

# Cameroon Baptist Convention Health Board (CBCHB) Infection Prevention (IP) Program History, Accomplishments, Needs

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## Cameroon and Cameroon Baptist Convention Health Board (CBCHB)



- Population 18.5 million
- 10 Regions: 2 English-speaking (NW and SW), 8 French-speaking
- CBCHB - >50 years of service
  - 5 hospitals,
  - 26 integrated health centres (IHCs),
  - 46 primary health centres (PHCs) in remote villages
- Located in 6 regions, but mostly in NW and SW

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## CBCHB and Bango Baptist Hospital (BBH)



- BBH – 250 beds
- Clinical Depts –Med, Peds, Surg,, Ophth, PT, Maternity, Training school for health personnel
- Location –NW Region
- 1<sup>st</sup> facility to start I{P Program in 2002

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## History of CBCHB IP Program



- Maternity ward
  - 50+ yr. old building
  - Large open ward
- Huge neonatal *S. aureus* outbreaks
  - Common source Vaseline
  - Poor IP practices (equipment re-use, poor disinfection)
  - Minimal handwashing
- Staff exposures to blood-borne infections

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## Interventions

- Removed common source Vaseline
- Made 4 new handwashing points
- Handwashing demos
- Established IP teams all depts
- IP guidelines, standards
- Trained house-keepers, nurses, docs in IP



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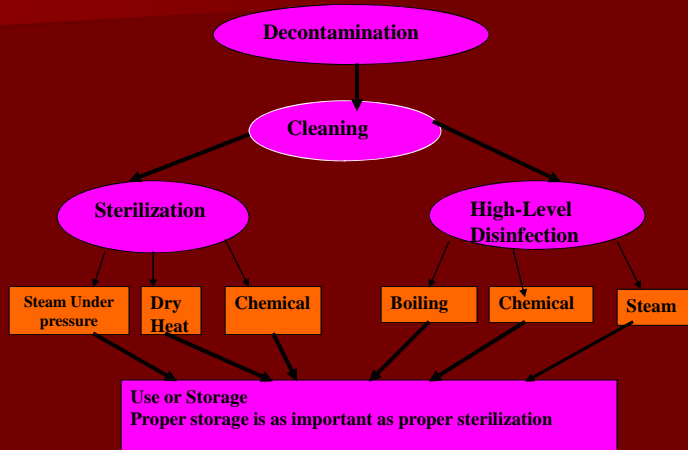
## Interventions (cont)

- Glycerinated alcohol hand rub made by Pharmacy, distributed in squirt bottles throughout hospital
- Mandatory gloving
- No re-use gloves, injection equip
- No re-capping needles
- Sharps containers
- Improved disinfection methods
- Surveillance, inspections
- Interdepartmental contests for best inspections



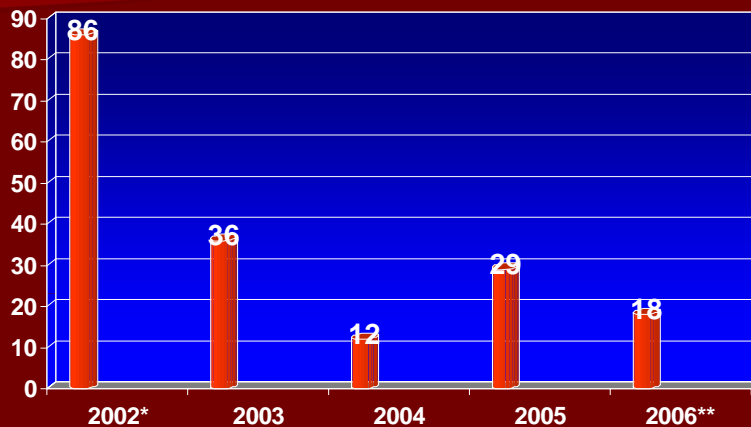
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# Instrument Decontamination, Disinfection, Sterilization



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# Septic Spot Case Rate / 1000 Live Births Banso Baptist Hospital 2002-2006



\*Projected to 12 months

\*\*Jan-May 2006

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## Modern Incinerator



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## Modern waste burial pit



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## Expanding IP to Other CBCHB Facilities and Services

- Nurses from all hospitals and several IHCs trained in IP by USAID W. Africa Regional Program's AWARE 1 Project 2005
- IP Inspections of all depts in hospitals and of several IHCs and PHCs - Recommendations
- Helping diabetics give themselves safe injections (must re-use needles/syringes)
- IFIC grant to Life Abundant Primary Health Care Program to train rural village Mother-Child Health Aides and health committees in IP

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## Traveling to IHCs and PHCs to Inspect IP Practices and Quality of Care



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## CHICA-Canada's Twinning Project with CBCHB: What Is Most Needed?

- Realistic approach in varied resource-limited settings
  - Most clinics - no electricity or running water, few \$ for supplies
  - Travel & supply distribution difficult – bad roads, rainy season
  - Need to visit some sites to know setting & resource availability
- Reference materials (thanks to Shirley McDonald!)
- Training – Training Center, on-site, nursing schools
- Educational support for IP nurses
- Consultation & technical assistance
- Equipment

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## TBA WASHING HANDS



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