



BASIC TRAINING CURRICULUM FOR IN SERVICE TRAINING IN INFECTION PREVENTION AND CONTROL

IPC PROGRAM



Outline of the presentation

- **Background information**
- **Why the IPC training Materials?**
- **The process of development of the training materials**
- **Content of the of the training curriculum**
- **Conclusion**



- Lack of appropriate Infection Prevention and control measures in healthcare system can lead to Healthcare associated infections transmitted to healthcare workers or to patients and the community.
- HAIs increase mortality, prolong length of stay in hospitals, cause staff illness, and raise antibiotic resistance as well as hospital costs
- The incidence, type and magnitude of HAIs in health care facility in Kenya is unknown but is estimated to be between 10% to 25% of hospital admissions.
- It's the role of the IPC Program to capacity build the counties in IPC



- **Existing training materials on IPC**
 - Lack many components of IPC.
 - Lack new updates
 - Are not standardized and the trainings range from 1 to 5 days
- **Staff coordinating IPC at all levels have no skills on IPC**
- **Therefore there was need to develop a basic comprehensive training curriculum which is in line with the revised IPC guidelines.**



Process of developing the IPC materials

Patient Safety Unit in the MOH was supported CDC Kenya to develop;

- **A basic IPC training curriculum**
- **A facilitator's IPC training manual**
- **A participant's IPC training manual**

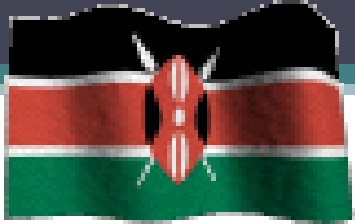


- Appointed a task force of experts with knowledge of various aspects of IPC.
- Held preparatory meeting to gain an understanding of the Infection prevention and control system in the Kenya
- Hired a consultant to guide the process of development of the IPC modules
- Reviewed IPC related documents and CDC and WHO documents on IPC
- Conducted interviews with leaders



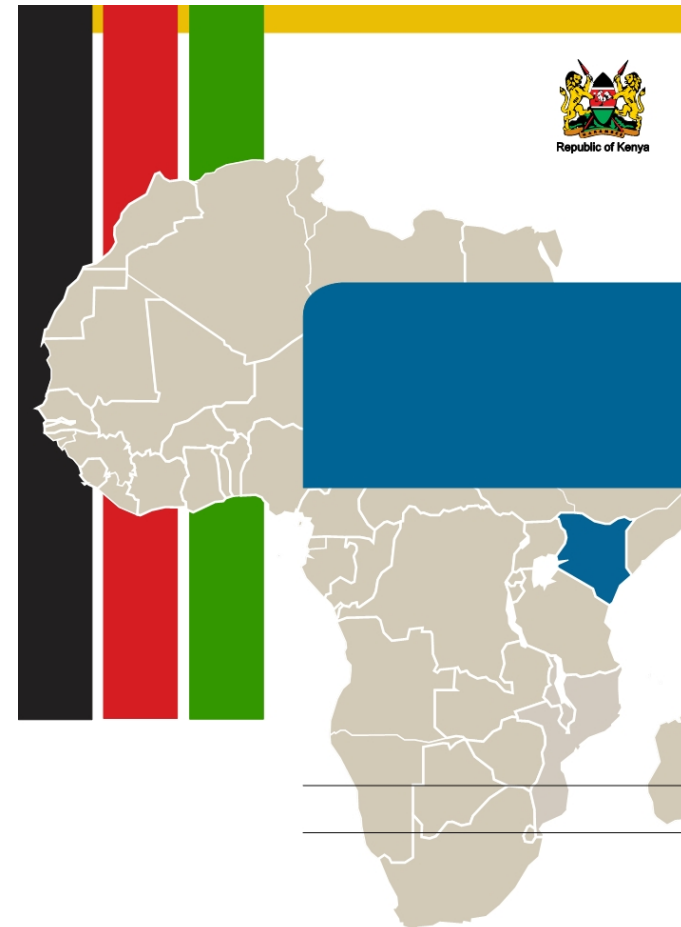
- Appointed a task force to support the development of the materials
- Developed a work program for the retreat and stakeholders workshop
 - A 5 days retreat was held to develop the zero draft
 - A 2 days stakeholders was held to improved on the draft.
 - The consultant together with the Patient safety Unit collated the information and developed draft Material for pretesting

- Two training (one for 5 days and the another for 4 days) were held to pretest the curriculum and modules.
- The pretest to establish the HCWs knowledge showed poor knowledge of IPC
- Recommendations after pretesting the materials were to;
 - review the module on HAIs surveillance
 - include more group work
 - increase length of training from 5 days to 6 days. Within the 5 days group work as not done indicated in the curriculum due shortage of time.
 - include the facilitator's module in the facilitators manual



Goals for the IPC training is to;

- influence in a positive way the attitudes of HCWs toward the benefits of IPC
- update HCWs knowledge and skills IPC needed to implement the National IPC guidelines





1. Introduction to Patient Safety
2. Introduction to Infection Prevention and control
3. Introduction to Basic Microbiology
4. Hand Hygiene
5. PPE
6. Processing of Medical Devices
7. Overview of Healthcare Waste Management
8. Isolation Precaution
9. House Keeping, Laundry and Food and Water Safety
9. Traffic Flow and Activity Patterns in Healthcare Settings
10. Healthcare Associated Infection (HAIs)
12. Antimicrobial Resistance and Antimicrobial Stewardship in Health Care Settings
13. Occupational Health and Management of Blood Borne Pathogens
14. Health Facility IPC Audit
15. Management and Coordination of IPC Programs in Kenya
16. Introduction to Facilitation Skills



- I. Hand Hygiene Audit Tool Infection**
- II. Prevention and Control Facility Checklist**
- III. Pre and Post Training Evaluation**
- IV. Checklist of anti-microbial stewardship Programs**
- V. End of training evaluation**
- VI. Daily reflection form**
- VII. Basic 6-days Infection Prevention Training Schedule**

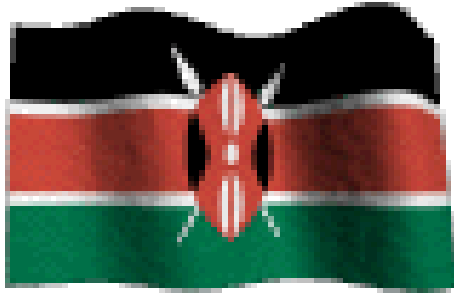


- The MOH has developed basic in-service IPC training materials to standardize the many IPC trainings currently being offered.
- Having the revised IPC guidelines as a reference book made the work easier.
- The IPC program is advocating for adoption of the curriculum by others programs training programs carrying out IPC activities.
- There is need to later develop a more advanced training course for IPC practitioners to better improve their skills.



Acknowledgment

- **First to the Almighty God who made this exercise to be accomplished on time despite the many challenges**
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 - **MOH, CDC, UON, Aga Khan, RSBTK, PATH, MSH, KNH**
- **Stakeholders from Counties and Hospitals**
- **Dr. B. Tsofa, consultant**



Thank you