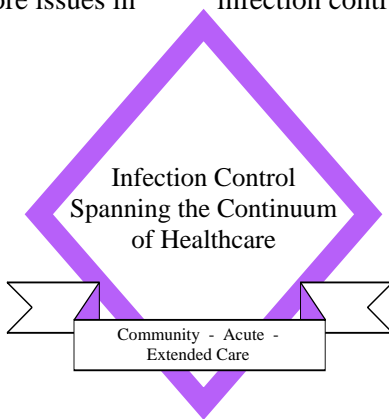


## Program Goals

1. To address current infection control challenges that are common across the continuum of healthcare.
2. To provide updated information on the impact of infectious diseases in the community and in other healthcare environments.
3. To offer practitioners, nurses, emergency medical technicians (EMT), and nurse teachers, useful mechanisms for addressing core issues in infection control.



## About the Faculty

### **Carla Alvarado, PhD., CIC**

Center for Quality and Productivity Improvement,  
University of Wisconsin-Madison, Wisconsin.

### **Michael Rinaldi, PhD.**

Director, Fungus Testing Laboratory, University of  
Texas Health Science Center, and Chief, Clinical  
Microbiology Laboratories, Audie L. Murphy Vet-  
erans Hospital, San Antonio, Texas

### **Joan Junkin, MSN, APRN-CNS, CWON**

CNS, BryanLGH Medical Center, Lincoln, NE

### **Maureen Spencer, RN, CIC, M.Ed**

Infection Control Manager, New England Baptist  
Hospital, Boston, MA.

## Program Schedule

- 7:30 a.m. Registration/Continental Breakfast
- 8:00 a.m. Welcome  
Opening Remarks  
*Gail Jackson, RN, BSN, CIC*
- 8:15 a.m. Infection Prevention Systems  
Approach: Relationships are  
Everything  
*Carla J. Alvarado, PhD., CIC*
- 9:30 a.m. Morning Break
- 9:45 a.m. The New Microbiologic Monsters:  
Opportunistic Fungal Infections  
*Michael Rinaldi, PhD.*
- 10:45 a.m. Exhibitor Booths
- 11:45 a.m. Lunch
- 12:30 p.m. Skin: The First Line of Defense  
Against Infection  
*Joan Junkin, MSN, APRN-CNS,*
- 1:30 p.m. Dessert Break
- 1:45 p.m. Eradication of Staph aureus:  
MRSA and MSSA  
*Maureen Spencer, RN, CIC, M.Ed*
- 3:00 p.m. Closing Remarks  
Awarding of Contact Hours

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### Application submitted for:

4.5 contact hours from  
**RI State Nurses Association**

4.5 contact hours from  
**RI EMT National Registry** renewal

4.5 contact hours from  
**Massachusetts EMT**

**Registration:** Complete and mail the form to Debra Johnson RN, BSN, OCN  
9 Fawn Circle, Charlestown, RI 02813 (phone 401-315-5103 & email debRN78@msn.com).  
Make Checks payable to **ICPSNE, Inc.** This form may be copied for additional participants.

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**Telephone:** \_\_\_\_\_ **Registration deadline** must be received by October 31, 2008

**Cost:** \$110 per person, discount fee of \$100 for 2 or more participants from the same facility.  
Fee for the members of ICPSNE is \$100. Student fee \$50. Payment must be included with your  
Registration. After October 31, 2008 the late fee is \$120.00.

**Sorry** we cannot accept walk-in registration, grant refunds or send confirmations.

**Fee includes:** Continental breakfast and luncheon, please note any *dietary requirements*.

**Directions / Location**


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Take Exit 12 A.

Turn right at the light.

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**Infection Control**  
*Spanning the Continuum  
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**ICPSNE**  
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Wednesday November 5, 2008

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