

## Outline

### A summary of current recommendations from the CDC, SHEA, IDSA, APIC and the Joint Commission

#### Health Care-Associated Infections: Strategies to Control-Reduce-Eliminate

Catheter-Associated Urinary Tract Infections  
Surgical Site Infections  
Ventilator-Associated Pneumonias  
Non-ventilator-Associated Infections (overlooked HAI)  
Central-Line-Associated Bloodstream Infections

#### The Latest Multi-Drug Resistant Microorganism Guidelines

Carbapenem-resistant enterobacteriaceae  
Clostridium difficile  
Methicillin-resistant staphylococcus aureus  
Vancomycin-resistant enterococcus  
Acinetobacter baumannii

#### Influenza

Avian vs. swine vs. seasonal influenza  
H1N1 pandemic results  
When to treat? When not to treat?  
Treatment with anti-virals and antibiotics  
New vaccines for flu

#### Vaccination Recommendations for Healthcare Personnel

Zoster/shingles  
Pneumococcal  
MMR, Tdap, etc.

#### Emerging Infectious Diseases (Zoonotic)

Ebola: What we learned  
Mosquito-borne ("Zika", Dengue, Chikungunya, West Nile)  
Tick-borne (Lyme and Babesia)  
Cryptosporidiosis

#### Hepatitis B

Vaccination protocol for healthcare personnel  
Staff follow-up after significant exposures  
Treatments for persons chronically infected  
Outbreaks in healthcare

#### Hepatitis C

Treatment "cures" in 12-24 weeks  
Outbreaks in healthcare-dialysis settings

#### HIV/AIDS (fulfills mandatory 1 CE hour requirement)

A probable vaccine for HIV... coming soon!  
New treatments will only require weekly to monthly administration  
Methods to treat HIV through monoclonal therapy  
Florida's concern: The highest prevalence of HIV/AIDS in the nation

#### Tuberculosis

Today's best approaches to treatment  
Skin testing vs. blood test for exposure  
Follow-up guidelines for healthcare workers' conversion testing

## Objectives

1. Plan strategies to reduce and eliminate healthcare-associated infections.
2. Explain best practices for treatment and control of multi-drug resistant microorganisms.
3. Evaluate the newest vaccine recommendations for healthcare workers and children.
4. Distinguish between mosquito-borne illnesses of Dengue, Chikungunya, and Zika, which may be a threat to the United States.
5. Analyze the latest HIV/AIDS treatments for effectiveness and ease for patients.
6. Explain the medications available that "cure" Hepatitis C.
7. Compare the current recommendations to control and treat tuberculosis.

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# INFECTION CONTROL CHALLENGES

*Real Risks for Patients and Staff*



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**Target Audience:** Nurses • Nurse Practitioners • Physician Assistants • Infection Preventionists  
Dentists • Physical Therapists • Occupational Therapists • Chiropractors

# INFECTION CONTROL CHALLENGES

*Real Risks for Patients and Staff*

- Includes 1 CE hour on HIV/AIDS
- Don't miss the earliest signs of infection from your patients
- Answers to YOUR questions on appropriate antibiotic use
- Real strategies to prevent exposure risk at work and carried home
- Emerging infectious diseases... learn what is just around the corner

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# INFECTION CONTROL CHALLENGES

Barry Inman, BA-BS, CIC, will share practical solutions to a variety of “what if” infectious disease scenarios that healthcare professionals confront routinely. So many questions can and do arise when it comes to the safety and health of your patients, yourself...and even your family!

## Are your confident in your responses...

- One patient with an ileal conduit urinary system that, when cultured, revealed microorganisms. Should the treatment include antibiotics...or not?
- A co-worker is pregnant... which patient rooms won't pose a potential risk?
- What innovative skills can you personally incorporate to reduce the incidence of healthcare-associated infections?
- How can compromised patients be kept safe when multi-drug resistant microorganisms are so prevalent?
- You've been providing great patient care all shift. Now it's time to head home. How do you make that transition and not introduce your family to some of the infectious diseases you've been around?
- A disease that may be in a distant part of the world could find its way to our backyard! These emerging cases are often complicated in practice. Are you up-to-date to intervene effectively?

**You don't want to miss this enlightening and practice-changing day!**

## Speaker

**William “Barry” Inman, BA-BS, CIC**, has 40 years of experience as an epidemiologist, working for a busy health department in Florida. In his current role, Barry is responsible for control of communicable diseases through surveillance and investigation methods, working directly with the infection control personnel in hospitals, long-term care, acute long-term care, and NASA. He advises concerning appropriate precautions/management strategies and assists infectious disease physicians in the diagnosis of uncommon or exotic diseases by working as a liaison between the Department of Health in Florida and the CDC.

Barry has vast experience in outbreak mitigation and prevention, whether within a healthcare facility, in the community or on a cruise ship. His expertise has been sought for a variety of outbreaks, including: rubella, influenza, legionnaire's disease, measles, pertussis, norovirus and multi-drug resistant microorganism (MRSA, CRE, ESBL). Numerous awards have been bestowed upon Barry for his contributions to minimize the effects of constantly evolving infectious diseases.

### Speaker Disclosures:

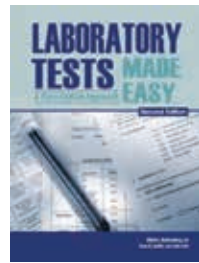
Financial: William B. Inman has an employment relationship with Brevard County Health Department. He receives a speaking honorarium from PESI, Inc.

Non-financial: William B. Inman has no relevant non-financial relationship to disclose.

### Have a seminar idea? A manuscript to publish?

The nation's top speakers and authors contact PESI HealthCare first. If you are interested in becoming a speaker, or have a new topic idea, please contact Missy Cork at [mcork@pesi.com](mailto:mcork@pesi.com) or call (715) 855-6366.

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(Times Listed in Eastern)

- 7:30** Registration/Morning Coffee & Tea
- 8:00** Program begins
- 11:50-1:00** Lunch (on your own)
- 4:00** Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon)  
Actual lunch and break start times are at the discretion of the speaker.  
A more detailed schedule is available upon request.

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**FLORIDA PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS:** This course has been submitted to the Florida Physical Therapy Association. Credits are pending.

**GEORGIA PHYSICAL THERAPISTS:** This course has been submitted to the Physical Therapy Association of Georgia (PTAG).

**PHYSICIAN ASSISTANTS:** “This program is not yet approved for CME credit. Conference organizers plan to request 6.25 hours of AAPA Category 1 CME credit from the Physician Assistant Review Panel. Total number of approved credits yet to be determined.”

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