

Infection Control in Malaysia

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Infection Control

In June 1995 I was lucky enough to be chosen by my employer to go to Kuala Lumpur as part of a Nursing Education Program. My visit only lasted two weeks and these were two very busy weeks, where most of the time was spent working. In what little free time there was I tried to experience as much as I could of the Malaysian people and their culture. In such a short time one can only get a snapshot picture of a place and it is from that perspective that I present this article.

My adventure began when I received a flyer via the hospital's internal mail asking for interested staff to apply for teaching positions in the planned Malaysian Education Program. The necessary attributes listed were: a sense of humour, self-reliance, tolerance for difference, flexibility/adaptability, and good communication skills – including tact! As you can see this wasn't a job suited to everyone! Not to be deterred however by such daunting criteria, I was excited to see that Infection Control had been listed as one of the topics in the program and quickly returned my application. After a thorough selection process I was delighted to be accepted, along with two other registered nurses who came from a theatre/recovery background. As well as the Infection

Control component of the program I was also to be responsible for teaching modules in Quality Assurance, Communications skills, and a Basic Life Support Instructor's Course.

Now the real work began. Firstly (and here I am ashamed to confess my ignorance) to the Atlas: exactly where was Malaysia? After a hasty geography lesson I learnt that the island of Malaysia is located north-west of Australia in the tropics and consists of two separate areas. The Malaysian peninsular borders Thailand and the states of Sarawak and Sabah border Borneo. Together these two areas comprise what we know as Malaysia. Kuala Lumpur and Singapore (the capital) are both situated on the peninsular.

Malaysia has a population of 19 million people. 62.2% of the population live in rural areas. The climate is equatorial with the temperature remaining fairly constant throughout the year. The average temperatures range from 22c at night to 32c during the day, and humidity is relatively high at 85-90%, especially near the coast. It rains all year round (nearly every day) and amounts to about 80-100 inches per year.

There are three major cultural groups in Malaysia, the Chinese, the Indian, and the Malays; who are descendants from the original

beds and this number has undoubtedly been rising steadily. Patients pay for service directly out of their own pocket or via health insurance, either personally or workplace funded. A higher fee is set for private rooms. In terms of nursing structure the workforce consists of registered nurses, enrolled nurses and nurse attendants. Up till now all nurse training has been hospital based but there are moves to introduce university based training within the next few years.

City Medical Centre, the hospital where I was based, is a 6-year-old purpose built private hospital that boasts an Accident & Emergency Department (even with its own ambulance), Operating Theatres, Midwifery and general wards, a Haemodialysis Unit, Pharmacy and X-ray. The married couple who built the hospital are both doctors and their son is the administrator.

The challenge in preparing for the content of the program was to anticipate the needs of the students. Guidance was provided by staff who had run previous courses. We were advised to keep sessions structured, simple and use plain English! As a group we divided up the workload and ran a six day program that was repeated in the second week. The

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invaders from Spain, China and Holland. The state religion is Islam but there is complete freedom of worship. The Public Health system is funded from general tax revenue. The Private Health system works on a fee-for-service basis. In 1992 there were 199 private hospitals providing 5,401

Infection Control topics I covered included; review of microbiology, principles of infection control, handwashing, universal precautions and communicable diseases. All these topics were received with much interest although universal precautions was an entirely new concept and one that will

need much more promotion if it is to be introduced successfully. 'Glo-germs' were used to highlight the correct procedure for effective handwashing and this was cause for great hilarity and much giggling during the session. The session on communicable diseases gave a general overview then highlighted some specific diseases such as the Hepatitis viruses, Malaria, Dengue Fever, TB and HIV.

Apart from the education sessions I was asked to visit several areas of the hospital and make recommendations on Infection Control Practice and Procedures. Between teaching sessions I visited the A&E department, the general and midwifery wards and the renal dialysis unit. What I saw on these visits would make any self-respecting Infection Control Nurse's hair curl! This is where the ability to be tactful came to the fore as well as an understanding of the cultural setting in which we found ourselves. There appeared to be no formal written policies or procedures of any kind for either Infection Control or any other nursing practice. It seemed staff did practise basic infection control procedures and appeared to understand the concept of cross-infection and the importance of handwashing. This knowledge seemed to be passed from senior to junior nurses. Basic microbiology and infection control is taught as part of nurse training, but as often happens actual practice varies between hospitals and knowledge base was generally poor. There was no infection control surveillance whatsoever, when questioned the staff admitted that some of their patients did develop wound infections but they were not perceived as a major problem. Equipment was often sub-standard or simply not available. Sterilisation of items other than surgical instruments was done outside the hospital and stocks were often limited. Some antiquated practices were still being practised such as keeping oxygen humidifiers filled with boiled water which was changed weekly, and the compulsory removal of shoes and wearing of thongs prior to entering the labour ward. When questioned about isolation practices staff stated that the only patients they isolated were those with Hepatitis B, TB patients were not admitted, they went to the TB hospital. Staff had little of the concept of universal precautions and any suggestion that they could be implemented at the hospital was met with polite indifference although they did come to understand that it was not necessary to isolate Hep B patients.

Cold disinfection was very popular

and soaking of instruments in alcoholic chlorhexidine was very common. The staff believed that these items were sterile and appeared slightly disbelieving when I told them otherwise. I have since sent further information to the staff to support my advice. Midwifery instruments were soaked in aqueous chlorhexidine and low grade disinfectants were widely used for general cleaning. Overall cleanliness of the hospital was fair to good. All horizontal surfaces (ie floors, benches, etc) were extremely clean whilst vertical surfaces (ie walls, doors etc) tended to be grimy and grubby.

Re-use of single use items has not become an issue in Malaysia although there is evidence that this is occurring in a limited fashion. Dialysis filters and tubing were re-used up to three times by the same patient. There was no sluice rooms as we know them, all patient liquid waste was disposed of down the toilet in the ward. Solid rubbish was not segregated, sharps were collected in used plastic bottles and discarded into the general waste. No occupational health and safety legislation exists as we know it. All staff had been vaccinated against Hepatitis B as the vaccine is given as part of the routine childhood immunisations. Reports of sharps injuries were anecdotal as they were not required to be reported and no follow-up was undertaken.

The most common infectious disease suffered by patients at City Medical Centre was dengue fever, including the haemorrhagic sequelae. Malaria was more common in the rural areas. TB is also common, hence the need for specialised hospitals. HIV and Hepatitis B were also reported but the actual incidence was difficult to ascertain.

There are many other observations I could make about my brief stay in a Kuala Lumpur hospital and indeed about the city itself but I am limited by time and space. We did get to see some of the sights and experience the shopping, the food and the people that make up the city and we thoroughly enjoyed them all. From my observations of the hospital I made various

recommendations, some of which I know have been acted on whilst others have not. From an Infection Control perspective the staff at City Medical Centre will need to be provided with updated information on cleaning, appropriate use of disinfectants, universal precautions and isolation, OH&S issues and guidelines for re-use of single use items. There is an ongoing need for education and training in all areas of nursing practice which could be provided in the form of seminars, workshops and conferences. There is potential for Health Centres within Kuala Lumpur to establish a network to provide support and information to workers on a broad range of topics, including Infection Control. It is clear that progress will be slow but it is important to realise that the country needs to develop according to its own requirements and we need to be available to offer advice, assistance and facilitate the process of change where possible. Malaysia is rapidly developing and expanding as a significant country in the South-East Asian region and the Government has a vital role in providing a fair and equitable health care system for all members of the community.

I am grateful to have been given the opportunity to participate in this program and would not hesitate to go again if my skills were needed. As often happens with these kinds of programs the teacher learns as much, if not more, than the students themselves. My visit was definitely a learning experience for me, not only because of the skills I developed in teaching but also for the opportunity to experience first hand the wonderful Malaysian people and their culture.



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