ROOM #1 – Catheter Related Bloodstream Infection

Host: Teleflex Inc.
Presenter:
Mark Rupp, MD
Professor and Chief, Infectious Diseases
Director, Infection Control & Epidemiology
University of Nebraska Medical Center
Omaha, NE USA

Technologies, innovations and human factors all play key roles in infection prevention. This symposium will review current strategies that promote infection prevention. After attending this presentation, you will be able to recognize the significance of catheter related bloodstream infection and be empowered with the understanding that knowledge of pathogenesis drives prevention efforts. We will explore evidence-based measures to prevent CR-BSI by limiting intraluminal and extraluminal catheter contamination. In addition, discuss the technologic innovations for the prevention of catheter related bloodstream infection (CR-BSI).

Objectives:
• Recognize the significance of Catheter Related Bloodstream Infection (CR-BSI) and understand that knowledge of pathogenesis drives prevention efforts
• Describe evidence-based measures to prevent CR-BSI by limiting intraluminal and extraluminal catheter contamination
• Be able to introduce technologic innovations for the prevention of Catheter Related Bloodstream Infection (CR-BSI)

ROOM #2 – Nasal Decolonization

Host: Ondine Biomedical
Presenters: Kathleen Vollman MSN, RN, CCNS, FCNS
Critical Care Clinical Nurse Specialist and Consultant

Jason Hickok, Vice President, Clinical Affairs
Ondine Biomedical
Kathleen Vollman MSN, RN, CCNS, FCNS will present the clinical evidence and published documentation on the need for skin and nasal decolonization and the benefits of having a standard protocol to significantly impact the reduction of HAI's across the healthcare setting. Kathleen will share bedside experience and application of protocols to reduce HAI's.

Jason Hickok, VP of Clinical Affairs, will present the clinical data from Vancouver General, The Ottawa Hospital and the significant impact Steriwave Nasal Photodisinfection has had on SSI's rates within these healthcare facilities. Jason will offer insight to the product, adoption and clinical and non AMR impact of photodisinfection.

ROOM #3 – Respiratory Syncytial Virus (RSV)

Host: Sanofi
Presenter:
David Goldfarb MD FRCP
Clinical Associate Professor
Department of Pathology and Laboratory Medicine
University of British Columbia/
Medical Microbiologist and Pediatric Infectious Disease Physician
BC Children’s and Women’s Hospital

RSV is a highly contagious seasonal virus. By the age of two, >90% of children will have at least one RSV infection. In infants, RSV is the leading cause of acute lower respiratory tract infections, such as bronchiolitis and pneumonia. RSV remains a leading cause of respiratory hospitalization in all infants. Many believe only infants born prematurely or with underlying conditions are at risk for severe disease, but in reality the majority of infants hospitalized for severe diseases are born at term and otherwise healthy. RSV is also responsible for substantial outpatient disease burden among children seen in settings such as office visits and emergency department visits. Currently, there is no RSV preventive option for all infants. An all infant approach can substantially reduce RSV diseases burden in infants. This symposium aims to provide HCPs an overview of the burden of RSV disease in all infants and emerging preventative strategies.

ROOM #4 – Disinfection by Ultraviolet Light

Host: Sanuvox Technologies, Inc.
Presenter:
Dr. Wladyslaw (Wally) Kowalski
Chief Scientist, Sanuvox Technologies, Inc.
The disinfection of air by ultraviolet light can be achieved in three ways – 1) In-duct UV air disinfection, 2) Upper Room UV, and 3) Whole Room UV. Each of these technologies will be discussed and compared in terms of performance and cost. These UV systems are modeled to show reduction rates over time in a model room using a completely mixed model. Performance data from laboratory tests on specific airborne pathogens are used to demonstrate reduction of airborne concentrations over time. Equivalent Air Changes (EACs) are computed for each system and compared. Quantitative Risk Assessment is performed to evaluate the relative inhalation risks for each system over an 8-hour period.