

in the post-EVD period using the IPCAF tool. These results can be used to guide healthcare facilities and policy makers in developing strategies for IPC quality improvement projects to improve low-performing healthcare facilities. Significant gaps were observed in key IPC areas, especially in secondary-level health facilities. There is need to establish national surveillance for healthcare-associated infections, to institutionalize monitoring of IPC practices, and to ensure an appropriate staffing-workload ratio in health facilities.

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Disclosures:

If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principals and methods, and will not promote the commercial interest of the **Funding:** company. Disagree

Anna Maruta

If I am discussing specific healthcare products or services, I will use generic names to extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

Disagree

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Presentation Type:

Poster Presentation

The Design and Implementation of an IPC Certificate Course: Experiences From Sierra Leone

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Background: Trained infection prevention and control (IPC) practitioners are critical to reducing healthcare-associated infections (HAI) and improving patient safety. Despite having HAI rates 3 times higher than high-income countries, many low- and middle-income countries (LMICs) lack trained IPC professionals. During the 2014–2016 Ebola outbreak in West Africa, the Sierra Leone Ministry of Health and Sanitation (MoHS) recognized this need and appointed and trained IPC focal persons at all district hospitals. Following the outbreak, MoHS requested assistance from the US CDC to develop and implement a comprehensive IPC training program for IPC specialists.

Methods: The CDC, alongside its partners, convened a multidisciplinary team to develop an IPC certificate course. ICAP led the curriculum development process using a “backwards design” approach, starting with development of competencies and learning objectives, then designing an evaluation framework and learning strategies, and finally, identifying course content. The curriculum was based on existing resources, primarily designed for high-income countries, which were adapted to the Sierra Leone context and aligned with national IPC policies and guidelines. Additionally, an IPC steering committee, led by MoHS, was established to provide national leadership and oversight and make country-level decisions regarding accreditation and career pathways for IPC specialists. **Results:** The course includes three 2-week workshops over 6 months consisting of classroom didactics and hands-on activities. Topics include standard and transmission-based precautions, microbiology, laboratory,

HAI, quality improvement, leadership, and scientific writing. Between sessions, participants conduct IPC activities at their work site and share results during subsequent workshops. Participants receive electronic tablets, which contain course content, assessment tools, and references, to upload their work into a cloud-based storage system for facilitators to provide feedback. They also receive in-person mentorship and connect with peers through a group messaging platform to share lessons learned. Participants’ knowledge and skills are assessed using a before-and-after test and observing them perform IPC practices using standardized checklists. The first cohort of 25 participants will complete the course in November 2019. **Conclusions:** The IPC certificate course is the first comprehensive, competency-based IPC training in Sierra Leone. Successes, challenges, sustainability, and lessons learned remain to be determined; however, based on similar models, the course has the potential to significantly improve IPC in Sierra Leone. Additionally, it is a model that can be replicated in other resource-limited settings.

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The impact of Multimodal Strategy Intervention Program on Hand Hygiene Compliance at a University Teaching Hospital in Sierra Leone (Ola During Children’s Hospital)

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Background: Hand hygiene (HH) is considered a primary measure necessary for reducing healthcare-associated infections (HAIs). Despite its significance, the lack of compliance among healthcare workers continues to be a problem throughout the world. The Ebola outbreak in our country has accelerated efforts to strengthen the health system in Sierra Leone. The WHO multimodal strategy on HH is an integral approach to the reduction of HAIs. **Objectives:** We sought to improve HH compliance among healthcare workers, to maintain a culture of safety in the healthcare facility, and to implement evidence-based practices for improved patient outcomes. **Methods:** A WHO multimodal strategy for direct observation of HH was adapted. We observed clinical staff (doctors, nurses and community health officers) in the intensive care unit (ICU), resuscitation ward (Resus) and emergency room (ER) from August to September 2019. A 4-day training session was conducted in 3 weeks. Provision of locally produced alcohol-based hand rub (ABHR), soap, and water emphasize the importance of HH. HH reminders were posted in all clinical areas. Healthcare worker knowledge about HH was assessed before and after the intervention. **Results:** We observed 1,535 HH opportunities, and only 706 HH actions were performed. Locally produced ABHR was used in 470 HH actions. Handwashing with soap and water was used in the remaining HH actions. Baseline compliance was 36% and increased to 50% in the first and second months. Healthcare worker knowledge scores at the baseline averaged 25% and increased to 65% after 2 months. HH compliance was highest in the ICU (44%), followed by the emergency ward (30%). The resuscitation ward had the lowest compliance (26%). Compliance among doctors was 32%, nurses 46%, and CHOs 22%. **Conclusions:** Promotion of HH is feasible and attainable and can be sustained in a resource- constrained setting using a multimodal improvement strategy. The local production, availability, and use of ABHR have significantly increased HH compliance. However, absolute compliance remains low, and a strong