





Pacific Infection Prevention and Control Network Meeting

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Agenda Item N°3.1

SAMOA EXPERIENCE – RESPONDING TO NEEDS OF IPC IN COVID-19 QUARANTINE

(Paper present by Ms Joyce Roache-Levaai, Principal Officer, Quality Assurance and Infection Control Division, Ministry of Health, Apia, Samoa)

The Samoan Ministry of Health's response to COVID-19 pandemic changed how IPC was perceived by many healthcare workers and the public. The pandemic shifted the focus from routine monitoring of IPC standard and practices to emergency preparedness and response, requiring preventative measures to mitigate potential impact of infectious diseases to be put in place not only within healthcare settings but as a whole-of-country approach.

COVID-19 was very different to anything the IPC team within the MoH has responded to before. Having only one staff member overseeing and driving IPC work across all of the Ministry of Health's healthcare facilities country-wide was extremely challenging.

The preparedness and response phase focused on IPC education and awareness, as well as the IPC teams heavy involvement with the repatriation flights and the quarantine operations, including ensuring the rational use of PPE supplies.

1. BACKGROUND

- 1. The Samoa Ministry of Health COVID-19 preparedness and response plans were guided by the World Health Organization's regular guidance as more information about the COVID-19 virus became available.
- 2. The IPC team was supported by the Ministry's top management, the Health Emergency Operating Center (HEOC) and the National Emergency Operating Center (NEOC).

2. PROGRESS AND ACHIEVEMENTS

- The HEOC activated the IPC Committee and ensured compliance with the decisions of the committee.
- Administrative support was provided to institutions in the supply of hand-sanitizers, PPEs and cleaning materials.
- The IPC Team developed new standard operating procedures and regularly held meetings to ensure that staff was supported with IPC consumables.
- The IPC team worked with other teams to successfully set up and manage quarantine centers.
- The pandemic highlighted the important role of IPC work and has led to the recruitment of 4 additional IPC Officers to sustain IPC capacity.

3. CHALLENGES

- Given the nature of this pandemic and the continuous changes in guidelines and protocols, the response was long, leading to exhaustion and fatigue of the team and causing insensitivity about precautions.
- Due to limited IPC staffing, Implementing IPC measures in quarantine centers.
- Fatigue from long hours of using Personal Protective Equipment (PPE) led to non-compliance on PPE donning and doffing procedures.
- In the early stages of COVID-19, there was fear and panic leading to staff resistance to work
 in COVID-19 isolation and quarantine centers. The spread of false information affected team
 members beliefs and attitudes, and sometimes led to abuse of staff by the public.
- Supply management for essential management supplies.

4. FUTURE DIRECTIONS

- 1. Develop IPC outbreak preparedness, readiness and response plan.
- 2. Need to provide moral and psychosocial support, therapeutic and counseling services for healthcare workers.
- 3. Improvement in supply management for public health emergency response.
- 4. Ongoing IPC training, support and a capacity building of new IPC staff.