Advanced Neonatal and Pediatric Infection Control Training Course

4 – 8 January 2027
Baku

AGILE LEADERS
Training Center

AGILE LEADERS
Training Center

Advanced Neonatal and Pediatric Infection Control Training Course

Ref: 1521_212337 **Date:** 4 – 8 January 2027 **Location:** Baku **Fees:** 5000 Euro

Overview

Advanced Neonatal and Pediatric Infection Control Training Course is a one-week course for neonatal and pediatric clinical teams, infection prevention functions, quality personnel, environmental services, laboratories, and unit leaders, who leave with a Neonatal and Pediatric Infection Control Assurance Pack. The course addresses age-specific transmission risks through hand hygiene, device safety, isolation and cohorting, environmental controls, surveillance, outbreak response, communication, audit, feedback, and governance. Agile Leaders Training Center positions neonatal and pediatric infection control as a coordinated system of bedside practice and accountable unit management.

Who Should Attend

- Functions responsible for neonatal and pediatric bedside care
- Teams responsible for infection prevention and healthcare-associated infection surveillance
- Personnel responsible for quality, patient safety, and clinical governance
- Services responsible for environmental hygiene and reusable equipment control
- Laboratory functions supporting organism identification and outbreak investigation
- Unit leaders coordinating staffing, visitors, escalation, and improvement

The course assumes participants manage care, prevention, surveillance, support services, or governance in neonatal or pediatric settings and leaves out diagnosis, prescribing, and basic infection-control induction.

Departments and Industries

The course supports departments and organizations responsible for safe child health services and infection-risk control.

- Neonatal and pediatric hospital units
- Ambulatory child health and day-care services
- Infection prevention and quality departments
- Clinical laboratories and diagnostic services
- Environmental services and healthcare facilities teams
- Public health and healthcare education organizations

Learning Objectives

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

- Analyze neonatal and pediatric transmission pathways and vulnerabilities
- Apply hand hygiene, isolation, cohorting, and visitor controls
- Build line, device, feeding, medication, and equipment safeguards
- Use surveillance signals to investigate clusters and outbreaks
- Evaluate environmental controls, audits, and staff feedback
- Prioritize governance actions through risk and performance evidence

Course Agenda

Day 1: Age-Specific Risk Systems

- Neonatal and Pediatric Transmission Pathway Map
- Gestational Age and Skin Integrity Risk Profile
- Standard Precautions Application Matrix
- Hand Hygiene Observation and Feedback Tool
- Family and Visitor Risk Communication Plan

Day 2: Devices and Care Processes

- Central Line Insertion and Maintenance Bundle
- Umbilical Catheter and PICC Necessity Review
- Respiratory Device Handling Control Checklist
- Medication Preparation Area Safety Audit
- Infant Feeding Preparation Control Map

Day 3: Isolation and Environmental Control

- Transmission-Based Precautions Decision Matrix
- Patient Placement, Isolation, and Cohorting Algorithm
- Respiratory and Contact Precautions Workflow
- Shared Equipment Cleaning Responsibility Grid
- High-Touch Surface Environmental Audit

Day 4: Surveillance and Governance

- Healthcare-Associated Infection Surveillance Dashboard
- Cluster Detection and Outbreak Investigation Workflow
- Laboratory and Unit Escalation Communication Map
- Multidisciplinary Infection Control Governance Charter
- Audit, Feedback, and Corrective Action Tracker

AGILE LEADERS
Training Center

Day 5: Integrated Infection Control Practice

- Suggested Exercise: Transmission Pathway and Control Review
- Suggested Exercise: Device Bundle Reliability Assessment
- Suggested Exercise: Isolation and Cohorting Decision Simulation
- Suggested Exercise: Outbreak Escalation and Communication Drill
- Capstone Exercise: Neonatal and Pediatric Infection Control Assurance Pack

Practical Exercises

The course uses suggested activities based on fictional neonatal units, pediatric wards, ambulatory services, and diagnostic support settings.

- Suggested activity: map age-specific transmission risks and select controls for patients, families, staff, equipment, and the care environment.
- Suggested activity: assess line and device processes using necessity reviews, maintenance controls, and escalation criteria.
- Suggested activity: investigate a simulated infection cluster using surveillance, laboratory, placement, and communication evidence.
- Suggested activity: build an audit and governance pack connecting findings, owners, feedback, corrective action, and follow-up.

FAQs

Who suits advanced neonatal and pediatric infection control training, and what does it assume?

Clinical, infection prevention, quality, laboratory, environmental, and unit leadership functions suit the training; it assumes current responsibility for child health services or infection-risk systems and excludes clinical treatment qualification.

How does neonatal and pediatric infection control differ from general adult infection control training?

Neonatal and pediatric infection control accounts for immune and skin immaturity, developmental needs, smaller devices, family presence, shared equipment, feeding processes, respiratory-virus burden, and age-sensitive isolation decisions.

How should neonatal and pediatric units use infection surveillance?

Units should combine defined case signals, device-use information, laboratory findings, patient location, exposure patterns, and trend review to detect change, investigate clusters, escalate concerns, and verify corrective action.

AGILE LEADERS
Training Center

What controls support safe isolation and cohorting in pediatric care?

Safe isolation and cohorting use syndrome and transmission risk, patient placement, spatial separation, dedicated equipment, appropriate protective equipment, family communication, movement controls, and reassessment as clinical and laboratory information changes.

Conclusion

Participants leave with a Neonatal and Pediatric Infection Control Assurance Pack linking risk maps, device controls, isolation decisions, environmental audits, surveillance, outbreak escalation, and governance. The pack gives teams a shared structure for managing prevention across clinical and support functions. It strengthens traceability from bedside observations to corrective action and leadership review.