

Audit of Hand Hygiene

Staff member performing audits_____

Date _____ Time/Shift_____

Healthcare Worker 1 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other		Session 1 (time) _____ a.m./p.m.	Healthcare Worker 2 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other		Session 1 (time) _____ a.m./p.m.	Healthcare Worker 3 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other		Session 1 (time) _____ a.m./p.m.
Opp.	**Indication**	**HH Action**	**Opp.**	**Indication**	**HH Action**	**Opp.**	**Indication**	**HH Action**
1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves
2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	2	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves

Who is performing the audits?

- Identify role models
- Promote a culture of safety
- Set small goals that allow for recognition/celebration.
- Encourage, recognize & reward anyone who reminds a colleague to clean hands.



Learning Center – ICAP/ ASAP Education on Your Own Time

Key Points of Effective Auditing

- The primary role of the observer is openly and objectively to observe practices and to gather data.
- Before gathering data, observers must be familiar with the expected practice.
- Be careful to not make assumptions.
- Explain your observer role and <u>propose immediate informal feedback.</u>



Audit of Hand Hygiene

Staff member performing audits_____

Date _____ Time/Shift_____

Healthcare Worker 1 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other	Session 1 (time) _____ a.m./p.m.		Healthcare Worker 2 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other	Session 1 (time) _____ a.m./p.m.		Healthcare Worker 3 ☐ RN/LPN ☐ Physician ☐ Care Tech ☐ Other	Session 1 (time) _____ a.m./p.m.	
Opp.	**Indication**	**HH Action**	**Opp.**	**Indication**	**HH Action**	**Opp.**	**Indication**	**HH Action**
1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves	1	☐ bef-pat. ☐ bef-asept. ☐ aft-b.f ☐ aft-pat. ☐ aft-pat. surr.	☐ HR ☐ HW ❍ missed ❍ gloves

Standardize Training for Observers

- Ensure valid and reliable hand hygiene data
- Observers should complete standardized training to be objective and limit bias
  - Observations generally focus on “Upon entry” and “Upon exit”

Method	Use	Strength	Weaknesses	Considerations
Direct overt observation[20,153]	Gold standard for evaluation of technique Monitoring prevalence of hand conditions, adherence to facility or unit specific policies Inclusion in prevention bundle checklists can ensure appropriate hand hygiene prior to high-risk procedures (eg, central-line insertion)	Immediate feedback with correction of lapses Those completing prevention bundle checklists are empowered to speak up for patient safety. Can be used as a form of engagement among peers	High risk for bias due to the Hawthorne effect, should not be used to determine rates of adherence during routine care	As part of competency-based training a systematic approach may be used to ensure ongoing, regular assessments of knowledge and skill among all HCP.
Direct covert observation[14,16,17,19,25,47]	Establishment of performance baseline Gauge progress towards facility established goals Evaluation of technique	Barriers and facilitators to hand hygiene can be identified	High risk for observation bias Observations potentially obstructed by physical barriers (eg, curtains) Time and labor intensive Those observed may be skeptical of data Feedback may be delayed or fail to penetrate to those observed Potential for patient harm if lapses not immediately corrected	Facilities should engage in strategies to reduce observer bias. Observers should have clear directions about how to address noncompliance.

WHO Monitoring Resources

Implementation

- Guidance documents
- Template letters
- Posters

Training

- Slide sets for trainers, observers, and healthcare workers

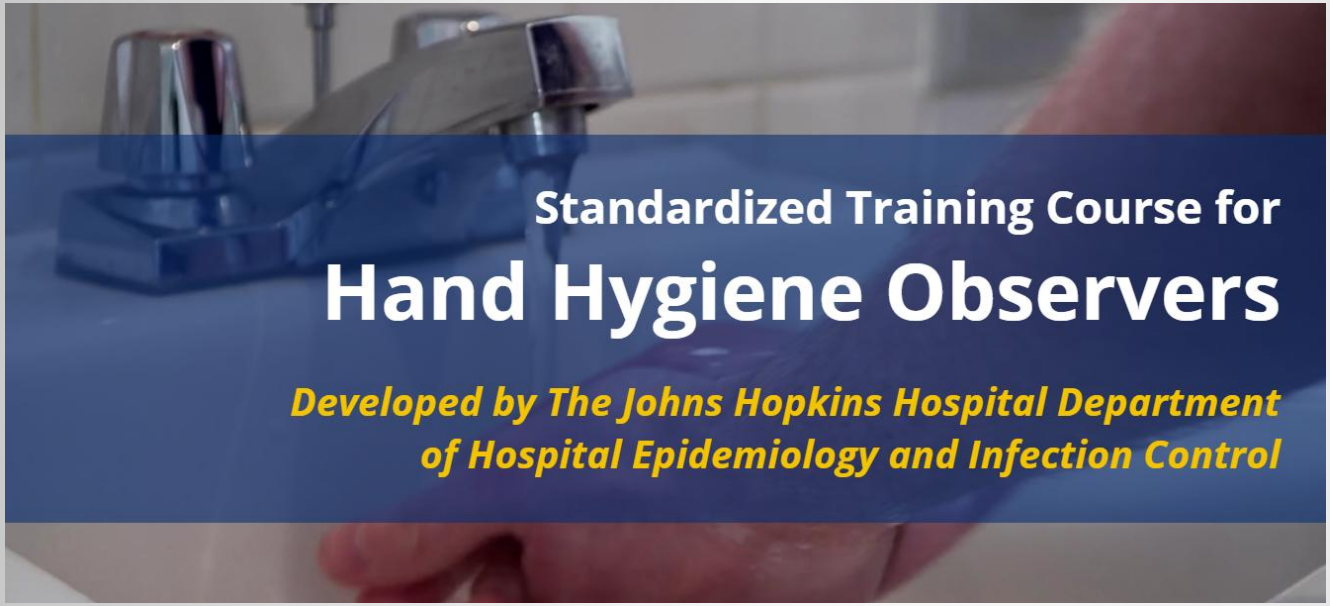
Monitoring

- Infrastructure survey
- Soap/ABHS consumption survey
- Staff/manager perception survey
- Observation tool



d_allmoments_a2_en.pdf

Johns Hopkins – Hand Hygiene Observer Training



Ensure valid and reliable hand hygiene data is collected on an ongoing basis regardless of Hand Hygiene Observer turnover.

Hand Hygiene Observer Training

Provide Timely and Meaningful Feedback

Individualized - Immediate (i.e., real-time reminder)

Terminal Communication	Open Ended Communication
Your hand hygiene rate is 75% and needs to improve.	What do you think barriers are to staff practicing hand hygiene on this unit? What would make things easier? Can you tell me more?
You did not follow policy.	Here is something I noticed. . . Can we talk through it? Can you help me understand?

Practical Application

(Observer) “I noticed that you didn’t do hand hygiene after removing your gown and gloves. Did you know that your hands can still become contaminated during the process of removing your gloves.”

- (Staff)“I just don’t have time to go back to the sink and wash my hand every time I leave a room.”

(Observer) “I completely understand that, though our policy does say that we can use sanitizer on our hands for most hand hygiene opportunities, except when the resident has diarrhea or if your hands are obviously soiled.”

- (Staff)“I didn’t remember learning that. It is great to know and will save time.”

(Observer) “Let me show you how to access those general policies on the computer.”

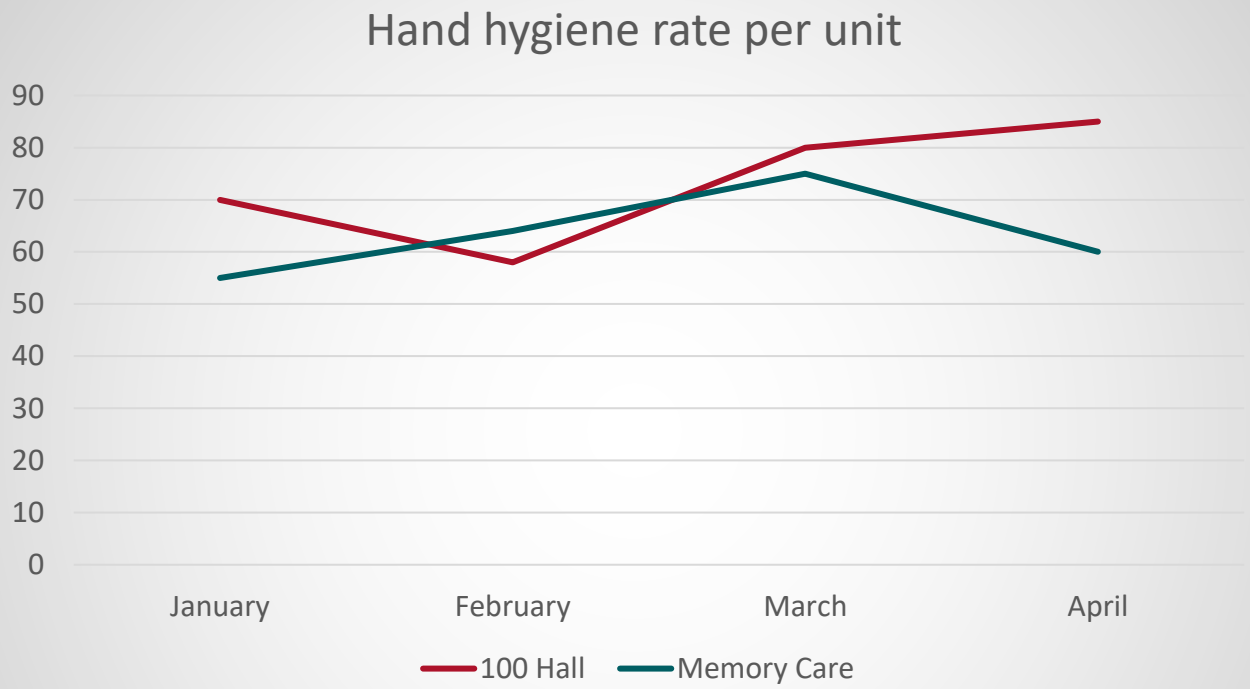
Sharing Aggregate Data



- Regular reports of adherence (e.g., monthly)
- Quality committee, unit manager, resident-care staff
- Post your unit's compliance and how your unit compares to other units in a prominent location such as staff conference areas.
- Discuss data regularly in staff & faculty meetings, exploring barriers to compliance and reiterate indications for hand hygiene and the hospital goal.

Provide meaningful data with clear targets linked to actions that improve adherence!

What is your goal?



There is no universally accepted "passing" hand hygiene compliance rate, but most infection prevention experts consider ≥90% compliance to be excellent performance and a common long-term goal.

Develop an Action Plan

- Are practical or physical barriers identified?
- Does staff have what they need to be successful.
  - Supplies, time, training
- Add new visual reminders



Make it a continuous process

There will always be new staff, new leadership, issues and questions.

- Continuous leadership support
- Behavioral reinforcement – develop a culture of harm prevention
- IPs make a connection – become a visible trusted partner
- You cannot fix it and forget it

Additional audit resources



Repository of adherence monitoring tools(s) and resources:

Monitoring Adherence to Healthcare Practices that Prevent Infection

References:

CDC. MMWR. October 25, 2002. Vol. 51. No. RR-16. Guideline for Hand Hygiene in Health-Care Settings.

- https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

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- https://www.cdph.ca.gov/programs/chcq/hai/pages/monitoringadherencetohcpracticesthatpreventinfection.aspx?

ICAP. Environmental Cleaning and Disinfection Videos, Part 1, Perform Hand Hygiene

- https://icap.nebraskamed.com/events/environmental-cleaning-and-disinfection-evs-videos/

ICAP. Hand Hygiene Audit Tool. 2017.

- https://icap.nebraskamed.com/wp-content/uploads/sites/2/2018/03/Audit-of-Hand-Hygiene-template-6.2.17.pdf

Johns Hopkins. Hand Hygiene Observer Training.

- https://www.hopkinsmedicine.org/HEIC-HHtraining/story.html

References:

SHEA. Glowicz, Janet, et al. February 8, 2023. SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent healthcare-associated infections through hand hygiene: 2022 Update.

- https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/sheaidsaapic-practice-recommendation-strategies-to-prevent-healthcareassociated-infections-through-hand-hygiene-2022-update/FCD05235C79DC57F0E7F54D7EC314C2C

World Health Organization (WHO) Infection Prevention and Control: Hand Hygiene

- https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene

World Health Organization (WHO) Hand Hygiene Monitoring Tools

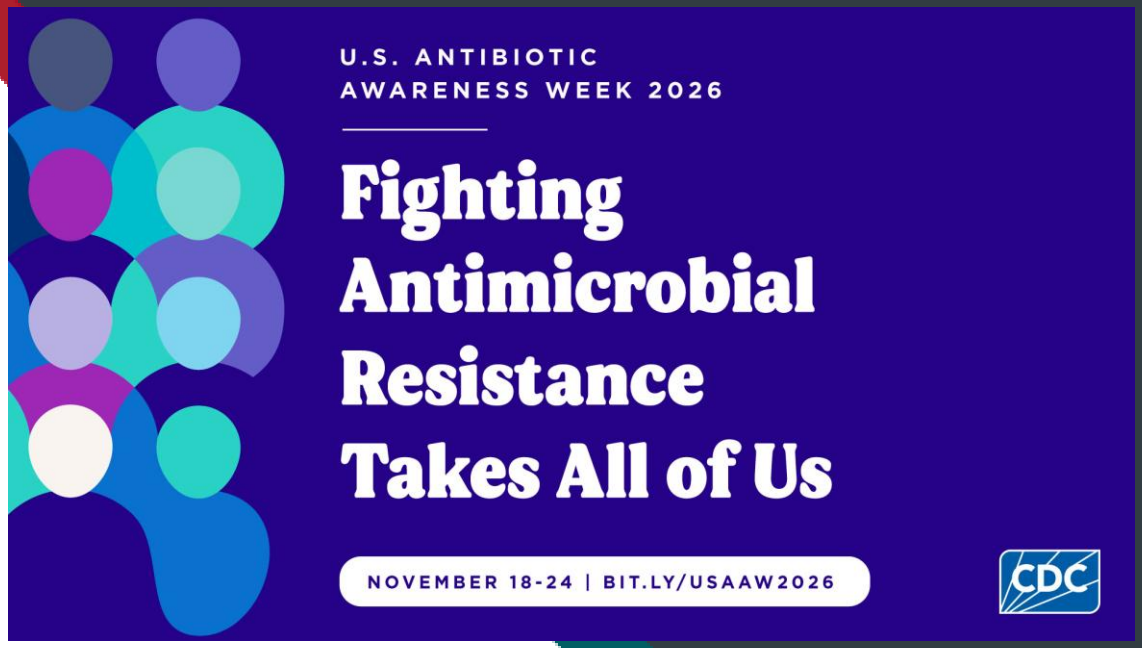
- https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/monitoring-tools

Markel, Dr. Howard. PBS News, News Hour. May 15, 2015. In 1850, Ignaz Semmelweis saved lives with three words: wash your hands.

- https://www.pbs.org/newshour/health/ignaz-semmelweis-doctor-prescribed-hand-washing

Additional Opportunities for Staff Engagement

NE ICAP



U.S. Antibiotic Awareness Week
November 18-24, 2026

The purpose of the observance is to raise awareness of the importance of appropriate antibiotic and antifungal use and the threat antimicrobial resistance poses to people, animals, plants, and their shared environment.

U.S. Antibiotic Awareness Week (USAAW) Toolkit | Antimicrobial Resistance | CDC

NE ASAP

November is *C. diff* Awareness Month

During *C. diff* Awareness Month and year-round, you can spread the word by sharing CDC's *C. diff* resources with your networks.

Your efforts to bring attention to this serious health threat can help improve patient safety, combat antimicrobial resistance, and prevent *C. diff* infections in healthcare settings, at home, and in the community.



C. diff Awareness Month: New Resources for Patients, Families, and Healthcare Professionals

Healthcare Professionals

- Facts for clinicians about *C. diff*.
- The latest *C. diff* guidance for infection prevention in acute care facilities.
- *C. diff* educational resources, including protocols for surface disinfection and Contact Precautions.
- Optimize antibiotic therapy to help prevent *C. diff* infection.

Patients and Families

- Who is at risk for *C. diff* infection and what symptoms to look for.
- Learn how antibiotics can affect your risk of *C. diff* infection in "Antibiotics, your gut, and *C. diff*."
- How you can prevent the spread of *C. diff* in the hospital and at home.
- Additional *C. diff* educational resources on symptoms, risk factors, and prevention

CDC PFL Resource



[CDC Project Firstline C. diff]

- *Clostridioides difficile (C. diff)* is a germ that causes severe diarrhea and inflammation of the colon.
- The bacteria lives in the stool and spreads easily through touch to other people and surfaces.
- Stop the spread of C. diff by:
  - Using a gown and gloves when touching the patient or their environment.
  - Remove the gown and gloves before leaving the room.
  - Clean hands after gloves removal; washing hands removes germs.
  - Clean and disinfect the patient's room and any equipment with a disinfectant that kills C. diff (see EPA's list K).

Burden of *C. diff*



CDC *Antimicrobial Resistance (AR) Threats Report*, takes a comprehensive look at the *C. diff* burden in the U.S.

In Closing

NE ICAP

Upcoming Webinar

December 10th, 2026 at 12:00 CST

- Outbreak management (respiratory -viral and bacterial, GI, etc.)

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.