The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Closure of Beds, Wards and Departments Policy

<table>
<thead>
<tr>
<th>Version No.</th>
<th>4.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>27 October 2015</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>27 October 2018</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>8 October 2015</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Infection Prevention and Control Committee</td>
</tr>
</tbody>
</table>

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.

NB: Major incidents – e.g. bioterrorism. These types of incident and their management are addressed separately by other Trust Policies, e.g. Smallpox Emergency Policy and Major Outbreaks of Infection: Investigation and Control Policy and therefore are not addressed within this policy.

2 Policy Scope

This policy applies to all healthcare professionals working across acute and community services within NuTH. This includes medical staff, nurses, allied health professionals, students and temporary clinical staff working in the Trust or those working in the Trust from other organisations.

3 Aim of the policy

The aim of this policy is to guide staff through the correct processes for bed/ward/department closures to prevent transmission of an alert organism or communicable disease.

4 Duties – Roles and responsibilities

The Chief Executive has overall responsibility for implementation, monitoring and review of this policy. This responsibility is delegated to the Director of Infection Prevention and Control (DIPC).

4.1 The Infection Prevention and Control Committee (IPCC), chaired by the Director of Infection Prevention and Control (DIPC), will review this policy and any new evidence base within the time frame set out in the policy, ensuring an
effective and integrated approach to support appropriate closure of a clinical area.

4.2 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

5 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

6 Bed/Ward/Department Closure

6.1 Process

The process is instigated by:-

- laboratory based surveillance of an alert organism and/or alert condition, or period of increased incidence (PII) or outbreak 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, invasive Group A Streptococcus
- 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

The IPCN will then collate the relevant clinical information and liaise with the Site IPC Doctor who will review and where necessary convene and Outbreak Meeting. Refer to Major Outbreaks of Infection; Investigation and Control Policy.

If there is sufficient evidence to indicate

a) Risk of an infectious organism and/or

b) If there is sufficient evidence that there is a risk of spread of such infection, bed rationalisation may be required to contain the
infection. This usually involves cohorting affected patients or isolating patients in single rooms.

6.2 Communication

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 4.2
- Chief Executive
- Medical Director
- Manager Clinical Governance and Risk Department
- Health Protection Team (HPT), Public Health England North East if closure is due to Notifiable Disease. Consideration should be given for including HPT 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)
- Clinical Commissioning Group (where appropriate)

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

The frequency of subsequent meetings to review the situation, including at weekends and public holidays, will be decided by the representatives identified in section 4.2. This will be dependent upon extent of spread of infection, organisms involved, number of beds involved.

Communication with patients about the need for ward closure is important. Some patients may find moving more distressing than others, for example patients with Dementia, learning disability, communication and interpreting needs. Care should be taken to make the as easy as possible for these patients. Transgender patients may have more concerns than other people about protection of their privacy and attitudes of staff in a new environment. Reassurance about continued care with private information and respect for dignity may be needed.

6.3 Investigations in Other Parts of the Trust

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.

6.4 Staff and Visitors

Staff movement between affected wards must be limited to essential staff only. Visitors and relatives must be kept informed and visitors may be advised to avoid
visiting affected wards, especially those who are vulnerable to infections themselves.

6.5 Opening of beds/wards/Departments

Re-opening of any beds/bays, ward or departments will be undertaken by the representatives (as described in section 4.2) and this will be communicated to all the relevant Senior Trust Managers (refer section 6.2).

7 Training

All staff working on Trust premises, including Trust employed staff, agency and locum staff are responsible for accessing IPC Policies via the intranet in order to assist in the management of their patients.

IPC principles are incorporated in to all statutory and mandatory IPC e-Learning training programmes; it is the responsibility of the departmental/service leads to ensure that training is completed by all relevant staff.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.

9 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 re-opened.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers of bed / ward closures due to an outbreak situation</td>
<td>Outbreaks and Incidents Summary Report</td>
<td>Matron IPC</td>
<td>IPCC</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual Report</td>
<td>DIPC / Site IPC Doctors</td>
<td>Trust Board</td>
<td>Annually</td>
<td></td>
</tr>
</tbody>
</table>
10 Consultation and Review

Consultation of this policy was undertaken by members of IPCC and IPCNs. This policy will be reviewed annually by IPCC or as and when significant changes make earlier review necessary.

11 Policy implementation (including raising awareness)

This policy is a revision of a previous Closure of Beds, Wards and Departments Policy. Clinical Directors/Matrons/Sisters/Charge Nurses and Clinical Leads should ensure that staff are aware of this policy. This policy is available for staff to access via NUTH intranet.

12 References

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
Notifiable Diseases – under Public Health (Infectious Diseases) Regulations 2010

13 Associated documentation

- Cleaning and Disinfection Procedure
- Methicillin Resistant Staphylococcus Aureus (MRSA) Policy
- Decontamination of the Patient Environment (including Terminal and Deep Cleaning) Policy
- Hand Hygiene Policy
- Isolation Policy
- Notifiable Diseases - under the Public Health (Infectious Diseases) Regulations January 2010
- Clostridium difficile Policy
- Standard Precautions Policy
- Major Outbreaks of Infection: Investigation and Control Policy
- Laundry Management Policy
- Waste Management Policy

Author: Matron Infection Prevention & Control
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. **Assessment Date:** 21/08/2015

2. **Name of policy / strategy / service:**
   Closure of Beds, Wards and Departments Policy

3. **Name and designation of Author:**
   Louise Hall, Matron IPC

4. **Names & designations of those involved in the impact analysis screening process:**
   Dr Ashley Price, DIPC

5. **Is this a:**
   - Policy [X]
   - Strategy [ ]
   - Service [ ]

   **Is this:**
   - New [ ]
   - Revised [X]
   - Service [X]

   **Who is affected:**
   - Employees [X]
   - Users [X]
   - Wider Community [X]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?**

   The aim of this policy is to guide staff through the correct processes for bed(s)/ward/department closures to prevent transmission of an alert organism or communicable disease.

7. **Does this policy, strategy, or service have any equality implications?**

   Yes [X]  No [ ]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

   [Blank space for reasons]
## Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interpreting service E&amp;D Training</td>
<td>Studies show that when interpreters were provided, patients had a better understanding of their diagnoses and treatment plan than patients without interpreters. <strong>Action</strong> Ensure communication support is available.</td>
<td>None</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Age</td>
<td>Dementia Awareness training</td>
<td>People with Dementia may find moving more distressing than other patients. Care should be taken to make this as easy as possible for these patients. <strong>Action</strong> Add this to the policy - complete</td>
<td>None</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Provision of BSL Signers and Deaf Blind Guides LD Liason Nurse</td>
<td>People with a learning disability, autism and mental health conditions may find moving more distressing than other patients. Care should be taken to make this as easy as possible for these patients. Communication support should be provided to patients who require this <strong>Action</strong> Add this to the policy - complete</td>
<td>None</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>E&amp;D Training</td>
<td>Transgender patients may have more concerns than other people about how they will be treated in a new environment. Reassurance about continued care of information and respect for dignity may be needed. <strong>Action</strong> Add this to the policy - complete</td>
<td>None</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>None relevant to this policy</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  

Yes  

No  x

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name:  

Louise Hall

Date of completion:  

08/09/2015

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