



**'Bugwatch' Survey  
Causeway Hospital  
22 September 2005**

**NHSSC OBSERVERS**

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# **INFECTION CONTROL SURVEY**

## **INTRODUCTION**

Healthcare Acquired Infections (HCAI) have received a lot of media attention and raised people's concern about the associated risks. Health and Social Services Councils (HSSCs) representing the interests of the public concluded that there was a need for Councils to include this within their joint Work Programme.

A series of meetings and information sessions for HSSC members provided a greater understanding of the HCAI problem and measures for preventing the spread and reducing the risk.

The development of a Northern Ireland Strategy, which was issued for consultation in June 2005, contained the recommendation that HSSCs should carry out a 'Bugwatch' survey of all hospital environments with year on year demonstration of improvements in results.

## **'BUGWATCH'**

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

The toolkit used in those surveys was considered by the four Councils. It was shared with some Trusts and adapted for use in Northern Ireland.

It was agreed and supported by the four Councils that 'Bugwatch' surveys would be carried out before the Strategy consultation period finished.

During week commencing 19 September 2005 a joint Bugwatch involving the four HSSCs was undertaken at a regional hospital (Royal Group of Hospitals) and locally each Council surveyed wards within hospitals in their area.

Northern Health and Social Services Council (NHSSC) chose Antrim and Causeway Hospitals to be surveyed on 21 and 22 September respectively. Each Trust was notified of the survey and arrangements and preparations made in advance.

### **CAUSEWAY HOSPITAL – 22 SEPTEMBER 2005**

The wards chosen by NHSSC were:

Maternity

Medical 1

Surgical 2

Letters from the NHSSC explaining the purpose of the survey were distributed to patients in these wards in advance of the survey.

A component of the exercise was to raise awareness amongst staff, patients and visitors both of Health Care Acquired Infections and the role of Health and Social Services Councils. Exhibition stands were mounted in the main hospital foyer on the day of the survey and press photographers invited.

Teams of two people visited the three wards and used a checklist to record their findings.

### **CHECKLIST**

The Checklist had eight main headings:

1. Hand washing
2. General Information
3. Ward Environment
4. Waste Disposal
5. Linen
6. Sharps
7. Care of Equipment
8. Visitor and Patient Information

In total there were 36 subheadings requiring tick box recording together with additional notes and comments.

## **FINDINGS**

Observations lasted on average two hours. Ward activity carried on as normal and where procedures could not/were not observed staff were asked what normally happened.

It was not necessary to speak with all patients. Staff in charge indicated to the Team at the start where this was not suitable or appropriate. The Teams did not enter any occupied Isolation areas.

Those involved in the survey were bringing an independent lay perspective and most would not have had infection control training which was either comprehensive or up to date.

### **Hand washing**

Staff were seen to wash hands and/or use alcohol gel in each of the wards. Quite often hand cleansing using alcohol gel was done on the move so those surveying were not able to say whether correct hand washing techniques were adhered to. It was also not appropriate to observe different caring tasks with patients so

again it proved difficult to determine whether proper hand hygiene was carried out.

Liquid soap and paper towels were available at all sinks. However the hand scrub container in the ensuite bathroom in Bay 5 Medical 1 was empty.

Hand sanitising agents are readily available in all clinical areas. In most wards this was at the entrance to a bay and on the back wall. Alcohol gel dispensers were not available at individual patient beds. In Surgical 2 ward the position of 2 gel dispensers made it difficult to use the gel when the elbow tap was in the closed position (the top lever hindered access to the gel).

Hand washing sinks were generally easily accessible. Mixer taps were not at all sinks and there was a variation in size of control levers in that some were quite short. The Teams understood that the short versions were not elbow control levers.

Posters demonstrating correct hand washing were displayed at the majority of sinks. In the Pantry at Surgical 2 this notice was covered up by a cleaning rota notice and there was no notice in the Dirty Utility Room or Relatives Room. In Medical 1 there was no poster in the main patient bathroom.

Staff carrying out patient care should not wear wrist jewellery or rings with stones. All Teams reported compliance by staff.

### **General Information**

Aprons and gloves should be worn when handling linen fouled with body fluids. Teams were informed this would be the procedure on these wards. However on Medical 1 a nurse was observed wearing gloves (no apron) when handling a urine sample. Within Surgical 2 a number of wall mounted containers were empty, others contained rolls of disposable aprons.

In Maternity an auxiliary nurse was witnessed wheeling a baby in a cot into the parenting room. She then left this room with a trolley of waste and returned with the empty trolley. The Team suspected that she wore the same gloves for each of these tasks.

Staff questioned were able to say where the Ward's infection control manual was kept.

Infection control training was carried out periodically. In Medical 1 and Surgical 2 wards there were staff who had commenced work since the last training session in April.

### **The Ward Environment**

In all cases ward furniture was reported as visibly clean and in a good state of repair.

Wards were generally reported to be visibly clean and free from dust and dirt. However a closer inspection by the Team within Medical 1 revealed dust on top of the curtain rails. Cleaning was in progress within Maternity and the Team noted that on arrival a cleaner's trolley with 2 waste water buckets sat unattended in a corridor for some time and that the floor had been swept into a pile but not lifted.

Bathrooms, showers and toilets were generally visibly clean and clutter-free. However the top of ensuite shower curtain rails in Surgical 2 had an accumulation of dust and the same was reported within Medical 1. Also in Medical 1 one ensuite bathroom stored a commode, wheelchair and disposable bed pans.

In Surgical 2 the Team noted soiled paper tissue on a shelf and at the sink in two bathrooms and commented that light pull cords were generally grubby.

Cleaning materials for baths etc were not generally available but we understand these to be kept by domestic staff. The Team in Maternity were informed of detailed cleaning processes involving shower grills being removed and taken away for pressure washing each month.

The procedure whereby patients notify staff when toilets are dirty was clear in Maternity and Surgical 2 with notices on display within toilets. In Medical 1 there were no posters and an expectation from staff that 'patients would know to inform us'.

### **Waste Disposal**

Foot operated clinical waste bins were in working order and information about what each should contain was attached to the lids.

In Maternity the Domestic Services Store bin had no waste bag in it and the bin was dirty inside. Some bins in Surgical 2 were inappropriately used in that non-clinical waste bins contained gloves (Ward 9, Pantry) and there was a yellow clinical waste bag in the bin in the Relatives Room. In the Surgical 2 Treatment Room the clinical waste bag had paper 'couch roll' partially hanging out of it.

Full waste bags were stored away from public areas in all cases.

### **Linen**

Used linen was segregated into colour-coded bags, not over filled and stored away from public areas.

In Maternity the Team questioned whether clean linen should be in a store rather than stored on a shelved trolley, uncovered, beside the Nurses Station.

### **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. While these boxes

were stored safely and generally out of reach the apertures were in the open position in all boxes in Surgical 2 and in most of the boxes in Maternity. In Medical 1 the apertures were closed.

In Maternity after the Team was informed that these boxes were collected weekly they noticed a box with the date 2/9/05 (some three weeks before the survey).

### **Care of Equipment**

All medical and nursing equipment was recorded as visibly clean.

With the exception of the bed curtain rails previously mentioned in Medical 1 all bed frames, bed lamps and curtain rails were not closely checked but appeared visibly clean.

In Medical 1 the Team noted that wipes were available to clean equipment but these were not reported in the other 2 wards.

### **Visitors and Patient Information**

Teams were told that information was available to visitors when visiting vulnerable 'at risk' patients or when a patient develops HCAI. The Trust is developing a general patient information leaflet which will be available shortly.

### **SOME GENERAL ISSUES**

Some general issues not covered within the Toolkit were highlighted by those observing.

### **Patient Perceptions**

People were aware of HCAI from media coverage and were concerned about it – one patient had even brought in her own alcohol wipes. However the Teams were of the opinion that largely this is not seen as a partnership approach and that in the main is regarded as a staff issue. While there are various signs on display they do not catch the attention of visitors. It was noted in Maternity for

example that a sign informing visitors about not sitting on beds was on the inside of the door to a bay and would only be seen (if at all) by people on their way out. Visitors in Maternity were also observed sitting on beds.

In Surgical 2 the Team expected to find alcohol gel dispensers just inside the door from the main corridor. This was not the case and it was only after passing the Relatives Room, a Seminar room, Pantry, etc that there was a sink with gel, soap etc in an alcove to the left which would have been easy to bypass on the way to the Nurses Station. Generally within bay areas notices about hand hygiene were at the sinks or rear walls and could easily be overlooked by visitors.

### **Uniforms**

All Teams reported seeing doctors on the wards wearing their everyday clothes. It is presumed that most arrive and depart the hospital in the clothes they wore on the ward as well as moving between wards and as such create a cross infection risk.

In Medical 1 doctors were observed putting on disposable aprons before entering isolation areas. These aprons leave the arms exposed.

The valetting system for nurses uniforms uses a swipe card and can highlight individuals not drawing out clean uniforms. However bank nurses and student nurses are not included in this system and information given suggested that student nurses can wear their uniforms between hospital and home. Bank nurses and their employing organisation were responsible for ensuring proper uniform procedures but the Council is not aware that this is monitored by the Trust.

### **Screening**

Screening is carried out for those 'at risk' which was described as patients admitted from other hospitals, nursing homes, residential homes and those with a previous history. Results take three days.

We explored the probability that those identified as positive after a number of days in hospital perceive that they contacted the infection within the hospital. Staff explained that they do not apportion blame and are not in a position to say whether the infection was present before admission.

## **POINTS FOR DISCUSSION**

Some additional comments were raised by those feeding back on their experience of Bugwatch. The Council would welcome an opportunity to discuss the observations highlighted in the report and these additional comments with the Control of Infection Team.

- The results from screening needs to be available quicker than 3 days to indicate where HCAI is present.
- At sinks there was Hibiscrub, alcohol gel, liquid soap. What is the Protocol? Do different staff use different cleansers or are they used after/before particular procedures?
- A lot of sinks have short lever taps which cannot be operated by elbows.
- Training – agency nurses and ancillary staff. Whose responsibility that training is given and kept up to date?
- Frequency of Training Sessions – some nursing staff started duty between training sessions whilst awaiting Trust training.
- Domestic staff need to be included and be part of Control of Infection Strategy. Do same staff who clean also serve teas/food?
- Portering staff need Control of Infection training as they transport patients between wards, other departments, etc.
- Cleaning of baths – Generally materials held by domestics and not available to nurses, so who cleans baths and when? Is there a financial cost control issue here which could create an infection risk?

- The Trolleys used for collecting waste presumably move between wards and Council unsure of trolley cleaning/infection risk.
- Issue of cleaning sharps containers before reissue. Range of buckets/boxes – unsure what should go into each and if they remain on ward until full.
- A number of apertures not closed when not in use.
- Cleaning contracts or substantial cleans such as terminal cleans have the potential to miss areas or create ‘gaps’ through misinterpreting/misunderstanding if rigidly following the wording in a contract.
- There needs to be more ‘common practice’ across the NHS e.g. – the purpose of using different coloured cloths for some tasks.
- Infection Control policies should be standard across all hospitals.
- Patients Information on Control of Infection – the role of patients and their visitors needs to be continually communicated and understood.
- Universal Information should be available for patients. This might include state of infection within the hospital and preventative measures by patients and visitors e.g. the proper disposal of soiled tissues left in bathrooms.
- There is an issue about soiled/fouled Patients Private Clothing and the safe handling and storage. Not sufficient to put it in a ‘Hospital Property’ bag and store it in bedside locker.
- Standard Codes of Dress/uniform/footwear are needed for **all** staff in contact with patients. This includes Bank and Agency staff. What are the professional bodies views?

- Staff changing facilities at hospitals – Need to provide at existing as well as new hospitals.
- Infection Control needs investment. Are adequate resources devoted to this?
- There is a concensus that HSSCs should still perform 'Bugwatch' but that in future it should be unannounced.
- HSSCs need to review the Toolkit used.
- HSSCs need to provide individual Trust feedback.
- HSSCs should share their findings with HPSSRIA.