

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Closure of Beds, Wards and Departments Policy

Effective: December 2011

Review: December 2014

1. Introduction

This policy outlines the process of temporary bed(s), ward or department closure for the containment of transmissible organisms and infectious diseases. It describes the general principles to consider when contemplating closure of above. The decision making process requires multidisciplinary input and follows a prescribed process as described below.

This policy should be read in conjunction with those identified in section 8

NB: Major incidents – e.g. bioterrorism. These types of incident and their management are addressed separately by other Trust Policies, e.g. [Smallpox](#), [Major Incident](#) and [Outbreak Policy](#) and therefore are not addressed within this policy.

2. Definitions

- Bed/bay/ward/department closure – no new admissions to the respective area until further advised by the Infection Prevention and Control team (IPCT)
- IPCT –Consultant Microbiologist (IPC Site Doctor) and Infection Prevention and Control Nurse (IPCN) for affected clinical area

3. Process for Bed/Ward/Department Closure

3.1 The process is instigated by:-

- laboratory based surveillance of an alert organism and/or alert condition, or period of increased incidence (PII) e.g. Influenza A, rise in the incidence of surgical wound infections in a clinical area, *Clostridium difficile* infections
- laboratory based surveillance, e.g. rise in incidence of hospital acquired MRSA
- reported concern of clinical staff to member of IPCT e.g. period of increased incidence (PII) of diarrhoea and/or vomiting affecting patients and/or staff

3.2 The IPCN will then collate the relevant clinical information and liaise with the Site IPC Doctor.

3.3 If there is sufficient evidence to indicate

- a) risk of an infectious organism and/or
- b) spread of the infectious organism then rationalisation of bed usage to contain spread of such is put in place. The general principle of infection

prevention and control is to contain spread of infection and hence potentially infectious patients would be managed in

- i) single room accommodation with dedicated en-suite toilet facilities or
- ii) cohorted in bays

3.4 Any decision regarding closure of beds, bays or wards should be made in consultation with the following Trust representatives:

- Director of Infection Prevention & Control (DIPC) or deputy
- Nursing & Patient Services Director (or named deputy)
- Head of Nursing for the site
- Clinical Director (or named Deputy)
- Directorate Manager (or named Deputy)
- Matron
- Ward/Department Manager (or named Deputy)
- Patient Services Co-ordinator and
- IPCT for the clinical area/department

4. Communication

4.1 Once the decision is made, a member of the IPCT will inform via email

- All staff listed above
- Consultant(s) with clinical responsibility for the affected area(s)
- Senior clinical staff unable to attend discussions held with staff in 3.4
- Chief Executive
- Medical Director
- Manager Clinical Governance and Risk Department
- Consultant in Health Protection (CHP, HPU) if closure is due to Notifiable Disease. Consideration should be given for including CHP should be given for other non notifiable diseases such as norovirus, C difficile
- Single Point of Access Team (if outbreak affects wards on CAV site)

4.2 Communications to Senior Trust Managers and DIPC or deputy, must be maintained on a regular basis throughout the incident.

4.3 The frequency of subsequent meetings to review the situation, including at weekends and public holidays, will be decided by the representatives identified in section 3.4. This will be dependent upon extent of spread of infection, organisms involved, number of beds involved.

5. Investigations in Other Parts of the Hospital

Patients who have been exposed to the infectious organism or who are nursed in single room accommodation should, where possible, not be moved from the bay area/ward to

another area, unless for essential investigations, e.g. radiology, without discussion with the IPCT and liaison with the relevant department.

6. Opening of beds/wards/Departments

Re-opening of any beds/bays, ward or departments will be undertaken by the representatives (as described in section 3.4) and this will be communicated to all the relevant Senior Trust Managers (refer section 4.1).

7. Monitoring

Compliance with this policy will be monitored by the DIPC who in the event of a closure of beds will ask the site IPC lead to provide daily updates (via email) and/or action plan for daily review until beds are reopened.

A summary report on the numbers of bed/ward closures due to an outbreak situation will be feedback to IPCC when appropriate.

In addition, the DIPC requests figures from site leads for inclusion in an annual report to the Trust Board regarding closures.

8. References

Health and Social Care Act 2008
Health Protection Agency Act 2004
Health Protection Legislation (England) Guidance 2010
Food Poisoning – guidance on managing food borne disease (2008)
Guidance on Management of Outbreaks Foodborne Illness in England and Wales

Trust Policies

- [Hand Hygiene Policy](#)
- [Standard Precautions](#)
- [Isolation Policy](#)
- [Waste Management Policy and Procedures](#)
- [Policy for Management of *Clostridium difficile* infection \(CDI\)](#)
- [Control of MRSA in Newcastle Hospitals](#)
- [Notifiable Diseases – under Public Health \(Infectious Diseases\) Regulations 1988](#)
- [Cleaning and Disinfection Procedure \(January 2009\)](#)
- [Decontamination of the Patient Environment \(including Terminal and Deep Cleaning\)](#)
- [Major Incident Policy](#)
- [Trust Major Outbreaks, Investigation and Control Policy](#)
- [Used Laundry Management Policy](#)

Author: Matron Infection Prevention & Control

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Closure of beds, Wards and Department Policy	Policy Author:	Lindsay Law Infection Prevention and Control Nurse
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable): N/A
------------------	---

Name and Designation of Person responsible for completion of this form: Lindsay Law Infection Prevention and Control Nurse Date: 01/11/2011
Names & Designations of those involved in the impact assessment screening process: Sue Craggs, Matron Infection Prevention and Control

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.