

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques



Pacific
Community
Communauté
du Pacifique

MANAGING COVID-19 IN PICTS – KIRIBATI DEPLOYMENT

The Pacific Community (SPC) in collaboration with the Australian Department of Foreign Affairs and Trade (DFAT) responded to the request for clinical support by the Kiribati government. The Public Health Division team consisting of clinical anaesthesia, Infection Prevention and Control (IPC), laboratory, biomedical and Public Health support was deployed to Kiribati on the 12 February – 12 March 2022.

This article will take us through the clinical services journey in the provision of Infection Prevention and Control (IPC) measures and Clinical Critical Care support to the Kiribati Ministry of Health and Medical Services (MHMS) during the COVID-19 crisis early in 2022.

IPC and Critical Care (CC) services are some of the key responsibilities and areas that is central to managing critical covid-19 patients and containment of outbreaks of this scale.

1. BACKGROUND

Kiribati mostly kept COVID-19 out for two years until 14 January 2022 when one of the first repatriation flights landed with covid-19 positive passengers. Thirty-six out of the fifty-four (65%) passengers on the flight to Kiribati tested positive on arrival with the omicron variant of concern¹.

About a week later, the Government of Kiribati declared a state of disaster on 22 January 2022, ordering a lockdown and curfew. Kiribati reached the peak of the COVID-19 infections on 8 February 2022¹.

At that time, seven Pacific Island countries had not reported a case to date which included Cook Islands, Federated States of Micronesia, Nauru, Niue, Pitcairn Islands, Tokelau and Tuvalu.

The Pacific Community responded to the request for support from the Government of Kiribati by deploying a team consisting of clinical anaesthesia, Infection Prevention and Control (IPC), laboratory, biomedical and Public Health, from the 12 February – 12 March 2022 (4 weeks). The focus of discussion in this paper will be on the IPC measures and provision of clinical Critical Care support in Kiribati during the COVID-19 crisis.

2. PROGRESS AND ACHIEVEMENTS

2.1 Critical Care Support

In collaboration with the Director of Hospital Services who was also the sole Consultant Anaesthetist/Intensivist and IPC focal point of the MHMS, SPC provided education and training to clinical staff on how to manage the severe and critical COVID-19 patient and on IPC measures in the context of COVID-19.

The Intensive Care Unit (ICU) staff were taught for the first time how to administer and manage patients on High Flow Nasal Cannula (HFNC) oxygenation therapy (also known as Airvo) which has been demonstrated to improve patient outcomes and is superior to conventional delivery of oxygen. That is, patients on HFNC were shown to have reduced times to clinical recovery, shorter length of hospital stays and lower intubation rates for hypoxic patients requiring respiratory support. Several of the trainings included simulations for intubating COVID-19 patients, advanced cardiac life support for COVID-19 patients, and setting up and trouble shooting HFNC and ventilators.

¹ <https://time.com/6143260/covid-19-pacific-islands-kiribati/>

2.2 Infection Prevention and Control (IPC)

IPC education focussed on appropriate hand hygiene technique, donning and doffing of Personal Protective Equipment (PPE), including creation of donning and doffing zones. Additionally, we improved access to PPE, by establishing an inventory system to ensure HCW's had a reliable supply of COVID-19 appropriate PPE and Alcohol Based Hand Rub (ABHR). This was achieved by the creation of a weekly inventory list of PPE and ABHR to be delivered by pharmacy personnel to a PPE Imprest cupboard. Principal Nursing Officers were assigned to manage this process for their respective wards.

3. CHALLENGES

The existing challenges were not unique to Kiribati as it was seen throughout the world during COVID-19. Limited number of health care workers was one of the leading issues especially with staff becoming infected and having to be laid off for a few days. Furthermore was the lack of capacity in critical care where staff had to work outside of their area of specialties.

From an IPC perspective, there was seen to be low compliance of IPC measures within the MHMS, demonstrated by the sub-optimal use of PPE mainly due to insufficient access to PPE and ABHR supplies for hand hygiene.

3.1 CLINICAL/CRITICAL SUPPORT

- Recruitment of Anaesthetist/ICU Specialist
- Procurement of High Flow Nasal Cannula equipment (Airvo 2/Optiflow)
- Ongoing preparedness and systems strengthening for any future outbreaks

4. FUTURE DIRECTIONS

Support the deployment of Pacific Emergency Medical Teams during PICTs disasters/crisis and health emergencies.

4.1 CLINICAL AREA

- Supporting anaesthesia/ICU and postgraduate critical care (CC) training for medical and nursing staff
- Assisting with the recruitment of Anaesthetist/ICU Specialist for Kiribati MHMS
- Procurement of High Flow Nasal Cannula equipment (Airvo 2/Optiflow)

- Ongoing preparedness and systems strengthening for any future outbreaks recommendations for governments:

4.2 Recommendations for development partners:

- Continue to strengthen collaboration with partners to support deployment teams to emergency crisis in the region
- Provide technical support where needed as per request from countries