CONCEPT

Infection Prevention and Control Programme: HAI Surveillance, Bundles and CSSD

22 – 26 August 2027
Dammam - Eastern Province five-star

Infection Prevention and Control Programme: HAI Surveillance, Bundles and CSSD

Ref: 352_15686 **Date:** 22 – 26 August 2027 **Location:** Dammam - Eastern Province five-star **Fees:** 19500 SAR

Introduction:

Infection prevention and control in many hospitals depends on a few committed staff, scattered audits and surveillance data that nobody acts on, so device infections, cross-transmission and outbreaks return between inspections. This Core Concept course trains IPC practitioners, nurse leaders and quality staff to run the facility IPC programme: breaking the chain of infection, monitoring hand hygiene, selecting PPE, counting device-associated infections with surveillance definitions, investigating clusters, controlling reprocessing and construction risks, and auditing readiness. Participants produce a Facility IPC Programme Annual Plan with a surveillance and audit calendar.

Course Objectives:

- Assess a facility IPC programme against the WHO core components and set priorities for the infection control committee
- Apply standard and transmission-based precautions, PPE selection and hand hygiene compliance monitoring on clinical units
- Run healthcare-associated infection surveillance for CLABSI, CAUTI, VAP and SSI and calculate device-day rates
- Investigate a suspected outbreak from case definition through line list, epidemic curve and control measures
- Control instrument reprocessing, environmental cleaning and construction risks using the Spaulding classification and ICRA
- Audit the IPC programme, report results to leadership and prepare evidence for accreditation surveys

Target Audience:

- IPC practitioners responsible for surveillance, audits and staff guidance across hospital units
- Nurse leaders accountable for isolation practice, device care and hand hygiene on their wards
- Hospital quality staff who report infection indicators and coordinate accreditation evidence
- Sterile services and theatre supervisors responsible for instrument decontamination and reprocessing flow
- Facility and environmental services supervisors who manage cleaning standards and construction work in clinical areas
- Infection control committee members who review data and approve prevention policies

Course Outline:

Day 1: IPC Programme Foundations and the Chain of Infection

- Chain of Infection Links: Agent, Reservoir, Portal of Exit, Transmission Route, Portal of Entry and Susceptible Host
- WHO Core Components of IPC Programmes at Facility Level
- Infection Control Committee Terms of Reference, IPC Team Roles and Reporting Lines
- Healthcare-Associated Infection Burden, Multidrug-Resistant Organisms and MRSA Transmission Patterns
- Facility IPC Gap Assessment Tool and Risk-Based Programme Priorities

Day 2: Standard Precautions, Isolation and PPE Selection

- Standard Precautions Bundle: Respiratory Hygiene, Sharps Safety and Safe Injection Practice
- Contact, Droplet and Airborne Precautions with Isolation Room Signage and Cohorting Rules
- PPE Selection Matrix by Task and Exposure: Gloves, Gowns, Masks, Respirators and Face Shields
- Donning and Doffing Sequence Observation and Respirator Fit Checks
- Hand Hygiene Compliance Monitoring: WHO Technique, Direct Observation Forms and Unit Feedback Charts

Day 3: HAI Surveillance and Device-Associated Infection Bundles

- CDC Surveillance Definitions and Case Finding from Charts, Laboratory Results and Ward Rounds
- Device-Day Denominators, Infection Rates per 1,000 Device Days and Standardised Comparison
- CLABSI Insertion and Maintenance Bundle with Checklist Audit
- CAUTI and VAP Prevention Bundles: Catheter Necessity Review and Ventilator Care Elements
- SSI Surveillance Windows and Perioperative Prevention Measures

Day 4: Outbreaks, Decontamination, Environment and Stewardship

- Outbreak Investigation Steps: Case Definition, Line List, Epidemic Curve and Pseudo-Outbreak Screening
- Spaulding Classification of Critical, Semicritical and Noncritical Items and Disinfection Levels
- CSSD Workflow: Decontamination, Inspection, Packing, Steam Sterilisation, Load Release and Traceability
- Environmental Cleaning Verification and Construction Infection Control Risk Assessment ICRA Permits
- Antimicrobial Stewardship Overview: Restricted Agents, Culture-Guided Therapy and IPC Collaboration

Day 5: IPC Case Work and the Facility Programme Annual Plan

- Case Study: Rising CLABSI Rate in an Intensive Care Unit Traced Through Bundle Audit Data
- Case Study: Carbapenem-Resistant Organism Cluster on a Medical Ward and Containment Decisions
- IPC Programme Audit Checklist and Accreditation Evidence File Preparation
- Facility IPC Programme Annual Plan Drafting with Surveillance and Audit Calendar
- Infection Control Committee Review Panel and Plan Defence

Skills You Will Gain:

- Chain of Infection Analysis
- Isolation Precaution Selection
- Hand Hygiene Observation Auditing
- Device-Associated Infection Surveillance
- Outbreak Line List Analysis
- Instrument Reprocessing Oversight
- Construction Risk Permitting
- IPC Programme Auditing

Why Attend This Course:

- Return with a Facility IPC Programme Annual Plan with a surveillance and audit calendar ready for your infection control committee
- Replace ad hoc infection counts with surveillance definitions and device-day rates that show whether bundles are working
- Handle a suspected cluster with a clear investigation sequence instead of reacting case by case
- Compare IPC practice with practitioners from public, private, teaching and long-term care facilities

Conclusion:

An infection prevention and control programme protects patients and staff only when precautions, surveillance, decontamination and audit run as one routine owned by the facility. The course moves from the chain of infection and WHO core components, through precautions, PPE and hand hygiene monitoring, to HAI surveillance and device bundles, then to outbreak investigation, Spaulding-based reprocessing, CSSD flow, cleaning, ICRA and stewardship. The final day applies this to hospital cases and produces an IPC programme plan ready for committee review.