

## Behind the Mask Office Hours

August 22nd, 2025

### Topics Discussed & References

#### Hepatitis B Vaccination Recommendations for Non-responders:

- [Hepatitis B Foundation: Vaccine Non-Responders](#)
- [Ask The Experts About Vaccines: Hepatitis B | Immunize.org](#)
- [Recommendations of the Advisory Committee on Immunization Practices for Use of a Hepatitis B Vaccine with a Novel Adjuvant - PubMed](#)
- [Universal Hepatitis B Vaccination in Adults Aged 19–59 Years: Updated Recommendations of the Advisory Committee on Immunization Practices – United States, 2022](#)
- [Hepatitis B Vaccine Administration | Hepatitis B | CDC](#)

#### IPC Pharmacy Resources

- [109. Pharmacy Services | Infection Prevention for Support Services and the Care Environment | Table of Contents | APIC](#)
- [APIC\\_PGC\\_Ten-Key-Points-the-Infection-Preventionist-Needs-to-Know.pdf](#)
- [Bulk Package of Contrast Material SBAR Final.pdf](#)
- [USP General Chapter 797](#)
- [Guide to Infection Control in the Healthcare Setting - ISID](#)
- [ICAR Tool for General Infection and Control \(IPC\) Across Settings - Section 3: Observation Form - Injection Safety](#)

#### Dialysis

- [41. Dialysis | Infection Prevention for Specialty Care Populations | Table of Contents | APIC](#)
- <http://annanurse.org>.
- [Dialysis\\_ImplementGuide3.pdf](#)
- [End Stage Renal Disease Facility Providers | CMS](#)
- [Guidelines, Recommendations and Resources | Dialysis Safety | CDC](#)
- [Intravascular Catheter-related Infection \(BSI\) Prevention Guidelines | Infection Control | CDC](#)
- [Assuring water quality for hemodialysis - UpToDate](#)

#### EOC rounding resources

- [EOC-tool.ae\\_fillable.pdf](#)

#### Emergency C-Section IPC Practice and Prep

\*Resources and considerations are below. Each facility needs to determine their own process based on current literature and a risk assessment specific to their facility and practices.

- AORN Guidelines for Perioperative Practice – Skin Antisepsis section (latest edition).- <https://www.aorn.org/article/guidelines-key-takeaways-for-patient-skin-antisepsis>
- CDC Guideline for Prevention of SSI (2017) : <https://www.cdc.gov/infection-control/hcp/surgical-site-infection/index.html>
- New England Journal of Medicine: Randomized Trial Comparing Skin Antiseptic Agents at Cesarean Delivery 2016: DOI: 10.1056/NEJMoa1511048
- ACOG – Prevention of Infection After Gynecologic Procedures (payment required) <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/06/prevention-of-infection-after-gynecologic-procedures>

### ***Preferred Antiseptic Agents***

- Chlorhexidine-alcohol (CHG-alcohol) is recommended by most guidelines (AORN, WHO, CDC) for surgical site infection prevention, as it has superior and more rapid antimicrobial activity compared with povidone-iodine.
- Avoid CHG on mucous membranes and in cases of concern for contact with the fetus (rare, but relevant if membranes are ruptured with vaginal prep).
- If CHG is contraindicated (e.g., allergy, risk of fetal exposure, or unavailable), povidone-iodine is an acceptable alternative.

### ***Technique for Stat C-Section***

- **Time is critical**-full drying time for antiseptics may not be possible.
  - AORN allows modified prep in true emergencies, with the surgical team weighing infection risk vs. maternal/fetal compromise. Facility needs to define this process
- **Considerations for expedited prep steps:**
  - Apply antiseptic quickly but thoroughly to the incision site (midline abdomen from xiphoid to mid-thigh, laterally to table edges).
  - Determine facility policy for waiting on full 3-minute dry time if fetal or maternal status requires immediate incision.
  - Do not wipe away antiseptic unless it pools (fire risk). If pooling occurs and electrocautery will be used, suction/wipe to reduce ignition hazard.
  - If time permits, cover surrounding area (drapes) to prevent contamination.

### ***Fire Safety Considerations***

- CHG-alcohol and iodine-alcohol are flammable.
- In emergent C-sections, if antiseptic isn't fully dry, keep cautery activation away from wet areas and avoid oxygen enrichment around the site.
- If only seconds are available, many facilities default to povidone-iodine (aqueous) to reduce fire risk while still providing antisepsis.

### ***Institutional Protocols***

- Many hospitals have emergency C-section skin prep kits with pre-labeled sponges and antiseptic applicators.
- Some protocols recommend a single rapid swipe of povidone-iodine or CHG-alcohol at the incision site when time is <1 minute to incision.
- Document that abbreviated prep was performed due to emergent status.

## MDRO Removal Protocols

\*Resource below, each facility must determine their own process based on current literature and a risk assessment to limit MDRO transmission

- CDC MDRO Prevention and Control: <https://www.cdc.gov/infection-control/hcp/mdro-management/prevention-control.html>
- We encourage performing a risk assessment for each MDRO: Duration of Contact Precautions: The necessary duration of Contact Precautions for patients treated for infection with an MDRO, but who may continue to be colonized with the organism at one or more body sites, remains an unresolved issue.

## ICRA Training for New IPs

- CPWR – The Center for Construction Research and Training- <https://www.cpwr.com/training/training-programs/infection-control-risk-assessment-icra/>
- Professional Training Associates Inc
- [https://www.ptainc.com/course\\_details.asp?course=ICA](https://www.ptainc.com/course_details.asp?course=ICA)
- Higgins & Associates: <https://higginsedu.com/ehs-online-trainings>
- Infection Control University: <https://infectioncontroluniversity.com/>
- ASHE: <https://www.ashe.org/education/icra-2-train-trainer/program-details>
- Local Carpenters Unions
- APIC

## Hand Hygiene benchmarking for ambulatory care

- [Benchmarking Studies | AAAHC](#)

## Eye Protection

- OSHA General Eye protection requirements: [1910.133 - Eye and face protection. | Occupational Safety and Health Administration](#)
- OSHA BBP Standard [1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration](#)
- ANSI Z87.1 [ANSI/ISEA Z87.1-2020 - American National Standard for Occupational and Educational Personal Eye and Face Protection Devices](#)
- [ANSI/ISEA Z87.1-2020: Current Standard for Safety Glasses - The ANSI Blog](#)
- Prescription safety glasses: [Stoggles | Stylish Prescription Safety Glasses](#)

## IPC Career ladder and Career Development

- <https://apic.org/professional-practice/infection-preventionist-career-development-and-advancement-guide/>
- [90-Day Survival Guide | innovateIPC.org](#)

## Pre-Operative Bathing

- CDC Guideline for the Prevention of SSI, 2017  
<https://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>
- 8A.1. Advise patients to shower or bathe (full body) with soap (antimicrobial or nonantimicrobial) or an antiseptic agent on at least the night before the operative day. (Category IB–strong recommendation; accepted practice.)
- 8A.2. Randomized controlled trial evidence suggested uncertain trade-offs between the benefits and harms regarding the optimal timing of the preoperative shower or bath, the total number of soap or antiseptic agent applications, or the use of chlorhexidine gluconate washcloths for the prevention of SSI. (No recommendation/unresolved issue.)

### Question: Are people bathing or applying CHG after clipping?

1. **Remove hair only if necessary:** If hair removal is not required for the surgical procedure, it should be avoided. Studies show that unnecessary hair removal provides no added benefit and can increase the risk of infection.
2. **Use clippers, not razors:** If hair removal is required, use electric clippers with a disposable head. Razors are not recommended because they cause more skin abrasions.
3. **Perform hair removal as close to surgery as possible:** If possible, hair should be clipped in a pre-operative area just before surgery to minimize the time for any bacteria to recolonize the area.
4. **Administer the CHG bath:** Follow the specific protocol from your healthcare provider, which typically includes multiple CHG baths. This generally starts the night before surgery and is repeated the morning of the procedure.
5. **Apply CHG to clean, clipped skin:** The CHG solution should be applied to the clipped surgical site as part of the total-body antiseptic wash, avoiding areas not being prepped and allowing it to dry completely

### C.diff/ CDI Isolation Management and Guidance

- Nebraska Medicine Clinical Pathways and guidance:  
<https://www.unmc.edu/intmed/divisions/id/asp/clinicalpath.html>
- Nebraska Medicine CDI Management Algorithm:  
[https://www.unmc.edu/intmed/\\_documents/id/asp/clinicpath-cdi\\_final.pdf](https://www.unmc.edu/intmed/_documents/id/asp/clinicpath-cdi_final.pdf)

### Nebraska Medicine PPE Compliance Strategy

- [Effectiveness of a multisite personal protective equipment \(PPE\)-free zone intervention in acute care - PubMed](#)

- [Reengineering the patient's environment: Establishment of a "Red Box" to improve communications with patients on isolation precautions - PubMed](#)

## Red Box Strategy

### **Problem:**

Health care workers frequently enter patient rooms without the proper isolation.

### **Quality improvement project to address:**

1. The issue of hospital onset c-diff infections
2. Adherence to isolation precautions.



**Beyond the Square,  
Prepare to Care!**



**Why the Red Square?**

- The Red Square is a space where you can enter the room without the need to wear added Personal Protective Equipment (PPE)
- The Red Square is ideal for quick communication and visual assessment

**Please don all appropriate PPE if you need to enter the room beyond the square!**

  
**Nebraska  
Medicine**  
SERIOUS MEDICINE. OUTSTANDING CARE.

## Education for Fit Testing

- OSHA Respiratory Protection Standard- 1910.134 <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>
- OSHA Fit testing protocols: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>
- CDC Healthcare Respiratory Protection: <https://www.cdc.gov/niosh/healthcare/respiratory-protection/index.html#:~:text=The%202007%20CDC%20and%20Healthcare,respirators%20are%20to%20be%20used.>
- Manufacturers of testing equipment may provide education.