Royal Devon and Exeter NHS Foundation Trust

TORRIDGE WARD – OPERATIONAL POLICY

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This policy etc. covers: (Please tick ✓ relevant box below)

Care Quality Commission Outcome No.	8	Monitor	
		Finance	
Service Development Strategy		Performance Management	
Local Delivery Plan		Business Planning	
Assurance Framework		Complaints	
Other (Please specify)	'Hygiene 'Code (Health and Social care Act 2008)		
Note: This policy has been assessed for any equality, diversity or human rights implications.			

Controlled document

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1. Primary Purpose of Torridge ward

Torridge ward is used for the safe management of:

- Adult patients (in any specialty) who have laboratory confirmed *C.difficile* infection (because cohorting patients in one area has been shown to reduce the potential for outbreaks).
- Adults with suspected or confirmed infectious pulmonary tuberculosis
- Adults and children with suspected or confirmed multidrug resistant tuberculosis (MDRTB) (because the single rooms have negative pressure ventilation)
- Adult admissions via EMU or ED with suspected viral gastroenteritis i.e. Norovirus
- Adults with other infectious conditions, with the agreement of the ICT, particularly if airborne e.g. chickenpox and/or particularly virulent e.g. suspected viral haemorrhagic fever

2. Patient Placement on the Ward

With the exception of MDRTB, location of patients will depend on the numbers of patients requiring isolation and the type of infection that is most prevalent.

2.1 ***C.difficile* infection** – single rooms will be used to isolate patients unless the number of patients exceeds the number of rooms available, in which case the bays will be used to cohort the patients with confirmed laboratory infection.

Patients with *C. difficile* infection, who are known to have inflammatory bowel disease (IBD) should be managed on Torridge ward in partnership with specialist gastroenterologists. These patients should only be accommodated in single rooms. This is because they are likely to require specialist management, be on immunosuppressive agents and also to comply with national guidelines for IBD management. IBD patients are at high risk if *C. difficile* positive, and may be susceptible to acquiring multiple ribotypes.

2.2 **Suspected/confirmed viral gastroenteritis –** single rooms will be used to isolate patients unless the number of patients exceeds the number of rooms available, in which case the bays will be used to cohort patients with the laboratory confirmed infection.

2.3 **TB** - Adults or children with suspected or confirmed MDRTB **must** be admitted to single room no. 2, which is a negative pressure single room with a pressure differential monitoring device.

It is preferable to admit adult patients with drug sensitive pulmonary TB to any one of the negative pressure rooms but if this is not possible it is acceptable to isolate in a single room on another medical ward, as long as the door is kept closed and there are no immunocompromised patients in adjoining areas. Children with drug sensitive TB should be managed in a single room on Bramble.

2.4 **Other infectious patients** - single rooms will be used to isolate adult patients, if capacity allows.

2.5 **Non infectious patients** - If the bays are not required for isolation purposes the beds in the bays will be used for non- infectious medical patients.

3. Admissions to the Ward

3.1 **Laboratory confirmed *C.difficile* infection** – Infection Control Team will inform the Site Management Team of the need to transfer the patient to Torridge either to a single room or into a cohort bay. If for clinical reasons, the patient needs to remain on the base ward then this must be a consultant decision following discussion with the Infection Control Team. If there is a difference of opinion over the need for the patient to remain on the base ward this should be discussed with the Medical Director.

3.2 **Suspected viral gastroenteritis** - following assessment on EMU if viral cause is thought to be likely admit to single room on Torridge within **4 hours** of admission to EMU.

3.3 **MDRTB** - Admit to S/R 2 if any suspicion, however remote. Inform respiratory physician, medical microbiologist and Infection Control Nurse.

3.4 **Other suspected/confirmed infectious pulmonary TB** – Admit to rooms 1,2,3 or 4 if available.

3.5 **Other infectious conditions** - at the discretion of the ICT

4. Medical Management of Patients on Torridge

Patients transferred into Torridge will be managed by:

4.1 **TB or MDRTB -** under care of Respiratory Physicians

4.2 **All other medical patients –** under care of Torridge ward team unless specialist management required e.g. renal or IBD patients.

4.3 **Patients with confirmed *C.difficile* infection from surgical or orthopaedic specialties -** under joint care of the surgeons and the Torridge ward team.

5. Using isolation rooms for other purposes

This must only be considered when all other options have been explored and following discussion with the ICT.

6. Formation of a Cohort

When the number of infectious patients exceeds the number of single rooms available the ICT will request the formation of one or two cohort bays. This will usually be created the same day as the need is identified. This request will not be made without due cause and will be based on local surveillance data/trends. The need to escalate isolation provision will be discussed with the CEO, Director of Nursing, Chief Operating Officer or Medical Director.

7. Movement out of Torridge Ward

Following their daily patient review, the infection control team will identify when patients can be moved out of Torridge ward isolation facilities at the bed capacity meeting. The ICT will also contact the Site Management Team directly if test results indicate a need to move patients out of Torridge. Once identified to the Site Management Team, the transfer out should take place within 4 hours of notification.

8. Dissolving a Cohort Bay/s

Once created, the cohort bay/s will only be dissolved with the approval of the Director of Infection Prevention and Control, even if there are some empty beds within the cohort. Under no circumstances will non- infectious patients be admitted to empty beds in the cohort. In the event of extreme bed pressures consideration may be given to dissolving the cohort but this must be approved by the CEO, the Medical Director, Director of Operations or Director of Nursing following discussion with the Director of Infection Prevention and Control.
Infectious patients must be isolated in alternative isolation facilities and **all** other options must have been exhausted before this option can be considered.

9. Out of Hours Advice

The infection control team can be contacted for advice via the hospital switchboard.

10. Monitoring of Compliance with Policy

10.1 The infection prevention and control nurse specialists will review patients admitted for infection control purposes on a daily basis to determine appropriateness of the admission. Site Practitioners will be informed of inappropriate admissions

10.2 Routine surveillance of *C.difficile* infection will allow the Trust to determine efficacy of this policy in terms of reducing cross infection and outbreaks in other wards.