

Infection Prevention and Control Assurance - Standard Operating Procedure 13 (IPC SOP 13)

Closure of Bays or Wards due to an Infection Control Issue

Why we have a procedure?

To ensure employees of the Black Country Partnership NHS Foundation Trust (BCPFT) have a standard procedure to follow when it is necessary to close a ward due to infection or for purposes of infection prevention and control.

The Health and Social Care Act 2008: Code of Practice for the NHS for the Prevention and Control of Healthcare Associated Infections (*revised January 2015*) 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/procedures, including closure of wards, departments and premises to new admissions due to suspected or confirmed outbreak of Infection. Implementation of this procedure will contribute to the achievement & compliance with the Act.

What overarching policy the procedure links to?

- This procedure is supported by the Infection Prevention and Control Assurance Policy.

Which services of the trust does this apply to? **Where** is it in operation?

Group	Inpatients	Community	Locations
Mental Health Services	✓	x	all
Learning Disabilities Services	✓	x	all
Children and Young People Services	x	x	x

Who does the procedure apply to?

This document applies to all clinical and ancillary staff employed by or working on behalf of the Black Country Partnership NHS Foundation Trust caring for patients in all in-patient areas as part of their role and job description.

When should the procedure be applied?

On occasion it may be necessary to close wards or 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 or rarely may be due to a single case of a particular infection or communicable disease.

However it should also be noted that that the decision making can be complex and the team will need to consider the risk of not admitting patients versus the potential risk of acquiring infection.

- As/when advised by the Infection Prevention and Control Team or On-Call Manager.
- It is the duty of all staff to notify the Infection Prevention and Control Team and their line manager if they suspect an infection problem of one or more cases, which if not properly contained increases the risk to other patients, staff and visitors.
- In cases of serious/widespread infection please also see the Major Incident Policy.

Additional Information/ Associated Documents

- Infection Prevention and Control Assurance Policy
- Hand Hygiene Policy
- Major Incident Policy
- Pandemic Influenza Policy
- Infection Prevention and Control Assurance - Standard Operating Procedure 1 (IPC SOP 1) - Standard Infection Control Precautions
- Infection Prevention and Control Assurance - Standard Operating Procedure 4 (IPC SOP4 – Reporting incidents of infection to PHE or the Local Authority)
- Infection Prevention and Control – Standard Operating Procedure 5 (IPC SOP 5) - Management and Recognition of Outbreaks of Communicable Infection/Disease
- Infection Prevention and Control Assurance - Standard Operating Procedure 6 (IPC SOP 6) - Isolation – Care of Patients in Isolation due to Infection or Disease

Aims

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 or case of a transmissible infection.

It supplements the guidance provided in the **Infection Prevention and Control – Standard Operating Procedure 5 (IPC SOP 5) - Management and recognition of outbreaks of communicable infection/disease** and **Infection Prevention and Control Assurance - Standard Operating Procedure 6 (IPC SOP 6) - Isolation – care of patients in isolation due to infection or disease**.

Definitions

Ward Closure	<ul style="list-style-type: none"> • Ward is closed to admissions, transfers and discharges other than to the patient's own home
Bay/Room Closure	<ul style="list-style-type: none"> • Bay/room is closed to admissions, transfers and discharges other than to the patient's own home, but rest of the ward is open
Cohorting	<ul style="list-style-type: none"> • Placing two or more patients together who are known to have the same infection
DIPC	<ul style="list-style-type: none"> • Director of Infection Prevention and Control
IPCT	<ul style="list-style-type: none"> • Infection Prevention and Control Team
Outbreak	<ul style="list-style-type: none"> • An incident in which two or more people experience a similar illness linked in time or place, or, a greater than expected rate of infection compared with

How to carry out this procedure

Key Principles

- On noticing a new or suspected infection, ward staff are responsible for immediately alerting the nurse-in-charge, who has the responsibility for ensuring the safe management of the patient and informing the Medical staff, Infection Prevention and Control Team (IPCT), Matron and the Group's Lead Nurse.
- In the event of two or more cases of similar symptoms or infection linked in time or place and without other plausible explanation, a possible outbreak may be underway.
- Specimens should be sent promptly to the laboratory as advised by medical staff and the IPCT.
- Records of infection symptoms should be recorded by each shift in the patient records and outbreak record charts. (See IPC SOP 5)

Source/Type of Infection

It should be noted that the source and type of infection will have an effect on the management approach when the decision to close bays/beds is taken; this is largely due to the mode of transmission and the susceptibility of the patient group. i.e. in Seasonal Influenza outbreaks can evolve rapidly with increased risks of mortality. The approach taken will depend on the risk assessment undertaken by the Infection Prevention and Control Team and the advice of the Consultant Microbiologist.

Escalation

- The Infection Prevention and Control Nurse will visit the ward during normal working hours to assess the situation. Following this assessment the decision to close the ward/bay/ department will be made by the IPCT and Consultant Microbiologist.
- Affected patients should be isolated in single rooms [**see Infection Prevention and Control Assurance - Standard Operating Procedure 6 (IPC SOP 6) - Isolation – care of patients in isolation due to infection or disease**].
- If the number of cases cannot be contained within single rooms, cohort nursing may be advised by a member of the infection prevention & control team (IPCT). This is permissible in the case of some infections, depending on the type of ward, case mix and resources available. Advice from IPCT must therefore always be taken by ward staff before cohorting is undertaken, particularly in less common infections.
- When symptomatic and non-infected patients cannot be managed safely on the same ward because of risk of spread of infection or relapse, partial or complete closure of the ward must be considered.
- This approach may be advised by the outbreak management team and IPCT. Each individual situation is different and must be managed on its merits and reviewed on a daily or more frequent basis.
- Some wards are more difficult to close than others e.g. PICU or GSC. Early advice from the IPCT/Consultant Microbiologist must always be taken. The decision to convene an Outbreak Management Group may be made earlier in high risk situations.

Action to be Taken Out-of-Hours

- Nurse-in-Charge of the ward/department must inform the Site Coordinator of any suspected outbreaks/infection control concerns immediately.
- The Site Coordinator will assess the situation and if closure of bays/ward is required will discuss with the on-call manager who will be able to liaise with the on-call Consultant Microbiologist for specific guidance and advice.
- Accurate verbal information will be cascaded to all staff concerned and the IPCT will be notified at the earliest opportunity for a full assessment to be undertaken.
- Infection control policies and procedures must be followed.

Ward staff must discuss the situation with the site co-ordinator and on-call manager prior to contacting the on-call consultant microbiologist.

Bay Closure

- Bay closure to new admissions may need to be considered on the basis of risk assessment. Factors influencing consideration of bay closure are:
 - Susceptibility of patients to be admitted
 - Number of cases of infection on the ward
 - Staffing issues
- The decision to close individual bays on a ward but allow the rest to remain open may be made by the IPCT or Matron/Lead Nurse after seeking advice from the Consultant Microbiologist.
- Reviews must be taken at least daily or more frequently and liaison with Housekeeping to ensure additional cleaning requirements is critical.

Ward Closure

- 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 (or on call Consultant Microbiologist and clinical site co-ordinator out of hours).
- The decision to close a ward should be made by or after consultation with the Consultant Microbiologist – it may be the only acceptable way to bring the situation rapidly under control.
- A closed ward means NO admissions (from anywhere), transfers or discharges from/to another ward or institution. The exception is when patients are fit for discharge to their own home.
- When a ward is closed, a member of the IPCT must inform the Medical Director, DIPC and Deputy Director of Nursing, Matron and Group Lead Nurse.
- Liaison between the ward, IPCT, medical staff, management and housekeeping is necessary to bring the outbreak swiftly under control.
- When a ward is closed patients will not be permitted to leave the ward to participate in any group therapy activities without the approval of the IPCT.

For further information see:

- Infection Prevention and Control – Standard Operating Procedure 5 (IPC SOP 5) - Management and recognition of outbreaks of communicable infection/disease
- Infection Prevention and Control Assurance - Standard Operating Procedure 6 (IPC SOP 6) - Isolation – care of patients in isolation due to infection or disease

Re-Opening of Bays/Wards

A planned re-opening; following thorough terminal cleaning will be made on the advice of the Consultant Microbiologist and IPCT. This will include deep clean, high level cleaning and change of all items such as bed linen and curtains. All non-disposable items must be cleaned in line with the manufacturer's instructions e.g. BP machines, stethoscopes etc.

Where do I go for further advice or information?

- Infection Prevention and Control Team
- Your Service Manager, Matron, General Manager, Head of Nursing, Group Director
- Your Group Governance Staff

Training

Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust's Mandatory and Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

Monitoring / Review of this Procedure

In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

Equality Impact Assessment

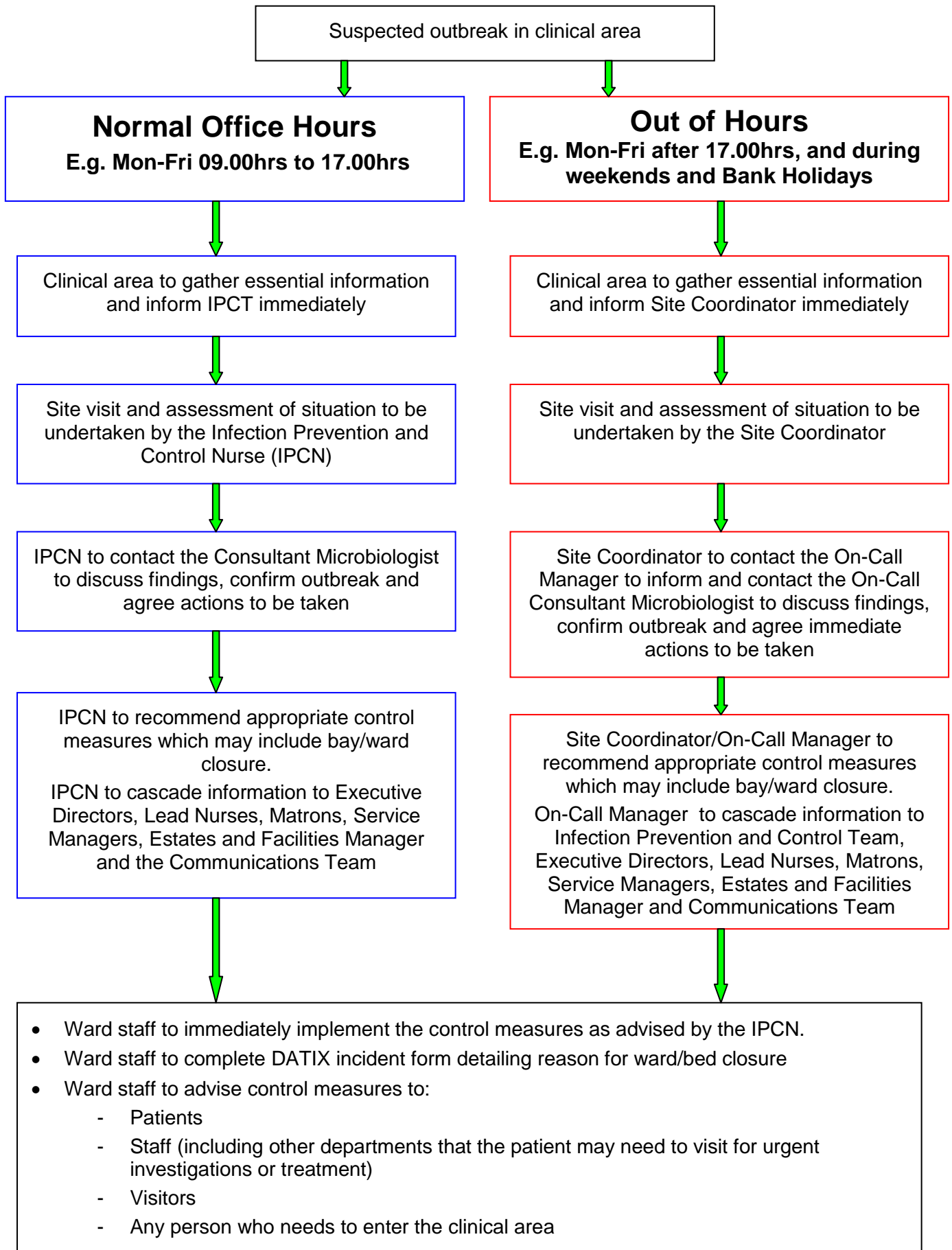
Please refer to overarching policy

Data Protection Act and Freedom of Information Act

Please refer to overarching policy

Appendix 1

Communication Flowchart – Ward/Bay Closure



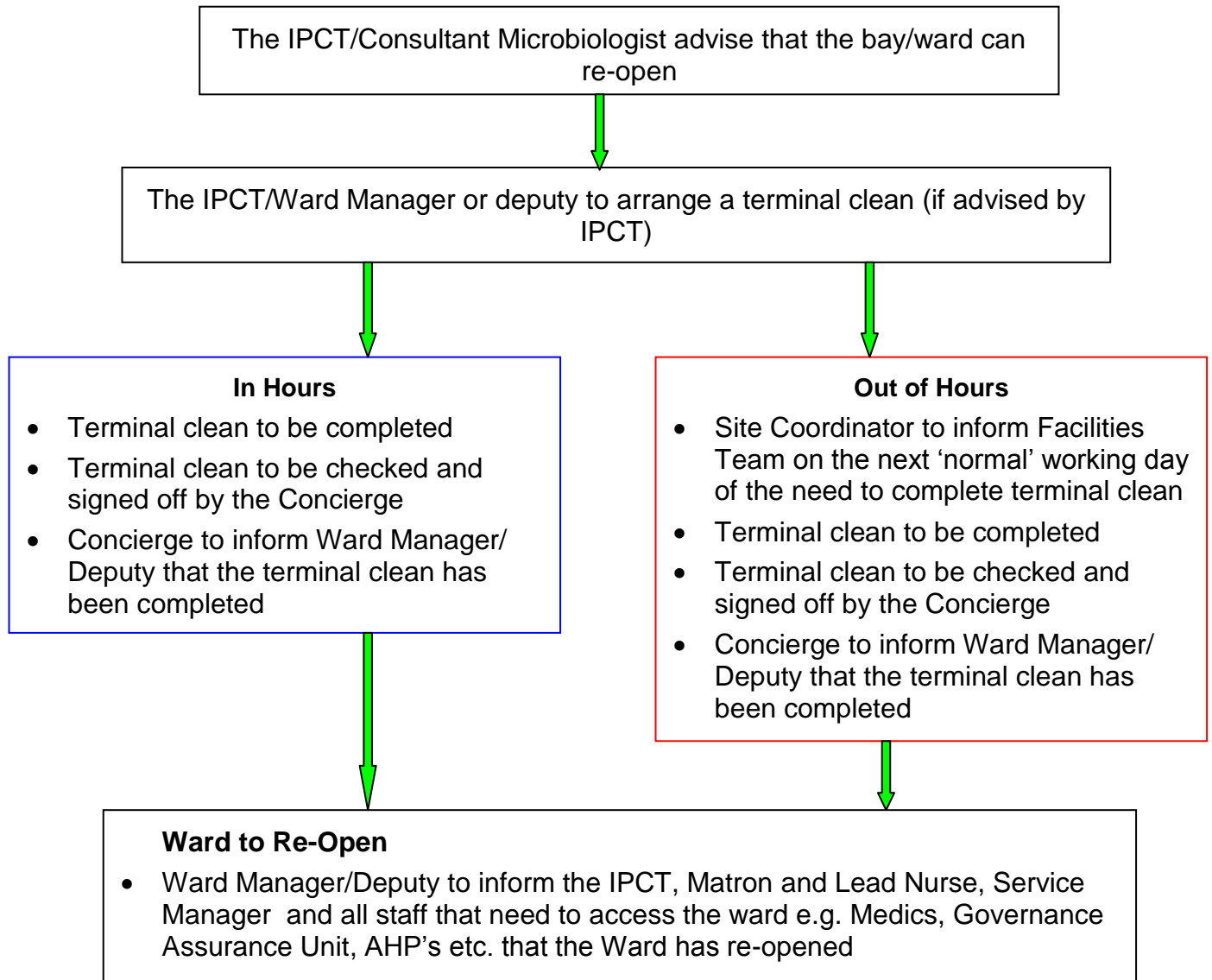
Appendix 2

Communication Flowchart – Ward/Bay Re-opening

The bay/ward may only re-open at the discretion of any of the following:

- Infection Prevention and Control Team (IPCT)
- Consultant Microbiologist

Where a decision is made to overrule the advice from the IPCT and re-open an area, this decision must be approved by an Executive Director and an appropriate written risk assessment completed.



Standard Operating Procedure Details

Unique Identifier for this SOP is	BCPFT-COI-POL-05-13
State if SOP is New or Revised	Revised
Policy Category	Control of Infection
Executive Director whose portfolio this SOP comes under	Executive Director of Nursing, AHPs and Governance
Policy Lead/Author Job titles only	Infection Prevention and Control Team
Committee/Group Responsible for Approval of this SOP	Infection Prevention and Control Committee
Month/year consultation process completed	n/a
Month/year SOP was approved	June 2019
Next review due	June 2022
Disclosure Status	'B' can be disclosed to patients and the public

Review and Amendment History

Version	Date	Description of Change
1.1	Feb 2019	Procedure reviewed only one addition made – <ul style="list-style-type: none"> • See page 4, additional information – reference to IPC SOP 4, Reporting incidents of infection to PHE or the Local Authority
1.0	Jan 2016	New Procedure established to supplement Infection Control Assurance Policy