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INFECTION PREVENTION

PALESTINIAN HEALTH SECTOR REFORM AND DEVELOPMENT PROJECT (THE FLAGSHIP PROJECT)

SHORT-TERM TECHNICAL ASSISTANCE REPORT

Prepared by:

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AND

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Flagship Project

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ACRONYMS

APIC	Association for Professionals in Infection Control and Epidemiology
BBP	Blood Borne Pathogen
CLABSI	Central Line Associated Blood Stream Infection
CMR	Confidential Morbidity Report
CSSD	Central Sterile Services Department
HAI	Hospital Acquired/Associated Infection
HH	Hand Hygiene
ICP	Infection Control Practitioner/Preventionist
ICC	Infection Control Committee
IPC	Infection Prevention and Control
MC	Medical Center (Loma Linda University)
MDRO	Multi-Drug Resistant Organism
PHC	Primary Health Care
PPE	Personal Protective Equipment
RSV	Respiratory Syncytial Virus
SHC	Secondary Health Care
SOW	Scope of Work
SSI	Surgical Site Infection
TOT	Train the Trainer
UTI	Urinary Tract Infection
WHO	World Health Organization

ABSTRACT

Improving Infection Prevention and Control (IPC) in Palestinian medical facilities is a key element in ensuring quality health care for Palestinians. This consultancy builds on the consultant's previous STTA assignment carried out from August to November of 2009 in which IPC assessments were conducted for numerous Ministry of Health (MoH) hospitals and primary health care (PHC) clinics. These assessments identified key areas related to IPC in need of improvement, an Infection Prevention and Control Workgroup was established in Nablus, and consensus was gained on how to begin addressing those needs.

During this STTA assignment, the consultant worked the Workgroup to begin implementation of the plan to improve IPC in Palestinian healthcare facilities, which begins with standardization of IPC protocols and procedures, and a strategy to increase the capacity of IPC programs within the hospitals and clinics. To begin this process, priorities were identified and the structure was put into place for the development of a comprehensive and standardized national Ministry of Health Infection Prevention Manual.

SUMMARY OF RECOMMENDATIONS

Within the next month:

1. The Nablus Infection Prevention Workgroup shall meet to review the new structure of the draft standardized National MoH Infection Prevention Manual.
2. Priorities shall be given to the order of completion of the Manual
3. Assignments will be given to workgroup members to take sections of the manual to make draft policy/procedure/guidelines.

Within the next six months:

1. A train the trainer (TOT) course shall be given to the Nablus Infection Prevention Workgroup members, incorporating the topics included in the Manual.
2. A draft of the Manual or sections therein, shall be presented to the appropriate MoH staff for further recommendations and approval.

Within the next year:

1. A finished draft of the Manual shall be approved through the MoH.
2. An infection prevention training course for mid-level managers shall be provided.
3. The draft Manual shall be put into place within the Pilot Hospital, Rafidiah Surgical (Orthopedic) Hospital.

SECTION I: INTRODUCTION

The Flagship Project is a five-year initiative funded by the U.S. Agency for International Development (USAID), designed and implemented in close collaboration with the Palestine Ministry of Health (MoH). The Project's main objective is to support the MoH, selected non-governmental organizations, and selected educational and professional institutions in strengthening their institutional capacities and performance to support a functional and democratic Palestinian health sector able to meet its priority public health needs. The Project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

As previously stated in the consultant's first STTA report, the goal of an organization's infection prevention (and control) program is to identify and reduce the risks of acquiring and transmitting infections among patients, staff, health care professionals, contract workers, volunteers, students, and visitors. To reach this goal, organizations/facilities need to have processes/systems in place to not only ensure safety to all identified, but to be able to identify any areas of improvement needed in ensuring safety to all identified.

After the consultant completed many MoH facility assessments within her first STTA trip, it was discovered that there were areas for improvement for the MoH Infection Prevention program, primarily the development of systems that support the identification of areas of improvement needed in ensuring safety among patients, staff, health care professionals, contract workers, volunteers, students, and visitors. It was necessary as a work group to prioritize the approach toward building the capacity of the Infection Prevention Program to this end. During the November 17, 2009 Infection Prevention Workgroup meeting, it was decided that infection prevention is an essential aspect of quality assurance, and that one of the next steps would be to create and comment on the components of a standardized National MoH Infection Prevention Manual outline. This would be the initial starting point toward addressing many issues identified. This was done after the consultant left, and a decision was made to adopt the East Jerusalem Hospital Network's Infection Prevention Manual as a guide to build upon for the MoH's Infection Prevention Manual.

During this consultancy, it was a priority to create the structure for the draft National MoH Infection Prevention Manual. The following are the decided upon main headings for the Manual:

1. Infection Prevention Program
2. Surveillance
3. Education
4. Employee Health
5. Standard Precautions
6. Isolation
7. Hand Hygiene and Antisepsis
8. Cleaning/Decontamination/Disinfection/Sterilization/CSSD

9. Housekeeping
10. Waste Management
11. Disease Specific Information and Reporting

Area Specific

1. Clinical Lab
2. Clinic Specific
3. Dialysis
4. Emergency Department
5. Women's & Children's Health
6. Operating Theater

Supporting documents were provided to be incorporated into each section for use by the Nablus Workgroup members to utilize during their creation of the draft policies/procedures/guidelines while building upon the adopted East Jerusalem Hospital Network documents. Within the draft of the expanded Table of Contents sections, names of those essential in the creation and evaluation process of individual sections were given. A collaborative decision was made to recommend the following changes to all information created to help with the standardization of materials:

- Use the term "Infection Prevention" instead of Infection Control
- Use the term "Hospital/Healthcare acquired/associated infection(HAI)" instead of nosocomial infection
- Use the term "patient" throughout text instead of client (client will be specified in the Primary Health Care specific documents to accurately reflect that relationship)
- Focus on "Prevention" activities throughout documents rather than "Control"

Due to the fact that Medical Waste Management is an integral part of all Infection Prevention Programs, this consultant, and the consultant for Medical Waste Management, created a draft assessment tool that incorporated both types of assessment. This tool will be reviewed by Flagship Project staff to evaluate the effectiveness/efficiency of merging the two separate assessment tools.

This consultancy and report contributes to Flagship Project's implementation plan as follows:

Component 1, Objective 1.1: Improve Good Governance and Management Practices in the Palestinian health Sector

Task 1.1.1: Strengthen the capacity of the Ministry of Health to implement reforms needed for improved quality, sustainability, and equity in the Palestinian Health Sector

Deliverable 1.1.1.5 Put systems in place and provide technical assistance to operationalize the Palestine Medical Complex (PMC) in the area of administration and management of health facilities and services

Component 2, Objective 2.1: Improve the Quality of Essential Clinical Services for Palestinians

Task 2.1.1: Strengthen the Capacity of Palestinian health Institutions to Deliver a Quality Package of Essential Primary health Care Services

Deliverable 2.1.1.4 Integrated Quality Improvement Program for Delivery of the Package of Essential PHC Services

Task 2.1.2: Strengthen Quality Improvement Systems within Palestinian Health Institutions to Deliver Better Secondary health Care Services

Deliverable 2.1.2.3 Integrated Quality Improvement Program for Delivery of Hospital Services

This consultancy also contributed to the MoH IDP module numbers 11 (“Improve clinical MoH primary care system”) and 12 (“Improve the quality of clinical services”).

SECTION II: ACTIVITIES CONDUCTED

As a follow-up to her efforts in her consultancy in 2009, the consultant continued to focus her efforts on collaborating with the MoH, Flagship Project, and IPC staff in making progress with reform and capacity building in the area of infection prevention. Multiple meetings were held (on individual and group basis) to strategize how to continue to catalyze reform measures.

Progress was made on the creation of a working draft of a standardized National MoH Infection Prevention Manual. The consultant was able to create the structure for the manual, including further resources and a standardized policy/procedure format to be used during the formation of the Manual's content.

SECTION III: FINDINGS, RECOMMENDATIONS, AND NEXT STEPS

A. Findings

Upon her return, the consultant found that the Nablus Infection Prevention Workgroup and Flagship Project staff had continued to work together toward the standardization of Infection Prevention efforts throughout the MoH facilities in Nablus. Two meetings had taken place, located at:

1. Makassed Hospital
2. Augusta Victoria Hospital

After these meetings/visits the group made the decision to adopt the East Jerusalem Hospital Network Infection Control Manual, to build upon as the basis of a new standardized National MoH Infection Prevention Manual. This led as a spring board toward the actual development of a draft Manual by the consultant, to be distributed to the Nablus Infection Prevention workgroup for further development. In addition, a request was made for the Infection Prevention nurse at August Victoria Hospital to prepare a Train the Trainer (TOT) course, to be held at Augusta Victoria Hospital, the first of educational sessions to be held with the goal of increasing awareness of the importance of Infection Prevention in Healthcare Facilities. This TOT is proposed to take place in May or June, 2010.

B. Recommendations

The following are the consultant's recommendations to facilitate the completion of a standardized National MoH Infection Prevention Manual. This completion will enable the Infection Prevention staff to collaborate and build upon a standardized set of policies/procedures/guidelines that support optimal infection prevention and safety to patients, clients, visitors and staff. With continued cooperation, coordination, and accountability, facilities will be enabled to strengthen their internal systems, thus contribute to building increased healthcare capacity.

- The Nablus Infection Prevention Workgroup, along with Flagship Project staff, to begin the collaborative revision of the Draft Manual within the next month (April)
 - Work toward draft copies of policies/procedures/guidelines of the first 11 sections of the manual "Contents" within the next 6 months (by September, 2010).
 - Collaboration between this workgroup, Flagship, and Dina Nasser, Infection Prevention Nurse, Augusta Victoria Hospital, and training provider.
- Flagship Project staff to work toward linking Infection Prevention and Medical Waste Management together towards the goal of optimal safety of staff, patients/clients, visitors, and the community.
- Flagship Project Staff to continue working to assist and guide training provider in the IPC training.

- Flagship Project staff to work towards identification of how the distribution of IPC products can be conducted to ensure that they are consistently available, thus enabling staff to have the supplies they need to carry out essential tasks necessary for the prevention of infection.
- Follow-up on progress of recommendations by an Infection Prevention STTA within the next six months to one year. This follow-up process would provide continuity with the established Workgroup to continue toward the goal of a standardized Infection Prevention Manual. This follow-up would also provide the assessment of time spent, and still needed, to complete the task.
- Six months into the creation of this standardized Infection Prevention Training Manual, the consultant suggests looking into the creation of new job aids and tools that would facilitate getting information about newly established policies/procedures/guidelines out to facility staff. It may be highly useful to pilot the manual contents, job aids, and tools at a facility such as Rafidia Hospital. This would provide essential input and feedback about the practicality of newly developed/implemented policies/procedures/ guidelines; gaining knowledge on how to proceed with any revisions.
- Continue the process of assisting Rafidia Hospital in such a manner that improvement to IPC can be exported and adopted at other MoH facilities.
- Consider sending at least two infection prevention staff for professional Infection Prevention training. (e.g., APIC 2010, New Orleans July 11-15, Spreading Knowledge Preventing Infection; Joint IPCAN / IFIC Conference to be held from the 29th August to 1st Sept 2010 at Spier, Cape Town, South Africa; etc.)

C. Next Steps

The next steps are to:

- Continue to facilitate and encourage the teams of Infection Prevention staff in Nablus within the MoH facilities to continue with their efforts to increase the capacity of their IPC programs, and for the MoH to support them in these goals.
- Complete a final draft of the National MoH Infection Prevention Manual to take to the MoH for approval.
- Include the use of training and staff education on IPC to provide needed training and education. The consultant will maintain contact, on a consultative basis, with key individuals as lesson plans and IPC trainings are developed.

ANNEX A: SCOPE OF WORK

Short-Term Consultancy Agreement Scope of Work

SOW Title: Infection Prevention and Control Consultancy

Work Plan No:

SOW Date: December 30, 2009

SOW Status: Final

Consultant Name: Lisa Highton, RN

Job Classification: Short-Term US Expatriate Infection Prevention and Control Consultant

Reporting to: Amal Bandak, RN, Ph.D.

I. Flagship Project Objective

The Flagship Project is a five-year initiative funded by the U.S. Agency of International Development (USAID), and designed in close collaboration with the Palestinian Ministry of Health (MoH). The Project's main objective is to support the MoH, select non-governmental organizations, and select educational and professional institutions in strengthening their institutional capacities and performance to support a functional, democratic Palestinian health sector able to meet its priority public health needs. The project works to achieve this goal through three components: (1) supporting health sector reform and management, (2) strengthening clinical and community-based health, and (3) supporting procurement of health and humanitarian assistance commodities.

The Flagship Project will support the MoH implement health sector reforms needed for quality, sustainability, and equity in the health sector. By addressing key issues in governance, health finance, human resources, health service delivery, pharmaceutical management, and health information systems, the Ministry will strengthen its dual role as a regulator and main health service provider. The Flagship Project will also focus on improving the health status of Palestinians in priority areas to the Ministry and public, including mother and child health, chronic diseases, injury prevention, safe hygiene and water use, and breast cancer screening for women.

II. Specific Challenges to Be Addressed by this Consultancy

- The quality of Palestinian health services has been compromised by fragmentation among health service providers, resulting in multiple and varying clinical standards and norms. There has been little citizen participation and feedback solicited by the MoH, resulting in a gap between citizen expectations and MoH delivery of services. Improvement of infection prevention and control in MoH hospitals is a priority of the MoH and Flagship staff is committed to help initiate change and necessary reforms to deliver better secondary health care services to the Palestinian people.
- This consultancy will focus on the existing Infection Prevention & Control (IPC) challenges at the MoH and NGO hospitals and PHC in the West Bank. The Consultant will continue her work and consultancy as IPC specialist to assist with capacity building and training staff in partnership with flagship project at Ministry of Health facilities throughout the West Bank. Priority will be given to managing and improving the quality of care.

III. Objective of this Consultancy

The Consultant will continue serving as clinical mentor to provide project support in the area of infection prevention and control and quality of care. The Consultant will work closely with project leadership, MoH staff and local hospital staff to help manage and improve infection prevention and control in MoH hospitals in the West Bank.

IV. Specific Tasks of the Consultant

Under this Scope of Work, the Consultant shall perform, but not be limited to, the specific tasks specified under the following categories:

A. Background Reading Related to Understanding the Work and Its Context.

The Consultant shall read, but is not limited to, the following materials related to fully understanding the work specified under this consultancy:

- Previous Loma Linda University Flagship Project technical reports relating to the PMC
- Loma Linda University GHI Consultant Orientation Guide
- Previous Flagship Project technical reports, Work Plan, etc.
- MOH National Strategic Health Plan
- USAID Flagship Project Quarterly Reports
- USAID Needs Assessment Report, December 2008
- USAID MOH Institutional Development Plan
- Rand Corporation, "Building a Successful Palestinian State," 2007
- Rand Corporation, "Strengthening the Palestinian Health Care System," 2005

B. Background Interviews Related to Understanding the Work and Its Context.

The Consultant shall interview, but is not limited to, the following individuals or groups of individuals in order to fully understand the work specified under this consultancy:

- Chemonics Field Office Staff, as needed
 - Taroub Faramand, MD, Chief of Party
 - Damianos Odeh, PhD, Deputy Chief of Party
 - Amal Bandak, RN, PhD, Hospital Specialist
 - Jihad Mashal, MD, Director of clinical and Community-based health
 - Daoud Abdeen, MD, Primary Health Care Specialist
- Appropriate MOH Staff
- Donna Gurule, MPH Waste Management Consultant
- Global Health Institute Palestine Project leadership

C. Tasks Related to Accomplishing the Consultancy's Objectives.

The Consultant shall use his/her education, considerable experience and additional understanding gleaned from the tasks specified in A. and B. above to:

1. Continue work to help develop an effective IPC.
2. Work with Flagship and MoH personnel to develop an IPC strategy for Nursing to be used to pilot it at the Rafidiah General Hospital in Nablus, Palestine.

3. Continue working on IPC Manual, which includes standardizing policies and procedures.
4. Assist and guide Juzoor in the IPC training.
5. Continue the process of assisting Rafidiah General Hospital in such a manner that improvement to IPC can be exported and adopted at other MoH facilities such as PHC—as needed.
6. Investigate merging an assessment tool for infection prevention and control (IPC) with medical waste management (MWM).
7. To initiate work with Flagship leadership and appropriate MoH staff on the processes necessary to further the formation and activation of the Palestinian Medical Complex (PMC) and improve nursing care and IPC in PMC facilities – to be activated only if working at the PMC is approved.
8. To work closely with LLU, Flagship leadership and MoH personnel to identify key STTA needed to help accomplish Flagship goals and objectives.
9. In addition to the above-listed tasks, the Flagship Project welcomes additional contributions and creative ideas in support of the Flagship objectives.
10. The consultant is encouraged to support the identification of additional STTA and scopes of work to help accomplish Flagship goals and objective where possible.

V. Expected Products.

Within four days of the consultant's arrival the consultant should provide the methodology for successfully completing the work (using Annex I: STTA Methodology). The substance of, findings on, and recommendations with respect to the above-mentioned tasks shall be delivered by the Consultant in a written report, policy statement, strategy, action plan, etc. for submission to USAID (using Annex II: the Flagship-provided STTA report template). A **draft or detailed outline** of this report is due prior to the consultant's departure and final no later than 7 business days after the consultant's departure.

1. Modified list of "Deliverables" and time-line that outlines the development of a quality package of IPC. (II.3 Objective 2.3)
2. Modify currently used policies and protocols through participation in IPC Workgroup.
3. Creation of an IPC Manual draft
4. Lesson Plans
5. Report on merging an assessment tool for infection prevention and control (IPC) with medical waste management (MWM)

VI. Timeframe for the Consultancy.

The timeframe for this consultancy is on or about February 20, 2010 to on or about March 12, 2010 in the West Bank and will conclude on or about April 12, 2010.

VII. LOE for the Consultancy.

The days of level of effort are estimated to be 2 days for preparation work prior to departure; 2 days for travel; 15 days for work in the West Bank (6 day work week if needed); and up to 30 days for work upon conclusion of time in the West Bank to complete the assignment.

VIII. Consultant Qualifications.

The Consultant shall have the following minimum qualifications to be considered for this consultancy:

Educational Qualifications

- Shall have training as an infection control nurse
- Shall be a registered nurse

Work Experience Qualifications

- Minimum of three years of work as an Infection Prevention and Control Nurse
- Successful involvement and participation in international health and/or development

XI. Other Provisions.

Professional Liability Coverage

The Palestinian National Authority, Ministry of Health shall provide Loma Linda University and associated practitioners with professional liability (malpractice) coverage that will protect the organizations and individual practitioners from litigation and financial responsibility in the case of human error or uncontrollable circumstances arising from the performance of their duties.

License to Practice

Associated practitioners of Loma Linda University will be temporarily licensed to practice nursing in the West Bank/Gaza under the auspices of the Palestinian National Authority, Ministry of Health, to work within the scope of their normal duties and responsibilities.

Trip Logistics

Consultant shall depart Ontario or Los Angeles, California on a U.S. flag air carrier compliant with the Fly America Act to Tel Aviv, Israel and will return via the same route, departing Tel Aviv the following day after the last day of work. Transportation from/to the Tel Aviv airport will be provided by the Flagship Project. Housing will be provided in the West Bank.

ANNEX B: ASSIGNMENT ACTIVITIES

During this visit the consultant, working in close collaboration and coordination with Flagship Project staff conducted the following activities:

1. Visit to the following hospital:
 - a. Rafidia Surgical (Orthopedic) Hospital (MoH) (165 beds)
 - Assessment of the new Pediatric and NICU areas was requested by the Flagship Project. The following recommendations are based on our collaborative assessment:
 - Assure that Sharps Disposal containers are out of reach of children; at least 132 cm (52 inches) from floor
 - Complete a thorough sanitary cleaning of the entire area before patients are transferred
 - Install additional basins for hand washing in the isolation area. Ideal is one for each patient cubicle (room), but one additional one in the middle of the hallway may suffice.
 - Ideally, hand washing facilities (water, towels, soap) should have non-touch technology
 - In patient rooms, ensure adequate floor space around each patient bed to discourage spread of infections.
 - Toys that are shared should be made of non-porous material and be able to be cleaned to prevent spread of microorganisms
2. Meetings
 - a. Dina Nasser, Infection Prevention Nurse, Augusta Victoria Hospital, and Juzoor University. We met four times to collaborate on the development of the draft National MoH Infection Prevention Manual and IPC training.
 - b. Dr. Damianos Odeh, DCoP, Flagship Project
 - c. Dr. Khalid Saleh, Rafidia Surgical (Orthopedic) Hospital
 - d. Samia Shiab, Nurse Director, Rafidia Surgical (Orthopedic) Hospital
 - e. Dr. Salem Jaraiseh, Flagship Project
 - f. Dr. Amal Bandak, Nurse Specialist, Flagship Project
 - g. Suzanne Sharmali, Medical Waste Management, Flagship Project
 - h. Donna Gurule, STTA, Medical Waste Management, Flagship Project
 - i. Due to the global nature of IPC, the consultant had many discussions with multiple Flagship Project staff regarding IPC in their respective project areas.
3. Products Delivered
 - a. Creation of draft National MoH Infection Prevention Manual (2 notebooks), soft and hard copies, including resource materials to be given to the Nablus Infection Prevention workgroup to incorporate information from the existing adopted East Jerusalem Hospital Network Infection Prevention Manual, 2005.
 - b. Revision of the draft National MoH Infection Prevention Manual table of contents.
 - c. Further review of currently used policies and protocols with comments on revision and encouragement of standardization.

- d. Obtained soft copies of
 - East Jerusalem Hospital Network Infection Prevention Manual, 2005
 - Infection Prevention and Control Protocols, Maram Project report, USAID, November 2004
 - Infection Prevention and Control Protocols, Part I, Hand Washing Antiseptics, Hand Gloving and Skin Preparation. Palestinian Medical Relief Society, December 2005. Prepared by Dr. Adel Takruri, adapted for PMRS clinics mainly from the MOH/MARAM protocol published November 2004.
 - e. From the soft copy of the East Jerusalem Hospital Network Infection Prevention Manual, 2005, the consultants revision/updates were incorporated
 - f. Draft of consolidated Infection Prevention and Medical Waste Management assessment tool.
 - g. Policy/protocol format to be utilized upon final development of the policies and procedure within the National MoH Infection Prevention Manual.
4. Follow-up on the procurement of the following resources:
- a. APIC Text 2009
 - Terry Collier, Flagship Project procurement, submitted for the procurement of 4 APIC Text 2009 for the following people:
 - Dina Nasser, Infection Prevention Nurse, Augusta Victoria Hospital, and Juzoor
 - Dr. Amira Hindi, Chair of Infection Prevention Committee – Nablus
 - Infection Prevention Nurse for Rafidiah Surgical (Orthopedic) Hospital
 - Dr. Assad Ramlawi, MoH Director of PHC
 - b. Glow Germ for Hand Hygiene training
 - Obtained information from Nadera Shibly, Procurement, that this product is available and 2 Glow Germ Kits will be procured for use in Infection Prevention training.

Comment [F1]: Is it ok to keep the names here?

Comment [F2]: Names again?

ANNEX C: CONSULTANT CV

Lisa R. Highton, RN

12438 Douglas St. Yucaipa CA • Cell (909) 725-8050 • L.Highton@verizon.net

Education

Loma Linda University, School of Nursing, Loma Linda, California

- Master of Public Health, Global Health, *in progress*
- Bachelor of Science, Nursing, 1986
- Associate of Science, Nursing, 1984

Highlight of Qualifications

International Consultation

- Infection Prevention consultant at Flagship project, Ramallah, West Bank (2009)
- Rural reconstruction community development project for maternal and child health – Masbate, Philippines (2009)
- Hospital Epidemiology consultant and conducted training and site assessment at sister hospital – Sir Run Run Shaw Hospital, Hangzhou, China (2006)
- Preceptor to the following international nurses, providing mentoring and training and follow-up when the nurses returned to their home institution:
 - Chief Samson Popoola, Director of Nursing – Ile-Ife Adventist Hospital, Ile-Ife, Nigeria (2009)
 - Terry Tong, Infection Control Nurse – Sir Run Run Shaw Hospital, Hangzhou, China (2006)
 - Margaret Pang, Infection Control Nurse – Hong Kong Adventist Hospital, Hong Kong (2005)

Nursing Management and Leadership

- Designated resource person/consultant for infection control information in clinical and ancillary areas within the hospital and clinic settings
- Epidemiology consultant during Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Department of Health Services (DHS), and Centers for Medicare & Medicaid Services (CMS) visits
- Develop organizational action plans (Sterilization, Nutritional Services and Dialysis compliance) that include: issues identified, immediate action plan, plan to ensure issue(s) is prevented in the future, target date of completion, date completed, monitoring schedule and person(s) responsible; ensures appropriate follow-through within a timely basis
- Conduct infection control rounds of hospital and clinic settings, and provide feedback on compliance, including issues needing improvement.
- Consult with and assist staff as they develop clinical practice guidelines

Communication and Training

- Experienced speaker who has presented and lectured to large groups
- Collaborate with other local and national infection control practitioners in a professional manner
- Communications liaison with staff from local public health departments regarding epidemiological issues
- Consult with medical staff, hospital staff, managers/directors, and administration on epidemiologic matters
- Instructor for the following:
 - General employee and clinical orientations on infection control and employee health (since March 1991)
 - Basic CPR for the American Heart Association

- Conscious IV Sedation and Nitrous Oxide Sedation – LLU School of Dentistry
- Infectious Diseases for masters-level students – LLU School of Public Health
- Infection Control for Clinical Lab Technicians – LLU School of Public Health
- "SARS – is this just the beginning" during the 8th Annual Respiratory Care Fall symposium at Wong Kerlee International Conference Center, Loma Linda California, September 18, 2003

Project/Protocol Management and Development

- Evaluate scientific validity, and development, review and revision of policies, procedures, protocols and techniques
- Initiate the Standardization/Consolidation of techniques (e.g. vascular access device care), procedures, protocols and policy
- Review and evaluate hospital-wide and departmental policies on rotating 'every 3 year' basis
- Interpret and implement standard and recommendation changes from regulatory agencies
- Review and evaluate environmental cultures for regulatory compliance, reporting
- Update assigned website resource materials (e.g., comprehensive disease information list with hyperlink capabilities to website, isolation, transport, and mandatory reporting information)
- Develop audit forms to evaluate departmental compliance with infection control practices

Investigation and Regulatory Compliance

- Manage infection and organism clusters and outbreaks and survey for resistant organisms
- Collect and analyze surveillance data with implementation of control strategies as needed
- Collect, prioritize, and evaluate quarterly denominator/numerator data (e.g., surgery, central line, and ventilator data); then distribute and explain to area managers and/or staff as needed
- Conduct projects to decrease endemic "common cause nosocomial infections"
- Prioritize daily workload of infection surveillance data and communicate with staff and physicians
- Conduct quality improvement initiatives by initiating development of educational materials, pamphlets, booklets, and departmental newspapers

Work History

Administrative Supervisor – Nursing – December 2009 to present Loma Linda University Medical Center, Loma Linda, California

Infection Control Consultant – August 2009 to November 2009 Loma Linda University Health Sciences, Global Health Institute. Subcontracted clinical consultant for Flagship Project - Chemonics/USAID located in Ramallah, West Bank.

Nurse Epidemiologist and Infection Control Practitioner – March 1991 to July 2009 Loma Linda University Medical Center, Loma Linda, California

Public Health Nurse II – February 1990 to March 1991
San Bernardino County Public Health Department, Epidemiology Program,
San Bernardino, California

Registered Nurse – September 1986 to February 1990

Medical Personnel Services, Inc. (MPSI) at Loma Linda University School of Dentistry,
Department of Oral Surgery, Loma Linda University, Loma Linda, California

Registered Nurse and Basic CPR Instructor – June 1987 to February 1990
American Heart Association, Life Support Education, Loma Linda University, Loma Linda
California

Registered Nurse, Pediatric Intensive Care Unit – May 1985 to October 1986
Loma Linda University Medical Center, Loma Linda, California

Committees and Taskforces

- International Nursing Committee
- Infection Control Committee
- Food Safety & Sanitation Committee
- Dialysis Administrative and Continuous Quality Improvement Committee
- Scabies Outbreak Response Team
- Standardization of Sterilization Practices Taskforce
- Standardization of Supplies Taskforce

Licenses and Credentials

California State Registered Nursing License #RN389424 (expires 5-31-2011)

Public Health Nurse, #40680

Basic Life Support Certificate (obtained December, 2009)

Professional Associations

Member of APIC (Association for Professionals in Infection Control and Epidemiology. Inland
Empire Chapter #74, 1991 to 2009

Member of Sigma Theta Tau, International Honor Society of Nursing, 1986 to present

Hobbies

International travel, photography, scrap-booking, card-making

ANNEX D: BIBLIOGRAPHY OF DOCUMENTS COLLECTED AND REVIEWED

1. Infection Prevention and Control Protocol, Part I, Hand Washing Antiseptics, hand Gloving and Skin Preparation. Palestinian Medical Relief Society, December 2005. Prepared by Dr. Adel Tahruri, adapted for PMRS clinics mainly from the MOH/MARAM protocol published November 2004.
2. Infection Prevention and Control Protocols, Maram Project report, USAID, November 2004
3. East Jerusalem Hospital Network Infection Prevention Manual, 2005
4. Joint Commission International (2008). Joint commission International Accreditation Standards for Hospitals, 2007. *Prevention and Control of Infections (PCI)*, pages 155-166.
5. Preventing Nosocomial Infections in Reproductive health Service Delivery Points, report for Ministry of Health, with support from UNFPA, June 2008. Prepared by Dina Nasser, Juzoor “Foundation for Health & Social Development”.
6. Association for Professionals in Infection Control and Epidemiology (APIC), APIC Text 2009
7. Association for Professionals in Infection Control and Epidemiology (APIC), Assessing and Developing an IC Program: Acute Care
8. World Health Organization (WHO), (2009). Core Components for Infection Prevention and Control Programmes.

ANNEX E: LIST AND COPY OF MATERIALS UTILIZED DURING ASSIGNMENT

1. Association for Professionals in Infection Control and Epidemiology (APIC)
(www.apic.org)
2. Assessment and Development of Infection Control Programs Toolkit Series (APIC)
3. AAMI (Association for the Advancement of Medical Instrumentation) Standards
(www.AAMI.org)
4. CDC (Centers for Disease Control and Prevention) Guidelines
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