Patient Placement & Movement Policy
(Infection prevention & control)

V2
August 2015
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1. **Introduction**
   1.1. The risks of health care associated infection (HCAI) are exacerbated by extensive movement of patients within the hospital, by very high bed occupancy and by an absence of suitable isolation facilities (DoH, Winning Ways 2003). The need for restricting movement of infected patients between wards and for the rapid isolation of infected patients has been emphasised in Healthcare Commission reports into outbreaks of *Clostridium difficile* (Healthcare Commission, 2006 and 2007, Scottish Parliament 2014).

2. **Purpose of this Policy/Procedure**
   This policy identifies the process by which the Trust ensures that placement and management of patients with confirmed or suspected infectious condition is appropriate and timely and that unnecessary patient movement is minimised.

3. **Scope**
   3.1. Applies to all staff involved in patient care and management including patient placement and should be used in conjunction with other infection prevention and control policies and guidelines including:
   
   - Isolation Policy
   - Outbreak Policy
   - *Clostridium difficile* Policy
   - MRSA Policy
   - Policy for the Management of Patients & Staff with Diarrhoea
   - Policy of the Management of Outbreaks of Suspected/Confirmed Norovirus.

4. **Definitions / Glossary**
   IPAC Team:
   Diarrhoea:
   MRSA:
   *Clostridium difficile*:

5. **Ownership and Responsibilities**

5.1. **Trust Board**
   The Chief Operating Officer, on behalf of the Chief Executive and the Trust Board, has a responsibility to promote a high level of compliance with this policy. This responsibility will be demonstrated by:
   - Regarding lapses in compliance as a serious operational issue
• Involving the Infection Prevention and Control Team in the planning process for service developments, new builds and escalation planning.

5.2. Divisional Management Teams
Each Division has a responsibility to actively encourage compliance with the policy by:

• Giving due consideration to the recommendations of the Infection Prevention and Control Team with regard to the provision and use of isolation facilities.

• Consulting at an early stage in planning of any service developments or building works to enable the Infection Prevention and Control Team to assess impact and advise on infection prevention and control.

• Considering lapses to this policy at Divisional Governance meetings identifying corrective measures

5.3. Infection Prevention and Control Team (IPAC)
The IPAC team will:

• Advise the Trust on current best practice/policy for isolation or segregation of infectious patients.

• Advise the Trust on current best practice in planning isolation facilities for new construction and refurbishment work.

• Provide advice to clinical teams regarding patient infection risks, risk assessment and isolation when extraordinary measures are required that ward staff cannot be expected to determine for themselves.

5.4. Clinical Staff Providing Patient Care
Clinical staff have a responsibility to:

• Assess patients on admission for risk of infection (using the relevant sections on the Nursing documentation), including ensuring that there are systems in place to check for infection prevention and control alerts on PAS on admission and, following admission on Swift Plus on a daily basis.

• Ensure that suspected and confirmed infectious conditions/infection risks are clearly documented in the care record.

• Ensure that infection prevention and control alerts for patients with short term infectious conditions are added to and deleted from Swift Plus.

• Ensure that patients with an infection prevention and control alert are not transferred to other wards unless clinically indicated or advised by the IPAC team.
• Ensure that information about the infectious condition is communicated to receiving wards and departments in advance to ensure that appropriate facilities are available and any special arrangements are in place.

• Datix an incident if it is identified that patients with an infection prevention and control alert have been transferred unnecessarily and/or without communication.

5.5. Clinical Site Co-ordination Team
The team is responsible for ensuring that:

• Isolation facilities are provided promptly when the need is identified.

• Allocation of single rooms is based on a clinical risk assessment with infection prevention and control requirements given priority over bed management/capacity issues (Healthcare Commission, 2006).

• When isolation facilities are not available that the Infection Prevention and Control Team are informed and their advice taken on risk minimisation.

• Patients with infection prevention and control alerts are not transferred to other wards unless their clinical need dictates or advised by the IPAC team.

6. Standards and Practice
6.1. Infection Risk Assessment On/Prior to Admission
On or prior to the admission of a patient with a known or suspected infection or infectious condition, a systematic assessment of the potential risks to the individual, other patients and healthcare workers must be undertaken. The assessment of whether isolation is necessary will be influenced by a number of factors, which include:

• Route of transmission e.g. contact, airborne, enteric or blood borne.

• Infectivity i.e. is the organism easily transmitted from person to person either because it is airborne e.g. Chickenpox, or because contamination of the environment is important e.g. Clostridium difficile infection and Norovirus.

• Potential consequences to the operations of the Trust e.g. failure to isolate likely to result in ward closures.

• Clinical area i.e. the susceptibility of other patients in a given specialty e.g. greater need to isolate MRSA in high risk areas, such as Orthopaedic surgical wards, than in low risk areas.

• Morbidity and mortality associated with the organism/condition disease i.e. might not be easily transmitted but is associated with high mortality rate.

• Safety of the individual who is to be isolated.
6.2. Disease/Condition Specific Action

6.2.1. Diarrhoea and/or Vomiting
- All patients admitted to hospital must be assessed for signs, symptoms or contact with possible viral diarrhoea and/or vomiting using the diarrhoea risk assessment tool CHA 2993.
- If assessment shows that there is a risk the patient must be admitted to and remain in a single room until an alternative cause is established and/or relevant microbiological test results are known.

6.2.2. Suspected Clostridium Difficile Infection
- Assessment of patients with diarrhoea may identify patients with a history suggestive of a new or recurrent *C. difficile* infection. Such patients must be admitted to a single room and tested for *C. difficile* toxin.
- If/when *Clostridium difficile* diagnosis is confirmed the patient should be transferred to the isolation ward currently Wheal Prosper.

6.2.3. MRSA
- Patients known to have a history of MRSA are indicated with an infection prevention and control alert on PAS.
- The relevant field on PAS must be checked for IPAC alerts wherever possible prior to the admission of elective patients to ensure that appropriate facilities are available to minimize the risk of cross infection as per the MRSA guidelines, to inform the order of the operating list, if relevant, and to minimise waiting time in communal areas.
- The infection prevention and control alert must also be checked on admission of emergency patients to ensure that appropriate facilities are provided as soon as possible after admission.
- Patients with a history of MRSA should be isolated on admission according to the MRSA guidelines unless another patient has a greater (infection prevention and control) need for a single room.

6.3. Prioritising Patients for Single Room Accommodation

6.3.1. When the number of patients with infectious conditions exceeds the single rooms available priority for the single rooms goes to the following:
<table>
<thead>
<tr>
<th>Condition</th>
<th>Where to isolate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected or confirmed multidrug resistant tuberculosis</td>
<td>ITU negative pressure room.</td>
</tr>
<tr>
<td>Suspected or confirmed infectious pulmonary tuberculosis</td>
<td>Wheal Prosper (only when the plan of care has been agreed by the Respiratory physicians).</td>
</tr>
<tr>
<td>Suspected or confirmed chickenpox or measles</td>
<td>Wheal Prosper adults, Single room paediatrics.</td>
</tr>
<tr>
<td>PUO from abroad (where viral haemorrhagic fever is not a concern)</td>
<td>A single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Suspected or confirmed Mumps, rubella or whooping cough</td>
<td>Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Suspected viral gastroenteritis</td>
<td>Single room on Wheal Prosper if new admission. Do not move off the current ward.</td>
</tr>
<tr>
<td>Suspected <em>Clostridium difficile</em> infection</td>
<td>Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Confirmed <em>Clostridium difficile</em> infection</td>
<td>Single room on Wheal Prosper unless a child in which case isolate on paediatric ward.</td>
</tr>
<tr>
<td>Previous or recent confirmation of Carbapenemase producing enterobacteriaeae</td>
<td>Adult single room on Wheal Prosper unless a child in which case isolate on paediatric ward.</td>
</tr>
</tbody>
</table>

6.3.2. To make additional accommodation available the following action should be taken:

- Remove non-infectious patients from single rooms, wherever segregation of gender allows
- Check that patients with infection prevention and control alerts remain infectious and still need to be in single rooms
- Identify patients with MRSA and check:
  - Latest MRSA screening results
  - Whether patients are still receiving suppression therapy

6.3.3. With this information an assessment can be made to determine which patient poses the least risk to others e.g.

- A patient with a recent clear MRSA screen poses less risk than one who remains MRSA positive
- Among patients that remain MRSA positive, those who are still undergoing suppression are less risk than those who have not.
6.3.4. If MRSA positive patients have to be managed in a bay, the suppression protocol should be commenced immediately and care taken not to place next to patients with open wounds, central lines or catheters.

6.4. Movement of Infectious Patients between Wards and Departments

6.4.1. Assess the need to move the patient. If an inter-ward transfer can be postponed, or an investigation/procedure avoided until the patient is no longer infectious, without compromising the patient or other patient’s care and management in any way, then it should be delayed.

6.4.2. Communication between wards and departments regarding the “infection status” of a patient is essential and enables the receiving department to put its local procedure in place.

6.4.3. A patient being nursed in isolation should only be transferred between wards for the benefit of that individual’s clinical needs.

6.4.4. During bed capacity escalation procedures, patients with an infection prevention and control alert or those who require isolation must not be transferred to other wards or temporary in-patient facilities.

6.4.5. Once vacated, an isolation room (or bed space, if not in a single room) must be terminally cleaned before reoccupation.

6.5. Inter-Healthcare Transfer

The infection prevention and control section of the transfer form must be completed and accompany patients requiring transfer to other hospitals or other care providers.

6.6. Infection Prevention & Control Team and Clinical Site co-ordinators

- Close liaison is essential.
- An Infection Prevention and Control Team representative will provide regular information on relevant issues at the daily bed capacity meeting.
- Out of office hours advice can be sought from the on call infection prevention and control nurse via the hospital switchboard.
- A member of the Site Practitioner Team will attend infection outbreak/incident meetings when the outbreak/incident impacts on bed availability.

7. Dissemination and Implementation

7.1. This policy will be circulated to all Link Nurses and Ward Managers and clinical site co-ordinators.

7.2. It will be uploaded into the Trusts document library. Details of its availability will be provided via the Trusts communication bulletin.
8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Appropriate placement of patients with suspected / known infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson DIPC/Consultant Nurse Infection Prevention and Control</td>
</tr>
<tr>
<td>Tool</td>
<td>IPAC team to note those patients who should be isolated during ward visits.</td>
</tr>
<tr>
<td>Frequency</td>
<td>During regular ward visits</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>By exception to the IPAC Steering Group</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The IPAC Steering Group will nominate an appropriate lead to take forward any actions</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned immediately. A lead member of the group will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

9. Updating and Review

   This policy will be reviewed within 3 years

10. Equality and Diversity

   10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

   10.2. Equality Impact Assessment

   The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Patient Placement and Movement Policy (Infection Prevention &amp; Control)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>August 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1\textsuperscript{st} November 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31\textsuperscript{st} October 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Louise Dickinson, DIPC/Consultant Nurse Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>This policy identifies the process by which The Trust ensures that placement and management of patients with confirmed or suspected infectious conditions is appropriate and timely and that unnecessary patient movement is minimised.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Single Room accommodation, Isolation, Wheal Prosper</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Deputy Chief Executive, Nurse Executive</td>
</tr>
<tr>
<td>Date revised:</td>
<td>August 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Patient Placement and Movement Policy (Infection Prevention &amp; Control) V1.</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Infection Prevention and Control Steering Group Hospital Infection Prevention and Control Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet ✓ Intranet Only</td>
</tr>
</tbody>
</table>
Related Documents:


- Department of Health (2005) Saving Lives: A delivery programme to reduce Healthcare associated infection including MRSA.

- Healthcare Commission (2006) Investigation into outbreaks of *Clostridium difficile* at Stoke Mandeville Hospital, Buckinghamshire Hospital NHS Trust.

- Healthcare Commission (2007) Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust


Training Need Identified? No

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.12.12</td>
<td>1</td>
<td>New Policy</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>01.08.15</td>
<td>2</td>
<td>Re-formatted and full review. Information re CPE added.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000.

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy/proposal/service function to be assessed (hereafter referred to as policy):
**Patient Placement and Movement Policy (infection Prevention & Control)**

<table>
<thead>
<tr>
<th>Directorate and service area:</th>
<th>Is this a new or existing Policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Prevention and Control</td>
<td>Existing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of individual completing assessment:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Louise Dickinson</td>
<td>01872 254969</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
To protect patients, staff and the general public by preventing cross-infection and contamination of the environment.

2. Policy Objectives*  
To ensure that placement and management of patients with confirmed or suspected infectious conditions is appropriate and timely and that unnecessary patient movement is minimized.

3. Policy – intended Outcomes*  
To reduce the risk of cross infection.

4. *How will you measure the outcome?  
Daily via ward visits.

5. Who is intended to benefit from the policy?  
Patients, staff and visitors.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
Yes
b) If yes, have these *groups been consulted?  
Yes
C). Please list any groups who have been consulted about this procedure.

<p>| |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Infection Prevention &amp; Control Steering Group</td>
</tr>
<tr>
<td>Hospital Infection Prevention and Control Committee</td>
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</tbody>
</table>

7. The Impact

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>✓</td>
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</tbody>
</table>

Patient Placement and Movement Policy  
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<p>| | | | | |</p>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex (male, female, trans-gender / gender reassignment)</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race / Ethnic communities /groups</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Disability - Learning disability, physical disability, sensory impairment and mental health problems</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion / other beliefs</strong></td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td><strong>Marriage and civil partnership</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Pregnancy and maternity</strong></td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</strong></td>
<td>✓</td>
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</table>

8. Please indicate if a full equality analysis is recommended.  
   Yes  No ✓

9. If you are not recommending a Full Impact assessment please explain why.

None of the equality strands have been identified in the initial impact assessment.

<table>
<thead>
<tr>
<th><strong>Signature of policy developer / lead manager / director</strong></th>
<th><strong>Date of completion and submission</strong></th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th><strong>Names and signatures of members carrying out the Screening Assessment</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _______________

Date _______________