Ward Closure Policy

V5.0

July 2018
Summary.

**Communication Flowchart – Ward Closure**

- Suspected outbreak in clinical area

  Clinical area to inform IPAC team, collect information and forward to IPAC team immediately

  Assessment of the situation to be undertaken by IPAC team/microbiologist

  - Outbreak confirmed by IPAC team/microbiologist
  - Outbreak not confirmed – ward to keep IPAC team informed of any further development

  IPAC team/microbiologist recommends appropriate control measures, which may include ward closure, to relevant clinicians, managers, site co-ordinator and Executive directors.
  
  (Out of hours, microbiologist to liaise with site co-ordinator and on-call manager)
  
  Out of hours, on-call manager to liaise with on-call executive

- Ward staff advise control measures to:
  - Patients
  - Visitors (families and friends)
  - Any other person who needs to enter the clinical area e.g.: Domestic staff, Occupational therapists, Physiotherapists, pharmacy staff, phlebotomists, porters, estates staff, Chaplains, Volunteers.
  - Staff in other departments that patients may need to visit for investigation/treatment which is deemed urgent e.g. x-rays

Ward staff to provide information to patients and visitors on the reason for the ward/bay closure.
Suspected outbreak in clinical area

Clinical area to inform Clinical Site team

Assessment of the situation to be undertaken by the Clinical Site team.

If outbreak suspected and clinical areas are closed, Clinical Site team to liaise with Microbiologist (and IPAC Nurse if available) and on-call manager. On-call manager to liaise with on-call executive

Microbiologist (and IPAC Nurse if available) to recommend appropriate control measures.

Ward staff advise control measures to:

- Patients
- Visitors (families and friends)
- Any other person who needs to enter the clinical area e.g.: Domestic staff, Occupational therapists, Physiotherapists, pharmacy staff, phlebotomists, porters, estates staff, Chaplains, Volunteers.
- Staff in other departments that patients may need to visit for investigation/treatment which is deemed urgent e.g. x-rays

Ward staff to provide information to patients and visitors on the reason for the ward/bay closure.
The ward may re-open only at the discretion of any of the following; the Infection Prevention and Control team, Infection Prevention and Control doctor, on-call microbiologist. Where a decision is made to overrule the advice of the IPAC team and re-open an area, this decision must be approved by an Executive Director and an appropriate written risk assessment completed.

The Infection Prevention and Control Team will advise if terminal cleaning of the ward is required and formulate a cleaning clean.

Ward manager or deputy to arrange terminal clean if required

In hours – the Terminal clean sign-off sheet to be completed by the IPAC (or a Nominated member of staff at WCH/SMH). Out of hours the Clinical Site team (or a Nominated member of staff at WCH/SMH) will complete the Terminal Clean sign-off sheet.

Ward to re-open

Representative from the Cleaning Services to advise all relevant personnel of estimated time the ward may re-open
Table of Contents

Summary. .........................................................................................................................................................2
1. Introduction..................................................................................................................................................6
2. Purpose of this Policy/Procedure ..............................................................................................................6
3. Scope..........................................................................................................................................................6
4. Definitions / Glossary ..................................................................................................................................6
5. Ownership and Responsibilities ..................................................................................................................7
  5.1. Divisional Managers/Team ....................................................................................................................7
  5.2. Ward/Departmental Staff ......................................................................................................................7
  5.3. Infection Prevention and Control Team ................................................................................................7
  5.4. Clinical Site Co-ordinators ..................................................................................................................7
6. Standards and Practice ................................................................................................................................7
7. Dissemination and Implementation ............................................................................................................9
8. Monitoring compliance and effectiveness ..................................................................................................9
9. Updating and Review ....................................................................................................................................10
10. Equality and Diversity .............................................................................................................................10
Appendix 1. Governance Information ........................................................................................................11
Appendix 2. Initial Equality Impact Assessment Form ...................................................................................14
1. **Introduction**

1.1. On occasion it may 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.

2. **Purpose of this Policy/Procedure**

The purpose of this document is 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 Policy for the Management of Outbreak.

3. **Scope**

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

4. **Definitions / 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.
5. Ownership and Responsibilities

5.1. Divisional Managers/Team
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.

5.2. Ward/Departmental Staff
- To inform the Clinical Site Co-ordinators, 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.

5.3. 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.

5.4. Clinical Site Co-ordinators
- 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.

6. Standards and Practice
6.1. 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;
6.1.1. Outbreaks of infection e.g. *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*

6.1.2. Single cases of infection e.g. 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.

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

6.1.4. 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.

6.2. Actions to be taken during normal working hours

- The Infection Prevention and Control Nurse will visit the ward or department and assess the situation.

- Following assessment of the situation, the decision to close a ward/bay or department will be made by the Infection Prevention and Control Nursing 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.

- 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.

- 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.

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

- The ward staff must inform Mitie if increased cleaning is required.

6.3. Actions to be taken out-of-hours

- The Ward/departmental staff must inform the Clinical Site Co-ordinator team of any suspected outbreaks/infection control concerns immediately.

- The Clinical Site Co-ordinator team will assess the situation. If closure of bays / ward is required, the Clinical Site Co-ordinator 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.
• All staff MUST refer to the Trust Infection Prevention and Control Policies and Procedures for guidance.

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

• The Lead Nurse, Infection Prevention and Control will initiate the Infection Prevention and Control 7 day working following assessment of the infection/number of areas closed.

WARD STAFF MUST DISCUSS THE SITUATION WITH THE CLINICAL SITE CO-ORDINATOR PRIOR TO CONTACTING THE ON-CALL CONSULTANT MICROBIOLOGIST.

6.4. Ward re-opening
• Depending on the extent of the outbreak, the Infection Prevention and Control Team, the Infection Control Doctor or the Outbreak Control Group will declare the outbreak resolved and the ward and Clinical Site Co-ordinator.

• The Infection Prevention and Control team will formulate a cleaning plan and email this to Mitie, Nurse in Charge of the Ward and the Clinical Site Co-ordinators.

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

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

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

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

7. Dissemination and Implementation
This policy will be implemented via the following routes:
• The policy will be included in the Trust’s Document Library.

• The policy will be circulated to all IPAC Link Practitioners, Ward Sisters/Charge Nurses and Matrons.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Ward/bay, department Closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson</td>
</tr>
<tr>
<td>Tool</td>
<td>DIPC/Consultant Nurse Infection Prevention and Control</td>
</tr>
<tr>
<td>Frequency</td>
<td>Review of the situation following closure of ward</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Information will be reported to the outbreak group if convened</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The outbreak group will make recommendations as required</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 person will be identified to take each change forward where appropriate. Lessons learned will be shared with all 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>Ward Closure Policy V5.0</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>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.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>None</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>12 July 2018</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Ward Closure Policy V4</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>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, Regulation 12</td>
</tr>
</tbody>
</table>
prevention and control of infections and related guidance. London:DH


http://www.hpa.org.uk/webc/HPAwebFile/HPAweb


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>28.12.09</td>
<td>1.0</td>
<td>New Policy</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>22.10.12</td>
<td>2.0</td>
<td>Re-formatted and full review</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>01.05.15</td>
<td>3.0</td>
<td>Re-formatted and full review</td>
<td>Louise Dickinson Consultant Nurse</td>
</tr>
<tr>
<td>10.07.15</td>
<td>4.0</td>
<td>Re-formatted and full review completed. Additional section relating to site coordinators added. Reference list updated.</td>
<td>Jean James Clinical Nurse Specialist</td>
</tr>
<tr>
<td>12.07.18</td>
<td>5.0</td>
<td>Full review, reformatted and minor amendments</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>Ward Closure Policy V5.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong> Corporate</td>
<td><strong>Is this a new or existing Policy?</strong> Existing</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong> Louise Dickinson</td>
<td><strong>Telephone:</strong> 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 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.

### 3. Policy – intended Outcomes*

To reduce the risk of cross infection and escalation of the outbreak situation.

To reduce the number of unnecessary ward closures

### 4. *How will you measure the outcome?*

Daily at bed management meetings and arranged outbreak meetings

### 5. Who is intended to benefit from the policy?

All Staff and patients at risk

### 6a Who did you consult with

Workforce | Patients | Local groups | External organisations | Other

<table>
<thead>
<tr>
<th>Please record specific names of groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Prevention &amp; Control Steering Group</td>
</tr>
<tr>
<td>Hospital Infection Prevention and Control Committee</td>
</tr>
</tbody>
</table>

### What was the outcome of the consultation?

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.

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>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.
Signature of policy developer / lead manager / director
Jean James

Date of completion and submission
12.07.18

Names and signatures of members carrying out the Screening Assessment
1. Jean James, IPAC Lead Nurse
2. Human Rights, Equality & Inclusion Lead

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 _______________