

Infection Control Nurses Chapter -Kenya (ICNC)

Vision

To be a leading advocate for adoption of infection control practices in all health care settings in the country.

Mission Statement

To promote patient and staff safety through enhanced practice of infection control by health care workers at both the community and the health care setting

THEME:

Promoting Quality Healthcare through Infection Prevention and Control (IPC) Practices

SUB THEMES:

- Evidence based Infection Prevention and Control practice
- 2. Antimicrobial stewardship
- 3. Technology and innovation in Infection Prevention and Control
- 4. Emerging and re-emerging Infection Prevention and Control practice issues
- 5.OSHA issues affecting Infection Prevention and Control practices
- 6.Best practice in Infection Prevention and Control









			SECRETARIAT
TIME	ACTIVITY		Veronica Kasyoka, Yunuke Nyabiosi
7.30-8.30 AM	Arrival & Registration		Lucy Kanyi
TIME	ACTIVITY	FACILITATOR	MODERATOR
8.30-8.40AM	Prayer & Climate setting		
SUB THEME -	EVIDENCE BASED INFECTION PREVENTION A	ND CONTROL	Jemimah Katama
PRACTICE			ICNC Secretary
8.40-9.00 AM	Cleaning, Disinfection and Sterilization of	Susan Mokoit	
	reusable patient care equipment	AKUH-NBI	
9.00-9.20 AM	Assessing the Practice of Cleaning, Disinfe ction	Hildah Kimathi	
	and Use of Personal Protective Equipment	Mater Hosp-NBI	
9.20-9.40AM	Knowledge and Practice regarding Spills Management among Staff Nurses at KNH Private Wing	Daniel Were -KNH	
9.40-9.50 <i>A</i> M	Discussion	All presenters	
9.50-10.10 <i>A</i> M	Disinfection and Sterilization	Judith Maiyo- J&J	
10.10-10:30AM	Infection, Prevention And Control Audit In Relation To Infrastructure	Abijah Muembu KNH	

	10:30- 10.40 <i>A</i> M	Discus	Discussion All presenters		
	10.40- 11.00AM	Offi MTR	cial opening by Office of the Director Nursin RH	g Services(DNS)-	
1	11.00- 11.30 <i>A</i> m		TEA BREAK		
1	SUB THEME- BEST PRACTICE IN INFECTION PREVENTION AND CONTROL			AND CONTROL	Jane Ngivu
	11.30-11.50 <i>A</i> M		Developing and Implementing IPC Programme KNH Experience	Teresa Mwangi- KNH	Gertrude's Hospital
	11.50-12.10AM	1	Leadership The cornerstone to enhanced Infection Prevention stewardship	Dooso Radido, ICNC Official	Grace Njoroge Kijabe Hospital
	12.10-12.30PM		Visual infusion phlebitis score form to monitor phlebitis	James Muraguri AKUH-NBI	
1	12.30-12.50PM	1	LEO the lion hand hygiene programme	Grace Nyaga MPSHA	
	12.50-1.00PM		Discussion	All presenters	
	1.00 - 2.00 P/	W	LUNCH BREAK	LUNCH BREAK	







7	SUB THEME- OCCUPATIONAL HEALTH AND SAFETY (OHS) ISSUES AFFECTING IPC PRACTICE				
1	2.00-2.20 PM	Prevalence and response to needle	Alice Njihia, -KNH	Radido Dooso	
		stick Injuries among Health Care		ICNC Official	4
		Workers At KNH		and Margaret Njuguna -TNH	
	2.20-2.40 PM	Prevention of sharps Injuries intra-operative at KNH	Jasca Ojaka	-INM	
		'	KNH		
	2.40- 3.00 PM	The Role Of Vaccines In	Betty Chemutai		
		Occupational Health And Safety, a			i
		KNH Case Study	KNH		
	3.00-3.20 PM	The promotion of hand hygiene to	Ms. Nadine Heuer		Į
Y)		prevent Hospital-acquired	Bbraun Germany.		ı
1		infections	•		
	3.20-3.30PM	Discussion	All presenters		
	SUB THEME BES	T PRACTICE IN INFECTION PREVENTION	AND CONTROL	Getrude Kibango	
	3.30-3.45PM	Central Line Associated Blood	Felisturs Githui	Mater Hospital	
		Stream Infection (CLABSI)	TNH	and Abijah Muembu	
	3.45-4.00PM	Surveillance on Hospital Acquired	Jackline Opondo NBU		
		Infections(HAIs)	MTRH		
0	4.00-4.15PM	Environmental cleaning	Victoria Munene		i
			Nairbi West Hosp.		
1	4.15 -4.30PM	Waste Management in and Outside	Zipporah Nyangacha		ı
1		the Hospital Set up	HMC		
ľ	4.30-4.40 PM	Discussion	All presenters		
	4.40-5.00PM	TEA BREAK & DEPARTURE			









2-			
TIME	ACTIVITY	FACILITATOR	MODERATOR
8.00AM	Arrival & Registration		Daniel Were - KNH
	Prayer		and
8.00-8.10AM	RECAP announcement		Ann Ndaka
	ANTIMICROBIAL STEWARDSHIP		Machakos L5 Hosp.
8.10 -8:30 AM	The role of the nurse in	Jane Ngivu	
	Antimicrobial Stewardship in a	Gertrude's Children's	
	pediatric set up	Hospital (GCH),	
8:30- 8.45 AM	Rational Use Of Antibiotics In	Joseph Ngando	
	The Paediatric Ward At	Murang'a L5Hosp.	
	Murang'a County Referral		
	Hospital.		
8.45 - 9:00AM	Multi Drug Resistant Organisms	Christopher Kibiwott	
	(MDRO) in Kenyatta National	KNH	
9:00 <i>-</i> 9:10 <i>A</i> M	Discussion	All presenters	
9:10 9:25AM	Anti biotic prophylaxis	Margaret Njuguna	
_	, 2301.2 F. 2F.1/10.112	TNH	
9:25- 9:940 AM	Antimicrobial Stewardship	Monica Strohmyer,	
	, ,	Aga Khan Kisumu	
9:409:55AM	Prevention of Ventilator	Ann Gathuthi	
	associated pneumonia (VAP)	TNH	
9:55- 10:00AM	Discussion	All presenters	
10.00 10:30AM	Tea Break		
10.30-10:50AM	Chlorohexidine swabs use	Jane Mathai	Veronica Kasyoka
15.50 10.50////	a case study at Nairobi Hospital	TNH	ICNC Official Machakos L5 Hosp
		I .	Muchukus Lo Mosp











SUB THEME -EMERGING AND RE-EMERGING IPC DISEASES			
Cholera Epidemic experience in	Susan Mokoiti-		
AKUH-NBI			
	AKUH.NBI		
		Grace Njoroge -	
CTICE IN INFECTION PREVENTION	AND CONTROL	Kijabe Hospital	
Hand driers in hand hygiene	Grace Njoroge		
program at AIC kijabe Hospital			
	_		
, ,	KNH		
Health Department, at KNH			
Hand hygiene adherence			
Discussion			
	Nicholas Kimotho	Rose Ngugi	
our great our e parriway	3M LTD	ICNC Official	
Care of used equipments to	George Ndamba		
	1.77 17.		
	Machakos Hospital		
WHO CARES FOR THE CARER	Nancy Ngetha		
Certificates and closure	ICNC OFFICIALS		
Tea break and departure		i ,	
	Cholera Epidemic experience in AKUH-NBI CTICE IN INFECTION PREVENTION Hand driers in hand hygiene program at AIC kijabe Hospital Improving Hand Hygiene Compliance among Health Workers, In The Reproductive Health Department, at KNH Hand hygiene adherence Discussion LUNCH BREAK Surgical Care pathway Care of used equipments to prevent SSI Impact of Sepsis among The Patients admitted in Public Hospital ICU Discussion WHO CARES FOR THE CARER Certificates and closure	Cholera Epidemic experience in AKUH-NBI CTICE IN INFECTION PREVENTION AND CONTROL Hand driers in hand hygiene program at AIC kijabe Hospital Improving Hand Hygiene Compliance among Health Workers, In The Reproductive Health Department, at KNH Hand hygiene adherence Doris Kinya Riungu - MTRH Discussion All presenters LUNCH BREAK Surgical Care pathway Care of used equipments to prevent SSI Impact of Sepsis among The Patients admitted in Public Hospital ICU Discussion WHO CARES FOR THE CARER Nancy Ngetha ICNC OFFICIALS	





ACKNOWLEDGEMENTS TO SPONSER

- **★** SURGIPHARM LTD
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THE POWER TO PREVENT & CONTROL INFECTIONS IS IN OUR HANDS



Clean Hands Save Lives









Positively Unique

BD PosiFlushTM(NaCl 0.9%) Pre-filled Flush Syringe



Points To Practice For Standard Aseptic Non Touch Technique

- I. Check patient's identity
- Check packaging is intact then open
- Check syringe contents and verify expiry date

Click to unstick. Gently depress the plunger until you feel/hear a click. This will free the plunger.

5. Unscrew tip cap to expel air.

Clean catheter access port according to Local policy

Remove cap and attach syringe to the catheter

8. Use push/pause technique to administer, which creates turbulent flow

Dispose into clinical waste container according to Local Policy and Document flush volume administered

10. Dispose into clinical waste or sharps bin according to Local policy

NOT FOR RECONSTITUTION OF DRUGS OR PATIENT REHYDRATION

Recommended by ANTT to promote safer aseptic practice









SmartSite * needle-free valve user's guide

The SmartSite" needle-free valve is designed to permit injection and aspiration of fluids without the use of needles.



Prepare SmartSite needle-free valve

Prior to every access, always swab the top of the SmartSite® valve with a sterile 70% isopropyl alcohol wipe 1-2 seconds and allow to dry approximately 30 seconds.

For multiple syringes, swab prior to each syringe access.



Insert the syringe tip into the valve. If syringe has a male luer lock collar, turn syringe clockwise to secure the connection. If syringe has a slip luer, insert and rotate 1/4 turn to secure the connection. Inject or aspirate fluid. Do not leave slip luer syringes unattended.



Apply clamp

In accordance with INS flushing standards, apply clamp before disconnecting syringe to help prevent any reflux in the



Securely hold SmartSite® valve while disconnecting luer. Remove the luer from the valve by turning counterclockwise.



Priming volume	vaive: 0.11mL	1 Site: 0.07 mL	
Residual volume ²	valve: 0.08mL	Y site: 0.04 mL	
Flow rate	4500mL/hr ⁴	8100mL/hr ²	

- eplace every 72 hours or 100 activations whichever occurs first. For infusions of blood, blood products or lipid emulsions replace every 24 hours
- The Centers for Disease Control (CDC), Infusion Nurses Society and other organizations publish guidelines useful in developing facility protocols and policies. Refer to hospital policies.
- For Power Injector Use—use only models that are labeled for Power Injector Use. In addition, needle-free valve must be secured to other luer lock devices also pressure rated for power injector use
- Models labeled for power injector use may be used with low pressure power injectors up to 325 psi and maximum flow rates up to 10 mL/second.

For full device instructions, refer to the set Directions for Use

Valva not activated ³As per Standard ISO 1055-5-1997

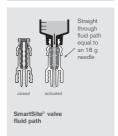
⁴As per NCQ 005:500mL fluid bag at 30 inch head height

For more information, visit CareFusion.com

CareFusion San Diego, CA

carefusion.com





Note-professional standards of practice require:

Vascular access devices should be flushed according to professional standards of practice and facility protocol in order to maintain patency and prevent the mixing of incompatible medications.







BD ChloraShield IV Surround

Dressing with CHG antimicrobial

Dressing application and removal instructions



· Start at the orange end and begin removal of the bottom

- liner (marked 1) from the back of the dressing until the liner reaches a fold, exposing part of the adhesive surface
- · Hold the dressing by the extended orange tab with one hand and, using the other hand, hold the partially removed liner back along with the other half of the dressing.



Apply the exposed adh

area over the catheter

Smooth the dressing into place, (2, b)





- the bottom liner. (3. a)
- . Smooth the rest of the dressing with the slit positioned around and under the catheter to fully







- Rub down any edges of the dressing that may not be
- Break off the extended orange tab at the dotted line and
 - The dressing with built-in date strip is now in place.
- · The date can be noted on the strip prior to or following application.

Indications for use

BD ChloraShiel@IV Surround dressing with chlorhexidine gluconate (CHG) antimicrobial is intended to cover and protect catheter sites and to secure devices to the skin. Common applications include covering and securing IV catheters, other intravascular catheters and percutaneous devices.

- . Do not use BD ChloraShield IV dressing with CHG antimicrobial on premature infants or infants younger than two months of age. Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin
- . For external use only. Do not allow contact of this device with ears, eyes, mouth or
- . Do not use this device on patients with a known hypersensitivity to chlorhexidine gluconate Adverse reactions such as irritations, sensitization and generalized allergic reactions have been reported with the use of chlorhexidine gluconate.
- If allergic reactions occur, discontinue use immediately and, if severe, contact a physician.



Dressing removal

- · Grasp the corner of the dressing.
- · Pull slightly to stretch and
- Gently peel the dressing back

For further information on BD ChloraShield™IV dressing, please see thenstructions for Use. For more information, call 1.800.323.9088.



Product information

Ordering number: 410122 100 units per carton 10 cartons per case 3.0" 2.4"(75 mm 60 mm)

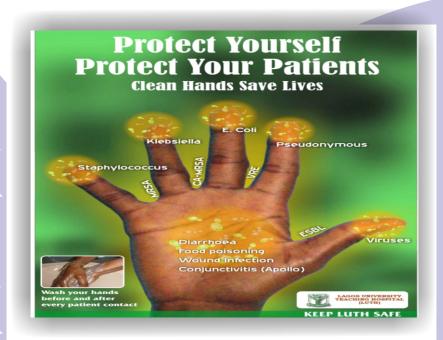
























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