INFECTION PREVENTION & CONTROL

Ward/Department
Infection Control
Related Closure

Initiated by: Infection Prevention & Control Team
Approved by: Infection Prevention & Control Group
Issue Date: 2012
Review Date: May 2015
Version: 3
Doc Ref: WDCPv3.12
### Policy Title:
Ward/Department Closure Policy

### Executive Summary:
This is a policy that details how to identify when there is a potential problem that may lead to a ward/department being partially or fully closed due to infection control issues and the process and management of that situation.

### Supersedes:
V2 2009

### Description of Amendment(s):
Minor wording

### This policy will impact on:
All clinical staff and managers

### Financial Implications:
None

### Policy Area:
Infection Control Trust Wide

### Document Reference:
WDCPV3.12

### Version Number:
3

### Effective Date:
05.2012

### Issued By:
Director of Infection Prevention and Control

### Review Date:
May 2015

### Author:
Head of Infection Prevention and Control

### Impact Assessment Date:
04.2012

### APPROVAL RECORD

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Equality Analysis (Impact assessment)
1. Purpose

This policy has been developed to advise the staff of East Cheshire NHS Trust (ECNHST) on the correct procedure to follow when it becomes necessary to close a ward due to infection or for the purposes of infection control. Ward closure should be avoided wherever possible as it is extremely disruptive to patient care.

It is extremely important that all staff are made aware of and follow infection control policies in order to ensure that outbreak situations are avoided in the first place.

2. Scope

This policy should be followed by all staff employed by ECNHST and should apply to all patients and visitors.

3. Ratification

The policy is ratified inline with the Trusts Policy on Procedural Documents.

4. Definition of an Outbreak

An outbreak which can lead to the closure of a bay, ward(s) or unit is normally characterised by a cluster of similar infections occurring in one area of the Trust within a short period of time.

5. Justification for Closure

To avoid disruption of the service, wherever possible closure should be avoided, nevertheless controlling the of spread of infection to new admissions or visitors is paramount.

If the risk of infection to new admissions or visitors cannot be reduced by routine infection control measures such as isolation or cohort nursing then a risk assessment will be undertaken by the infection Prevention and Control Team (IPCT), after which if it is deemed necessary they will advise, in consultation with the Consultant Microbiologist closure of bays or the ward. In Major outbreaks i.e. one or more wards the Outbreak Policy will be initiated.

Staff who have worked in an affected area which has been closed, must not then work in unaffected areas for 48 hours. However, staff who must visit other areas (i.e. doctors, physiotherapists) should keep client contact in the affected area to a minimum and ideally visit them last during the working day.

6. Isolation Precautions

On noticing a new or suspected infection, ward staff should immediately alert the nurse in charge.

6.1 Single Room Isolation – Initially side rooms should be utilised for isolating patients with known or suspected infections that may be due to an outbreak.

6.2 Bay Co-hort Isolation - If cases cannot be contained in single room isolation, the possibility of cohort nursing within a bay may be advised by the Consultant Microbiologist or IPCT. This is permissible in the case of some infections, depending on the type of ward, case mix and resources available. It must also be established that the diagnosis is the same for all the affected patients. Advice
from the Consultant Microbiologist or IPCT must always be taken by the ward staff and bed managers before cohort nursing is undertaken.

The decision to close individual bays on a ward but to allow the rest of the ward to remain open may be made by the Consultant Microbiologist or IPCT or out of hours by the bed managers following consultation with the on-call Microbiologist. Daily reviews will be undertaken of all patients within the ward regardless of whether they are in the isolation bay or in the general ward area.

Once the bay has been closed no admissions from anywhere, transfers or discharges to another ward or health care facility (including nursing and residential homes) will be allowed.

6.3 Ward Closure – The decision to close a ward will be made by the Consultant Microbiologist or IPCT if 2 or more bays and side rooms have affected patients in. A closed ward means no admissions from anywhere, transfers or discharges to another ward or health care facility (including nursing and residential homes). The exception is when a patient is fit for discharge to their own home.

Each situation is different and must be managed on its merits and reviewed daily (or more frequently) on a risk assessment basis. This is essential as some wards are more difficult to close than others e.g. ICU/HDU or CCU. Early advice from the Consultant Microbiologist or IPCT is essential. The factors influencing bay/ward closure are:

- The type of infection
- Number of cases
- Availability of alternative facilities for ICU/HDU etc
- Staffing issues
- Environmental issues e.g. cleaning

The decision to escalate any ward/unit closure to a full outbreak situation when the Outbreak policy will be initialised will be taken by the Consultant Microbiologist or IPCT.

If a patient requires investigation or movement to another health care facility for clinical reasons then the Nurse in Charge of the ward or clinician caring for the patient should liaise with the Consultant Microbiologist or IPCT. The receiving department or care facility must be informed in advance so that they can make the necessary precautionary arrangements. At no time would a patient be prevented from receiving any treatment or investigation if there was a clinical need. For full isolation details please refer to the Infection Control Isolation Policy.

7. Staff

It is the duty of all staff to notify their appropriate line manager if they suspect an infection problem of one or more cases.

In the event of two or more cases of similar symptoms or infection that may be linked and without plausible explanation, a possible outbreak may be underway.

7.1 Nurse in Charge of ward – Should ensure immediate safe management, notify medical staff as appropriate and inform the IPCT, Matron of area, bed manager. The IPCT or Consultant Microbiologist will advise if specimens are required. These specimens should be obtained as soon as possible and sent promptly to the laboratory. All microbiology forms must state that the specimen is part of a ‘suspected outbreak’. The number of patients affected, when their symptoms commenced, type of symptoms and any other relevant information (e.g.
antibiotics) must be recorded as this will help the Consultant Microbiologist or IPCT determine the course of action required.

7.2 Bed Manager – will support the ward manager as appropriate and provide the overview of the current hospital side room availability. Early liaison with the IPCT may be informal but if the situation escalates, formal liaison will be required.

7.3 Infection Prevention & Control Team – When contacted by the ward staff the IPCT will complete a risk assessment and decide if a problem exists. The IPCT will advise on the management requirement to limit further spread.

The outcome of the assessment will be documented and, if appropriate, recommendations on bay/ward closure will be given, during working hours to the relevant clinicians, managers and executive director or, out of hours, the on-call microbiologist should be contacted by the ward manager who will give advice. The ward manager should then inform the Senior Nurse and the On-call manager should be informed also of any decisions regarding bay/ward closure.

The IPCT will review any new information on patient and hospital status as and when required and advises on outbreak management as appropriate.

The IPCT will liaise with the bed managers to advice regarding the placement of patients and admissions to the bay or ward.

7.4 Medical Teams – will assess and manage all the medical aspects of the individual patient(s) and follow all the Trust guidance in the Infection Prevention and Control Manual to minimise spread to other patients. Clinicians should review all specimen results and seek advice from the Consultant Microbiologist if required either in the interpretation of results and/or treatment.

7.5 Consultant Microbiologist – will support and liaise with the IPCT and Microbiology Laboratory staff and advise on any infection control decisions. Will also provide specialist advice to clinicians.

7.6 DIPC – Will ensure that executives are kept informed of the situation and updated daily if required.

7.7 Chief Microbiology Biomedical Scientist – will liaise with the Consultant Microbiologist or IPCT to ensure timely results and adequate resources to investigate situation.

7.8 Business Unit Managers - will support staff and ensure that adequate resources are made available particularly during an extended situation.

7.9 Hotel Services/Housekeeping – will identify and allocate resources to support the escalation of cleaning schedule when advised to do so.

7.10 Occupation Health Department (OHD)– The implications for staff health will vary with the nature of the infection concerned. The IPCT will inform and liaise with the OHD at an early stage to inform them of an actual or potential situation. OHD advisors should make all the necessary arrangements to see and/or advise affected or concerned staff about the implications (if any) for staff health and fitness to work.

7.11 Executive Team – will ensure that they are fully aware of the situation and offer support to all staff and ensure that resources are made available.
8. Communication

The IPCT with the relevant ward manager will review all patients and formulate and update an action plan daily (or more frequently if required), which will then be cascaded to the Consultant Microbiologist, Business Unit Manager, Executive Team (if required), discussed at the bed management meeting.

An out of hours and weekend plan will be formulated by a of the IPCT any relevant information will be updated on the CRIS bed management system. And if necessary an update directly to identified senior staff via e-mail.

In certain instances it may be advisable to restrict relatives/visitors to the ward, advise will be given by the Consultant Microbiologist or IPCT on the level of restrictions (if any) that should be followed.

A planned re-opening of the bay/ward following a thorough deep clean should be discussed as soon as practicable to enable Hotel Services to plan for extra staff etc.

Following closure of the incident a review should be undertaken and any lessons learnt should be shared with all relevant staff. Shared learning may also be appropriate across other business units. A full report will be submitted to the Infection Prevention and Control Committee.
APPENDIX I

Communication Flowchart
Suspected outbreak in clinical area

Clinical Area to inform IPCT
Collect information on number of patients, symptoms etc

IPCT to undertake Risk assessment
Or out of hours Nurse in Charge of ward to contact On-call Microbiologist

Outbreak CONFIRMED by IPCT or On-call Microbiologist (via DGH Switchboard)

Outbreak NOT confirmed – NO further action
However, ward to keep IPCT informed of any further changes or developments

IPCT or On-call Microbiologist recommends appropriate control measures,
This may include bay/ward closure.
IPCT to inform DIPC, Bed Manager, Operational Managers, Clinicians, Occupational Health, Hotel Services and Executive Director.
Out of hours nurse in charge to inform Senior Nurse, Bed Manager.
Bed Manager to inform on-call Manager

Nurse in charge of ward to ensure all appropriate infection control signs put up on doors
Visitors to be informed bay/ward closed (IPCT may recommend restricted visiting)
All staff visiting the ward must be kept to a minimum

If investigations/procedures are scheduled for a patient in a closed bay/ward and they need to go to another department/unit e.g. x-ray, a clinical review should be undertaken to determine if it can be re-scheduled.
If the investigation/procedure can not be delayed then department/unit MUST be given warning that the patient’s coming from a closed bay/ward so that they can put in appropriate precautions.
At NO time will a patient be refused investigations/procedures if clinically indicated.

Daily or more frequent patient reviews will be undertaken by the IPCT and nurse in charge of the ward. An action plan will be formulated and updated.
Out of hours advice can be sought from the On-call Microbiologist via DGH switchboard.
Legislation, Guidance and References


Department of Health (2005) Saving Lives: reducing infection, delivering clean and safe care


Northamptonshire Healthcare Trust

Winchester and Eastleigh Healthcare NHST Trust

The Royal Marsden Manual - available via the Trust intranet
Equality Analysis
(Impact assessment)

What is being assessed? Name of the policy, procedure, proposal, strategy or service:

Ward/Department Infection Control Related Closure Policy

Details of person responsible for completing the assessment:

- Chris McGinley
- Head of Infection Prevention and Control
- Infection Prevention and Control

State main purpose or aim of the policy, procedure, proposal, strategy or service:

(This is usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This is a policy that details how to identify when there is a potential problem that may lead to ward/department being partially or fully closed due to infection control issues and the process and management of that situation.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
The population of Cheshire as at the 2005 mid year figures (Cohesia Report 2008) is 684,400.

**Age:**
17.8% (30,500) of the population in Cheshire East is over 65 compared with 15.9% nationally. This results in a high “old age” dependency ratio, i.e. low numbers of working-age people supporting a high non-working dependant older population. The percentage of “older” or “frail” old is also considerably higher, with 2.3% (8,200) persons 85 and over compared to 2.1% nationally.

Cheshire East has the fastest growing older population in the North West. By 2016, the population aged 65+ will increase by 29.0% (8,845) and the population aged 85+ by 41.5% (3,403).

This will have an impact on the number of patients being managed by ECT and the complexity of the health and social care issues that the older person is experiencing. In addition the staffing profile of ECT will change to include an increasing number of staff over 65 in the workforce.

**Race:**
The 2005 mid year estimate (Cohesia Report 2008) show that the majority of the population in Cheshire (94.6%) is White British, with 5.4% non White British. The Cheshire 2007-10 Local Area Agreement identified that minority ethnic communities account for around 3% of the population. Issues for BME communities include lack of knowledge of services, access to services, access to translation/interpretation, cultural differences, family values. Many people from BME communities experience poverty, poor housing and unemployment which make it difficult for them to lead healthier lives. 4180 migrant workers registered in Cheshire in 2006/07 and comparison to the mid year population estimates for Cheshire in 2005 strongly suggests that Cheshire’s migrant worker population is larger than every individual BME group other than the White-Other White group.

*Gypsies and travellers* – at the last count (July 2006) the highest number was recorded in the Borough of Congleton (125). 42% of gypsies and travellers report limiting long term illness compared to 18% of the settled population, with an average life expectancy 10-12 years less than settled population. 18% of gypsy and traveller mothers have experienced the death of a child compared to 1% in the settled population.

**Disability:**
There are over 10 million disabled people in Britain, of whom 5 million are over state pension age. Nearly 1 in 5 people of working age (7 million, or 18.6%) in Great Britain have a disability.

*Hearing loss:* 1 in 4 has a hearing problem.

*Sight problems:* There are 2 million people with sight problems in the UK.

*Learning disabilities:* There is quite a high proportion of people with learning disabilities in the local area due to there being a number of residential homes/institutions in the area.

Problems encountered can be lack of staff awareness, communication issues, information requirements.

**Dementia**
Approximately six in 100 people aged over 65 develop dementia and this rises to around 20 in 100 people aged 85 or over. Dementia affects 750,000 people in the UK.

**Carers**
Around 6 million people (11 per cent of the population aged 5+) provided unpaid care in the UK in April 2001. While 45% of carers were aged between 45 and 64, a number of the very young and very old also provided care. By 2037, it is anticipated that the number of carers will increase to 9 million.

**Gender**
On average in Cheshire, 49% of the population are male and 51% are female

*Transgender:* No local data available, national trends show:
1/12,000 males, transgender from male to female
1/33,000 females, transgender from female to male
Specific issues around access to services, specific services for men or women, and ‘single sex’ facilities. In terms of the transgender population, GIRES (Gender Identity Research and Education Society) gives an estimate of 600 per 100,000. If these figures were applied to the Cheshire East community based on the 2005 mid year estimates, there may be around 2,100 trans people in the area.

**Religion/Belief**
In the Cheshire East area the 2001 census showed:
- Christian: 80%
- Buddhists: 0.16%
- Hindu: 0.15%
- Jewish: 0.12%
- Muslim: 0.36%
- Sikh: 0.05%
- Other religion: 0.15%
- No religion: 11.84%
- Not stated: 6.67%

The Muslim population has the highest levels of ill health amongst faith groups – this includes higher smoking rates amongst men and higher rates of coronary heart disease and diabetes.

**Sexual Orientation**
Lesbians, gay men and bisexual people (LGB) make up to 5-7% of the UK population (Dept of Trade and Industry, 2003). 13% of Gay men and 31% Lesbian women are parents (Morgan and Bell, First Out: Report of the findings of Beyond the Barriers national survey of LGB people)

The experience and health needs of gay men and women will differ. However, both groups are likely to experience discrimination, higher levels of mental ill health and barriers to accessing health care.

National Health Inequalities data shows that lesbian, gay, bisexual and transgender (LGBT) people are significantly more likely to smoke, to have higher levels of alcohol use and to have used a range of recreational drugs than heterosexual people. They are also at greater risk of deliberate self-harm. Although most LGBT people do not experience poor mental health, research suggests that some are at higher risk of mental health disorder, suicidal behaviour and substance misuse.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.
<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
<th>Response</th>
<th>Explain your response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RACE:</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, racial groups differently?</td>
<td>Yes √ No</td>
<td>If there is a patient whose first language is not English, then staff need to be aware of how to access interpretation facilities.</td>
</tr>
<tr>
<td><strong>GENDER (INCLUDING TRANSGENDER):</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, different gender groups differently?</td>
<td>Yes □ No √</td>
<td>Policy applies equally to men and women</td>
</tr>
<tr>
<td><strong>DISABILITY</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, disabled people differently?</td>
<td>Yes √ □ No</td>
<td>Information given needs to be tailored to individual's needs. Eg BSL interpreter for deaf people, leaflets are pictorial for patients with limited understanding, large print for low vision etc For people with mental health conditions, care must be taken that patients do not suffer unduly as a result of isolation.</td>
</tr>
<tr>
<td><strong>AGE:</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong>, affect, or have the potential to affect, age groups differently?</td>
<td>Yes □ No √</td>
<td>Policy applies equally regardless of age, information may need to be age appropriate.</td>
</tr>
<tr>
<td><strong>LESBIAN, GAY, BISEXUAL:</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, lesbian, gay or bisexual groups differently?</td>
<td>Yes □ No √</td>
<td>Policy applies equally</td>
</tr>
<tr>
<td><strong>RELIGION/BELIEF:</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, religious belief groups differently?</td>
<td>Yes √ □ No</td>
<td>Staff need to be naked below the elbows when giving clinical care regardless of religious belief as per dress code policy</td>
</tr>
<tr>
<td><strong>CARERS:</strong></td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect, carers differently?</td>
<td>Yes √ □ No</td>
<td>Clinical staff need to discuss the appropriate requirements for carers as these will vary dependent on the environment and level of care undertaken</td>
</tr>
<tr>
<td><strong>OTHER:</strong> EG Pregnant women, people in civil partnerships, human rights issues.</td>
<td>From the evidence available does the <strong>policy, procedure, proposal, strategy or service</strong> affect, or have the potential to affect any other groups differently?</td>
<td>Yes □ No √</td>
<td>Policy applies equally</td>
</tr>
</tbody>
</table>
4. Safeguarding Assessment - CHILDREN

a. Is there a direct or indirect impact upon children? Yes □ No √

b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

Parents/carers involved to ensure child’s understanding if appropriate pictures may be required

c. If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Policy has been circulated to the Infection Prevention and Control Group which includes multidisciplinary groups and a patient representative. In addition the policy has been circulated to the Children’s Safeguarding lead.

6. Approval – At this point, you should forward the template to:

- The Trust’s Equality and Diversity Lead lynbailey@nhs.net
- The Named Nurse for Safeguarding Children melaniebarker@nhs.net

Equality and Diversity response: Approved

Safeguarding Children response: Approved

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
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<th>Lead</th>
<th>Date to be Achieved</th>
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8. Review Date: March 2014
Date completed: May 2012

The Trust’s Equality and Diversity Lead: [Signature]

The Named Nurse for Safeguarding Children: Melanie Barker