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IMPACT OF BLOCKAGES ON EMPLOYEES



If your hospital, care home or school is on their game, you will have an infection control strategy in place.

That strategy will no doubt be part of every new employee's induction and is not only regularly reviewed by the appropriate infection control person, but staff/clinicians are regularly tested on their procedural knowledge and understanding.

Equipped with this knowledge they are able to deliver great care whilst keeping themselves and their patients or residents as safe as possible from the risk of infectious disease.

However what happens if your pulp macerator or bed pan washer blocks?

How does an inconvenience for the budget look for those on the front lines?

Productivity

Blockages are – to put it mildly – a pain for clinicians. Regardless of what has caused the blockage, the loss of a sluice/dirty utility room has a huge impact on productivity, especially if it's the only one at your facility.

The inability to dispose of potentially infectious material requires a contingency which – hopefully – you've planned for.

However this will likely mean going to an alternative ward or another work area. However, the loss of time can't just be measured in the time it takes for the clinician/s to walk from their sluice dirty utility room to the other.

Time is now being wasted by clinicians at the other end who now have to wait because their sluice/dirty utility room is running at double capacity.

If a sluice/dirty utility room is used 50 times a day (it's usually closer to 60+), that's 50 trips made by staff to the alternative sluice/dirty utility room.

If that journey is 5 minutes each way, plus 2 minutes to activate the machine, that's 12 minutes per trip. This is assuming the solution in question is a pulp macerator that doesn't require any follow up actions.

That's 600 minutes, or 10 hours every day that sluice/dirty utility room is out of commission. Across a team that's a lot of wasted time when time is already at a premium.

Fallout

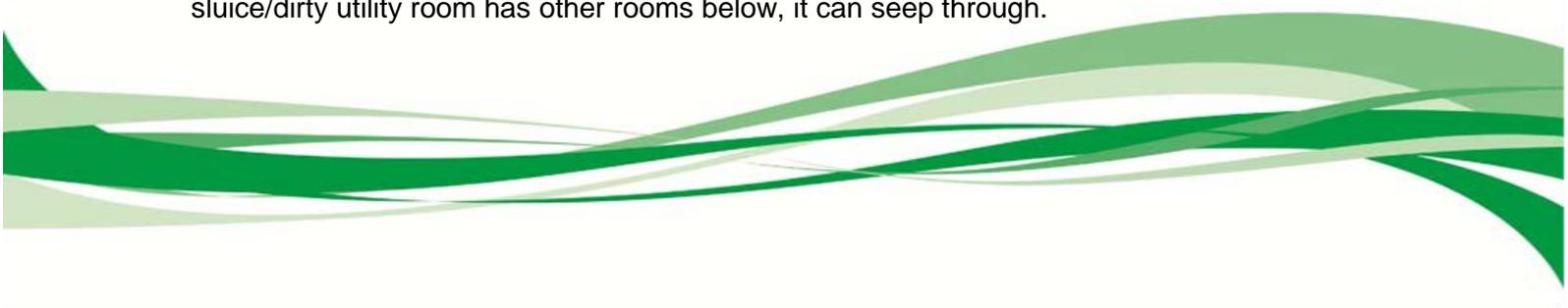
A distasteful but unavoidable by-product of a blockage is flooding and contamination.

If a machine blocks and floods the sluice/dirty utility room, it isn't just the machine and floor that's been contaminated. As you're no doubt aware, particulates are in the air (which is why we can smell it) and they can coat every surface in that room including your clothes and your skin.

This not only means the entire sluice/dirty utility room is contaminated and needs to be cleaned, anyone in the room needs to be similarly decontaminated.

This means any clothing needs to be removed and sterilised. If they weren't wearing masks or eye protection then they are at a significantly higher risk of contracting an infection.

In the worst instances of flooding, contaminated water has been known to seep through the floor. If the room is on the ground floor it has to be taken up and replaced. Where the sluice/dirty utility room has other rooms below, it can seep through.



The unpleasantness of the thought aside, this poses a real problem as any potential infection has just jumped to another part of the hospital. If the contaminated room is an admin or office space it may not have any infection control procedure in place, risking the further spread of the contaminant.

Health

Inevitably health becomes a factor.

It's very difficult to avoid, especially if the clinician's overall health is poor and they're under a great deal of stress. As we've discussed in the past, dehydration, stress and over exertion all weaken the immune system.

It's no secret how hard individuals within the medical and care settings work and so it's not unreasonable to assume that your clinicians are already at a heightened risk of contracting an infection.

Any clinicians in or entering a contaminated sluice/dirty utility room resulting from a blockage is now a potential vector for an infectious disease.

At this point your higher level infection control procedures should kick in and steps being taken to isolate those individuals from patients and (ideally) other members of staff.

To some this may seem extreme but on the basis that they were stood in a room full of infectious particulates, sending them home wouldn't be out of the question.

Blockages have a major impact on your teams. They represent a huge time drain as contingency processes have to be enacted.

The wide facility can be disrupted through leaks and the inevitable decontamination and repair work that will be required.

Then there's the increased risk to staff's wellbeing, worsening the already challenging rates of sickness in the healthcare industry.

Planned preventative maintenance should be part of your infection control strategy as regularly maintained machines are less likely to experience mechanical failures or blockages. This maximises uptimes and reduces risks to clinicians and patients.

For more information on DDC Dolphin's sluice/dirty utility room solutions contact us today.

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