



ITEM

TRUST POLICY AND PROCEDURES FOR CLOSURE OF
WARDS AND DEPARTMENTS TO NEW ADMISSIONS DUE TO
A SUSPECTED OR CONFIRMED OUTBREAK OF INFECTION

Reference Number POL-IC/29/05	Version 3.0.1		Status Final	Author: Helen Forrest Job Title Lead Nurse - Infection Prevention and Control
Version / Amendment History	Version	Date	Author	Reason
	1	Sept 2005	J. Fletcher	Original Policy
	2	March 2009	J. Fletcher	Review and reformat
	2.1	July 2013	H. Forrest	Review and reformat
	2.2	October 2017	Helen Forrest	Review and Update
	3	March 2019	Helen Forrest	Amalgamation of Burton and Derby policies
Intended Recipients: All medical and clinical staff, Associate Directors, Service Managers, Heads of Nursing, Clinical Governance leads and Matrons.				
Training and Dissemination: Dissemination via the Trust Intranet. Two yearly infection prevention and control update training.				

To be read in conjunction with: Trust Policy for Standard Infection Control Precautions; Trust Policy and Procedure for Hand Hygiene; Trust Policy for Isolation. Trust policy for cleaning and disinfection. Trust policy for Inoculation incidents. Trust policy for sharps safety. Trust diarrhoea and vomiting policy. Trust Outbreak Management policy	
In consultation with and Date: Infection Control Operational Group (November 2017, Infection Control Committee (November 2017)	
EIRA stage one Completed Yes Stage two Completed N/A	
Approving Body and Date Approved	Infection Prevention and Control Committee.
Date of Issue	April 2019
Review Date and Frequency	February 2022 and every 3 years
Contact for Review	Lead Nurse Infection prevention and Control
Executive Lead Signature	Executive Chief Nurse, Director of Patient Experience, Infection Prevention and Control & Facilities Management
Approving Executive Signature	

Contents

Section

- 1 Introduction**
- 2 Purpose and Outcomes**
- 3 Definitions Used**
- 4 Implementing the Policy and Procedures for Closure of Wards and Departments to New Admissions**
 - 4.1 Process for Ward/Department Closure
 - 4.2 Communication
 - 4.3 Re-opening to new admissions
- 5 Key Responsibilities**
- 6 Monitoring Compliance and Effectiveness**
- 7 References**

TRUST POLICY AND PROCEDURES FOR CLOSURE OF WARDS AND DEPARTMENTS TO NEW ADMISSIONS

1 Introduction

An outbreak is normally characterised by a cluster of similar infections / colonisations occurring in one area of the Trust within a defined period of time. Total or partial ward / bay closure may be necessary to prevent transmission if significant risks to patients and staff are identified. The decision making process requires multi-disciplinary input.

A closed ward / department is unable to accept new admissions or inter ward transfers without the agreement of the speciality consultant, neither can it discharge patients to other health or social care premises without consultation with the Infection Prevention and Control Team. Staff transfers both in and out of the ward are discouraged.

The vast majority of outbreaks can be managed without ward closure. Action which may be taken to avoid ward closure includes:

- Transfer of patients to side rooms on the ward / other wards
- Co-hort isolation nursing of infected patients in a bay. This may result in closure of one or two beds if there are insufficient patients to fill a bay.

Ward closures for reasons of non-infection control issues are beyond the scope of this policy.

2 Purpose and Outcomes

The purpose of this policy is to provide clear infection prevention and control guidelines and a management process for the closure of a clinical ward / department following the identification of an outbreak of transmissible infection. It supplements the guidance provided in the Trust Outbreak Management policy.

Adherence to this policy will facilitate the containment of the spread of infection.

3 Definitions Used

Colonisation	Bacteria present on the body without causing disease or infection.
Infection	A disease resulting from infection
Transmissible infection	Infections that can transfer from one person to another

4 Implementing the Policy and Procedures for Closure of Wards and Departments to New Admissions

4.1 Process for Ward/Department Closure

4.1.1 Triggers

- Laboratory based surveillance of alert organism / condition e.g. C.difficile, Influenza, Surgical wound infections.
- Laboratory based ward liaison surveillance e.g. MRSA, C.diff, VRE, ESBL
- Reported concern of clinical staff to the Infection Prevention and Control Team e.g. increased incidents of diarrhoea and vomiting affecting both patients and staff.

4.1.2 Risk Assessment

When infected patients, potentially infected and non-infected patients cannot be managed safely on the same ward because of the risk of spread of infection, partial or complete closure of the ward must be considered.

Continued liaison between ward / department staff and Infection Prevention and Control is essential.

Each individual situation is different and must be managed on its merits and will be reviewed daily, as a minimum, or more frequently as required.

Some wards are more difficult to close than others e.g. ICU, CCU, speciality areas. Early advice from the Infection Control Doctor / Consultant Microbiologists must always be taken. The decision to convene an Outbreak Control Group may be made earlier in high risk situations.

Ward / bay closure to new admissions may need to be considered on the basis of a risk assessment. Factors influencing consideration of ward closure are:

- The risk status of patients to be admitted e.g. elective orthopaedic in the case of MRSA.
- Number of cases /severity /deaths.
- Organism strain / type / DNA fingerprint, clostridium difficile ribotype
- Availability of alternative facilities
- Staffing issues.

4.1.3 Rationale for Bay Closure

The decision to close individual bays on a ward but to allow the rest to remain open may be made by the Infection Prevention and Control Team, in liaison with the Director of Infection Prevention and Control.

4.1.4 Rationale for Ward Closure

The decision to close a ward will be made by the Infection Prevention and Control Team. This may be the only acceptable way to bring the situation rapidly under control.

The Infection Prevention and Control Team will escalate the decision for ward closure to relevant clinicians, including Divisional Nurse Directors, Matrons and the patient's clinical teams.

A closed ward means no admissions from anywhere, transfers or discharges to another ward or healthcare facility.

The exceptions are when patients are fit for discharge to their own home, or in the case of extreme medical need, e.g. transfer to ICU or if the risk of not being cared for in their own speciality outweighs the risk of exposure to the infectious agent. The speciality Consultant in charge of the patient will make this decision.

4.1.5 Transfer of Patients to other Departments/Discharges

During ward / department closure patients may require tests, procedures or appointments outside the affected ward / department. A risk assessment should be performed, taking into account the following:

- Whether the patient involved has symptoms
- How urgent the procedure is or can it safely be postponed.
- Whether appropriate precautions can be taken by transport and the receiving department.

If it is decided to transfer the patient the receiving department must be informed in advance so that they can make necessary precaution arrangements.

If an asymptomatic patient is to be discharged to their own home a full explanation of the condition should be given to them and or carers about any symptoms they should be aware of which may indicate they were incubating the infection or that it has re-occurred.

Infection Prevention and Control should be contacted if an asymptomatic patient is to be discharged to a nursing / residential home or peripheral hospital from a closed bay / ward. In this circumstance a single room may be required on discharge for 48 hours to ensure the patient is not incubating the infection. (Depending on the organisms / infection involved). The community Infection Prevention and Control Team should also be informed.

4.2 Communication

- The decision to close a ward to admissions / transfer will be communicated at the daily operations meeting
- The Infection Prevention and Control Team will communicate the decision to close a ward, with regular updates whilst the ward is closed, along with associated control measures throughout the organisation.
- The Infection Prevention and Control Team together with the Communications department will produce a press statement as required

- Infection Prevention and Control will issue an information pack to the ward when decision for closure is made, this will include information on visiting restrictions, the reason for closure and advice to patients, visitors and staff.

4.3 Re-opening to New Admissions

The ward can be re-opened when there is evidence that the outbreak has been contained.

For Example:

1. Infected / Co-horted patients have all been discharged or moved to adequate isolation facilities.
2. Transmission of infection has ceased e.g. no new cases of viral gastro-enteritis within 48 hours.

If a major outbreak, the Outbreak Control Group will make the decision when to re-open, otherwise the Infection Prevention and Control Team will make the decision.

Prior to re-opening the bays / ward must be thoroughly cleaned to the level advised by the Infection Prevention and Control Team.

5 Monitoring Compliance and Effectiveness

Monitoring Requirement :	<ul style="list-style-type: none"> • Any non-compliance with this policy will be reported using the Trust reporting mechanisms
Monitoring Method:	<ul style="list-style-type: none"> • Non-compliance with this policy will be reported using the Trust Incident reporting process • The Infection Prevention and Control Team will monitor compliance with prescribed precautions whilst ward / Departments are closed.
Report Prepared by:	Report on non-compliance with this policy will be prepared by the relevant divisional IPC lead or Lead Nurse IPC
Monitoring Report presented to:	Infection Control Operational Group – items escalated to infection control committee as necessary
Frequency of Report	Monthly

6. References

Department of Health (2008). The Health and Social Care Act. Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and Related Guidance.

Chadwick PR, Beards G, Brown D, et al (2000). Management of Hospital Outbreaks of Gastro-enteritis due to Small Round Structured Viruses. Journal of Hospital Infection 45: 1-10