

Bugwatch Survey April/May 2007 Feedback

This unannounced audit was carried out in Causeway and Antrim Hospitals.

Causeway Hospital

Maternity
Gynaecology
Medical 2
Surgical 2

Antrim Hospital

C3 – Gynaecology
B3 – Medical
A1 – General Medicine
C4 – ENT
C6 – General Surgery
C2 – Maternity.

The detailed report has been actioned with specific feedback to each ward audited however there were a number of common themes as follows:

1. **Staff wearing jewellery**

This is in breach of the Trust uniform Policy and will be actioned under hand hygiene audits which are an integral component of the Safer Patient Initiative and the Saving Lives Campaign. It is planned to introduce the wearing of scrub suits for medical staff in the Medical Directorate of Antrim Area Hospital in February combined with a Bare below the Elbows Policy.

2. **Sharps boxes open when not-in-use**

This is a continued, ongoing problem and it is one of the factors included in the Infection Control Quality Assurance Audit, feedback and ongoing education programmes.

3. **The availability of patient information**

Specific patient information leaflets both on preventing Healthcare Associated Infection and on individual specific infections have been developed and are available in all wards/departments. Additional supplies are available from the Infection Prevention and Control Department.

A new Regionally circulated leaflet has been developed by the DHSS&PS and has been distributed to all wards/departments. A copy should be given to each patient.

4. **Education of Visitors**

This is a difficult area to address; information leaflets are available at ward level, posters are prominently displayed and nursing staff verbally pass on information on safe practice. More could be done e.g., using the media – papers, radio etc.

5. **Storage and disposal of waste**

The Trust has a robust waste disposal policy. Staff do at times place waste in the wrong container and managers must be continually vigilant.

Disposal rooms must be kept clean and clutter free. Scissors are disposable (single use items) and should be placed into a sharps disposal box.

6. **Staff use of aprons and gloves**

Various deficits were identified however, staff are asked to risk assess the task they are about to undertake and then wear appropriate PPE e.g., staff carrying samples wearing gloves only may have assessed that there was no risk of contaminating their uniform.

7. **Damp dusting procedures**

No area was identified to be very dusty, a light layer of dust was only identified on close inspection. A certain amount of dust is generated daily by work activity and the presence of patients/staff. New signs have recently been erected in all toilets and bath room areas providing advice on action to be taken if the area is dirty. No cleaning products would be available in bathroom/toilet areas, as patients should not be required to clean the area rather they should request staff's attention to the problem.

I would be happy to meet again with the audit team for the purpose of debriefing.