

Pacific Heads of Nursing & Midwifery Meeting

Réunion des chefs des soins infirmiers et obstétricaux du Pacifique

Nursing Leadership and Infection Prevention and Control Capacity Building During COVID-19 Pandemic in Kiribati

The COVID-19 Coronavirus disease 2019 outbreak was declared a pandemic by the World Health Organization on 11th March 2020¹ and as of August 4th 2022, Twenty (20) countries (American Samoa, Commonwealth of the Northern Marianas (CNMI), Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Nauru, New Caledonia, Niue, Palau, Papua New Guinea (PNG), Pitcairn Islands, Republic of the Marshall Islands (RMI), Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and Wallis and Futuna) in the PICTs have reported cases and deaths².

Kiribati had reached the peak of the COVID-19 infections on February 8th 2022, and had requested for technical support from partners. The Pacific Community (SPC) responded to the request for support by the Kiribati government, deploying a team consisting of clinical anaesthesia, Infection prevention and control (IPC), laboratory, biomedical and public health support.

¹ <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² <https://www.spc.int/updates/blog/2022/03/covid-19-pacific-community-updates>

1. BACKGROUND

The COVID-19 pandemic has highlighted the need for healthcare systems in the PICTs to invest in IPC capacity and strengthen IPC preparedness and readiness at the national and healthcare facility level to reduce the health care-associated infection transmission risks and contribute to the timely outbreak response and containment and prevent health systems from getting overwhelmed³.

Kiribati reported its first imported case of COVID-19 on May 18th, 2021 (seafarer on a ship), two days later a second positive case of COVID-19 was identified from the same ship. Following the two positive cases, Kiribati remained COVID-19 free with borders closed until it re-opened for special travel in January 2022⁴. This flight brought in 54 passengers from Fiji of which thirty-six passengers tested positive for COVID-19 upon arrival. The Ministry of Health initiated Alert level 2 of COVID-19 measures⁵.

The Director of Nursing (DON) provided the integral role of nursing leadership as a member of the Ministry for Health and Medical Services (MHMS) Incident Management Team (IMT), that actively managed and coordinated the COVID-19 preparedness and response teams and provided technical advice and updates to the Office of the President, Te Beretitenti.

2. PROGRESS AND ACHIEVEMENTS

2.1 Nursing Leadership and IPC Capacity Building

- The role of the DON was critical in the provision of guidance and supervision for nurses at leadership level. It was important that essential nursing services be maintained whilst addressing issues of surge capacity for inpatient beds, ensuring availability of necessary supplies of personal protective equipment (PPE), equipment and consumables.
- Maintaining adequate staffing levels were a daily challenge, as it was vital that nursing personnel be available for rostered and shift duty at the hospital, public health clinics, mobile COVID-19 response teams and COVID-19 vaccination teams. In addition, the DON and her team ensured that nursing personnel had access to emotional support, accommodation and were safe at work, with the provision of up-to-date training on IPC and critical care nursing competencies.

³ <https://apps.who.int/iris/handle/10665/345251>

⁴ https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Kiribati.

⁵ <https://www.facebook.com/100068956428171/posts/239413675033845/>

- The role of the DON was further supported with IPC capacity and technical support through the deployment of partner agencies such as SPC and the WHO.
- Assessments of IPC measures were carried out in collaboration with the Kirbati IPC focal point and a WHO IPC specialist with support from the DON at the Tungaru Central Hospital (TCH). The assessments highlighted low compliance with IPC measures demonstrated by the sub-optimal use of PPE by practicing HCWs, mainly due to insufficient access to PPE and alcohol-based rub (ABHR) supplies for hand hygiene. This highlighted the need to establish an inventory system (Imprest PPE room) to ensure HCW's had a reliable adequate supply of COVID-19 appropriate PPE and ABHR, educate and train HCWs on how to safely put on and remove PPE and perform hand hygiene and creation of donning and doffing stations.
- **Based on the IPC assessment, the following IPC capacity was provided:**
 - **Education** – was conducted to all cadres of staff on the importance of practicing the appropriate hand hygiene technic and importance of correctly putting on and removing PPE. Housekeeping staff was trained on appropriate methods for cleaning and disinfection.
 - **Improving access to PPE and ABHR** - To improve access to PPE, we worked in collaboration with the Principal Nursing Officers and the Pharmacy personnel to establish an inventory system to ensure HCW's had a reliable adequate supply of COVID-19 appropriate PPE and ABHR that was restocked weekly by pharmacy personnel and managed by the principal nursing officers.
 - **Donning and doffing stations** was created and set up in the COVID-19 isolation facilities at TCH and Betio hospitals to facilitate a safe and effective PPE donning and doffing pathway and in conjunction with the creation of PPE zones.
 - **PPE and hand hygiene related signage** was created and installed throughout the COVID-19 isolation centres and other facilities to improve compliance. Installing visible signage highlighting correct hand hygiene, donning and doffing techniques and zoning within the clinical settings served to ensure staff have a regular reminder of correct procedures and processes to assist in the reduction of COVID-19 transmission.

3. CHALLENGES

- Healthcare worker fatigue
- Improve access to supplies of, critical consumables, and equipment for healthcare workers, including to the outer islands.
- Improve communication to remote public health clinics on south Tarawa and especially outer islands

- Delay in dispatchment of IPC supplies and other critical consumable to outer islands
- Access to IPC training for outer islands nurses.

4. FUTURE DIRECTIONS

4.1 Recommendations for governments:

- Continue to support Nursing and IPC leadership.
- Continue to support IPC by strengthening and supporting IPC leadership and IPC programs at the national and healthcare facility level.
- Support full implementation of national IPC guidelines including IPC and Nursing education.
- Support facility-based HAI surveillance to detect HAI outbreaks before they occur, including in outer islands.

4.2 Recommendations for development partners:

- To continue to provide support for IPC in Kiribati and other PICTs
- Continue to support Nursing workforce including 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.