Using the Core Components of Infection Control Programmes During the Ebola Outbreak
Hosted by Dr. Valeska Stempliuk, WHO IPC Lead, Sierra Leone
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WHO Ebola situation report, March 4, 2015

- total of health worker infections reported across the three most-affected countries since the start of the outbreak is 839, with 491 deaths

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Geographical distribution of new and total confirmed and probable cases in Guinea, Liberia, Mali and Sierra Leone
March 1, 2015

Since March 2014, WHO has produced over 45 guidance documents to support the Ebola response

Based on evidence and expert review
Covering all aspects of outbreak response
Responsive to needs from the field
Strengthening national capacities to prepare and respond

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WHO Interim IPC guidance for EVD

August - September 2014

December 2014


PPE

- WHO developed recommendations and technical specifications for PPE to be used by HWs providing clinical care for patients with filovirus infection


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**PPE**

- How to put on and how to remove personal protective equipment - *posters*

[Images of posters showing how to put on and remove PPE]

[Links to WHO Ebola portal]

More on WHO Ebola portal

[Website link]

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Ebola-painted picture of IPC...

Core components for IPC programmes

Core components

- Checklist
  - Organization of IPC programmes
  - Technical guidelines
  - Human resources (training, staffing, occupational health)
  - Surveillance of diseases and of compliance with IPC practices
  - Microbiology laboratory support
  - Clean and safe environment
  - Monitoring and evaluation of IPC programmes
  - Links with public health and other services

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Core components for IPC programmes

- Safe health-care practices in a safe environment are key in preventing transmission of HAIs and AMR.
- An IPC programme is essential in minimizing transmission of infectious diseases and in preparing for and preventing outbreaks.
- All core components are required for an effective IPC programme.
- Each core component should be implemented in line with local priorities and available resources and should be adapted for implementation at both national and health-care facility levels.

Country example: Cambodia

Other documents: surveillance protocols, assessment tools etc
Lessons Learned

- Need for comprehensive strategy to enhance IPC
  - Efforts directed to SARS, avian flu, TB, etc. were disaggregated and not efficient to build IPC capacity in the country

- Need for integrated approach
  - WHO: improve liaison/collaboration among IPC-related initiatives
  - MoH: vertical programmes disclosed discrepancies

- Creation of national resources centres can foster in-country capacity building

- Political will + combination of efforts = WORKS!

Country example: Chile

- New regulation in Chile on patient safety and quality of care:
  - mandatory infection control programs in all public and private healthcare facilities
  - these IPC programs are defined by a norm based on the WHO core components
Core components: assessment tools

Country example: Saudi Arabia*

All MoH hospitals from January through April 2013

Figure 1: Showing the total facility score of IPC components in different regions.

Figure 3: Showing the total facility score of IPC components in national level.

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1. Organizational structure

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish a nationwide authority with qualified staff, scope, functions and budget.</td>
<td>Designate leadership and authority for the IPC programme with dedicated qualified staff, scope, functions and adequate budget.</td>
</tr>
<tr>
<td>Ensure preparedness and coordination of IPC elements for communicable diseases.</td>
<td>Establish preparedness and response procedures within the HCF for communicable diseases emergencies.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Oversight of skilled IPC supervisors/IPC focal points
    - Dedicated IPC staff, external support, link nurses…
  - core administrative controls
  - behavioural interventions

2. Technical guidelines

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and disseminate evidence-based guidelines for prevention and management of infections.</td>
<td>Adapt and implement guidelines at the local level.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - SOP and protocols for triage, hand hygiene; PPE; cleaning, disinfection, & sterilization; prevention and management of injuries from sharp instruments; waste management; injection safety, IPC at community level…
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Standard Precautions

- Routine precautions to be applied in ALL situations for ALL patients
  - whether or not they appear infectious or symptomatic
  - especially important for EVD because the initial manifestations are non-specific


3. Human resources

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop content for training programme for health-care workers and IPC professionals.</td>
<td>Provide basic training for all health-care workers.</td>
</tr>
<tr>
<td>Define standards for adequate staffing levels.</td>
<td>Provide specialized training for IPC professionals.</td>
</tr>
<tr>
<td>Address preventive measures to protect staff against biological risks.</td>
<td>Ensure adequate staffing levels (numbers, skills and training).</td>
</tr>
<tr>
<td></td>
<td>Implement measures to protect staff against biological risks.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Pre- and in-service training of HCWs; ToT; advanced IPC training for national professionals/implementers

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Country example: Sierra Leone

Healthcare workers in a training session for the IPC (Infection Prevention Control) in Freetown, Sierra Leone, March 3, 2015. (Nina deVries/VOA)

http://www.voanews.com/content/sierra-leone-launches-new-initiative-to-stop-ebola-spread/2668668.html#.VPuoD94lNUs

4. Surveillance and assessment of compliance with IPC practices

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate, gather and document available data on HAs at the national level and report to interested parties.</td>
<td>Assess local context and define local objectives, priorities and surveillance methods.</td>
</tr>
<tr>
<td>Standardize case definitions and surveillance methods.</td>
<td>Conduct appropriate surveillance, in line with local needs and national objectives, and report to appropriate authorities.</td>
</tr>
<tr>
<td>Promote assessment of IPC practices and other relevant processes in a blame-free institutional culture.</td>
<td>Monitor compliance with IPC practices in a blame-free culture.</td>
</tr>
</tbody>
</table>

● In the context of the EVD outbreak:
  – Screening and triage
  – Compliance monitoring
## 5. Microbiology laboratory

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Standardize laboratory techniques.</td>
<td>- Ensure good quality microbiology laboratory services.</td>
</tr>
<tr>
<td>- Promote interactions between IPC activities and laboratories.</td>
<td>- Establish liaison and communication between laboratory and IPC activities.</td>
</tr>
<tr>
<td>- Define biosafety standards.</td>
<td>- Implement biosafety standards.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Screening; timely reporting; safe sample taking

## 6. Environment

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Define “minimum requirements” for IPC purposes.</td>
<td>- Identify infectious risks in the environment and implement appropriate interventions.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Prioritize WASH
  - Strategies for moving to handrub and soap and water as a standard of care
7. Monitoring and evaluation of programmes

<table>
<thead>
<tr>
<th>National health authority</th>
<th>Local health-care facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up regular monitoring and reporting mechanisms of IPC programmes in health-care facilities.</td>
<td>Conduct regular monitoring.</td>
</tr>
<tr>
<td>Promote evaluation in a non-punitive culture.</td>
<td>Submit regular reports on processes, outcome and status of the local IPC programme.</td>
</tr>
<tr>
<td></td>
<td>Promote evaluation of performance in a non-punitive culture.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Health & safety assessments
  - Mapping needs

8. Link with public health and other services

<table>
<thead>
<tr>
<th>National health authority</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Define procedures for building links and channels of communications with public health services.</td>
<td>Establish links with public health activities and represent IPC to other HCF services.</td>
</tr>
</tbody>
</table>

- In the context of the EVD outbreak:
  - Community links; malaria, TB, HIV etc
Country example: Liberia

- Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola
  - Developed by the IPC taskforce to address core components of IPC.
    - Adaptation of the "Core Components for Infection Prevention and Control Programmes (WHO, 2008)
  - Administrative controls
  - Supply and Equipment
  - Personnel/Staffing and Training
  - Triage
  - WASH/Waste Management
  - Isolation unit
  - Miscellaneous

An excerpt: administrative controls

Assessment of Standard Operating Procedures

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Facility Type</th>
<th>Comment/Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative controls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes: IPC local point identified with TQR</td>
<td>X X X</td>
<td></td>
</tr>
<tr>
<td>Yes: IPC committee exists and has TQR</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Yes: IPC budget allocated to support IPC Program</td>
<td>X X X</td>
<td></td>
</tr>
<tr>
<td>Yes: WHO/HF approved IPC SOP available in facility (ELSI)</td>
<td>X X X</td>
<td></td>
</tr>
<tr>
<td>Yes: Client referral system is in place</td>
<td>X X</td>
<td></td>
</tr>
<tr>
<td>Yes: Reliable communication device (e.g., mobile phone)</td>
<td>X X X</td>
<td>X - A maximum of one per 100 is required of HC within 24 hours.</td>
</tr>
<tr>
<td>Yes: Job-aid book (e.g., protocol) available (ELSI)</td>
<td>X X X</td>
<td>X - If no job aid is posted, the clerk should provide a summary.</td>
</tr>
<tr>
<td>Yes: In-service training regarding hand hygiene for HC (HSEAFM)</td>
<td>X X</td>
<td>X - Hand hygiene is not required.</td>
</tr>
<tr>
<td>Yes: SOP for laboratory biosafety is available in the facility (ELSI)</td>
<td>X</td>
<td>X - SOP should address standard operating procedures for all of laboratory personnel.</td>
</tr>
<tr>
<td>Yes: SOP for cleaning, disinfection, etc. is available (ELSI)</td>
<td>X X X</td>
<td>X - SOP should address standard operating procedures for all of laboratory personnel.</td>
</tr>
<tr>
<td>Yes: A schedule and tool for internal IPC practice and monitoring is available</td>
<td>X X</td>
<td>X -</td>
</tr>
</tbody>
</table>

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Minimum Standards for Safe Care Provision: Electronic Database

Liberia Health System Minimum Standards for Safe Care Provision by Healthcare Facilities in the Context of Ebola

Administrative controls

1. Overview

2. Performance by IPC standards as of 30 April 2015

Minimum standards: sample report

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3 top priorities for IPC

1. Implementation of IPC core components in ALL health care settings
   - Preventing amplification of the outbreak
   - Restoration of basic health services
   - Health systems strengthening

2. Implementation of IPC strategies in the communities
   - IPC package applied by community HCW, common set of messages
   - Work with WASH partners on community strategies
   - Community vigilance and sustainable improvement

3. Building national and local IPC human resources
   - Core group of national IPC trainers, advanced IPC curriculum
   - Advanced IPC training of identified HCF focal points
   - Involvement of a broad range of health professionals of all levels

IPC and health & safety assessment and quality improvement, M&E

IHR and IPC

IPC:

- An IHR core capacity
  - One of the key indicators of the IHR implementation
  - Preparedness strategies of permanent, continuing IPC programmes are fundamental for a successful outbreak response

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May 5, 2015

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Prof. Didier Pittet
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