

This is the statement of:

Patricia Angela Rodgers

At the time of the outbreak of cdifficile I was employed by the Northern Health and Social care Trust as Superintendent Physiotherapist at Whiteabbey Hospital [NH&SCT, The Cottage, 5 Greenmount Ave, Ballymena, BT436BA]

1. Ability to provide physiotherapy in a cdiff environment

- i) To limit the spread of infection staff movements were slightly curtailed. As physiotherapy is a small department, staff would normally move from ward to ward throughout the day. To prevent spread, physiotherapy staff were not at times able to move as freely round the hospital e.g. if patients in ward 9 were affected by cdiff then staff stayed in ward 9 all day, if appropriate, or went there last call of the day. This was to minimize the risk of spread
- ii) There was an increase in cleaning of equipment and environment between patients of approximately 5 minutes extra per patient contact.

2. Impact on rehabilitation of patients

Some cdiff patients were very unwell and were unable to benefit from rehabilitation whilst unwell. This may have affected the final outcome of rehabilitation for certain patients but it is impossible to quantify the numbers this might have affected.

3 Impact on daily duties.

Some minor reorganization of staff duties were required and all physiotherapy staff were very flexible re their roles and daily duties to ensure that patients received all the treatment they needed, whilst complying with all infection control measures.

4. Impact of outbreak on physiotherapy assistants.

There was an increase in cleaning equipment and work areas between patient contacts. One particular assistant developed nasal and respiratory symptoms which were thought to be due to the introduction of trisital fusion chemical solution for cleaning. This person has been unable to return to hospital duties.

All other assistants had no reaction and were able to continue with their cleaning duties.

5. Impact of isolation on rehabilitating patients

- i) Staff were unable to mobilize patients outside their room or cohort bay.

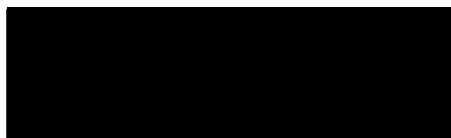
Mobility is a key activity in the rehabilitation process.

- ii) Patients in isolation were unable to interact and socialize with other patients potentially affecting their mental wellbeing.

6. Positives

- i) Excellent response from Infection Control personnel in directing and supporting staff
- ii) Information was quickly cascaded
- iii) Good team working through all disciplines and all staff worked well together to ensure best practice and “to provide the healthcare we would expect for ourselves and our families”

The contents of this statement are true



Patricia Rodgers

Superintendent Physiotherapist 27/04/10