‘Clean, tidy bed spaces are vital for effective infection control’

I am lucky to work on a ward but also have time away to work on research and improvement projects. Recently, on an early shift, I was assisting a man with tetraplegia with his morning care. After we had finished, I was tidying up his bed space, putting away his wash bag and other items, when he commented that “a tidy bed space is a happy bed space”.

Patients are often on the ward where I work for at least six weeks – sometimes for months – so their bed space can become extremely crowded with their belongings and a range of medical equipment, such as hand splints. Due to the type and severity of their injuries, patients are often immobile so rely on nursing staff to put away their things so they don’t get lost or mixed up with other patients’ belongings. In addition, it can be difficult to work around a cluttered, untidy area and, of course, it is important to keep bed spaces tidy as part of infection prevention and control.

We have had some refresher sessions with the infection control clinical nurse specialist, who stressed the importance of hand hygiene, use of personal protective equipment and how vital it is to keeping bed spaces tidy. Tables and trolleys should be kept clean and dirty laundry not left on the table where food and drinks are placed. We all know why this is so important and you could wonder why we need to be told again – but when the shift is busy, buzzers are constantly going and patients need to get up for therapy sessions or be prepared for theatre, nurses are concentrating on the patients. As a result, tasks such as tidying the bed space is left until later – but maybe later never comes or you assume someone else will do it. An update on infection control is never a bad thing – and part of that is to remind nurses that keeping the bed space tidy and organised needs to be factored into the routine of the shift.

We have had a spate of urine infections on the ward where I work, which has led to some episodes of urinary sepsis. To combat this, we have been looking at bladder management as a whole and reviewing competencies and patient education. Best-practice bladder management for those with a spinal cord injury is intermittent self-catheterisation – we teach this to patients if they have sufficient hand function. However, we also need to educate our patients on infection control so they know how to manage their bodily functions in a way that helps them to prevent infections or complications occurring at home after they have been discharged. It is not acceptable for patients to leave a full urine bottle and used catheter on the bedside table so, rather than taking any urine and catheter away without comment, we need to remind patients that they need to keep their bed space clean and tidy. If they are unable to do so themselves, we should encourage them to ask a member of the nursing staff for help.

Messy wards can also give a negative impression to visitors, be they patients’ family or friends, or members of other organisations, such as the Care Quality Commission. Seeing a bed space that is cluttered and untidy could lead to concerns about the care the patient is receiving, perhaps prompting unnecessary anxiety and worry for loved ones.

Taking a minute in our busy shifts to be mindful of the clinical area is vital – infection control is not only about the seven stages of hand washing or hand gelling – it is also about looking at the patient and the environment as a whole.

Sian Rodger

Sian Rodger is health coaching nurse facilitator at the London Spinal Cord Injury Centre. Follow Sian’s regular blog at nursingtimes.net/opinion