

**WARD CLOSURE DUE TO A SUSPECTED OR  
CONFIRMED OUTBREAK OF INFECTION**

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|--|--|
| Post holder responsible for Policy:                                  | <b>Lead Nurse</b>  |
| Directorate/Department responsible for Policy:                       | <b>Infection Prevention &amp; Control</b>  |
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| Approval route (names of committees):                                | <b>Infection Prevention &amp; Control Group</b>                                  |
| Level of Impact Assessment<br>(Screening or Full – attach to policy) | <b>Screening</b>   |
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| Date policy becomes live:  | <b>November 2011</b>   |
| This document replaces:  | <b>Ward closure due to a suspected or confirmed outbreak of infection - 2009</b> |

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

*The Strategic Directions 2007-2012 were agreed by the Board of Directors in October 2007 to support the Trust's vision "Respond, Deliver, Enable". The Key Milestones below will ensure there is a shared understanding about what needs to be delivered.*

| <b>Monitoring Information</b>   |   | <b>Strategic Directions – Key Milestones</b> |   |
|---|---|--|---|
| Patient Experience  |   | Waiting                                      |   |
| Assurance Framework   |   | Privacy and Dignity                          |   |
| Monitor/Finance/Performance   |   | Efficiency and Effectiveness                 |   |
| Care Quality Commission Outcomes:   | 8 | Delivery of Care Closer to Home              |   |
|   |   | Infection Control                            | ✓ |
| NHSLA Risk Management Standards for Acute Trusts  |   |  |   |
| NHSLA CNST Maternity Clinical Risk Management Standards:  |   |  |   |
| Other ( <i>please specify</i> ):  |   |  |   |
| <b>Note:</b> This policy has been assessed for any equality, diversity or human rights implications |   |  |   |

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## **1. Introduction**

The purpose of this document is to provide clear infection control guidelines 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 Plan/Policy.

### **1.1 Definition of an Outbreak**

An outbreak is normally characterised by a cluster of similar infections occurring in one area of the Trust within a concentrated period of time. Total or partial ward closure may be necessary to prevent transmission if significant risks to patients and staff are identified following a risk assessment.

A closed ward/department is unable to accept new admissions or inter ward transfers, neither can it discharge patients to other health or social care premises without consultation with the Infection Control Team. Staff transfers both into and out of the ward and use of agency/bank staff would normally be discouraged.

## **2. Responsibility**

### **2.1 Organisational**

- To provide suitable and sufficient resources and facilities to enable effective management during a ward closure or an outbreak that is associated with significant risks to patients and staff.

### **2.2 Managerial**

- To maintain well informed operational control of the outbreak in relation to the Trust's responsibility to provide health care for patients.
- To liaise directly with and seek advice from the Infection Prevention and Control Team (IPCT).

### **2.3 Ward/Department**

- To inform the IPCT immediately of any suspected outbreaks/infection control concerns.
- To provide accurate documented and verbal information on patients and staff to the IPCT at the earliest opportunity for a full assessment to be undertaken.
  - In cases of a suspected outbreak of gastro-intestinal illness, the IPCT will need to be informed of the information listed in Appendix 1 for each symptomatic patient. This information can be provided by the ward staff either verbally or by completing the form in Appendix 1 for each patient.
  - In cases of a suspected outbreak of any other transmissible infection, advice should be sought from the IPCT as to what specific information needs to be collected in relation to each affected patient.

- To inform relevant persons of any imposed restrictions on patient and staff movement and measures to control the outbreak. A suggested contact list is included in the flow chart. Concerns regarding specific vulnerable groups, eg children, pregnant women, should be discussed with a member of the IPCT.
- To provide ongoing, accurate documented and verbal information on patients and staff to the IPCT if an outbreak is confirmed by the IPCT. In the case of an outbreak of gastro-intestinal infection a stool chart using the Bristol Stool Chart for each symptomatic patient should be maintained and a summary of that information collected on a D&V Outbreak form on a daily basis (Appendix 2).

#### **2.4 Infection Prevention & Control Team**

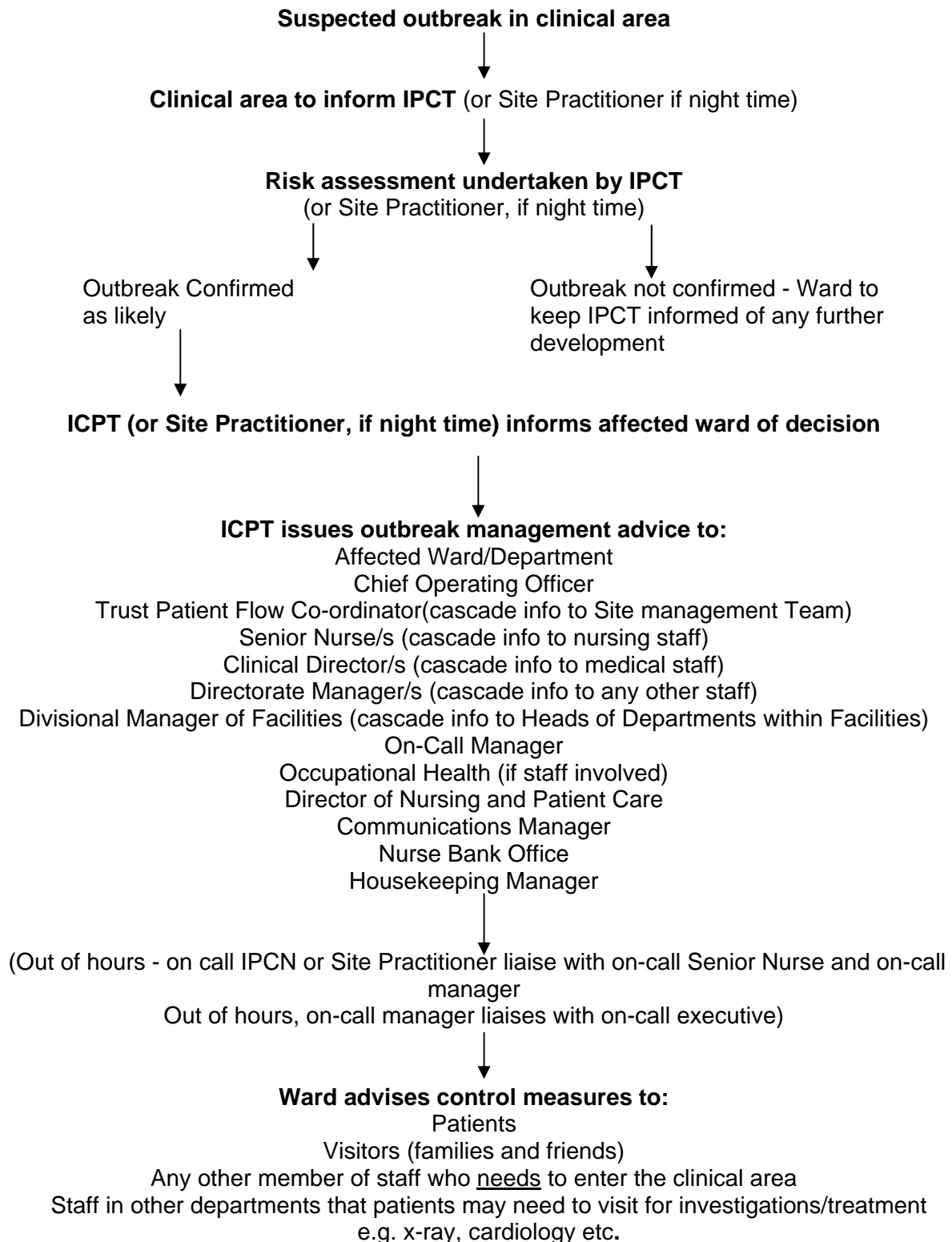
- When contacted by ward staff the IPCT will complete a risk assessment and decide if an outbreak exists. The IPCT will advise on the management required to limit further spread.
- The findings of the risk assessment will be documented and kept by the ICT. The outcome of the assessment and, if appropriate, recommendations on ward closure will be given, during working hours to the relevant clinicians, managers, site practitioner and executive director or, out of hours, to the On-call Senior Nurse and On call Manager (OCM) and Site Practitioner.
- The IPCT will review any new information on patient and hospital status as and when required and advise on outbreak management as appropriate.
- The IPCT will liaise with the bed management team to advise regarding the placement of patients and admissions to the ward.

#### **2.5 Site Practitioners**

- The Site Practitioners will inform the IPCT of any concerns they encounter during the course of their work that may indicate an outbreak.
- During the night shift, the Site practitioner will assess the need to close a bay or ward to admissions and, if confident to do so, implement restrictions without reference to the IPCT but will ensure that the information is communicated to the on call Infection Prevention and Control Nurse the next day for further review.

The above process can be viewed in the following flow chart:

## 2.6 Communication Flowchart



### **3. Reopening the ward**

Ongoing review of the need for closure will be undertaken by the ICT and reported to the interested parties at Bed Capacity Meetings and/or Outbreak Control Meetings. The ICT will recommend the re-opening of a ward as soon as it is appropriate and arrange for terminal cleaning.

#### **References:**

Owen Caul E (1994) Small round structured viruses', airborne transmission and hospital control. Lancet 343 1240-1242.

PHLS (2000) Viral Gastro Enteritis Working Group. Management of hospital outbreaks of gastro-enteritis due to small round structured viruses. Journal of Hosp Infection 45 1-10

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|---------------|
| Addressograph |
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## SUSPECTED/CONFIRMED GASTRO-ENTERITIS OUTBREAK CHECKLIST

***Information the Infection Control Team will require on each patient to assist in the assessment of suspected viral gastro-enteritis outbreak.***

|    |   |  |
|----|---|--|
| 1  | Date and time of onset of symptoms  |  |
| 2  | Diarrhoea (explosive, liquid stools, no warning)  |  |
| 3  | Vomiting (more than one episode, continued retching)  |  |
| 4  | Has patient had antibiotics?  |  |
| 5  | Has patient had laxatives/aperients?  |  |
| 6  | Does patient have pre-existing medical condition which might predispose them to loose stools? |  |
| 7  | Is this the patient's normal bowel habit?   |  |
| 8  | Is the patient feverish, pyrexial?  |  |
| 9  | Specimen obtained / date sent   |  |
| 10 | Has the patient been exposed to symptomatic patients/ family/staff/visitors?                  |  |
| 11 | Position on ward? 6 or 4 bed bay / side room  |  |
| 12 | Are any other family members affected?  |  |
| 13 | Has the patient been reviewed by medical team to exclude other causes?                        |  |
| 14 | Is the patient receiving naso-gastric feeding/TPN?  |  |

If the answer to 4, 5, 6 or 7 is YES, think "Is this infectious in origin or could there be another cause?"

Date Bay Closed:  
Date Bay Opened:

**Appendix 2**  
Date Ward Closed:  
Date Ward Opened:

### D&V OUTBREAK

| Date Reported:       |             |          |   | Ward:      |                |        |  | Hospital:                   |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|----------------------|-------------|----------|---|------------|----------------|--------|--|-----------------------------|---|------|---|------|---|------|---|------|---|------|---|---|---|--|--|--|--|
| Name                 | Bay/Bed No. | Symptoms |   | Start Date | Spec sent date | Result | Relevant drug therapy or medical condition | Progress on subsequent days |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             | D        | V |            |                |        |  | Date                        |   | Date |   | Date |   | Date |   | Date |   | Date |   |   |   |  |  |  |  |
|                      |             | D        | V |            |                |        |  | D                           | V | D    | V | D    | V | D    | V | D    | V | D    | V | D | V |  |  |  |  |
| Number of empty beds |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |
|                      |             |          |   |            |                |        |  |                             |   |      |   |      |   |      |   |      |   |      |   |   |   |  |  |  |  |