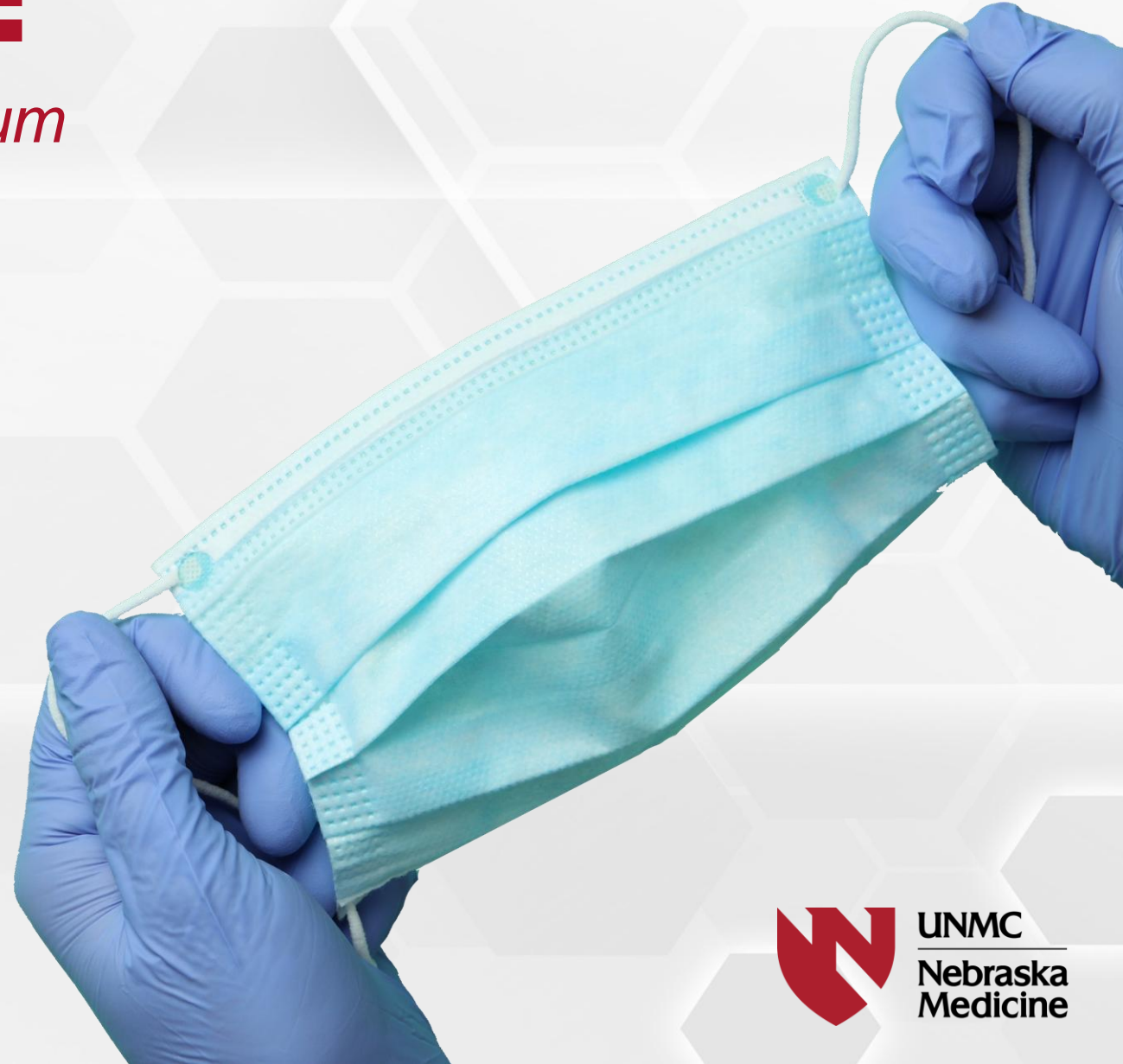


# Behind the Mask:

*Infection Preventionist Practice Forum*

Alisha Sheffield MSN, RN, CIC

Rebecca Martinez BSN, BA, RN, CIC



- This session is NOT being recorded but please be aware of confidentiality as you share experiences and challenges.
- If you have a questions
  - Raise hand and our admin will take you off mute *OR*
  - Enter your question into the Q&A
- If you have additional questions that are not answered, you can email us at [infoforipslice@nebraskamed.com](mailto:infoforipslice@nebraskamed.com)

## Nebraska Infection Control Assessment and Promotion Program

**Rebecca Martinez, BSN, BA, RN, CIC**  
**Infection Preventionist**  
**Nebraska Infection Control Assessment  
and Promotion (ICAP) Program**  
[remartinez@nebraskamed.com](mailto:remartinez@nebraskamed.com)

## What is NE ICAP?

The Nebraska Infection Control Assessment and Promotion (ICAP) Program is part of the University of Nebraska Medical Center (UNMC) and Nebraska Medicine system. NE ICAP is supported by the Nebraska DHHS Healthcare Associated Infections and Antimicrobial Resistance (HAI /AR) Program via a Centers for Disease Control and Prevention (CDC) grant.

- ICAP offers no cost, peer-to-peer infection prevention and control (IPC) education, consultations, and assessments. Our team includes experienced infection preventionists and infectious disease trained medical directors.

<https://icap.nebraskamed.com/about-us/>



NE DHHS  
HAI/AR

UNMC

NE MEDICINE

NE ICAP

## NE ICAP Services

### Assessments

- On-Site or Remote
  - Response-Based
  - Prevention-Based

### Consultations

- M – F 8am – 4pm CST
  - Expert IPC Guidance
  - Professional Growth Guidance

### Webinars at Noon CST

- 2nd Wednesday Hospital & Outpatient Settings
- 2nd Thursday LTC Settings

### Website

- Curated List of Key Resources
- NE ICAP Developed Resources
- Publications

### NE ICAP / NE ASAP Learning Center

- Free On-Demand Education
- Earn CE or Certificate Taken

### Social Media

- YouTube Channel
- Facebook
- LinkedIn

## ICAP Contact Information

**Call 402-552-2881**

**Office Hours** are Monday – Friday

8:00 AM - 4:00 PM Central Time

[NebraskaICAP@nebraskamed.com](mailto:NebraskaICAP@nebraskamed.com)



Scan the QR Code to be taken to our [NE ICAP Contact Form](#).

You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.



## Nebraska Antimicrobial Stewardship Assessment and Promotion Program

<https://asap.nebraskamed.com>



## Antimicrobial Stewardship and Nebraska ASAP

- Antimicrobial stewardship
  - Avoiding antimicrobial exposure if the patient does not have a condition for which antimicrobials are indicated
  - Deescalating antibiotic therapy when feasible
- Nebraska Antimicrobial Stewardship Assessment and Promotion (ASAP) Program
  - Supported through Nebraska Department of Health and Human Services (DHHS)
    - Funding through a Centers for Disease Control and Prevention (CDC) grant
  - Goal of NE ASAP
    - To **promote the effective use of antimicrobials and improve patient outcomes** throughout the state of Nebraska by **collaborating** with local clinicians, pharmacists, infection preventionists and other health care workers to **establish effective antimicrobial stewardship programs.**



# Office Hours

# CDC Project Firstline



Project Firstline

[Infection Control in Health Care](#)

[About Project Firstline](#)

[VIEW ALL >](#)



## CDC's Project Firstline (PFL)




[CDC's Project Firstline](#)

Project Firstline offers easy-to-use, accurate and free infection control training resources in multiple formats to align with healthcare workers' learning needs and preferences.

By meeting healthcare workers where they are, Project Firstline supports frontline healthcare workers in better understanding and applying infection control as part of their role.

# CDC's Project Firstline Rash Micro-Learn: What to do when you see a patient with a rash

## Infection Control Micro-Learns User Guide



### About the Micro-Learns

The Project Firstline Infection Control Micro-Learns are a series of guided infection control discussions that provide brief, on-the-job educational opportunities. Each micro-learn focuses on a single infection control topic and connects infection control concepts to immediate, practical value. Healthcare workers can easily apply the key points to their daily work and perform the recommended actions to keep germs from spreading.

### Using the Micro-Learns

The micro-learns can be incorporated into existing opportunities where groups of healthcare workers gather, such as pre-shift "huddles" or team meetings. The sessions should be led or facilitated by an experienced team member with infection control expertise.

Each micro-learn package includes an adaptable discussion guide for the facilitator and one job aid.




**Discussion Guide.** The discussion guide is not a script. Facilitators are encouraged to adapt the guide for their audience by incorporating relevant and practical questions and ideas. For instance, facilitators can connect the content to the audience's job duties, facility-specific cases or issues, resources and points of contact, or other information.

**Job Aid.** The one-page, visual job aid helps to reinforce the key messages of the micro-learn. Facilitators are encouraged to make the job aid available after the micro-learn session, such as in digital or hard copy form.

### Notes for Facilitators

- Before presenting a micro-learn, check the policies and protocols at your facility and adapt the content accordingly.
- Build on your knowledge, experience, and awareness to connect the content to local context or relevant recent events so that your audience can apply the concepts confidently.
- The micro-learns reinforce infection control concepts when risks are observed in patients or in the patient environment, not necessarily in visitors or other staff members.
- Remind your audience that if they see a patient in distress—e.g., with shortness of breath, bleeding, or otherwise at risk of immediate harm—they should respond to the emergency according to facility protocols.

[www.cdc.gov/ProjectFirstline](http://www.cdc.gov/ProjectFirstline)



## Rash Micro-Learn Discussion Guide: What to do when you see a patient with a rash

Use the talking points below and accompanying job aid to engage your team in short, focused discussion. Adapt to meet your needs.

- 1. Introduce the topic**

Share key information about the topic that your audience should know and connect to your local context:

  - A rash is abnormal skin that is usually red, irritated, or broken and may have bumps, flat spots, or blisters.
  - A rash can be caused by many things, including germs that can be spread by touch. You may not be able to tell what has caused the rash just by looking at it.
  - Many viral infections can be associated with a rash and can spread to other people or to the environment.
    - Some viruses, such as chickenpox and measles, travel long distances in the air and can easily infect people who are not immune to them.
    - These viruses can spread when the infected person breathes or if the rash is disturbed, such as by scratching or rubbing, which can send infected fluid or debris into the air.
  - Some rashes are not caused by an infection but by an injury or an allergic reaction like poison ivy or a bug bite. These rashes can still contain germs that can be spread by touch.
- 2. Expand on the topic**

Share information about what your audience should do:

  - Don't touch the patient's rash if you don't have to. If you have to touch a rash, use gloves. Regardless of the cause, any rash is a vulnerable area where germs can enter the body.
  - If it's possible to cover the rash, it's often best to do so, but there are some exceptions. This decision is made by the clinical team.
  - Germs can spread from a rash to anything that touches it, so make sure to clean and disinfect surfaces and properly handle linens that have touched the rash.
  - If the rash is accompanied by cough and congestion, consider the possibility that it is caused by a virus that spreads through the air, and separate the patient from others. Consult with the clinical and infection prevention teams, and consider whether additional infection control actions are necessary, such as putting the patient in a separate room with the door closed.
- 3. Discuss with your team**

Find out how your audience feels about the topic. Sample questions include:

  - What do you usually do when you see a rash? Do you worry that you might catch something? How do you protect yourself and your patient? When might you call for help or assistance?
  - Do you have all the tools and information you need to do your job safely?
  - As a team, how can we help each other take the right infection control actions when we see a rash to keep germs from spreading?
- 4. Wrap up and reinforce**




Reinforce key takeaways:

  - Some rashes are caused by germs that can spread to other people or the environment. You may not be able to tell what's causing the rash just by looking.
  - Whatever the cause, broken or irritated skin is a vulnerable area for the patient. Treat it carefully.

Share related facility-specific information and cue to follow-up opportunities:

  - Connect content with information such as the facility's process for isolation precautions, recent cases, examples of patients with rashes, or other relevant information.
  - Share reminders, prompts, and opportunities for further learning as appropriate, including the Project Firstline website at [www.cdc.gov/projectfirstline](http://www.cdc.gov/projectfirstline).

[www.cdc.gov/ProjectFirstline](http://www.cdc.gov/ProjectFirstline)



## You don't always know which rashes are infectious.



Because you can't always tell what causes a rash, you should always take the following actions to protect patients and yourself from the spread of germs.



Treat broken or irritated skin with care; it's a vulnerable place where germs can enter a patient's body.



Use gloves if you have to touch the rash, to prevent germs from spreading.



Clean and disinfect things that the patient has touched.

Germs Live on the Skin Infographic: <https://bit.ly/3OEGTty>  
Gloves and Gowns Session Plan: <https://bit.ly/44bGkNz>  
Environmental Cleaning and Disinfection Session Plan: <https://bit.ly/3KBBTVF>

**Learn More**

[www.cdc.gov/ProjectFirstline](http://www.cdc.gov/ProjectFirstline)



## Open Discussion: SSI Prevention Processes and Tools

## II. Infection Control Training, Competency, and Implementation of Policies and Procedures

Elements to be assessed	Assessment	Notes/Areas for Improvement
G. Prevention of Surgical Site Infection (SSI)		
1. Hospital has a program to improve surgical care.		
<p>Verify the following: The program to improve surgical care addresses appropriate prophylactic antibiotic use including:</p> <ul style="list-style-type: none"> <li>a. Preoperative timing of prophylactic antibiotic administration (within 1 hour prior to incision or 2 hours for vancomycin or fluoroquinolones).</li> <li>b. Appropriate prophylactic antibiotic selection based on procedure type.</li> <li>c. Discontinuation of prophylactic antibiotics within 24 hours (48 hours for CABG or other cardiac surgery) after surgical end time.</li> <li>d. The program to improve surgical care addresses prompt removal of urinary catheter on post-op day 1 or 2, unless there is a documented appropriate reason for continued use.</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Not Applicable (Check if facility does not perform surgeries and move to item H. <i>Clostridium difficile</i> Infection)</p> <p>a. <input type="radio"/> Yes <input type="radio"/> No</p> <p>b. <input type="radio"/> Yes <input type="radio"/> No</p> <p>c. <input type="radio"/> Yes <input type="radio"/> No</p> <p>d. <input type="radio"/> Yes <input type="radio"/> No</p>	

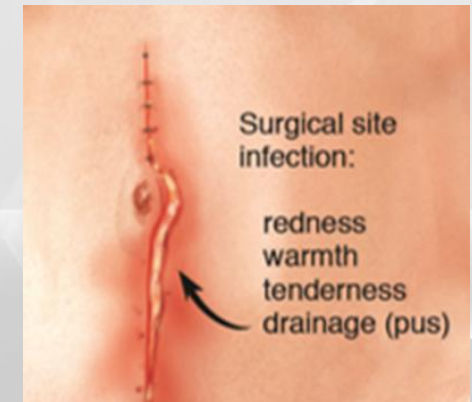
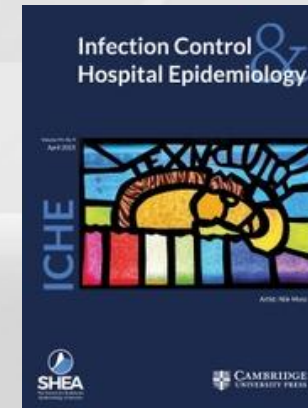
- The CMS Hospital Infection Control Worksheet could be helpful to help guide observations in your facility.
- The guidance for the worksheet used during an on-site survey to determine compliance with the Infection Control Condition of Participation was made available to the public 1/1/2020.
  - Pages 46-49 are observations of IPC practices to assess if:
    - Surgical procedures are performed in a manner consistent with hospital IPC policies and procedures to maximize the prevention of infection and communicable disease.
    - Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital IPC policies and procedures to maximize the prevention of infection and communicable disease.

## Section 4.I. Surgical Procedures

Elements to be assessed	Surveyor Notes	Surveyor Notes
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		
Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:		

- This expert guidance document is sponsored by the Society for Healthcare Epidemiology of America (SHEA) and is the product of a collaborative effort led by SHEA, the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission with major contributions from representatives of a number of organizations and societies with content expertise.
- The intent of this document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals to implement and prioritize their surgical site infection (SSI) prevention efforts.
  - **19 Essential Practices**
    - **4 Additional Approaches**
      - 5 Unresolved Issues
        - **3 Approaches Not to Consider**

## 2022 SHEA Strategies to Prevent SSI in Acute Care Hospitals



- **Perioperative Auditing Tool**
  - Developed with the Nebraska HAI/AR Advisory Council SSI Subcommittee
  - Excel spreadsheet to help audit general practices in the operating room (OR) environment of care (EOC) including checklists for environmental cleaning and disinfection (i.e. before first procedure, between cases, end of day terminal cleaning, and scheduled periodic basis).
    - <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2024/10/Nebraska-HAI.AR-Advisory-Council-SSI-Subcommittee-Perioperative-Auding-Tool.xlsx>
- **Intraoperative Anesthesia Infection Prevention Audit Tool**
  - <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2023/02/Intraoperative-Anesthesia-Infection-Prevention-Audit-Tool-1.pdf>
- **SSI Review and Track – TEMPLATE**
  - <https://icap.nebraskamed.com/wp-content/uploads/sites/2/2025/04/SSI-Review-and-Track-TEMPLATE.xlsx>

# NE ICAP SSI Module Tool – 53 SSI Questions\*

(Demographics for IPC Infrastructure and Sterilization are Separate along with other modules)

#	QUESTION AND/OR PRACTICE TO OBSERVE	ANSWER	OBSERVED
331	Are surgical services provided in accordance with accepted standards of practice that include maintaining compliance with applicable laws, regulations and guidelines for surgical services, as well as, any standards and recommendations promoted by or established by nationally recognized professional organizations (e.g., SHEA, ACS, AORN, AMA, APIC, CDC etc.) deemed appropriate for the surgical population? Specify what following:		
332	<b>PLANNING SURGERY:</b> Are patients provided information and instructions describing potential factors to modify for reducing surgical site infection risks? Describe in general: <input type="checkbox"/> Screening or testing for promote blood glucose control <input type="checkbox"/> Promoting a healthy diet and body mass index (BMI) (e.g. decreasing obesity) <input type="checkbox"/> Education on smoking cessation		
333	<b>BEFORE SURGERY:</b> Are patients provided information and instructions describing strategies for reducing surgical site infection risks? Describe in general: <input type="checkbox"/> At home showering/bathing frequency (e.g. night prior, morning of, sequential days) <input type="checkbox"/> At home showering/bathing (e.g. CHG, antibacterial soap and water) <input type="checkbox"/> Don't remove hair		
334	<b>BEFORE SURGERY:</b> In the day prior to elective colorectal surgery; after any mechanical bowel preparation (if instructed), are oral antibiotics taken as prescribed?		
335	<b>BEFORE SURGERY &amp;/or PRE-OP:</b> For orthopedic and cardiothoracic surgeries, are patients decolonized with an anti-staphylococcal agent? Select all that apply: <input type="checkbox"/> Intranasal mupirocin for 5 days given twice daily with daily CHG bathing <input type="checkbox"/> Intranasal povidone-iodine administered immediately prior to surgery <input type="checkbox"/> Intranasal alcohol-based antiseptic administered immediately prior to surgery		
336	<b>BEFORE SURGERY &amp;/or PRE-OP:</b> For other high-risk surgeries, are patients decolonized with an anti-staphylococcal agent? Describe if universally for all surgical patients or what surgical types or patient populations and method: <input type="checkbox"/> Intranasal mupirocin for 5 days given twice daily with daily CHG bathing <input type="checkbox"/> Intranasal povidone-iodine administered immediately prior to surgery <input type="checkbox"/> Intranasal alcohol-based antiseptic administered immediately prior to surgery		

367	<b>IMMEDIATELY POST-OP (BETWEEN CASES):</b> Is the floor cleaned and disinfected with a mop after each surgical or invasive procedure when visibly soiled or potentially soiled by blood or body fluids (e.g., splash, splatter, dropped item)?		
368	<b>END OF DAY (TERMINAL CLEAN):</b> Is all trash, waste, and linen removed?		
369	<b>END OF DAY (TERMINAL CLEAN):</b> Are all exposed surfaces (high-touch & low-touch) and fixed equip. in the room, including booms and wheels and casters of any equipment (e.g., carts) cleaned and disinfected?		
370	<b>END OF DAY (TERMINAL CLEAN):</b> Are exterior surfaces of anesthesia equipment terminally low-level disinfected at the end of the day, according to manufacturers' instructions?		
371	<b>END OF DAY (TERMINAL CLEAN):</b> Is all portable patient care equipment that is not stored within the OR thoroughly cleaned and disinfected before removal from the OR?		
372	<b>END OF DAY (TERMINAL CLEAN):</b> Are sinks cleaned and disinfected (i.e. handwashing sinks, scrub and utility areas/sinks)?		
373	<b>END OF DAY (TERMINAL CLEAN):</b> Is the entire floor cleaned and disinfected using a wet vacuum or mop, including baseboards taking care to move the operating table and any mobile equipment to make sure to reach the floor areas underneath?		
374	<b>SCHEDULED:</b> Are internal components of the anesthesia machine breathing circuit cleaned per hospital policy or manufacturer's instructions?		
375	<b>SCHEDULED:</b> Are inside of cupboards, ceilings, and walls scheduled for cleaning and disinfection on a scheduled or routine basis (e.g. weekly)? Specify frequency.		
376	<b>PROCESSES OF SURGICAL CARE</b> Does the facility use a surgical checklist and/or have a bundle of processes of surgical care expected to be followed for all or targeted surgical patients (as deemed appropriate) to promote adherence with best practices to reduce the risk of surgical site infections (SSI)?		
377	<b>COMPLIANCE WITH PROCESS MEASURES</b> Does the facility have a program to improve surgical care that includes measuring or monitoring compliance with selected or targeted processes of care (process measures)?		
378	<b>OBSERVING OPERATING ROOM PERSONNEL</b> Are direct observation audits of operating-room personnel (i.e., surgeons, surgical technologists, anesthesiologists, circulating nurses, residents, medical students, trainees, device representatives etc.) periodically performed to assess operating-room processes and practices to identify infection control lapses?		
379	<b>OBSERVING ENVIRONMENT OF CARE</b> Is the environment of surgical care periodically observed, which could include but is not limited to direct observation audits of environmental cleaning and disinfection practices, integrity of environmental surfaces and equipment, and review of adherence to temperature, humidity, and positive air pressure parameters?		
380	<b>FEEDBACK ON PROCESSES</b> Does the facility have a program to improve surgical care that includes providing feedback on compliance with processes to applicable perioperative personnel including surgeons?		
381	<b>SURVEILLANCE PLAN FOR SSI</b> Does the facility perform surveillance for SSI as required by regulation (e.g. COLO, HYST), program participation, and for targeted surgeries based on assessment of risk (e.g. high-risk, high-volume) using NHSN case definitions or similar?		
382	<b>SSI DATA &amp; OUTCOME MEASURES</b> Does the facility use surveillance data to track and review applicable SSIs? Review might include risk factors, adherence to surgical care processes, known outcomes associated with the SSI, review of NHSN SIR or SSI rate data, and consideration of local epidemiology to help guide prevention and response activities?		
383	<b>FEEDBACK ON SSIs</b> Does the facility provide feedback on SSI outcomes to surgeons, perioperative personnel and leadership along with essential prevention measures?		

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- **Funding Updates**

**Next Webinar:**

- November 20<sup>th</sup> from 12-1
- Standard & Transmission-Based Precautions
- 30 minutes of post webinar office hours

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