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LESSONS LEARNED: THE ROLE OF IPC IN THE SUCCESSFUL MANAGEMENT OF THE HOSPITAL OUTBREAK OF CORONAVIRUS DISEASE (DELTA VARIANT)

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Lautoka Hospital was placed in lock-down on the 5th of May 2021, as a result of two medical officers and one in-patient testing positive for COVID-19. This was the first hospital outbreak reported in the country that resulted in the isolation of staff, patients and caregivers within the hospital premises.

This paper will discuss the successful management of an hospital outbreak of COVID-19 and the pivotal role of Infection Prevention Control (IPC) measures being implemented to prevent further transmission of infections.

1. BACKGROUND

1. COVID-19 is a disease caused by SARS-COV-2, a novel coronavirus first detected in Wuhan City, Hubei Province, China in December 2019. Hospitals are vulnerable to COVID-19 outbreaks with intrahospital transmission of the disease impacting healthcare systems due to increased morbidity and mortality among patients (Chong, et al., 2021).

2. Fiji reported its first case of COVID-19 on the 19th of March, 2020. The case, which was identified at the border, was placed under isolation at Lautoka Hospital where they remained for the duration of the isolation period. On the 5th of May, 2021 two doctors and one inpatient tested positive for COVID-19 at the Lautoka Hospital. The doctors were close contacts of each other whilst, one of the doctors was a contact of the inpatient.

3. The finding resulted in the lockdown and isolation of 400 Staff and 290 patients (including caregivers). The hospital was closed to the public but also created space to manage cases of severe COVID-19.

2. PROGRESS AND ACHIEVEMENTS

2.1 Confirmation and Case Finding

4. IPC plays a crucial role in containing outbreaks as demonstrated in the preparedness and response phases of the COVID-19 pandemic (Ministry of Health and Medical Services, 2021).

5. The first case identified at the screening station, had symptoms of cough and rhinorrhoea. In order to identify a potential patient source, the IPC team screened patients from areas that were considered the highest risk including patients on oxygen support and areas where aerosol generating procedures had occurred. This resulted in the identification of a confirmed COVID-19 patient in the critical care unit.

6. The IPC team ensured all our staff were competent in donning & doffing Personal Protective Equipment (PPE), set up Donning and Doffing stations, and provided sufficient hand hygiene resources in all patient care areas.

7. The IPC team was supported by the hospital Management team and were involved in all management meetings and discussions regarding COVID-19. In addition, with the support of the hospital management team, we felt empowered to guide the teams on the ground with IPC advice and increase the supply of PPE consumables, hand hygiene resources, additional signage, and other required infrastructure improvements.

2.2 Immediate Control Measures

8. PPE including respirator masks were immediately made mandatory for all staff and caregivers at the Lautoka Hospital. We monitored staff compliance with appropriately donning and doffing PPE, and Hand Hygiene practices, and then provided feedback to staff in a timely and respectful manner.

9. The COVID-19 ward was monitored for potential breaches and any staff assigned to this area underwent pre-engagement orientation which included a competency check for hand hygiene and PPE donning and doffing procedures.

10. Staff screening on entrance into the facility continued to ensure symptomatic staff were identified in a timely manner and tested accordingly.

11. The IPC team reviewed it's COVID-19 standard operating procedures including environmental cleaning, waste and laundry management, and conducted re-fresher training for clinical and non-clinical staff.

3. CHALLENGES

12. Some of the challenges included:

- **TESTING:** The routine testing was a huge challenge as it was led by our IPC team and supported from time to time by our intern doctors. By the third and fourth tests, individuals were refusing to be tested.
- **DATA:** Due to the lack of information systems for laboratory to collate and analyse the hospital testing data during the outbreak staff from the eye department and human resources assisted with the task of entering large amounts of data.
- **Maintaining COVID protocols:** The hospital became a home for those who were required to isolate within its premises. Social distancing and gathering was difficult to monitor.

4. FUTURE DIRECTIONS

13. The COVID-19 outbreak reinforced the important role that IPC plays in outbreak management. An SOP on COVID-19 outbreaks in healthcare settings was developed to deal with future outbreaks, and this was shared to all healthcare facilities in Fiji.

14. There is need to:

- Strengthen IPC outbreak preparation, readiness and response action plans including drills and desktop exercises.
- Strengthen implementation of the minimum requirements for IPC programmes.
- Have more investment in IPC education for IPC focal points.