

'Bugwatch' Survey

Antrim and Causeway Hospitals

April/May 2007

ACKNOWLEDGEMENT

The Northern Health and Social Services Council (NHSSC) acknowledges the co-operation of Northern Health and Social Care Trust in this survey and would thank staff and patients who took time to speak with the Teams, answer questions and provide information.

‘BUGWATCH’

1. Introduction

Bugwatch is the term used for an infection control survey piloted in England by the Commission for Public and Patient Involvement in Health.

In September 2005 the four Health and Social Services Councils in Northern Ireland adapted the material and carried out surveys within Northern Ireland hospitals to raise awareness and promote the draft Northern Ireland Strategy on Infection Control.

With media attention and public concern around healthcare acquired infections (HCAIs) Northern Council members felt that the exercise was worthy of repeating in 2007 but that this should be on an unannounced basis.

2. Methodology

The Trust was approached and all suitable wards identified in both Antrim and Causeway Hospitals.

A briefing session was arranged for observers expressing an interest in taking part with input from the Trust’s Control of Infection Manager.

The Council then drew up a programme with dates and then selected a number of ward locations fitting in with the availability of observers.

Each ward survey was conducted by two people using a revised ‘Bugwatch’ checklist (see Appendix A). Each person carried NHSSC identification and letters of explanation to leave with patients. At the end of each observation a short report was prepared. Those involved in the observations brought an independent lay perspective to infection control. (Appendix B)

The wards surveyed were:

- | <u>Causeway Hospital</u> | <u>Antrim Hospital</u> |
|--------------------------|------------------------|
| - Maternity | - C3 Gynaecology |
| - Gynaecology | - B2 Medical |
| - Medical 2 | - A1 General Medicine |
| - Surgical 2 | - ENT |
| | - C6 General Surgical |
| | - C2 Maternity |

Observations lasted on average two hours. Ward activity carried on as normal. It was not necessary to speak with all patients. Staff in charge indicated at the start of each survey where this was not suitable or appropriate. The Team did not enter occupied isolation areas.

3. FINDINGS – Causeway Hospital

3.1 Hand washing

In some wards staff were observed washing hands and/or using the sanitising agents. Patients were on the whole aware of the importance of this and assured observers that staff used the sanitising agents. In Maternity the Team stated that two doctors did not use the agent on entry to the ward and in one instance on the same ward a doctor who was examining a piece of equipment approached a new baby admission without using the sanitising agent.

Liquid soap and paper towels were available at all sinks.

Hand sanitising agents were readily available in all clinical areas. At the entrance to Gynae ward the container was almost empty, dispensing only a very small amount. In Surgical 2 there was one sanitiser to each bed end except in the female bay and Room 3. Room 3 also was missing a container from the bracket at the entrance. In Maternity 4 out of 6 beds had hand sanitisers in one of the bays.

Hand washing sinks were easily accessible. Mixer taps with elbow controls were available with the exception of one set beside reception in Surgical 2, none in the domestic store in Maternity nor in one Maternity en suite or in a Maternity shower room.

Posters demonstrating correct hand washing were displayed. In Gynae ward there were two notices above a sink in Room 2 and none above sinks in Rooms 5 and 6.

Staff carrying out patient care should not wear wrist jewellery or rings with stones. In Medical 2 and Gynae wards some staff (mostly doctors) were wearing a wrist watch.

Aprons and gloves should be worn when handling linen fouled with body fluids. This was not observed. However, in Medical 2 it was recorded that an auxiliary (?white top) wearing gloves but no apron carried used linen. In Maternity the Team queried a domestic (?pink

top) wearing marigold type gloves but no apron whilst rinsing a cloth and proceeding to wipe down a side bay.

3.2 General Information

When handling all body fluids e.g. urine or blood, staff should wear a clean disposable apron and gloves. There was no observation of this in Gynae or Surgical 2. In Maternity and also in Medical 2 a nurse carrying a urine sample did not wear an apron and in Maternity a nurse carrying a blood sample had no apron on.

Ward staff asked on each of the wards were able to name their Infection Control nurse and knew where the ward manual was kept. The exception was a physiotherapist on Maternity ward who did not know the Infection Control nurse. Does this raise an issue about infection control risk amongst staff from other disciplines who visit a number of wards?

All those ward staff who were asked reported having received infection control training.

3.3 The Ward Environment

Ward furniture was reported as being in a good state of repair and visibly clean.

A casual inspection reported that they were generally free from dust and dirt. Closer inspection however revealed the following:

Surgical 2 – slight layer of dust on curtain rails

Medical 2 – thin layer of dust on curtain rails in ward and shower rooms

Maternity – dust on curtain rails, bed heads, lamps and bedside tables

Bathrooms, showers and en suite facilities should be clean and clutter free. The following was recorded:

Surgical 2 - Equipment was stored in a bathroom restricting access to the bath. This included a screen, hoist, hoist parts and trolleys. A plastic cover for a 'speedicath' was stuck to the wall inside the Bathroom. In the shower room off Room 3 there was a soap bar, shampoo and shower gel and face flannel left behind. In another

shower room there was a urine tray and contents sitting on the floor.

Medical 2 - There were 3 stacked shower chairs within the shower room. A full urine sample tray was on the floor of the bathroom.

In each case the bath or shower appeared to be cleaned after use and cleaning materials were available.

In three of the four wards there was a procedure for patients to notify staff when toilets are dirty. The exception was Medical 2. It was also noted that the sign for this in Surgical 2 was hidden behind the paper towel dispenser.

In Surgical 2 the Team recorded that the Treatment Room floor appeared dirty, a curtain was hanging off its rail, a bag of rubbish was pushed down the side of a cupboard and the bench top was generally in an untidy state.

3.4 Waste Disposal

In Maternity and Gynae wards almost everything appeared in order. A clinical waste bin in the Maternity Dirty Utility room did not close properly and in Gynae a clinical waste bin in Room 4 was too full.

In Surgical 2 clinical waste bins in the Bathroom, Female bay, and Room 2 were full. Non-clinical bins in Female bay, Room 2 and Room 3 were also full. The Team were advised that they were emptied every morning. In the clean utility room there was some small items of litter on the floor around the bin.

In Medical 2 it was explained that the information on waste disposal was held in Medical 1 but that all staff knew which items go into the various coloured bags. The Team reported that waste for incineration was seen in a black lined bag. This ward also had a large trolley filled with sealed clinical waste bags parked at the reception desk during the observation. Apparently it was to be collected and taken to Medical 1 ward.

3.5 Linen

Used linen appeared to be segregated into colour-coded bags and stored away from public areas in the wards visited. In Medical 2 the

Team were informed that used linen is stored in another ward (Medical 1).

3.6 Sharps

Teams were looking to see if sharps boxes were stored safely with apertures closed when not in use and kept out of the reach of children. This had been a problem in the 2005 survey of Surgical 2 and Maternity.

Gynae ward was good in this respect. In the other three wards:

Surgical 2 - Large sharps box in Treatment Room open – contained numerous pairs of scissors. .

- Sharps boxes open in clean utility room.
- Wall mounted sharps box open in Room 1.
- Sharps box open in dirty utility room.

Maternity - One container open in dirty utility room.

- Open box on a trolley outside shower room.
- Two open boxes in room opposite reception.

Medical 2 - Sharps box attached to pharmacy trolley open.

- Large sharps box open in clean utility room. Also noted that this room was untidy and had blood collection equipment and insulin lying on a bench.

3.7 Care of Equipment

In all wards nursing and medical equipment was recorded as visibly clean with surfaces of such equipment free from dust.

Reference to bed frames, lamps and bed curtain rails is included in section 3.3 on 'The Ward Environment'.

In Surgical 2 the entrance to side room 1, which was occupied by a patient, was restricted due to equipment left there e.g. trolley and a hoist.

A domestic cleaning furniture in Medical 2 was wearing gloves but no apron. She told observers of her concerns over staffing levels to maintain the appropriate standards of cleanliness.

3.8 Visitor and Patient Information

In 2005 the NHSSC was informed that Causeway Trust was developing a general patient information leaflet. The Council was also informed that information was available to visitors when visiting vulnerable 'at risk' patients or when a patient develops HCAI.

In 2007 there seems to be some confusion on this. Generally there are posters at the entrance to wards informing visitors about hand washing. In Surgical 2 some patients referred to information given on admission however some staff were not aware of the specific HCAI information leaflets available for patients/relatives. In Medical 2 and Gynae staff told the Team that patients should receive information on admission. Patients asked did not recall receiving this information.

Information leaflets on Hand Hygiene were displayed at the end of corridor in the Gynae ward, past the patient bays so were less likely to be seen or used by visitors.

3.9 Some additional comments/observations

Two additional comments were recorded.

In Surgical 2 a male nurse dispensing medication to patients with HCAI in side rooms was not wearing gloves or an apron.

Also in Surgical 2, Room 3, a doctor was sitting on the bed while talking to a patient.

4 FINDINGS – Antrim Hospital

4.1 Hand washing

During the survey some staff were observed washing hands or using the sanitiser. In other cases patients reported that staff washed hands and used the sanitisers on the ward or at bed ends.

In B2 and C3 the Teams raised queries as to whether junior doctors entering the ward to source records or use the computer should be using the sanitiser.

Liquid soap and paper towels were readily available on all wards.

Hand sanitising agents were readily available and in most wards there was one to each bed. The exceptions were B2 where a number were missing in each of the four bays and C6 where two were missing from Bay 3. In C3 one of the sanitisers tried was empty in Bay 1. The Team also noted a variance between foam and ‘watery’ consistency in this ward and also reported that the sanitiser at the ward entrance was obscured by an open pantry door.

At the entrance to A1 there was an Alcohol Gel sanitiser but no poster advising visitors to use it. The Team spoke with several visitors and they claimed not to realise that they should use it when entering and leaving the ward.

Posters demonstrating correct hand washing were displayed within each ward. In C2 and C6 the only posters noted were at the sink opposite the nursing station in each case.

Hand washing sinks were easily accessible. Mixer taps and elbow controls were available. In A1 elbow controls were not necessary as sensor taps were installed. In C2 Bay 3 the taps were sticking and the Team were informed that this problem had been reported. Staff carrying out patient care should not wear wrist jewellery or rings with stones. In C3 a doctor wore a diamond cluster ring and a bangle and another was noted with a wrist watch. In B2 junior doctors wore wrist watches and one wore a bracelet. In A1 two doctors at the nurses station were wearing wrist watches. In ENT a ?doctor (open white coat) wore a wristwatch and a bracelet. In C6 one doctor wore a wristwatch and rings and another wore a silver bracelet.

Aprons and gloves should be worn when handling linen fouled with body fluids. While this was not observed, however, Teams noted the following:

B2 - Auxiliary carrying soiled linen (unsure if fouled) had no apron, only gloves.

C2 - The apron dispenser at Bay 2 entrance was empty, although it was replenished by the time the Team had completed their survey.

C3 - Staff Nurse assisted Auxiliary to change a bed. Auxiliary wore gloves and apron, Staff Nurse wore neither.

C3 - Glove dispenser at Bay 3 was empty.

C6 - The glove dispenser at Bay 4 was empty.

4.2 General Information

When handling all body fluids e.g. urine or blood, staff should wear a clean disposable apron and gloves. There was no observation of this in five of the six wards. In B2 a member of staff carrying a urine sample wore gloves but no apron.

Staff on each ward were asked about their Infection Control nurse and if they knew where the ward manual was kept. In C6 three different names were given (one of whom is on maternity leave). In C2 one staff member asked did not know and in C3 different names were offered. Also in C3 the location of the ward manual differed among those asked.

Two of the Teams had a more detailed look at the ward manuals and noted that these had not been updated to account for the use of disposable curtains. They also queried whether information dated back to 1998 was still effective or should have been revised.

All staff reported having received infection control training although in some cases it appears that auxiliary staff attend briefings and then disseminate to other staff at ward level.

4.3 The Ward Environment

Ward furniture was reported as being in a good state of repair and visibly clean.

A casual inspection reported that wards were generally free from dust and dirt. Closer inspection revealed a thin layer of dust on curtain rails and bed heads in B2, C2 and C3 and slight dust layer on curtain rails in ENT, A1 and C6.

Bathrooms, showers and en suite facilities should be clean and clutter free. In most cases it was reported that the Team could not comment on whether baths/showers were cleaned after use and the Teams did not see any cleaning materials. In ENT talcum powder was on the floor around a shower but was quickly cleaned up by a domestic. In A1, Bay 2, a toilet had not been flushed and similarly in C6, opposite Room 2.

Procedures for patients to notify staff if toilets were dirty were missing from A1, B2, ENT, C6 and some toilets in C2. In B2 the Sister informed the Team that these had not been replaced after decoration.

A bathroom in C6 displayed a blue Isolation Nursing poster. The Team queried whether all patients would be aware of the significance of this.

4.4 Waste Disposal

Generally waste disposal information was displayed.

Waste bins at the survey times were generally not over filled. The exceptions were in ENT where it was reported that clinical waste bins in Bays 1, 2 and 3 together with that in the Dirty Utility Room were full or almost full. In C6, Bay 1, both clinical and domestic bins were full.

Further comments on waste disposal were noted:

A1 - No domestic waste bins in toilet areas.

- Bay 1 toilet had no bag in clinical waste bin.
- The strap of the Clinical waste bin in Bay 4 was not fitted properly.
- There was clinical waste (apron and gloves) in the red fouled linen bag in the Dirty Utility room.

- A domestic assistant, emptying waste bins, wore gloves but no apron.
- B2 - White bags were used instead of general waste bins in some areas.
- C2 - Domestic waste, clinical waste, soiled linen and sharps boxes are taken to a store off the main hospital corridor. This was a mess and the floor was filthy with rubbish and spillages. The Team commented that it appeared as if sharps boxes were thrown in. The Team were informed that waste from the Café was also stored here.
- C3 - In Bay 4 an empty drip bag was lying in a sink. This was later removed by an auxiliary who was not wearing an apron or gloves.
- The Team was informed that some ‘burn bins’ (boxes for prescription only medicines/pharmaceuticals for incineration) were put into the clinical and domestic waste store and this should not happen.
 - A domestic assistant, emptying bins, did not wear an apron or gloves
- C6 - The store situated off the main corridor, for clinical and domestic waste was extremely untidy.

4.5 Linen

Used Linen appeared to be segregated into colour-coded bags and stored away from public areas in the wards visited.

In the store for A1 the notices for various bag types were handwritten and there were no linen bags present.

In the Utility Room of B2 the red bag was lying open. It contained soiled linen. A white bag was badly ripped.

The segregated red and white linen bags in C3 appeared to be put together into a large white bag and stored off the main corridor.

C6 soiled linen is stored off the main corridor. The one red bag there was sealed. White bags are not sealed as such but folded over and tucked in (like a pillowcase).

Curtains in each ward visited were reported on being visibly clean and in good state of repair. Some hooks were missing from one curtain around a bed in Bay 4 and C3.

In B2 a patient stated that the bed linen had not been changed in five days. The sister confirmed that soiled linen is changed as needed. Clean bedding could be 'topped and tailed' but should be changed every couple of days. In C2 and C6, however, the Team were informed that bed linen was changed daily.

4.6 Sharps

Teams were looking to see if sharps boxes were stored safely with apertures closed when not in use and kept out of the reach of children.

A1 - Sharps boxes in Bays 1, 3 and 4 were not shut properly

B2 - Sharps boxes mounted beside sinks in all ward areas were open

C2 - Sharps box in Utility Room was open

C3 - Bay 2 Sharps boxes too full and aperture open. Box in Bay 4 not properly shut. No box in Bay 3.

C6 - Boxes in Bays 1, 2 and 4 not properly shut. No box in Bay 3.

ENT - Two boxes in Utility Room open. Aperture of box in Clinical Room obstructed by a syringe.

- Team queried whether scissors were disposable or could be sterilised and reused.

4.7 Care of Equipment

In all wards nursing and medical equipment was reported to be visibly clean with surfaces of such equipment free from dust.

Separate references to bed frames, curtain rails, etc are included in Section 4.3 'The Ward Environment'.

4.8 Visitor and Patient Information

The Teams were asked to check if information is available for visitors of patients 'at risk' and if information is given to patients on health care associated infections (HCAIs) on admission or when patient develops an HCAI.

A1 - Unsure if visitors of 'at risk' patients given information. Single rooms (except Room 1) had a blue Isolation Nursing poster displayed. The door to one patient's room was open.

- Patients generally could not recall being given information on HCAIs.
- Reducing the Risk Infection Control leaflets were displayed.
- One visitor was noted sitting on a patient's bed.

B2 - One visitor reported reading the blue Isolation Nursing sign but had not received any literature. Staff, however, stated that there were different leaflets for HCAI types and these were given out to patients/visitors 'as required'. Staff also stated that patients are given the general inpatient leaflet on admission.

- In Bay 1 a staff member (?Auxiliary – white top) sat on a patient bed.

C2 - Patients reported receiving general information on hygiene but could not recall any HCAI information.

- Some visitors knew to use the sanitising agents, others did not even though there was a notice at the ward entrance.
- Other Infection Control leaflets were displayed.
- In Bay 3 a visitor was sitting on a bed.

C3 - A number of patients reported having swabs taken on admission but did not recall being given any leaflets.

- There is a comprehensive display board at the ward entrance promoting cleanliness.

- Posters and leaflets on Reducing the Risk of Infection in Hospital were on display.

C6 - Two rooms R2 and R3 displayed blue Isolation Nursing posters. The door to Room 2 was open. The patient in this room did not know what infection he had.

- Leaflets from the Northern Area Infection Control department were displayed close to the nurses' station.
- A patient recalled having the importance of good hygiene explained to him.
- A hospital deaconess was sitting on a patient's bed in Bay 4.

ENT - Sister informed the Team that there was no general HCAI leaflet for distribution on admission.

- The sister stated that immediate families are informed about HCAI but friends are only told about precautions they should take (this protects patient confidentiality). When asked how people would know that a patient had an infection the Team were told that visitors should contact staff after reading the sign.
- A visitor sat on a bed in Bay 4.

4.9 Some additional comments/observations

A1 has two discharge rooms where patients come to from throughout the hospital to await collection. An agency nurse was observed using wipes to clean the seats. She wore gloves but not an apron.

A patient in a B2 side room recently had chemotherapy. There was no white sign on the door and this door was open during the survey.

A patient in B2 referred to a shower where the water seeps out of the shower room if used for any length of time.

A portable payphone in C2 has a notice for users to wash the phone before and after use using the wipes. There were no wipes on the payphone trolley.

Finally

There has not been any overall attempt to draw comparisons between the wards or indeed the two hospitals in this survey and that carried out in 2005.

The observations were not carried out by either the same individuals or on the same wards.

However there are some common themes throughout this report:

- staff wearing jewellery
- sharps boxes open when not in use
- the availability of patient information
- the education of visitors
- the storage and disposal of waste
- staff use of aprons and gloves
- damp dusting procedures

Some specific issues are included because the Teams felt these were worthy of mention without them having an informed knowledge of how these impacted upon infection risk. A follow-up session with those who observed and the Trust's Control of Infection Manager would be useful in this regard.

The Council submits this report for consideration by the Trust and would appreciate feedback in due course.

**NORTHERN HEALTH AND SOCIAL SERVICES
COUNCIL**

Infection Control Survey

2007

Name of Hospital	
Ward	
Date and Time	

NAMES OF MEMBERS/STAFF CONDUCTING SURVEY

Infection Control Survey

PART ONE: HAND WASHING			
	YES	NO	N/A
1. All staff are seen to wash their hands or use a hand sanitising agent between patients or between different caring tasks for the same patient.			
2. Liquid soap is available at all sinks			
3. Hand sanitising agents are readily available in all clinical areas			
4. Paper towels available at all sinks			
5. Hand washing basins are easily accessible			
6. Mixer taps available at all sinks			
7. Elbow control taps available at all sinks			
8. Staff seen to use correct hand washing techniques * * refer to the effective hand washing technique within Information Pack			
9. Poster showing correct hand washing techniques on display by at least one sink			
10. No wrist jewellery or rings with stones are worn by staff carrying out patient care			
11. Staff wear aprons and gloves when handling linen that is fouled with body fluids			
NOTES:			

PART TWO: GENERAL INFORMATION			
	YES	NO	N/A
1. Staff wear a clean disposable apron and gloves when handling all body fluids such as urine or blood			
2. Staff questioned have received training on infection control			
3. Staff can name their infection control nurse			
4. Staff know where to find the ward's infection control manual			
NOTES:			
PART THREE: THE WARD ENVIRONMENT			
	YES	NO	N/A
1. Ward furniture is clean and in a good state of repair			
2. Ward is visibly clean and free from dust and dirt			
3. Bath is cleaned after use			
4. Bathrooms/Showers/ensuite facilities are clean and clutter-free			
5. Cleaning materials are available for cleaning the bath			
6. Toilets are clean and free from equipment			
7. There is a procedure for patients to notify staff when toilets are dirty			
NOTES:			

PART FOUR: WASTE DISPOSAL			
	YES	NO	N/A
1. Information about waste disposal policy is on display to staff			
2. Waste bags are not over-filled and are capable of being secured			
3. There are foot operated bins in working order for clinical waste			
4. Full waste bags are stored away from the public			
NOTES:			
PART FIVE: LINEN			
	YES	NO	N/A
1. Linen is segregated into colour-coded bags			
2. Bags are not over filled and are capable of being secured			
3. Bags are not stored in public areas			
4. Curtains are visibly clean and in good repair			
NOTES:			
PART SIX: SHARPS			
	YES	NO	N/A
1. Large yellow boxes for storing needles, blades and other 'sharps' are stored safely with the aperture closed when not in use and out of reach of children			
NOTES:			

PART SEVEN: CARE OF EQUIPMENT			
	YES	NO	N/A
1. Nursing and medical equipment is visibly clean			
2. Bed frames, bed lamps and bed curtain rails are free from dust			
3. Surfaces of equipment are clean and free from dust			
NOTES:			
PART EIGHT: VISITORS AND PATIENT INFORMATION			
	YES	NO	N/A
1. Information is available to visitors when visiting vulnerable 'at risk' patients			
2. Information is given to patients on healthcare associated infections: a. Before or on admission and/or b. When the patient develops an HCAI			
NOTES:			

Any other observations or comments:

List of NHSSC Observers

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