



Advanced Operating Theatre Infection Prevention and Control Training Course

4 – 8 January 2027
Cairo

Advanced Operating Theatre Infection Prevention and Control Training Course

Ref: 1480_209237 **Date:** 4 – 8 January 2027 **Location:** Cairo **Fees:** 4100 Euro

Overview

Advanced Operating Theatre Infection Prevention and Control Training Course is a one-week advanced course for theatre managers, perioperative nurses, infection prevention personnel, sterile services coordinators, quality teams, and healthcare operations professionals who leave with an Operating Theatre Infection Prevention Control Pack. Participants apply surgical pathway infection risk assessment, operating theatre aseptic practice, theatre zoning and traffic control, operating room environmental cleaning, surgical site infection surveillance, and direct observation audit. Agile Leaders Training Center presents operational infection prevention for operating theatres.

Who Should Attend

- Teams responsible for operating theatre governance and safe workflow
- Personnel responsible for perioperative nursing and aseptic practice
- Functions responsible for infection prevention observation and feedback
- Teams responsible for sterile supply and instrument-flow coordination
- Leaders responsible for quality assurance and facilities escalation

The course assumes participants already support perioperative or infection prevention operations and leaves out clinical licensure, surgical treatment advice, certification, and regulator authorization.

Departments and Industries

The course supports departments and industries responsible for infection control across surgical environments.

- Hospital operating theatre and perioperative services
- Ambulatory and day-surgery operations
- Infection prevention and healthcare quality functions
- Sterile services and surgical supply coordination
- Facilities, ventilation, and environmental services

Learning Objectives

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



- Analyze surgical pathway and theatre infection risks
- Apply aseptic practice and sterile-field controls
- Use zoning, traffic, attire, cleaning, and ventilation checks
- Build surveillance and incident-response arrangements
- Evaluate instrument and sterile-supply interfaces
- Prioritize audit findings and improvement actions

Course Agenda

Day 1: Surgical Pathway Risk and Theatre Governance

- Surgical Pathway Infection Risk Map
- Operating Theatre Control Responsibility Matrix
- Preoperative, Intraoperative, and Postoperative Interface Review
- Infection Prevention Escalation and Decision Chart
- Theatre Readiness and Exception Register

Day 2: Aseptic Practice and Sterile Field

- Surgical Hand Preparation Observation Tool
- Theatre Attire and Personal Protective Equipment Checklist
- Aseptic Technique and Sterile Field Control Map
- Skin Preparation and Draping Interface Review
- Break-in-Technique Response Record

Day 3: Theatre Environment and Sterile Supply

- Operating Theatre Zoning and Traffic Flow Map
- Between-Procedure and Terminal Cleaning Audit
- Noncritical Equipment Decontamination Checklist
- Instrument Reprocessing and Sterile Storage Interface Review
- Ventilation, Pressure, and Door Exception Log

Day 4: Surveillance and Incident Response

- Surgical Site Infection Surveillance Definition Sheet
- Process Measure and Observation Dashboard
- Infection Signal Verification and Case Review Tool
- Theatre Incident and Outbreak Coordination Map
- Feedback, Remediation, and Improvement Register



Day 5: Operating Theatre Infection Prevention Practice

- Suggested Exercise: Surgical Pathway Risk Review
- Suggested Exercise: Aseptic Practice Observation
- Suggested Exercise: Environment and Sterile Supply Audit
- Suggested Exercise: Surveillance and Incident Decisions
- Capstone Exercise: Operating Theatre Infection Prevention Control Pack

Practical Exercises

The course uses suggested activities with fictional hospital, ambulatory surgery, sterile services, and facilities scenarios.

- Suggested activity: map surgical pathway risks, responsibilities, interfaces, and escalation points.
- Suggested activity: observe hand preparation, attire, aseptic technique, and sterile-field controls.
- Suggested activity: audit traffic, cleaning, equipment, sterile supply, and ventilation exceptions.
- Suggested activity: verify surveillance signals and coordinate remediation and incident decisions.

FAQs

Who suits advanced operating theatre infection prevention training, and what does it assume?

Advanced operating theatre infection prevention training suits theatre operations, perioperative nursing, infection prevention, sterile services, quality, environmental, and facilities personnel. It assumes practical familiarity with surgical services or infection prevention and excludes clinical licensure, surgical treatment advice, certification, and regulator authorization.

How does operating theatre infection prevention differ from general clinical infection control training?

Operating theatre infection prevention focuses on sterile fields, aseptic technique, surgical attire, theatre zoning, personnel traffic, procedure-turnover cleaning, instrument interfaces, controlled air, and surgical site surveillance, while general clinical infection control covers broader care environments.

How are aseptic practice and sterile-field breaks controlled in operating theatres?

Aseptic practice and sterile-field breaks are controlled through defined preparation steps, role allocation, direct observation, protected field boundaries, controlled movement, prompt recognition, documented corrective action, and feedback to the theatre team.



How are cleaning, traffic, and ventilation monitored in operating theatres?

Cleaning, traffic, and ventilation are monitored through assigned responsibilities, procedure-turnover and terminal-cleaning checklists, door and movement observations, equipment controls, pressure or airflow exception records, escalation routes, and completion evidence.

How do surveillance and audit support surgical site infection prevention?

Surveillance and audit support prevention by defining events and process measures, verifying signals, reviewing practice observations, identifying control lapses, assigning remediation, sharing feedback, and tracking improvement across the surgical pathway.

Conclusion

Participants leave with an Operating Theatre Infection Prevention Control Pack containing pathway maps, aseptic observation tools, environmental audits, sterile-supply reviews, surveillance records, incident arrangements, and improvement actions. The pack connects theatre practice with measurable oversight. It helps teams coordinate prevention across people, spaces, equipment, supplies, and surgical workflows.