

ESTABLISHING INFECTION PREVENTION AND CONTROL CAPACITY IN AN EBOLA TREATMENT UNIT WITHIN THE FIRST SEVEN DAYS OF THE 2022 SUDAN VIRUS DISEASE OUTBREAK IN UGANDA



ABSTRACT

Authors:

Abdullah Wailagala¹, Privato Ainembabazi¹, Peace Okwaro¹, Kenneth Kobba¹, Faith Katusabe¹, Doreen Nabawanuka², Maureen Kesande¹, Judith Nanyondo¹, Daniel Bulwadda¹, Mohammed Lamorde¹

Affiliations:

1. Infectious Diseases Institute,
2. World Health Organization Country Office, Kampala, Uganda

Introduction:

During an outbreak, robust strategies to build Infection Prevention and Control (IPC) capacity are vital for strengthening healthcare worker (HCW) safety. We highlight strategies to establish IPC capacity at an Ebola Treatment Unit (ETU) within the first week of Uganda's 2022 Sudan Virus Disease Outbreak

Objective:

Building local IPC capacity for improved health outcomes in early outbreak days.

Methods:

Leveraging hospital staff to enhance IPC capacity, we met with the hospital leadership to streamline coordination. Using the WHO IPC Assessment for Isolation Unit tool, we quantified the HCW and ETU needs. Results were disseminated to the hospital and the National Case Management Pillar, providing daily updates for coordination and financial support.

Results:

In the assessment, the critical need was IPC training of the ETU staff. A team with advanced IPC experience were deployed as Safety Shift Leads to handle the critical ETU areas, including staff screening, chlorine mixing, donning and doffing, and staff advanced IPC training using Standard Operating Procedures (SOPs). 179 staff were trained on hand hygiene, donning and doffing, chlorine mixing, waste and spill management, safe patient transfer, ambulance decontamination, and dead body management. We conducted mandatory daily start and end of shift staff screening. Hand hygiene stations were placed in all critical areas. HCW workflow was streamlined by demarcating the ETU Green and Red zones with plastic scaffolding fences and clear labelling. Information Education and Communication materials were pinned. In the Red zone, unidirectional staff flow was encouraged, moving from dry to wet patients and proper waste management and hand hygiene stations placed at patient beds. A Safety Shift Lead supervised donning and doffing of all Staff from the Red zone using SOPs. The same strategies were scaled to the general hospital non-ETU staff, leveraging daily staff meetings.

Conclusion:

Early implementation of robust IPC strategies using a Safety Shift Lead approach at the ETU during the initial response days is crucial for improved health outcomes in an outbreak.