



St Helens LINK

Hygiene Task Group Report

2010

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Recommendations

Care Homes

1. The task group felt that in general, there were no major areas for concern with the care homes we visited.

Where some areas for improvement were highlighted it would be prudent for the recommendations laid out in the Infection Control Nurse's reports to be followed.

2. As many of the staff at Alexandra Care Home have completed a qualification but received no results or recognition, it is recommended that Halton and St Helens Primary Care Trust look into this with a view to acknowledging the work that has been done.
3. It would be advisable for care home staff to take advantage of the free places available on the Decontamination in Public Health Award, run by Sue Wynne from the Infection Control Team at Halton and St Helens NHS.

Hospital

1. The task group felt that overall, the public's perception of hygiene standards at the hospital (often based on historical experience) needs a lot of consideration. A marketing campaign may be necessary to raise the public's awareness of the recent impressive improvements in the hospital's hygiene standards and related awards that the hospital has received.

2. It was noted when the group members conducted the questionnaires in the reception area of the hospital that there appeared to be no hand gel dispensers. If they were there, they were not visible.

It may be beneficial to have hand gels dispensers and signs asking people to use them in this area, therefore introducing the concept of good hand hygiene at the first point of entry to the hospital.

3. The question revealed that a high number of people asked said they have never asked a member of staff to use hand gel. It is difficult to establish whether this is because they witnessed staff using hand gel or if not, that they didn't feel able to ask them to.

The task group suggests staff wear badges saying something such as, *'Don't be afraid to ask me to use hand gel'* or similar, as worn by members of staff at the Royal Liverpool Hospital.

4. A further suggestion is to display posters, such as though on display in another hospital in the local area which are reminders that everyone who enters the hospital is responsible for ensuring good hand hygiene and that everybody e.g. doctors, nurses and patients are all able to spread germs.
5. As the visits to the hospital and the questionnaires revealed that patients who are in isolation and are barrier nursed (which means that nurses caring for them wear gowns, masks and gloves) because they have contagious conditions, often walk around the hospital and enter public areas. Both staff and patients commented this on as a matter of concern.

The task group recommends that a separate area be allocated so that these patients are still able to socialise and leave the confines of their wards without posing any cross contamination risk.

Summary

During 2009, St Helens LINK asked members of the public, its members and various health and care networks, what are the three health and social care priority areas they wanted LINK to focus on in its workplan. These were:

- Access to Information
- Hygiene, particularly in hospitals
- Attitudes of staff, particularly in GP surgeries.

LINK task groups were set up to look at each of these 3 areas.

The Purpose of the Group

The purpose of the group was to establish the standards of hygiene at Whiston Hospital and a 3 randomly chosen care homes and aim to identify what the public's perception is of these standards.

The Hygiene Task Group met between December 2009 and June 2010. Anyone with an interest in health and social care could join, and its members during this time were:

- Roman Babij
- Harry Blackman
- Claire Wildman

Methods used

The three main methods used by the task group were:

- Public Perception of Hygiene Standards at Whiston Hospital questionnaire.
- Patient, Public and Staff Perception of Hygiene Standards at Whiston Hospital questionnaire.
- Care Home Visit checklist (adapted from Infection control audit tool)

Public Perception Questionnaire

As part of the Hygiene task group, St Helens LINK conducted perception questionnaires between April and June in the St Helens area.

Questionnaires were completed by members of various community groups, random members of the public in Church Square on three occasions, and at several community events in the local area.

What was immediately apparent from the results was that most people appeared to be aware of the need for good hand hygiene while in hospital, with 53% saying they always used hand gels and only 7% saying they never used hand gels. However, it is also noticeable that 58% said they had never asked a member of staff to use hand gels. It is difficult to know whether this is because they witnessed it being used appropriately or whether they didn't feel able to challenge staff on their hand hygiene.

Responses to many of the questions varied greatly and in some cases, people felt they were unable to answer. The 'Sometimes' or 'Not sure' options were chosen quite often, suggesting that people either have mixed feeling towards the hospital or do not have enough experience to have a strong opinion either way.

The task group feel that it is important to note that many of the people who completed the questionnaires said that, by their own admission, some of their negative attitudes towards the hospital are historical, based on negative experiences from three or four years ago. It is therefore not surprising that although 41% of people said they had heard negative comments about the hospital from friends, relatives or neighbours, only 19% said they would be concerned about current hygiene standards if they were going into Whiston Hospital for treatment.

Many of the comments made reference to improvements noticed in the new building with generally negative comments aimed towards the old hospital. It is therefore reassuring that the public acknowledges that improvements have been made and the introduction of a new building appears to have alleviated some people's concerns.

Some people appear to have concerns about nursing staff travelling to and from work in their uniforms. It was also suggested that the new regime of open visiting instead of set visiting hours is not conducive to maintaining high hygiene standards.

Patient, Public and Staff Perception Questionnaire

This questionnaire was conducted on two separate occasions in May 2010, in the reception area at Whiston Hospital.

Although in some areas the results were varied, overall, the results from these questionnaires were generally positive. The task group felt that this could possibly be because the people who responded were basing their opinions on what they were currently witnessing as opposed to what they had experienced in the past.

Although the number of people who always use hand gel is fairly high at 62% there are still 8% of people saying they never use it. This suggests that the message of the importance of good hand hygiene is not getting across as well as it could be.

It was significant that 91% of people say they have never asked a member of staff to use hand gel while in the hospital. It is again, not clear as to whether this is because they are witnessing staff being fastidious over hand hygiene or they do not feel able to address poor practices if they witness it.

54% of people asked, said they believe that hospital staff never need to improve hygiene standards, which is significantly different to the 5% who said that staff always need to improve. Again, it is important to remember that these are opinions based on current experiences, which suggests that most people are satisfied with the standards they are witnessing.

Many of the comments were positive and it appears that most people believe that the new building is a big improvement. Some concerns were raised over staff carrying out tasks like emptying bins and then coming into contact with patients directly afterwards without changing their uniform.

It also appears that the attention paid to ensuring good hand hygiene might vary from one staff member to another. Where some staff members use hand gels rigidly, some others might be less diligent, whether due to their workload or attitude.

It appears that there are still some areas for concern, however small, both in the opinions that people have and in the lapses in hygiene standards that are being witnessed.

However, from the results of both questionnaires it appears that the public's perception of hygiene standards at Whiston Hospital has improved since the initial public consultation exercises that led to Hygiene becoming a priority issue for the St Helens LINK.

A Nurse's Views

Whilst we were conducting hygiene questionnaires in Church Square, a lady who completed one of the questionnaires told us she was an experienced nurse and gave us her views on hygiene standards, since she began nursing in 1984.

- St. Helens people don't see Whiston as 'their' hospital and so perhaps have less desire to go there. They feel the hospital at Rainhill should have been built, which was originally an option but did not happen. She estimated that 70% of the older generation would not choose Whiston because of this.
- When she began in 1984 there was a designated cleaner for each ward, who would work set shifts. This made it easier for nurses to track down the person working at the same time as them to ask them to clean up when needed, as they were able to build up a relationship. Since cleaning has been out-sourced that connection has been lost.
- Open visiting hours – this actually makes harder infection control and maintaining cleanliness more difficult. It is not possible to pull out all the beds and clean underneath them in one go. Additionally patients do need rest when they are in hospital and they can't get this with visitors coming in and out continuously. Set times for visits would ensure cleaning can occur after visiting time.
- In the past, if nurse has spare time they would clean; this doesn't happen now.
- There are silent carriers of MRSA in the public who are not aware that they are carriers.
- Nowadays nurses are allowed to wear their uniforms outside of the hospital site, at mealtimes, travelling to and from work etc which wasn't allowed previously; this is another source of incoming infections.
- Occasionally nurses are in too much of a rush between patients to wash their hands; nurses are no better or worse than doctors at this.
- In the past there would be 1 staff, 1 student and 1 auxiliary nurse per evening shift on a wards ("enrol nurses were great"). Nurses learnt the tasks and personal care whilst at work. Nowadays the university training in nursing seems to give student nurses the impression that that they won't actually have to get their hands dirty and wipe bottoms!

Report from LINK member in relation to her mother's treatment at Whiston Hospital

My mother, was first admitted to Whiston Hospital in April 2008. She was admitted through her GP to the Acute Medical Unit where she spent 11 days on the ward. One of the nurses said it was longest time she had known anybody to stay on that ward.

My mother had blood tests, which showed a very low red cell count and very high white cell count. The hospital carried out further tests but could not identify what was wrong with her.

My mother then had a CT scan and they found a mass on her kidney. She had surgery to remove that on May 11th and was discharged 7 days later. Three weeks later she was told that the mass was cancer but she didn't need any more treatment. 2 days later she collapsed at home. She was admitted again to the Acute Medical Unit. She received no treatment there and was moved to G5. She was diagnosed with leukaemia and treatment began the next day.

My mother was discharged three days after her last chemotherapy session in 2008. However, she was rushed back into hospital 4 days later, with very low platelets so her blood was not clotting. She was taken to intensive care and it was discovered that her central line was septic. We were told at this time that she wouldn't survive but she did.

When her condition started to improve, a peripherally inserted central catheter (PICC) line was put in and she was moved back to ward G5 two weeks later. On 12th December she was supposed to be discharged but her temperature was up; it was discovered that she had an infection in the PICC line. She was sent home on December 19th.

On October 16th 2009, after a check up, my mother was told the cancer was back and started treatment 3 days later. She was put on an antibiotic called Vancomycin. She came home from hospital but was admitted again for her final chemotherapy session. On 20th October she collapsed on ward and had what appeared to be a seizure. We were told her blood pressure was very low. I felt that she was showing classic signs of septicaemia but one of ward nurses said it wasn't septicaemia, as she'd shown no previous signs.

My mother was then treated with saline to try and raise her blood pressure but this didn't work. Some hours later she was moved to the intensive care unit (ICU). She was treated with various drugs including adrenalin, which I believe was to keep her blood pressure up. A few days later my mother's kidneys started to shut down. One of the ward nurses said this probably due to amount of drugs she had been given. The next day we were told there was nothing more that could be done for my mother and drugs would be withdrawn. She was still given Morphine to help with the pain, in increased doses until she died.

Some examples of when hygiene standards and the hospital's hand hygiene policy were breached:

- Staff administering chemotherapy did not wash hands or use hand gels before putting gloves on.
- Staff took gloves off and left room without washing hands
- My mother was left attached to the chemotherapy drip for 4 hours. When asked, the staff said they were too busy to remove it.
- A full commode was left in my mother's hospital room for 6 hours.
- When my mother became incontinent and soiled the bed, my dad was given incontinence pads and clean bedding and asked to change her. We were given nothing to clean her with so we used wipes and washing products we had brought in to this hospital with us.
- I never witnessed the blood pressure cuff being cleaned between patients.
- Never witnessed drip stand being cleaned between patients.
- One of the nurses kept a pen in her hair and never washed her hands between handling the pen and touching my mother.
- One of the senior nurses asked me what I did as a job. When I told her I was on the LINK board she said that people on such committees make the staff's jobs harder, 'nit-picking' and the staff don't have time to always wash their hands between patients.
- My father dropped his coat on the floor and it was covered in dust when he picked it up which suggested that the room had not been cleaned recently.
- My mother didn't always get the anti-fungal tablets she required as they ran out of the soluble ones she was able to take.
- Oramorph wasn't always available – my mother told me over the phone that the ward staff were phoning round the hospital because they had run out.

I feel that the staff on a cancer ward should treat all patients, as they would want their own loved ones to be treated.

25/03/10

Views of a staff member about hand hygiene

A lady who works at Whiston hospital gave her view that it was doctors more than nurses who are negligent regarding hand hygiene and do not always clean their hands adequately between patient contact.

She shared the findings of a recent hand hygiene check that was carried out on one of the hospital wards, by the hospital's infection control team. They used a system for identifying how many germs were on surfaces and on staff members' hands.

The lady didn't explain the procedure but mentioned that it involved swabbing. She was explaining it in as straightforward a manner as possible so used the following terms:

- A result of a 6,000 on a surface meant that it was so clean 'you could eat your dinner off it'.
- A result of a count of 30,000 meant something was 'crawling in germs'.

She then went on to explain that in the recent testing the results were:

- Commode seat – **6,000**
- A member of the nursing staff's hands – **3,000**
- One particular Doctor's hands – **65,000**

This lady felt that nurses have more physical contact with patients, so they are more aware of the importance of good hand hygiene than doctors are. She believed that the results from the recent ward check illustrate this.

[N.B. The LINK does not have access to regular infection control data to verify whether this is common or not.]

Visits to Care Homes

- Seddon Court
- Elizabeth Court
- Alexandra Care Home

As part of the activities of hygiene task group, 2 members of the task group accompanied Kirstie Jones (Infection Prevention and Control Nurse, Halton and St Helens NHS) on hygiene audits to three residential nursing/care home in the St Helens area.

All LINK members and staff involved in visits were Enter and View trained and CRB checked.

The task group had developed a checklist of things to take into consideration with hand hygiene and personal protective equipment as priority.

The task group studied the audit tool that the Infection Control Team use during their spot checks and visits. While it was acknowledged that the audit tool was very comprehensive and thorough the group felt it was excessive for their needs.

Task group members chose 28 questions from the audit tool and compiled an appropriate checklist, (see appendix).

Visit 1:

Care Home visited **Seddon Court (Dementia / Alzheimer's)**
Date of visit: **1st June 2010**
Visited by: **Emma Rodriguez Dos Santos (LINK manager)**
 Claire Wildman (LINK Board member)

Findings

The overall appearance of the home is good, uncluttered and clean with an open plan design. The floors, furniture and fixtures are clean and in good repair. Anything that needs replacing has been picked up in a recent visit from the local authority. If any equipment etc becomes dirty staff will clean it and spill kits are available for blood and body fluids.

Furniture is worn in parts but has no tears and bedrooms and open areas are all uncluttered and tidy.

Alcohol rub is available at the entrance but visitors are not necessarily encouraged to use them. The Infection Prevention and Control Nurse will be providing a specific hand hygiene policy as well as posters promoting hand hygiene.

Hand washbasins are available in every clinical/treatment area. Hand hygiene is included in staff's induction and ongoing training, is available at point of care and staff also carry hand gels with them. Hand wash facilities are intact and in good repair, and liquid soap is in the form of hygienic dispensers. Suitable paper towels are supplied with appropriate waste paper bins in close proximity. Staff are also provided with hand moisturiser as continual washing and use of hand gels can dry out the hands, leading to cracked skin and potential infection risk.

Toilets and surrounding areas are clean and bins were provided for the disposal of incontinence pads. Disposable gloves and aprons are in a locked cupboard each bathroom. Aprons are worn when handling specimens however the Infection Control Nurse suggested plastic boxes to carry them in. There are a range of aprons and (powder free) gloves in various sizes available for single-use with each patient or procedure.

Bathroom is locked and toiletries are stored on shelves out of reach as residents with dementia can accidentally consume toiletries. Beds are adjustable where necessary

Surfaces and equipment are clean and there is plenty of storage space for towels etc. Although there are not very many alcohol gel dispensers around staff use hand wash and encourage residents to do the same.

Waste management systems are very comprehensive and contractual arrangements are in place. Red bags are used for segregating and washing soiled bedclothes. Cardboard inserts for commodes are segregated and broken down into liquid, with waste removed twice a day.

All staff are recommended to have Hepatitis B injections and staff are made aware that they should go to the Millennium Centre should they receive a needle stick injury. The policy on needle stick injuries states that both the accident book and an incident report should be completed.

Sharps (needles) are locked away in clinic rooms. District nurses are required to sign and date when the sharps boxes are first used and they should ordinarily only be used for a period of two weeks unless there has been particularly light usage.

Environmental Health have carried out a visit to the kitchen area in the last 6 six months and the only issue raised was lack of fly screens which are now on order. It was noted that specific dishcloths are used in certain areas.

Seddon Court appeared to have high standards in hygiene overall. The Infection Prevention and Control Nurse rated Seddon Court as having good compliance in most areas.

Visit 2:

Care Home visited Elizabeth Court (Dementia / Alzheimer's)
Date of visit: 17th June 2010
Visited by: Jayne Parkinson (LINK outreach worker)
 Claire Wildman (LINK Board member)

Findings

Elizabeth Court was audited 12 months ago and was rated at 93% compliance, which was an increase from 74% in the audit before that.

The overall appearance of the home is good, spacious, uncluttered and clean. Carpets look old in some areas but are clean and free from frays or tears and are deep cleaned each week. The floors, furniture and fixtures are clean and in good repair. The dining room floor is scheduled to be replaced, as it is showing signs of wear.

The cushions from the chair and sofas are cleaned whenever necessary and residents have their own pillows, which are laundered on a regular basis and replaced as soon as they show signs of wear.

Alcohol rub is available at the entrance with a sign reminding people to use it. Hand hygiene is included in staff's induction and ongoing training and staff members do not wear acrylic nails or nail varnish.

Hand wash facilities are intact and in good repair. The Gojo system is in place in all toilets and treatment areas, which includes liquid soap, gel and moisturiser, all in the form of hygienic dispensers. Suitable paper towels are supplied with bins in close proximity. Currently, bins are not foot operated but these are on order.

Toilets and surrounding areas are clean and foot operated bins are provided for the disposal of incontinence pads. Disposable gloves are stored in dispensers on the walls and are available in all sizes. Staff members remove gloves immediately after use. Water temperature in the bathrooms is logged for monitoring of Legionella.

There is a policy in place for wearing disposable aprons and staff are regularly monitored. Disposable aprons are worn for both providing care and as part of food hygiene practice.

Sterile gloves are provided and stored in wall-mounted dispensers in treatment rooms. Eye protection is on order. Aprons are worn when handling specimens and the handyman uses a box to transport them to St Helens hospital for testing. Staff undergo training in accordance with the policy for handling specimens.

Bedrooms are clean and have en-suite bathrooms with hand washing facilities for both residents and staff.

Waste is removed up to 3 times a day if necessary, depending on its contents and clinical waste is disposed of separately and incinerated. A poster that describes the colours of bags to use for the different kinds of waste has been produced and is due to go up on the wall for staff guidance.

All staff have had Hepatitis B injections and there is a poster displayed in clinical rooms stating what staff should do if they receive a needle stick injury. Sharps are stored and disposed of appropriately, according to health and safety regulations. District nurses are required to sign and date when the sharps boxes are first used and they are sent away for disposal when 2/3 full.

Environmental Health has carried out a visit to the kitchen area in the last 12 months. Kitchen staff have their own lockers and toilets. Disposable kitchen roll is used and there are no dishcloths or tea towels in use.

Elizabeth Court appeared to have high standards in hygiene overall. The Infection Prevention and Control Nurse says it has, 'Top notch hygiene - just what it should be.'

Kirstie rated Elizabeth Court as having good compliance in most areas and stated that when she compiles her report it is likely to score close to 99%.

Visit 3:

Care Home visited **Alexandra Care Home (Old age, physical disability)**
Date of visit: **28th June 2010**
Visited by: **Jayne Parkinson (LINK Outreach Worker)**
 Emma Rodriguez Dos Santos (LINK Manager)

Findings

The overall appearance of the home is fairly good, the tables in communal areas are uncluttered and effort has obviously been put in to create an environment, which looks good and feels welcoming. There is artwork, and reminiscence items such as a 1930s style dancehall display.

Furniture is worn in parts and some of the chairs have small torn and frayed areas. The chairs and couches are made of impermeable material but have some stains and signs of wear. The staff are aware of the need for the furniture to be professionally steam cleaned, as the steam cleaning that has been done has not been effective.

Alcohol rub is available at the entrance and is clearly visible to anyone upon entry to the building. There is a hand hygiene policy in place and staff carry hand gels. Staff have not received any recent formal training in hand hygiene but it is included in the workbooks that all staff are asked to complete. There is also a uniform policy in place that includes wearing little or no jewellery and no artificial nails.

Hand washbasins with elbow-operated taps are available in every clinical/treatment room with hand hygiene signs on display. Liquid soap is in the form of hygienic dispensers, hand gels are available at all hand washbasins and hand moisturiser is supplied in some of the treatment rooms.

Some of the dispensers for soap and hand gels had a fine layer of dust covering them. Suitable paper towels are supplied with appropriate waste paper bins in close proximity, however, in some bathrooms the paper towel dispensers were empty and the bins showed signs of rust and dirt. The infection Prevention and Control Nurse felt this was probably due to the time of the visit.

Toilets and surrounding areas are mostly clean. In one of the bathrooms, however the toilet needed cleaning and there was a dirty toilet brush, which

The Infection Prevention and Control Nurse felt should be thrown away and replaced. The staff are waiting for a commode sterilizer to arrive.

In one of the satellite kitchens, the floor need to be replaced, the towel dispenser was empty, the floor edges were holding some dirt and the tiles needed to be re-grouted. There was mop and bucket in that kitchen which ideally should have been stored elsewhere.

A logbook in one of the satellite kitchens showed that only a sporadic inspection has been taking place. A new cleaning schedule has being introduced and cleaners' working hours have been extended which should lead to improvements in general. Residents also have a cleaning schedule in their room, which staff have to check off when cleaning is complete.

Environmental Health monitors both the main kitchen and the satellite kitchens. The satellite kitchens are not for food preparation, just for drinks to be made and biscuits etc to be kept. Kitchen staff monitor what is kept in them and discard anything that shouldn't be there.

Residents have either hand washing facilities or a bathroom en-suite. Chairs or other pieces of furniture were blocking some of the hand washbasins, which could make them difficult for staff to access after care, but this may be because the residents chose to have furniture in that position.

Disposable aprons are worn as part of food hygiene practices and residents wear disposable bibs. Aprons and bibs are stored in the linen room.

The room, which was previously classed as a treatment room, is now classed as a treatment cupboard as no facilities for hand washing are available. Sharps are stored in here and are locked away. The box for sharps disposal was not labelled and dated for disposal purposes.

Specimens are tested in the sluice room. There were blue bags beings stored in the sluice room sink which shouldn't have been there.

All nursing staff are immunised against Hepatitis B.

In general, there was no need for immediate concern other than some areas needing a through clean.

The Infection Prevention and Control Nurse felt that the time of day the visit was conducted should be taken into consideration. For example, some of the hand towel dispensers were probably full first thing that morning and would have been refilled later in the day.

Staff are waiting for training in some areas such as waste disposal. The Infection Prevention and Control Nurse suggested that the staff might wish to access the Decontamination in Public Health Award, which is offered as free training at the moment.

Many have already completed a qualification that was funded by Halton and St Helens PCT but have never received results or any acknowledgement. The Infection Prevention and Control Nurse will look into this and aim to have the work of the staff members recognised.

The care home manager was very receptive to all comments and suggestions made by The Infection Prevention and Control Nurse and saw the visit as a positive and supportive experience. In addition, the manager has invited LINK to advise on how the residents can become more involved with community and voluntary activities.

Acknowledgements

- Kirstie Jones - Infection Prevention and Control Team, Halton & St Helens Primary Care Trust.
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- Sue Wynne - Infection Prevention and Control Team, Halton & St Helens Primary Care Trust) for their
- Task groups members –
 - Roman Babij
 - Harry Blackman
 - Claire Wildman
- Julie Cotterill – Manager, Seddon Court
- Belinda Marsh – Manager, Elizabeth Court Care Centre
- Angela Broomhall – Manager, Alexandra Care Home

St Helens LINK Visit to Care Homes Hygiene Checklist

Home visited: _____

Date of Visit: _____

Visited by: _____

		Yes	No	Comments
1	Hand hygiene is encouraged and alcohol rubs are made available to visitors.			
2	Posters promoting hand hygiene are available and are on display.			
3	There is a hand washbasin in each treatment/clinical area.			
4	Hand washing facilities are clean and intact (check sinks, taps splash back, soap and towel dispensers).			
5	Liquid soap is available at each hand washbasin.			
6	Liquid soap is in the form of single use cartridge dispensers.			
7	Alcohol rub is available for use at the entrance/exits to clinical settings if appropriate.			
8	Alcohol hand rub is available at the point of care.			
9	Soft, absorbent paper towels are available at the hand wash sinks.			
10	There is a foot operated waste paper bin for waste towels in close proximity to hand wash sinks, which are fully operational.			
11	Overall appearance of the environment is tidy and uncluttered with only appropriate, clean and well-maintained furniture.			
12	Fabric of the environment and equipment smells clean, fresh and pleasant.			
13	The complete floor, including edges and corners are visibly clean with no visible body substances, dust, dirt or debris.			
14	Furniture, fixtures and fittings should be visibly clean with no body substances, dust, dirt or debris or adhesive tape.			

15	All dispensers, holders and all parts of the surfaces of dispensers of soap and alcohol gels, paper towel/couch roll/toilet paper holders are visibly clean with no body substances, dust, dirt or debris or adhesive tape.			
16	Toilets are visibly clean with no body substances, dust, lime scale stains, deposits or smears – including underneath toilet seat.			
17	Hand washbasins are visibly clean with no body substances, dust, lime scale stains, deposits or smears.			
18	Facilities are available for the safe disposal of sanitary towels.			
19	Waste receptacles are clean, including lid and pedal.			
20	Foot pedals of clinical waste bins are in good working order.			
21	Furniture in patient areas e.g. chairs and couches are made of impermeable and washable materials.			
22	Chairs and couches are free from rips and tears.			
23	Tables are tidy and uncluttered to enable cleaning.			
24	Disposable plastic aprons are worn when there is a risk that clothing or uniform may become exposed to body fluids or may become wet.			
25	Disposable plastic aprons are worn as part of food hygiene practices i.e. food preparation and serving meals.			
26	Disposable plastic aprons are worn as single-use items for each clinical procedure or episode of patient care.			
27	Full body, fluid repellent gowns are worn where there is a risk of extensive splashing of body fluids onto the skin of health care practitioners.			
28	Bibs and covers used to protect the patients during treatment are disposable OR are impermeable and decontaminated between each patient.			

St Helens LINK

Public Perception of Hygiene Standards at Whiston Hospital Questionnaire



Age <small>please tick</small>	Under 20	20 – 39	40 – 59	60 +	
Your postcode	Gender		M	F	Other

Have you been to Whiston Hospital in the last 6 months either as a patient or visitor?

Yes	No
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If you had a planned procedure were you swabbed for MRSA on arrival?

Yes	No	N/A	Not sure
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Did you use hand gel while you were in the hospital?

N/A	Never	Sometimes	Always	Not sure
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Did you ever ask a member of staff to use hand gel?

N/A	Never	Sometimes	Always	Not sure
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Did you feel the toilet facilities were well maintained with hand soap available?

N/A	Never	Sometimes	Always	Not sure
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Do you believe that hospital staff members need to improve hygiene standards?

N/A	Never	Sometimes	Always	Not sure
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Did you feel that bays, trolleys, floors etc had been thoroughly cleaned?

N/A	Never	Sometimes	Always	Not sure
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Do you believe poor cleanliness in public areas was dealt with quickly enough?

N/A	Never	Sometimes	Always	Not sure
-----	-------	-----------	--------	----------

If you were going to be treated at Whiston hospital, would you have any concerns about the hygiene standards?

Yes	No	Maybe	Not sure
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Have you ever heard negative comments about hygiene standards at Whiston Hospital from friends, relatives or neighbours?

Yes	No	Not sure
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Any other comments you would like to make about hygiene standards?

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Patient, Public and Staff Perception of Hygiene Standards at Whiston Hospital Questionnaire



Are you? (please tick)	A patient	A visitor	Staff member	
Age please tick	Under 20	20 – 39	40 – 59	60 +
Your postcode	Gender	M	F	Other

1. Have you used hand gel while you have been in the hospital?

Never	Sometimes	Always
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2. Have you ever asked a member of staff to use hand gel?

Never	Sometimes	Always
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3. Do you feel the toilet facilities are well maintained with hand soap available?

Never	Sometimes	Always
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4. Do you believe staff follow the 'Bare Below the Elbow' (i.e. nothing worn below the elbow) dress code?

Never	Sometimes	Always
-------	-----------	--------

5. Do you believe that hospital staff need to improve hygiene standards?

Never	Sometimes	Always
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If you answered sometimes/always, please tell us what you think the lapse in hygiene standards was.

6. Do you believe bays, trolleys, floors etc have been thoroughly cleaned?

Never	Sometimes	Always
-------	-----------	--------

7. Do you believe there is a lack of cleanliness in public areas?

Never	Sometimes	Always
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8. If you answered sometimes/always, do you believe it is dealt with quickly enough?

Never	Sometimes	Always
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9. If you had a planned procedure, did you have a nose swab prior to admission?

Yes	No	N/A
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Are there any other comments you would like to make about hygiene standards at Whiston hospital?