

1. What is the average Hospital bed occupancy rate for general and acute beds in your Trust for the last twelve months.

Some clinicians and academics believe that high occupancy rates contribute to the spread of hospital acquired infections. A high turnover of patients may make it difficult to clean beds and bay areas thoroughly between each patient. Bed occupancy rates in the Netherlands are around 68%. Their C-Diff rates are now extremely low.

2. What is the ratio of isolation beds to total beds within the Trust?

3. What percentage of these isolation beds are located in:

(a) single rooms

(b) single rooms with en suite facilities

Experts in Infection Control agree that swift diagnosis and isolation of infected patients is critical to controlling the spread of C-Diff. If isolation beds are in single rooms, with en-suite facilities, the spread of infection via contact with faecal material can be reduced.

4. What percentage of your isolation beds are used for the isolation of infected patients in order to prevent further infection.

An academic survey conducted in 2006 showed that only 19% of isolation rooms in a large hospital were in fact used to isolate infected patients, they were largely used for other reasons, for example dying patients, or patients who needed privacy..

5. Will all the wards in your Trust have been deep cleaned by the end of March 2008?

If not,

(a) what percentage will have been deep cleaned?

The Department of Health made special funding available in England after the publication of the investigation into the Maidstone and Tunbridge Wells Hospital Trust outbreaks. The deep clean was supposed to have been completed by all Trusts by the end of March 2008.

6. Have you bid for extra funding from the Department of Health to combat Hospital Acquired Infections in the last 12 months.

7. Have you received extra funding from the Department of Health to combat Hospital Acquired Infections in the last 12 months?

The Department of Health made an additional £270 million available to tackle Hospital Acquired Infections in other ways.

8. Do you routinely test your staff with diarrhoea for C-Diff?

9. If they test positive, are they advised not to work?

Approximately 3% of the population have the C-Diff bacteria in their gut at any one time. It is unlikely to be a source of infectious until they are symptomatic. In the Netherlands, hospital staff are routinely tested for C-Diff, and they are asked to stay at home if they test positive.

10. Do you have a publicly available policy on the isolation of infected patients?

11. Is the operation of the policy audited?

If yes,

(a) Who by?

The Department of Health's 2006 Health Act states that all Hospital Trusts must have an isolation policy that is easily accessible to the general public.

12. Do you have the capability for diagnosis of C-Diff infections twenty-four hours a day, seven days a week?

Swift diagnosis and isolation is critical in both preventing the spread of infection and identifying an outbreak.

13. Do you have specialist staff to tackle infection control?

If so,

(a) How many?

(b) What are they?

Having a dedicated team of specialist staff allows a Hospital to track infections, ensure isolation procedures are followed, and that best practice is ensured at all times.

14. What is provided at the entrance to your infection wards for hand sterilisation?

Most hospitals now provide alcohol hand gel for staff and patients to decontaminate their hands. However alcohol gel is not effective against C-Diff, only soap and water is, and some experts believe alcohol gel may even be counter-productive.

15. Do you use hydrogen peroxide vapour generators or steam cleaning in your wards to tackle C-Diff?

The Department of Health says that hydrogen peroxide has been shown to be effective at reducing environmental contamination by micro organisms. It requires areas to be sealed off, but can prove particularly helpful in

preventing *C. difficile* infection, as the spores from the bacterium can persist after routine cleaning.

16. In your hospital, what constitutes an outbreak of C-Diff that you would report? Please specify number of cases/timescale.

It is generally agreed that swift recognition of an outbreak helps to control the spread of infection and also to determine the strain of C-Diff present therefore allowing experts to track the mutation and spread of the superbug.