

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques

'Roadmap for Infection Prevention and Control in the Pacific'

The implementation of the World Health Organization (WHO) recommendations on the core components for Infection Prevention Control (IPC) program provides the framework and roadmap for implementing IPC programs at the national and healthcare levels in the Pacific Island Countries and Territories (PICTS).

The core components include a functional national and healthcare facility level IPC programme, national IPC guidelines, IPC education and training, Healthcare Associated Infection (HAI) surveillance, Multimodal strategies, monitoring/audit of IPC practices and feedback and supporting the built environment, materials and equipment for IPC.

1. BACKGROUND

The implementation of the WHO recommendations on the core components for Infection Prevention Control (IPC) programs provides the framework and roadmap for implementing IPC programs at the national and healthcare levels in the PICTS.

Hand hygiene and HAI surveillance are key functions of IPC teams and are considered a vital component of the IPC program activity. In addition, HAI surveillance is one of the eight core components for IPC programs recommended for implementation at the national and healthcare facility level.

In 2021 and 2022, we engaged the Doherty Institute of Melbourne University to provide technical support to the PICTS to strengthen hand hygiene program and HAI surveillance targeting surveillance of Surgical site infections (SSI). The areas we strengthened was on having a standardized approach to targeted surveillance for post-operative Caesarean sections and the adaptation of the WHO recommended 5 Moments for hand hygiene auditing of hand hygiene compliance in acute healthcare settings.

2. PROGRESS AND ACHIEVEMENTS

2.1 IPC Capacity Activities

- Six PICTs were supported to strengthen their HAI surveillance program, targeting surveillance of SSI for post-operative caesarean sections. In partnership and collaboration with the PICTs, we established an expert working group to provide guidance in the development and training of the surveillance program for SSI. The SSI package consisted of the following for PICTs to adopt or adapt:
 - A Standard Operating Procedure (SOP) consisting of standardized surveillance definitions and methodologies for conducting SSI for post-operative elective caesarean sections.
 - Data collection tools to record SSI cases.
 - HAI surveillance report templates.
 - Training provided for all 6 PICTs in the use of the SOP and data tools.

See web-story <https://www.spc.int/updates/blog/2022/03/improving-healthcare-associated-infection-surveillance>

- Eight (8) PICTs were supported with the hand hygiene training program consisting of auditing methodology and resources that have been developed and contextualized for the PICTs, these resources are based on the Hand Hygiene Australia (HHA) program which has been successfully implemented both across Australia and New Zealand.

Thirty-four (34) IPC focal points have been trained as ‘Gold Standard Auditors’ (GSA) who are now able to train general auditors in their countries. The Manager and Program coordinator of HHA, provided technical expertise and delivered the HHA Gold Standard Auditor training program which have been adapted to the PICTs context. In addition, the HHA tools and resources relevant to hand hygiene auditing were adapted and rebranded for SPC. See web-story: <https://www.spc.int/updates/blog/2022/05/hand-hygiene-auditor-training-for-a-standardized-approach>

- Three (3) PICTs were supported in 2021-2022 to develop national IPC guidelines that was aligned to the 2021 PPHSN Regional IPC guidelines.
- Three (3) PICTs were supported to develop national three (3) year IPC workplan.
- Continued support provided for IPC Guidelines reviews and updates, national IPC works plans, strengthening HAI surveillance, strengthening the role of IPC in the prevention of antimicrobial resistance (AMR), workshops/webinars, development of standard operating procedures, audit tools etc.

3. CHALLENGES

- Border closures have restricted in- country IPC support.
- Limited in country IPC supplies e.g., hand hygiene supplies, personal protective equipment, availability of single use consumables

4. FUTURE DIRECTIONS

The Pacific roadmap for IPC core components takes time and each of the PICTs may be at different levels of achieving these minimum requirements but it is important that we all work towards this achievement to strengthen the infrastructure for functioning IPC programmes that will also lead to reduction of HAIs, Anti-Microbial Resistance and our ability to respond to outbreaks.

4.1 Recommendations for governments:

- Continue to support IPC by strengthening and supporting IPC leadership and programs at the national and healthcare facility level.
- Support facility-based HAI surveillance to detect HAI outbreaks before they occur, including AMR surveillance.
- Support full implementation of national IPC guidelines by monitoring IPC practice.
- Support IPC education, it should be mandated for all health care workers.

4.2 Recommendations for development partners:

- To continue to provide support for IPC in PICTs
- Continue to support workforce for IPC strengthening in the PICTs.
- Support PICTs with IPC resources, equipment's and supplies.
- Support face to face mentoring and training for IPC focal points.