Patient Placement & Movement Policy (Infection Prevention & Control (IPAC))

V3.0

August 2018
Summary.

Risk Assessment of Patient (Complete relevant documentation)

Isolation necessary?

Yes
- Contact Site Team and request isolation room

No
- Transfer to relevant ward

Site Team to allocate side room, preferably on relevant specialty
Table of Contents

Summary ................................................................................................................................................. 2
1. Introduction ......................................................................................................................................... 4
2. Purpose of this Policy/Procedure ........................................................................................................ 4
3. Scope .................................................................................................................................................. 4
4. Definitions / Glossary ......................................................................................................................... 4
5. Ownership and Responsibilities ........................................................................................................ 4
   5.1. Trust Board .................................................................................................................................. 4
   5.2. Divisional Management Teams .................................................................................................... 4
   5.3. Infection Prevention and Control Team (IPAC) .......................................................................... 4
   5.4. Clinical Staff Providing Patient Care .......................................................................................... 5
   5.5. Clinical Site Co-ordination Team ............................................................................................... 5
6. Standards and Practice ....................................................................................................................... 5
7. Dissemination and Implementation .................................................................................................... 9
8. Monitoring compliance and effectiveness .......................................................................................... 9
9. Updating and Review ........................................................................................................................ 9
10. Equality and Diversity .................................................................................................................... 9
Appendix 1. Governance Information .................................................................................................... 10
Appendix 2. Initial Equality Impact Assessment Form .......................................................................... 12
1. **Introduction**

1.1. The increasing movement of patients within and between hospitals is a significant factor for health care associated infections (HCAIs) (2015) Health and Social Care Act 2008. 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).

1.2. This version supersedes any previous versions of this document.

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**

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.

4. **Definitions / Glossary**

Definitions are contained within the text.

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 current 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
- Availability of isolation room
- It is important to document the risk assessment process and the outcome.

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 2993v4.

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**
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>Any case of suspected viral haemorrhagic fever</td>
<td>Wheal Prosper Room 1, 6, 7 or 12.</td>
</tr>
<tr>
<td>Suspected or confirmed multidrug resistant tuberculosis</td>
<td>ITU negative pressure room or Wheal Prosper Room 1, 6, 7 or 12.</td>
</tr>
<tr>
<td>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>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>Suspected or confirmed viral gastroenteritis</td>
<td>Single room on Wheal Prosper if new admission. Do not move off the current ward unless advised by the Infection Prevention and Control Team.</td>
</tr>
<tr>
<td>Confirmed Influenza infection</td>
<td>Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Suspected or confirmed Chickenpox and Shingles</td>
<td>Wheal Prosper adults - Single room paediatrics.</td>
</tr>
<tr>
<td>Suspected <em>Clostridium difficile</em> infection or GDH confirmed on current admission with ongoing</td>
<td>Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Suspected infectious pulmonary tuberculosis</td>
<td>Wheal Prosper (only when the plan of care has been agreed by the Respiratory physicians)</td>
</tr>
<tr>
<td>Confirmed Carbapenemase producing enterobacteraeciae</td>
<td>Adult single room on Wheal Prosper unless a child in which case isolate on paediatric ward. Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Suspected or confirmed viral exanthum (i.e. patient with a fever and a rash due to infection such as rubella, parvovirus, measles etc )</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>GRE on this admission with symptoms of diarrhoea</td>
<td>Single room on Wheal Prosper.</td>
</tr>
<tr>
<td>Infection or colonization with MRSA during current admission</td>
<td>Single room on Wheal Prosper.</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>
</tbody>
</table>
6.3.1. 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

6.3.2. 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.

6.3.3. 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 a current 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 coordinators**

- 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 Microbiologist through the Site Coordinators 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 Sisters/Charge Nurses and Clinical Site Coordinators.

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 and Control) V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>30 July 2018</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1 August 2018</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31 July 2021</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>Executive Director responsible for Policy:</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Date revised:</td>
<td>16 July 2018</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Patient Placement and Movement Policy (Infection Prevention &amp; Control) V2</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>Signature of JCNC Chair or nominated deputy</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</td>
</tr>
<tr>
<td>Document Library Folder/Sub Folder</td>
<td>Clinical / Infection Prevention &amp; Control</td>
</tr>
<tr>
<td>Links to key external standards</td>
<td>CQC Outcome 8</td>
</tr>
</tbody>
</table>
Related Documents:

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


Code of Practice of the Prevention and Control of Infections related guidance.


Training Need Identified? No

Version Control Table

<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>1.0</td>
<td>New Policy</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>01.08.15</td>
<td>2.0</td>
<td>Re-formatted and full review. Information re CPE added.</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>16.07.18</td>
<td>3.0</td>
<td>Full review, reformatted and minor changes to references.</td>
<td>Jean James, IPAC Lead 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

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Patient Placement and Movement Policy (Infection Prevention and Control) V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Is this a new or existing Policy?</strong></td>
</tr>
<tr>
<td>Corporate</td>
<td>Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td>Louise Dickinson</td>
<td>01872 254969</td>
</tr>
</tbody>
</table>

1. **Policy Aim**
   - **Who is the strategy / policy / proposal / service function aimed at?**
   - 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 Who did you consult with
   - Workforce
   - Patients
   - Local groups
   - External organisations
   - Other

   **b). Please identify the groups who have been consulted about this procedure.**
   - Infection Prevention & Control Steering Group
   - Hospital Infection Prevention and Control Committee

What was the outcome of the consultation?
   - Approval given
7. The Impact
Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

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.
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

This EIA will not be uploaded to the Trust website without the signature of the
Human Rights, Equality & Inclusion Lead.

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

Signed __ ____________________

Date ____________________