

# Environmental Audits

Infection Prevention & Control Dept. (2013 - 2014)



Environmental contamination although not always visible to the human eye it is always present” *Paul Elliott (2009)*

*(Senior Lecturer in Adult Nursing and Infection Control, Christchurch)*

# Gibraltar Health Authority

- New Hospital opened February 2005
- Unused office spaces transformed into the new hospital. Not purpose-built.
- Capacity of 165 beds for a community of approximately 30,000.



# Why did we carry out the Audits ?

- We had noticed steady **decline** in ward up keep
- **Staff** seemed to be lax about the importance of cleaning environment (perceiving it to be Cleaner's responsibility).
- We wanted to identify areas of **concern**.
- We wanted to establish local **benchmarks**.
- Would help in developing **Action plans** to introduce improvements
- Audits would help in **Surveillance** strategy.

Score system : adapted ICNA Audit tool for monitoring Infection control standards in acute healthcare settings.

# Some examples of what we found

- Examination Lamp with a blood stained hand print
- Cot Sides with blood stains
- Tiny washbasin in Staff toilet – what message does it send?
- Pigeon Hole Shelving – easily collects dirt
- Drinking glass used by Dialysis patients not cleaned for several days
- Water ingress in room occupied by patients
- Patient Respiratory Suction units from which bacteria were isolated

# What we isolated on Swabbing

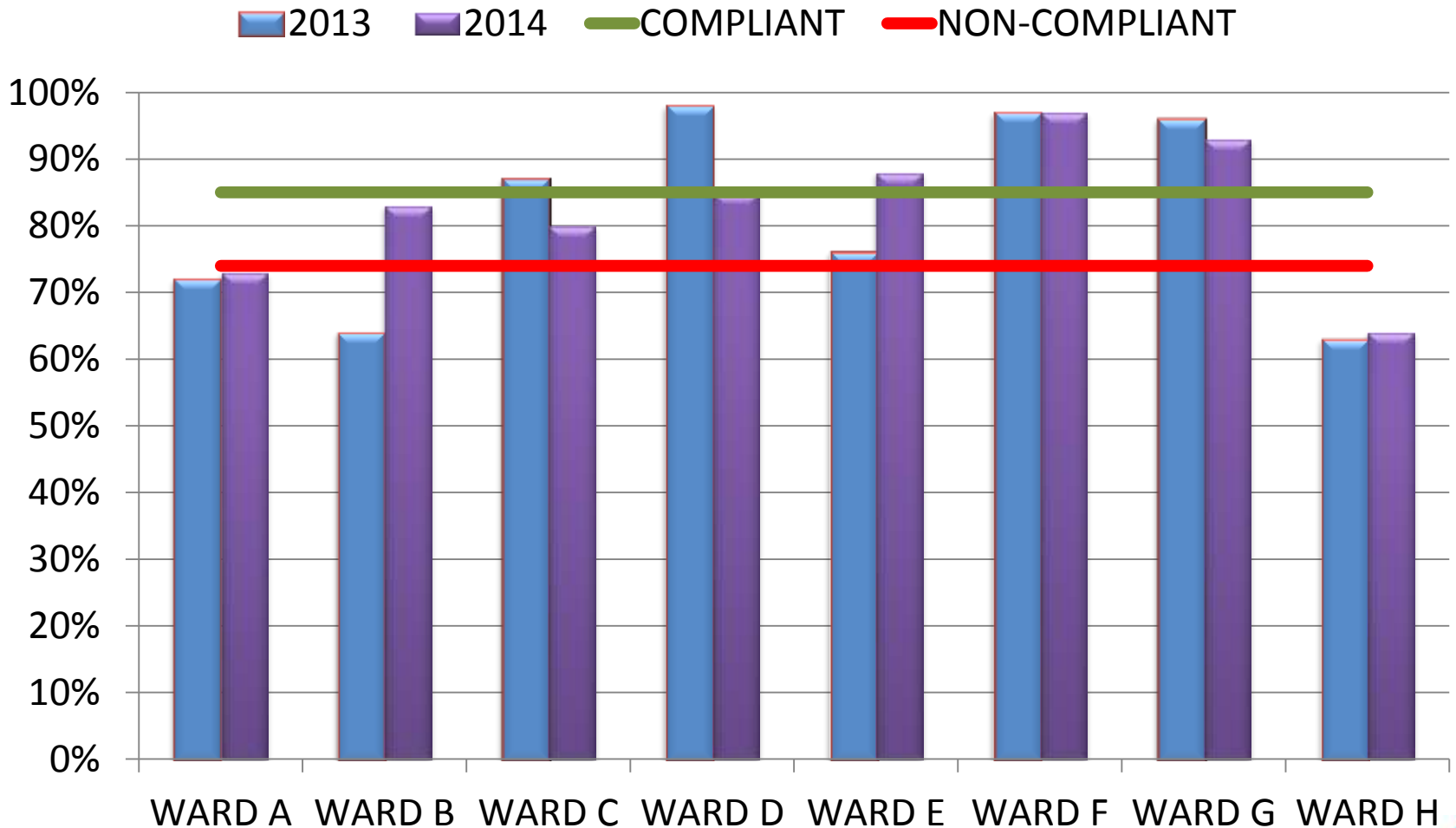
- **MRSA** (*Methicillin resistant staphylococcus aureus*)- from **Stand Up Hoist**  
(Can survive in dust up to a year).
- **Pseudomonas Aeruginosa** - from **Blood pressure machine, respiratory suction unit, Shower plug**  
(typically infects pulmonary tract, wounds, burns and urinary tract)
- **Proteus Mirabilis** – from **Respiratory Suction unit**  
(Causes Urinary tract infections)
- **Candida Albicans (fungi)**- from **Suction unit**.
- **Micrococcus, Diptheroids, Staphylococcus** – from the **general environment**  
(Skin Contaminants).

# Summary of Findings

- Failures in general maintenance.
  - Broken fittings, chipped walls, worn-out furniture
  - Repeated calls to repair dispensers unanswered.
- Failures in cleaning practice.
  - Stained fittings, dirty equipment, unwashed utensils
  - No clear lines of responsibility at Nurse/Domestics level.
- Abundance of clutter.
  - Poor use of space or Lack of storage policy
  - Poor stock control at ward and store level.
- Bad design contributing to infection risk.
  - Push taps and micro-basins for handwashing
  - large unused bathrooms used for storage.

Is there a  
lack of  
awareness  
among staff  
on the  
importance  
of a  
Clean  
Environment?

# How Wards Compare - Compliance Scores



# On-going Action

- Feedback.
  - Wards and Line managers involved.
  - Presentation given to Executive Board
- Cleaning Schedules and Training.
  - Working with Domestic manager and Ward Managers to incorporate cleaning schedules
  - Induction training to all new domestics – annual training of domestic staff
- Storage
  - Working with procurement department in the aim to introduce 'top up' system
- Maintenance.
  - On going programme of maintenance of wards has been implemented
  - Bathrooms being refurbished



# BEFORE & AFTER

**2013**



**2014**

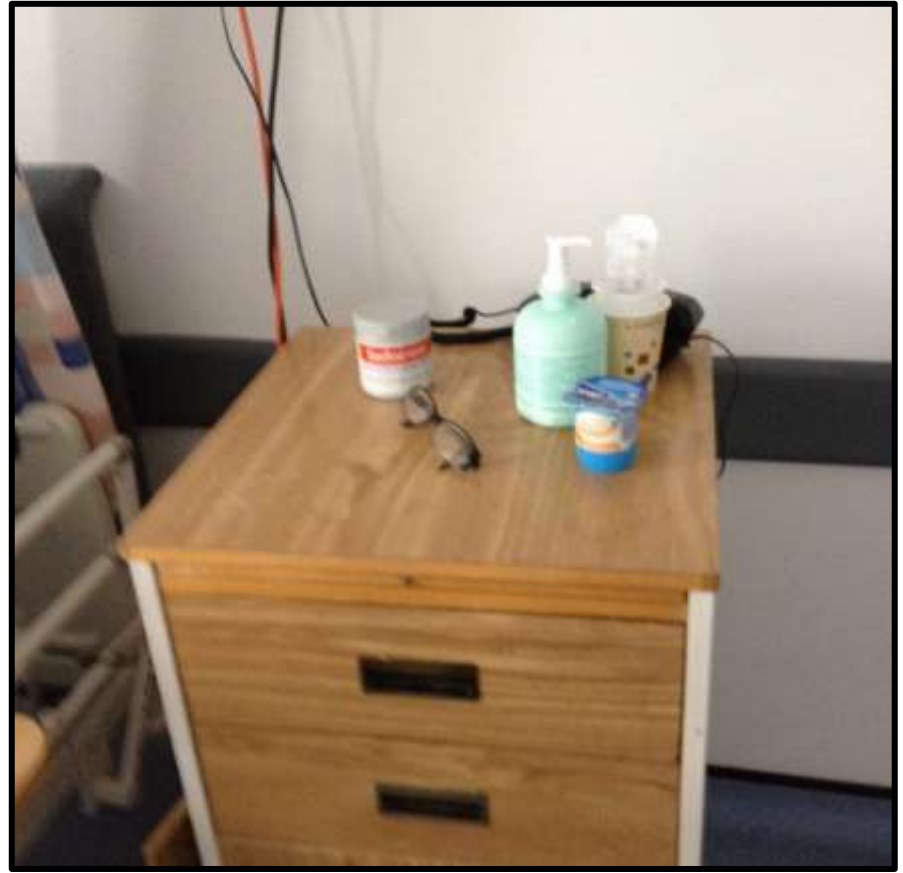


# BEFORE & AFTER

**2013**



**2014**



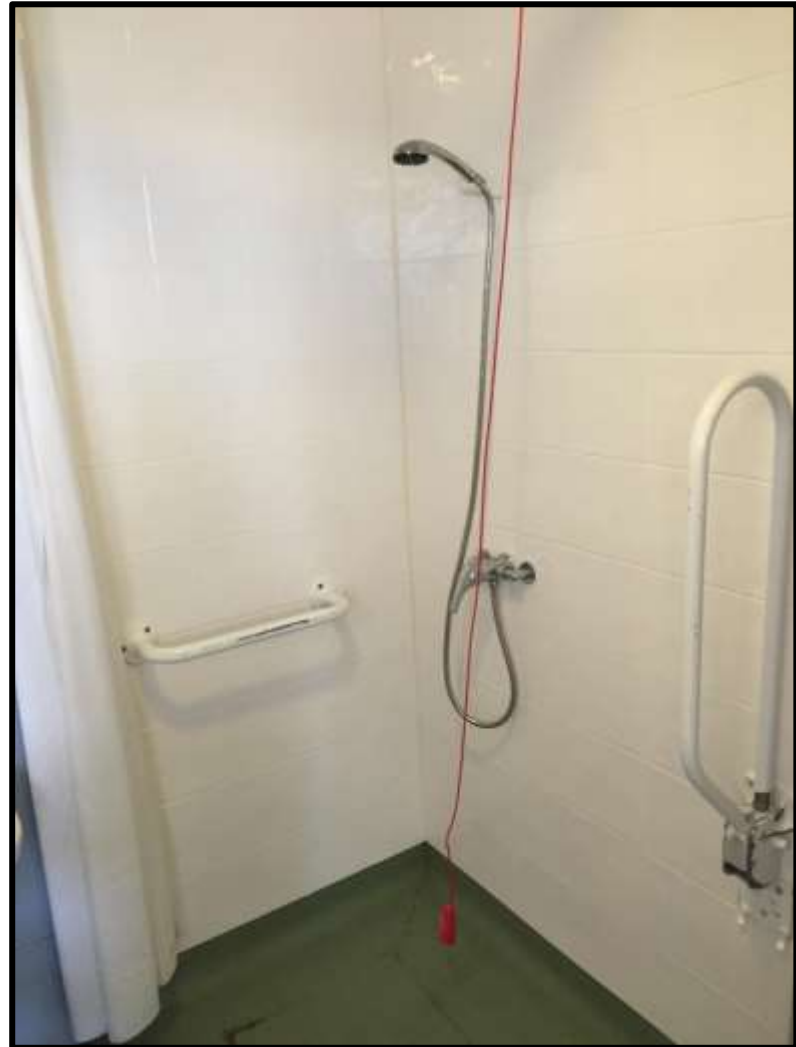
# BEFORE & AFTER



# BEFORE & AFTER



**Shower holder**  
**Broken**





# And Finally ...



“Well,  
it could be  
worse ...”