Staff acceptance of COVID-19 PPE Policy at a tertiary teaching Hospital in Harare, Zimbabwe early in the pandemic

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Early and timely Hospital management support is instrumental in ensuring staff follow required best practices for IPC in the face of poorly understood pandemic threat.

BACKGROUND & CHALLENGES TO IMPLEMENTATION

- Parirenyatwa Group of Hospitals (PGH) is a 1100 bedded quaternary teaching hospital in Harare, Zimbabwe
- Comprised of main, maternity, eye and psychiatric hospitals.
- The coming of new Coronavirus disease in 2020, caused unjustified PPE demands by staff resulting in overuse and misuse of limited PPE stock, despite availability of national and WHO guidance.

Fig 1. Pictures showing how staff used PPE early in the pandemic. "A" is a cook and "B" staff screening clients at the entrance to the hospital

- The IPC team had to step in to rationalize PPE use by staff at PGH

ACTIVITIES

- In January 2020 the IPC team embarked on facility wide awareness campaigns on the IPC measures for COVID-19.
- The national IPC association in partnership with the Ministry of Health held an orientation meeting with management on IPC measures for COVID-19 at health facility level.
- One of the recommendations from the meeting was for management to work with and support the IPC department to enable a unified and effectively coordinated response to the pandemic.
- February to March intensive COVID-19 IPC trainings followed. Trained all staff categories on SARS-CoV-2 transmission and rational PPE use with practical demonstrations on donning and doffing were initiated

Fig 2. PPE donning and doffing demonstration session for ICU staff

ACTIVITIES

- Displayed IEC materials on rational PPE use in all departments.
- Developed a facility based PPE policy endorsed by management
- Risk assessments accompanied by on the job trainings to reinforce best practices for rational use and safe disposal of PPE were done in all departments.
- Trainings continued as the pandemic progressed.
- Management enforced training for doctors still not following `recommended PPE guidance.

RESULTS

Fig 3. some of the IEC materials and job aids displayed in donning area (shown) and other areas of the facility

Fig 4. Staff now using PPE more appropriately "A) in the COVID-19 Isolation Unit and "B" at the screening point

RESULTS

- The WHO guidance on the rational use of PPE was more readily accepted by the lower level staff categories once training was provided.
- Uptake by doctors was slow
  - Separate engagements with doctors with assistance from more senior doctors who had understood the rational behind the recommended PPE
  - Mandatory training on IPC was also imposed on them by management, resulting in positive behaviour change among doctors regarding rational PPE use.

CONCLUSIONS

- Hospital management support was instrumental in getting personnel at the PGH to eventually accept the WHO guidance on the rational use of PPE.
- Management should be continuously updated on IPC issues including their responsibilities to facilitate the implementation of effective IPC programs
- The lessons learnt in this pandemic will help the IPC Team and facility management to be better prepared and respond logically in future if faced by threats of other infectious disease outbreaks.

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