Ward Closure Policy V2.0

Document reference code: IC/034/24

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: To protect the patients, staff and the general public by preventing cross infection and contamination of the environment.

Target audience: All staff at RCHT and CFT, Contractors, Visitors, Volunteers.

Document author and role: Rashima Hamdan, Senior Infection Prevention and Control (IPAC) Specialist Practitioner.

Document author contact details: 01872 254969.

Document definition: Policy.

Supporting committee and chairperson: Infection Prevention and Control Committee, Louise Dickinson.

Executive director responsible for the policy: Chief Nursing Officer.

Freedom of information: Can be released under the Freedom of Information Act 2000.

CFT Document section: Safety and risk, infection control.

Audience:

☒ Cornwall Partnership NHS Foundation Trust.

☒ Royal Cornwall Hospitals NHS Trust.

Key words: Closure, Infection, Outbreak.

Approval process

Approved at: RCHT and CFT Infection Prevention and Control Committees.

Date approved: 29 May 2024

Executive approval: Louise Dickinson, Director of Infection Prevention and Control (DIPC).

Date approved by: 29 May 2024.

RCHT General manager confirming approval processes: Joanne Taylor, Deputy DIPC.

RCHT Governance lead confirming approval process: Joanne Taylor, Deputy DIPC.

Review date: 1 January 2027 (6 months prior to the expiry date)

Expiry date: 1 July 2027

Publication location:

☒ Internet and intranet ☐ Intranet only

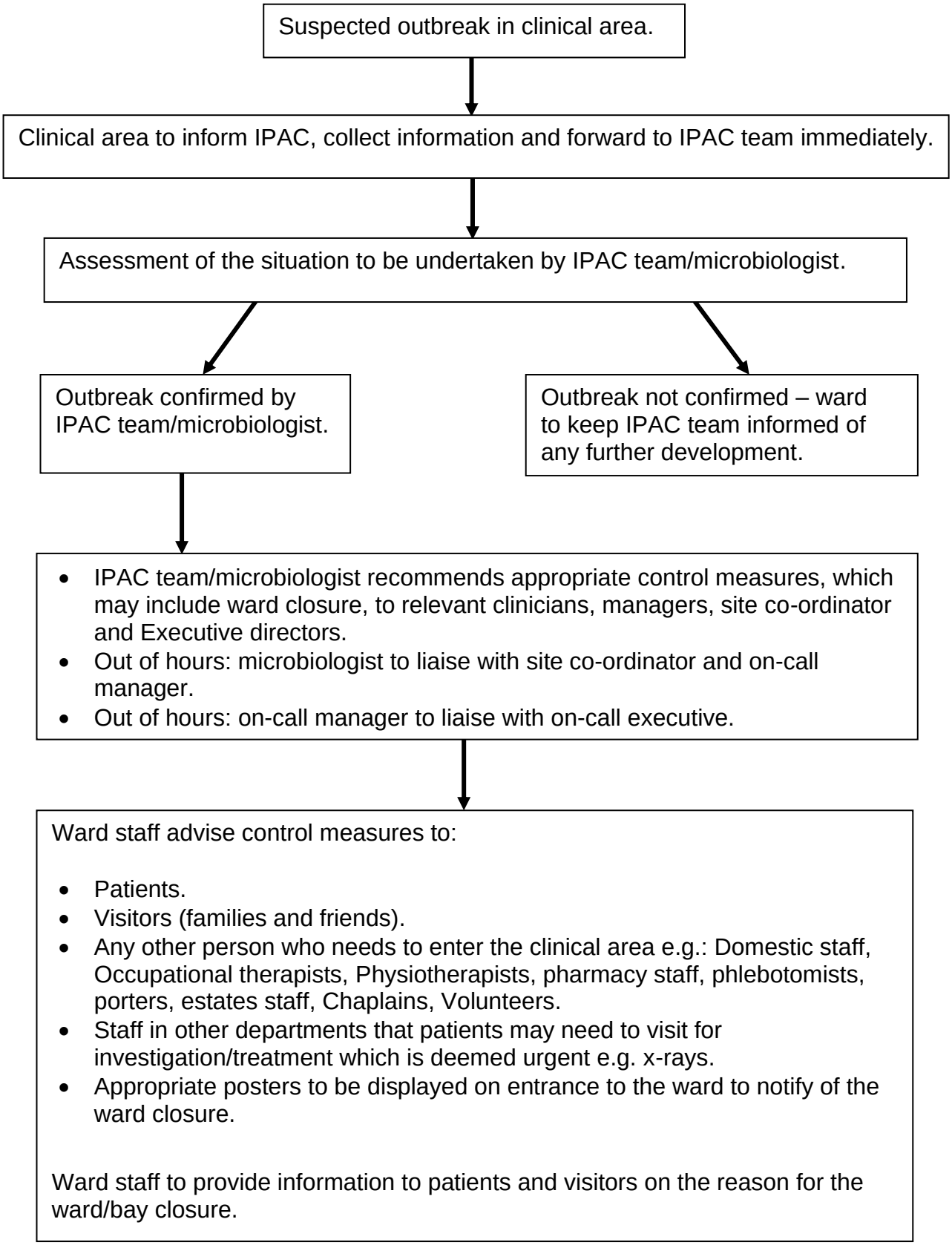
RCHT Document Library folder and sub-folder: Clinical / Infection Prevention and Control.

Version control

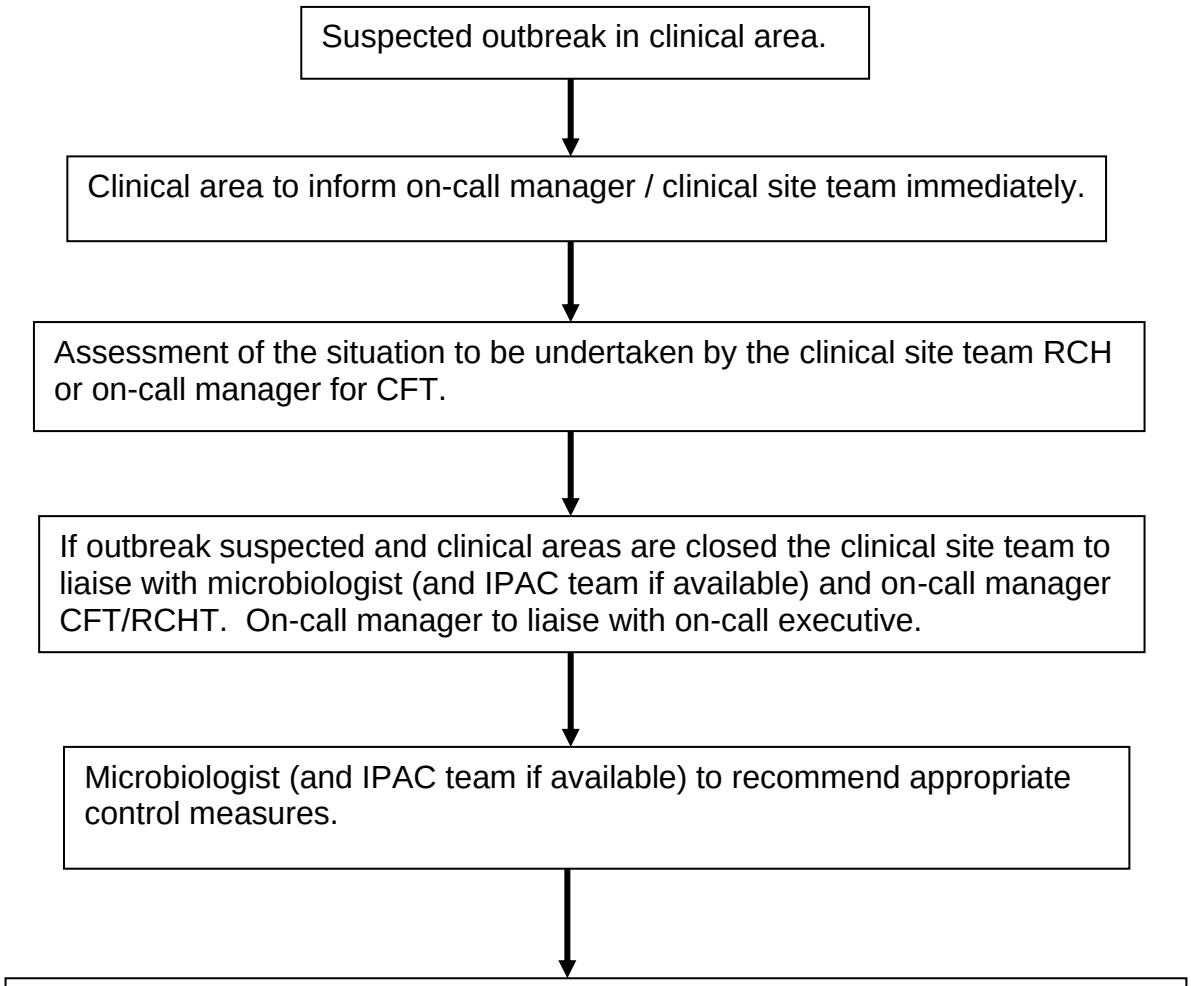
Version	Date	Author and/or reviewer	Section	Changes (key points)
1.0	01/04/2021	Linda Shelvin, IPAC Specialist Practitioner	Full review.	Formatted to current Trust template.
2.0	01/02/2024	Rashima Hamdan, Senior IPAC Specialist Practitioner	Full Review	Formatted to current Trust template. Updated summary flowcharts. Replaced Mitie with Domestics. Display of appropriate ward closure posters added to actions.

This document replaces: Ward Closure Policy V1.0

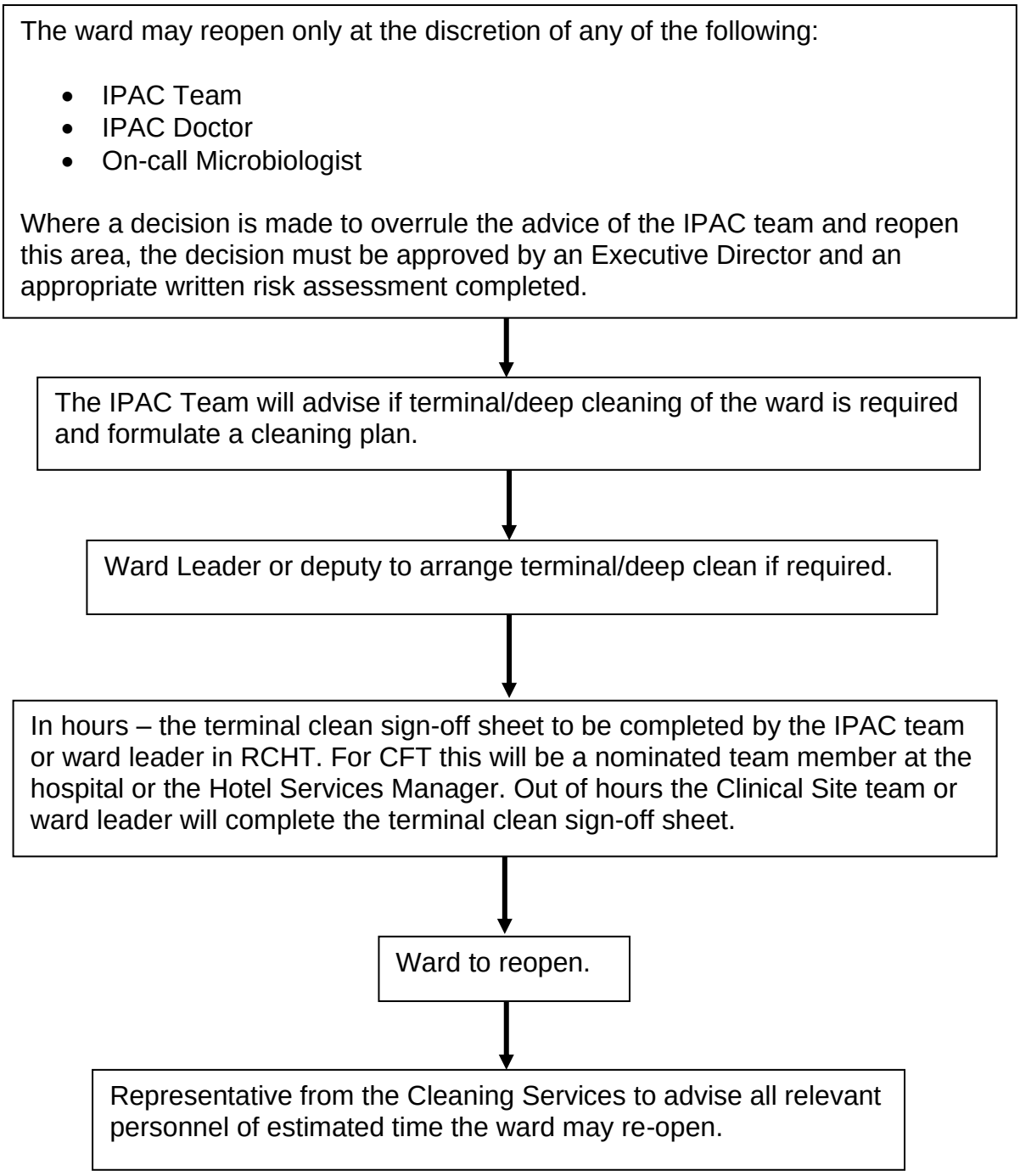
Summary: Communication Flowchart for Ward Closure



Summary: Communication Flowchart for Ward Closure Out of Hours



Summary: Communication Flowchart for Ward Reopening



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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

1.1. On occasion it will be necessary to close wards, bays on a ward and other clinical departments to new admissions. This is to protect new patients from acquiring infection. It is not possible to list all the situations where this may occur but it will usually be a response to an outbreak of infection - but rarely may be due to a single case of a particular infection.

1.2. In most situations the recommendation for closing a ward/bay or clinical area to new admissions is to prevent new patients from acquiring infection. However the decision making process can be more complex as one needs to consider the risk of not admitting patients versus the risk of acquiring infection and the potential consequence of acquiring an infection. For example closure of an intensive care unit will have more serious consequences than closure of many other clinical areas. Another situation may be that staff have been exposed to an infection, may then become infected and subsequently infect other patients.

1.3. The Health and Social Care Act (2008) stipulates that NHS bodies must, in relation to preventing and controlling the risk of Health Care Associated Infections (HCAI), have in place appropriate core policies, including closure of wards, departments and premises to new admissions due to suspected or confirmed Outbreak of Infection. Implementation of this policy will contribute to the achievement compliance with the Health and Social Care Act (2008).

1.4. This version supersedes any previous versions of this document in CFT and RCHT.

2. Scope

This document applies to all staff working within the Royal Cornwall Hospitals NHS Trust and Cornwall Partnership Foundation NHS Trust.

3. Definitions and glossary

An outbreak may be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place.
- A greater than expected rate of infection compared with usual background rate for the place and time where the outbreak has occurred.
- A single case for certain rare diseases such as diphtheria, botulism, rabies, viral haemorrhagic fever or polio.
- A suspected, anticipated or actual event involving microbial or chemical contamination of food or water.

4. Ownership and responsibilities

4.1. Role of Care Group Managers/ Locality Leads

To provide suitable and sufficient resources and facilities to enable effective management during a ward closure that is associated with significant risks to patients and staff.

4.2. Role of Ward/Departmental Staff

- To inform the Clinical Site co-ordinators, CFT patient flow leads Infection Prevention and Control Team/microbiologist of any suspected outbreaks/infection control concerns immediately.
- To provide accurate documented and verbal information on patients and staff to the Infection Prevention and Control team at the earliest opportunity for a full assessment to be undertaken.
- To provide the Occupational Health Department accurate documented information via e mail communication at the earliest opportunity as required.
- To inform relevant personnel e.g. diagnostic staff, domestic staff, allied health professionals of any imposed restrictions on patient and staff movement and measures required to reduce the spread of infection.

- To inform patients and their next of kin of any visiting restrictions and the reason for ward closure.

4.3. Role of Infection Prevention and Control Team

- When contacted by ward/departmental staff to assess the need to close the ward/bay, department.
- To advise on the management required to reduce the risk of spread of infection.
- To liaise with the Clinical site team regarding the ward/bay departmental closure
- To inform all relevant personnel of the ward/bay departmental closure and to provide daily progress reports.

4.4. Role of Clinical Site Co-ordinators/ CFT On-call managers

- When contacted by ward/departmental staff out of hours to assess the need to close the ward/bay, department and advise on the management required to reduce the risk of spread of infection.
- To inform the Infection Prevention and Control Team/microbiologist of any suspected outbreaks/infection control concerns immediately.

5. Standards and practice

5.1. **Situations where closure of wards/bays and clinical areas may be considered**

For the reasons stated above it is not possible to provide a comprehensive list of all situations when closure should be considered. Each event must be considered on an individual basis and an appropriate risk assessment considered. The following situations may be considered as a guide:

5.1.1. Outbreaks of infection e.g. Covid-19, Clostridium difficile, MRSA, norovirus, influenza, infection with PVL positive strains of Staphylococcus aureus, highly antibiotic-resistant organisms e.g. Pseudomonas aeruginosa and Glycopeptide resistant S. aureus.

5.1.2. Single cases of infection e.g. Covid-19 uncontained vomiting by a patient with norovirus infection, single cases of PVL positive strains of Staphylococcus aureus, Glycopeptide-resistant S. aureus, measles and chickenpox, when it is believed that many patients have been exposed and may be incubating infection.

5.1.3. Outbreaks of infection with unidentified organisms e.g. pneumonia or surgical site infections.

5.1.4. Increased unexplained mortality with a suspected infective cause.

It is not always necessary for there to be a laboratory confirmed diagnosis. Clinical suspicion of an infection can be enough to warrant consideration of closure of a ward/bay or clinical area to new admissions.

5.2. **Actions to be taken during normal working hours**

5.2.1. The Infection Prevention and Control Nurse/Practitioner will visit the ward or department and assess the situation.

5.2.2. Following assessment of the situation, the decision to close a ward/bay or department will be made by the Infection Prevention and Control team. The decision to close a ward/bay or department must be discussed with the Nurse Consultant or Lead Nurse Infection Prevention and Control or Microbiologist. All relevant personnel will be notified of the ward/bay closure via email circulated by the Infection Prevention and Control Team and Communications team.

5.2.3. At no time shall a member of departmental or ward staff close a ward/bay because of infection without prior discussion with the Infection Prevention and Control Team, on-call microbiologist or clinical site co-ordinator.

5.2.4. For the duration of any period of closure the Chief Executive, Executive Directors, Divisional Management Team and Chief Operating Officer will be updated by the Infection Prevention and Control Team on a daily basis, who will provide details of which ward, the number of empty beds, number of cases to date, the last occurrence and the next review date / time.

5.2.5. If the incident requires further action, then an urgent outbreak meeting will be convened by the DIPC or Deputy DIPC in accordance with the Outbreak Policy.

5.2.6. The ward staff must inform Domestic staff at RCHT and Hotel services staff directly at CFT if increased cleaning is required.

5.3. **Actions to be taken out-of-hours**

5.3.1. The Ward/departmental staff must inform the Clinical Site Co-ordinator or On call manager for CFT of any suspected outbreaks/infection control concerns immediately.

5.3.2. The Clinical Site Co-ordinator/CFT On-call manager will assess the situation with the ward team. If closure of bays / ward is required, the Clinical Site Co-ordinator/On call CFT Manager team will provide accurate verbal information on patients and staff to the Infection Prevention and Control team at the earliest opportunity for a full assessment to be undertaken.

5.3.3. All staff **must** refer to the Trust Infection Prevention and Control Policies and Procedures for guidance.

5.3.4. In exceptional circumstances, the on-call Consultant Microbiologist can be contacted for advice via the on-call senior manager/clinical site co-ordinator.

5.3.5. Infection prevention and control team operate a 7 day working rota 8-4pm for RCHT and 9-5pm for CFT.

Ward staff must discuss the situation with the clinical site coordinator / CFT on-call manager prior to contacting the on-call consultant microbiologist.

5.4. **Ward re-opening**

5.4.1. Depending on the extent of the outbreak, the Infection Prevention and Control Team, the (Infection Control) Consultant Microbiologist or the Outbreak Control Group will declare the outbreak resolved and inform the ward and Clinical Site Co-ordinator.

5.4.2. The Infection Prevention and Control team will formulate a cleaning plan and email this to Domestics, Matron/Locality lead for this situation, Nurse in Charge of the Ward and the Clinical Site Co-ordinators/patient flow lead in CFT.

5.4.3. As per the Terminal cleaning plan, the cleaning plan is to be overseen by the Site Co-ordinators in RCHT, Hotel Services in CFT who may request interruptions to the plan to deal with cleaning issues elsewhere in the hospital which may take priority.

5.4.4. The responsibility for organising terminal clean of the ward (including curtain change) lies with the ward team.

5.4.5. The ward must not be declared open until terminal clean has been completed to a satisfactory standard and the sign off sheet completed.

5.4.6. All relevant personnel will be informed of the ward re-opening by the Infection Prevention and Control Team.

6. Related legislation, national and local guidance

Department of Health (2015) The Health and Social Care Act 2008 Code of Practice of the prevention and control of infections and related guidance. London:DH.

https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

PHLS (2000) Viral Gastro Enteritis Working Group. Management of hospital outbreaks of gastro-enteritis due to small round structured viruses. Journal of Hosp Infection 45 1-10

Public Health England (2012) Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. London:DH http://www.hpa.org.uk/webc/HPAwebFile/HPAweb

Wilson J. (2001), Infection Control in Clinical Practice 2nd Edition, Bailliere Tindall, London.

Public Health England (2014) Communicable Disease Outbreak Management. https://www.gov.uk

Links to key external standards:

- CQC outcome 8, Regulation 12.

7. Training requirements

There are no training requirements.

8. Implementation

The policy will be included in the Trust's document libraries.

Staff will be made aware of the policy through the IPAC Steering Group and IPAC Committee meetings.

9. Document Monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Ward, bay and department closure.
Lead	Louise Dickinson, DIPC.
Tool	Audit tool on a word or excel template.
Frequency	Review of the situation following closure of ward.
Reporting arrangements	Information will be reported to the outbreak group if convened.
Acting on recommendations and lead(s)	The outbreak group will make recommendations as required.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. A lead person will be identified to take each change forward where appropriate. Lessons learned will be shared with all relevant stakeholders.

10. Updating and review

This policy will be reviewed within 3 years.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Ward Closure Policy V2.0.

Document library section: Clinical / Infection Prevention and Control.

Is this a new or existing document? Existing.

Date of assessment: 20/02/2024.

Person responsible for the assessment: Rashima Hamdan.

What is the main purpose of the document?

To provide clear infection prevention and control guidance 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 Major Outbreak Policy.

Who is affected by the document?

☐ Staff ☐ Patients ☐ Visitors ☐ Carers ☐ Other ☒ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No.

Signature of person completing the equality impact assessment:

Name: Rashima Hamdan.

Date: 20 February 2024.