



Republic of Nauru Hospital Infection Prevention and Control Program: A Pacific Island Perspective

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Background



- ▶ Reflection of Infection Prevention and Control at RON Hospital since 2005



RON Hospital

- ▶ Government public hospital
- ▶ 60 bed hospital
- ▶ 1 hospital in Nauru



Hand Hygiene



- ▶ Unreliable hospital water
- ▶ Water restrictions and schedules in the hospital
- ▶ Lack of hand towel supplies
- ▶ Lack of soap supplies
- ▶ No handgels available



PPE



- ▶ Unavailability of PPEs
- ▶ Inappropriate use of PPEs
 - ▶ Using same PPEs between patients
 - ▶ Wearing PPEs as part of uniform and not for its use
- ▶ Lack of knowledge of awareness of staff on correct use of PPE



Sanitary Assistants handling waste without PPE



Waste Management



- ▶ **Sharps containers not readily available**
 - ▶ empty tins or plastic cordial bottles were used
 - ▶ Sharps containers overfilled
- ▶ **Poor Waste segregation**
 - ▶ General vs Hazardous wastes
- ▶ **No bedpan/urinal sanitiser- washed manually**
- ▶ **Lack of knowledge and awareness of staff**
- ▶ **No incinerator**





Linen management



- ▶ Limited hospital linen available patients provide own linen
- ▶ Lack of staff knowledge and awareness of their role in ICP
 - ▶ Improper linen management and disposal
- ▶ No Laundry facility
 - ▶ re-opened in 2009
- ▶ Regular domestic machines used
- ▶ Regular water temperature used



Environmental Cleaning



- ▶ Cleaners work 6 hours only- no shift work- government policy
- ▶ Lack of proper equipments available for cleaners
- ▶ Lack of infrastructure support
- ▶ Lack of staff knowledge and awareness of their roles in ICP



Staff Immunization

- ▶ No program in place





Challenges

- ▶ **Leadership and Management**
 - ▶ Lack of leadership and management
 - ▶ lack of coordination of hospital disciplines
 - ▶ Lack of budget implication
- ▶ **Infrastructure/equipment maintenance**
 - ▶ Very old and run own facility
 - ▶ lack of equipment and in
- ▶ **Staff education and knowledge**
 - ▶ Not having the right people to drive the program
 - ▶ Lack of staff knowledge and awareness of their role in ICP
- ▶ **Culture and attitudes**
 - ▶ Staff, patients and families



What has changed?



- ▶ 2009- Infection Control Committee formed.
- ▶ 2009- Australian Awards Fellowship Project initiated
Development of ICP manual for RON Hospital
- ▶ 2010- Draft ICP manual
- ▶ 2011- HSE with IC accreditation employed



Developments



- ▶ **2009- Infection Control Nurse appointed**
 - ▶ Alcohol based hand-gels implemented
 - ▶ Cleaners training program conducted
 - ▶ Monthly water sample testing run by Laboratory
- ▶ **2011- Infection control included in Annual Mandatory**
 - ▶ Use of Chain of Infection for teaching was implemented
 - ▶ 5 moments of Hand hygiene audits tools developed and implemented
 - ▶ IV audits tools developed and implemented
- ▶ **2013- 1st ACIPC conference attendance- scholarship awarded to Nauru delegate**
- ▶ **2015- Abstract presentation**
 - ▶ Succession planning of Infection Control Nurse role



Sustainability?



Depends on

- ▶ Leadership and Management of DoH Nauru
- ▶ Resources
 - ▶ Financial
 - ▶ Human
 - ▶ Material
- ▶ Culture and attitude of staff, patients and families
- ▶ Staff knowledge and awareness





How realistic is it for Pacific countries to meet Australian standards of ICP program?





Thank you

