The implementation of a commode cleaning and identification system

various companies and a wrap was chosen and subsequently ordered, costing about £22 per 1,000.

This was taken to the infection-control training sessions and staff were informed about the new commode cleaning system. The new arrangements were greeted with enthusiasm and approval.

**Evaluation and recommendations for practice**

We now have a system in which a commode comes into the sluice for cleaning and is thoroughly washed using detergent, warm water and a disposable cloth. Drying each surface is vital to prevent microbial growth. A sanitary wrap is then placed around the lid of the commode before it is transferred to its allocated space for storage. Both the provider of the commode and the user are able to see at a glance that the commode has been cleaned and is fit for use.

The commode cleaning and identification system is quick to implement and cost-effective as it only requires the purchase of the sanitary wraps. It has resulted in an improvement in the care of patients.

**Further developments**

Since the implementation of the system, our main commode supplier has been approached to produce its own sanitary wrap. A sample has now been sent for comment and approval.

The wrap was discussed at a meeting of infection control link nurses, who decided that it needed to be long enough to loop around the commode seat and adhere underneath it so that when the seat was lifted, the wrap would tear and the seal break, so preventing further use of the wrap.

The epic Project guidelines (Pratt et al, 2001) state that: ‘Where a piece of equipment is used for more than one patient, for example a commode, it must be cleaned following each and every episode of use.’

As a ward sister and infection control link nurse in a private hospital, part of my role is to train staff about infection control and monitor standards and practice within the hospital.

**Identifying a problem**

Last year when I was caring for a patient who needed to use a commode, I began to wonder whether the commode was clean and fit for use. Although it looked clean, there was no way of identifying that it had been cleaned between patients.

Research has demonstrated the presence of microbes including methicillin-resistant Staphylococcus aureus in the hospital environment (Blythe et al, 1998; Green et al, 1998) and equipment such as commodes may play a part in cross-infection. How could I create a system to visually identify that a commode has been cleaned and is fit for use?

**Examining current practice**

The existing system for cleaning commodes involved taking a dirty commode into the sluice, washing it at a time convenient to staff (not necessarily immediately after use) and transferring it to its designated area in the sluice.

However, an unclean commode could potentially be pushed out of the way to make space and there was a chance that it could be used by another patient before it was serviced. This was achieved by looping a paper sanitary wrap around the toilet seat lid. It appeared to be a very simple, cost-effective and efficient way of informing a user that the toilet was clean.

**Comment from the editor**

Decreasing the incidence of health care-associated infection (HCAI) requires practical changes in the way people work and think. This *Nursing Times* Infection Control supplement highlights the role that nurses at all levels and specialties have in addressing the problem of HCAI.

The following three articles (p49–56) look at changes in practice that nurses have developed and initiated. It is evident from the authors’ reflections that any change that aims to reduce the risk of HCAI needs to be easy to understand and implement. But more importantly, initiatives need to be evaluated and staff require feedback and reinforcement of basic principles such as hand hygiene.

Key to this process is the support of senior managers in endorsing and supporting these changes. Annette Jeanes and Stephen Rowley both highlight the need to enforce good practice but they note that this can only be done with the support of the management team.

**References**

