



CAUTI Prevention and Urinary Catheter Safety Training Course

28 December 2026 – 1 January 2027
Athens

CAUTI Prevention and Urinary Catheter Safety Training Course

Ref: 1426_205255 **Date:** 28 December 2026 – 1 January 2027 **Location:** Athens **Fees:** 6700 Euro

Overview

CAUTI Prevention and Urinary Catheter Safety Training Course is a one-week intermediate course for nurses, infection prevention teams, quality professionals, clinical educators, patient-safety staff, and healthcare managers who leave with a CAUTI Prevention Improvement Plan. Participants connect urinary catheter safety, appropriate catheter use, aseptic insertion, catheter maintenance practices, prompt removal, CAUTI surveillance, and multidisciplinary improvement. Agile Leaders Training Center presents CAUTI prevention through practical clinical and quality-management tools.

Who Should Attend

- Clinical care functions responsible for urinary catheter insertion, maintenance, review, and removal
- Infection prevention functions responsible for practice guidance, surveillance, and feedback
- Quality and patient-safety functions responsible for audits, indicators, and improvement actions
- Clinical education functions responsible for competency development and practice reinforcement
- Healthcare management functions responsible for resources, governance, and multidisciplinary coordination

The course assumes participants support catheter care or related improvement work and leaves out diagnosis, prescribing, and treatment decisions.

Departments and Industries

The course supports departments and industries responsible for catheter safety and infection prevention.

- Acute-care hospitals and day-surgery services
- Long-term care, rehabilitation, and home-care providers
- Nursing, critical care, surgery, and emergency departments
- Infection prevention, quality, risk, and patient-safety departments
- Clinical education, workforce development, and healthcare operations teams

Learning Objectives

By the end of this course, participants will be able to:



- Apply appropriate catheter indication and daily review criteria
- Use aseptic insertion and closed-system maintenance practices
- Analyze catheter-care risks and practice deviations
- Build CAUTI surveillance and audit measures
- Prioritize feedback, education, and removal interventions
- Evaluate a multidisciplinary CAUTI prevention improvement plan

Course Agenda

Day 1: Indications and Risk Control

- CAUTI Risk Pathway Map
- Appropriate Catheter Indication Checklist
- Catheter Alternatives Decision Guide
- Daily Necessity Review Method
- Prompt Removal Escalation Pathway

Day 2: Aseptic Insertion and Competency

- Hand Hygiene and Aseptic Technique Sequence
- Sterile Insertion Equipment Checklist
- Catheter Selection and Securement Guide
- Insertion Documentation Record
- Insertion Competency Observation Tool

Day 3: Maintenance and Specimen Safety

- Closed Drainage System Integrity Check
- Unobstructed Urine Flow Inspection Method
- Drainage Bag Positioning and Emptying Protocol
- Routine Hygiene Practice Guide
- Aseptic Urine Specimen Collection Checklist

Day 4: Surveillance and Improvement Systems

- CAUTI Surveillance Case Review Method
- Catheter-Day and Utilization Measure Worksheet
- Catheter Care Compliance Audit Tool
- Unit Feedback Dashboard Design
- Multidisciplinary Improvement Action Register



Day 5: CAUTI Prevention Practice

- Exercise: Assess Catheter Indication and Removal Decisions
- Exercise: Observe Aseptic Insertion Performance
- Exercise: Diagnose Closed-System Maintenance Deviations
- Exercise: Interpret Surveillance and Audit Findings
- Capstone Exercise: CAUTI Prevention Improvement Plan

Practical Exercises

The course uses suggested activities based on clinical units, long-term care, and healthcare quality settings.

- Suggested activity: review catheter-use scenarios and document indication, alternatives, daily necessity, and removal triggers.
- Suggested activity: observe a simulated insertion and maintenance sequence using structured competency and audit tools.
- Suggested activity: calculate catheter-use measures and convert findings into unit feedback.
- Suggested activity: build a CAUTI Prevention Improvement Plan with owners, measures, education, and review points.

FAQs

Who suits a CAUTI prevention course, and what does it assume?

A CAUTI prevention course suits clinical, infection prevention, quality, education, safety, and management teams that support catheter care or improvement work. It assumes workplace familiarity with healthcare processes but does not require specialist treatment authority.

How does CAUTI prevention training differ from a general infection prevention course?

CAUTI prevention training follows the urinary-catheter lifecycle from indication through removal, with catheter-specific insertion, maintenance, surveillance, audit, and feedback tools. General infection prevention training spans broader transmission risks and control practices.

What practices support urinary catheter safety?

Urinary catheter safety is supported by appropriate indications, trained personnel, aseptic insertion, a closed drainage system, unobstructed flow, daily necessity review, prompt removal, documentation, and practice feedback.



How is CAUTI surveillance used for improvement?

CAUTI surveillance supports improvement by relating infection events to catheter exposure, monitoring utilization, identifying unit patterns, checking practice adherence, and directing feedback and corrective action.

Why is multidisciplinary work important in CAUTI prevention?

Multidisciplinary work aligns bedside care, infection prevention, education, quality measurement, supplies, documentation, escalation, and management support around the same catheter-safety controls.

Conclusion

The course links catheter-use decisions, insertion, maintenance, removal, surveillance, audit, education, and feedback. Participants take back a CAUTI Prevention Improvement Plan. The plan makes responsibilities, measures, practice controls, improvement actions, and review points visible across clinical and management teams.