Section W - Infection Prevention and Control Policy for Bed Management and Movement of Patients

Version 6

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.
Document Summary Table

<table>
<thead>
<tr>
<th>Unique Identifier Number</th>
<th>Ratified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version</td>
<td>6</td>
</tr>
<tr>
<td>Implementation Date</td>
<td>October 2007</td>
</tr>
<tr>
<td>Current/Last Review Dates</td>
<td>June 2009; October 2011, July 2013, September 2015, July 2017</td>
</tr>
<tr>
<td>Next Formal Review</td>
<td>September 2020</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Director of Infection, Prevention and Control</td>
</tr>
<tr>
<td>Author</td>
<td>Lead Infection, Prevention and Control Nurse</td>
</tr>
<tr>
<td>Where available</td>
<td>Trust Intranet. Infection Prevention and Control Policies</td>
</tr>
<tr>
<td>Target audience</td>
<td>All Staff</td>
</tr>
</tbody>
</table>

Ratifying Committee

Executive Board | 7 September 2017

Consultation Committees

<table>
<thead>
<tr>
<th>Committee Name</th>
<th>Committee Chair</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection, Prevention and Control Committee</td>
<td>Consultant Microbiologist/Infection Prevention and Control Doctor</td>
<td>July 2017</td>
</tr>
</tbody>
</table>

Other Stakeholders Consulted

<table>
<thead>
<tr>
<th>Other Stakeholders Consulted</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Flow Team</td>
<td>July 2017</td>
</tr>
<tr>
<td>Director of Operations</td>
<td>July 2017</td>
</tr>
</tbody>
</table>

Does this document map to other Regulator requirements?

<table>
<thead>
<tr>
<th>Regulator details</th>
<th>Regulator standards/numbers etc</th>
</tr>
</thead>
</table>

Document Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 6</td>
<td>This version reflects the new EPR system. It also refers to the CPE policy.</td>
</tr>
<tr>
<td>Version 5</td>
<td>A link to the Multi Resistant Organism Policy has been added and Appendix 2 of the Nursing Assessment Tool has been updated.</td>
</tr>
<tr>
<td>Version 4</td>
<td>The document has been reviewed and updates have been made to the Trust Equalities statement. The Infection Prevention and Control Risk Assessment has been amended to concur with the Nursing Assessment Tool. Public Health England contact details updated.</td>
</tr>
<tr>
<td>Version 3</td>
<td>The document has been reviewed and changes to the duties sections have been made.</td>
</tr>
</tbody>
</table>
### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Summary Table</td>
<td>2</td>
</tr>
<tr>
<td>Contents</td>
<td>3</td>
</tr>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>1.1 Key points</td>
<td>4</td>
</tr>
<tr>
<td>2. Purpose</td>
<td>4</td>
</tr>
<tr>
<td>3. Definitions</td>
<td>4</td>
</tr>
<tr>
<td>4. Duties (Roles and Responsibilities)</td>
<td>5</td>
</tr>
<tr>
<td>5. Infection Prevention &amp; Control Policy</td>
<td>5</td>
</tr>
<tr>
<td>6. Training and Implementation</td>
<td>8</td>
</tr>
<tr>
<td>7. Trust Equalities Statement</td>
<td>9</td>
</tr>
<tr>
<td>8. Monitoring Compliance with Procedural Document</td>
<td>9</td>
</tr>
<tr>
<td>9. Associated Documents</td>
<td>9</td>
</tr>
<tr>
<td>10. References</td>
<td>9</td>
</tr>
</tbody>
</table>

### Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening and Assessment of Patients Flowchart</td>
<td>11</td>
</tr>
<tr>
<td>2. Infection Control Nursing Assessment Tool</td>
<td>12</td>
</tr>
</tbody>
</table>
1. **Introduction**

The Health and Social Care Act (2008), Code of Practice for the Prevention and Control of Health Care Associated Infections, (HCAIs) states that there should be a policy addressing admission, transfer, discharge and movements of patients between wards, departments and between health care facilities.

The risks of HCAI are increased by the movement of patients within the hospital; very high bed occupancy; and an absence of suitable isolation facilities (DoH 2008, Postnote, 2005;). Public Health England (2013) states that ‘spatial proximity’ is a driver for norovirus during hospital outbreaks.

The need for restricting movement of infected patients between wards and the rapid isolation of infected patients has been emphasised in a Healthcare Commission Report into outbreaks of *Clostridium difficile* (Healthcare Commission, 2006).

1.1 **Key points**

1. Patient bed movement must be kept to a minimum.
2. For priority allocation of single rooms – see section 5.
3. Elective orthopaedic wards at CRH remain ‘ringfenced’.
4. Patients with suspected or confirmed viral gastroenteritis should not be admitted to MAU.
5. Patients transferred from any other hospital (national or international) should be isolated until MRSA screen negative.
6. The IPC risk assessment tool is a vital tool in reducing HCAI’s.
7. Pre assessment to inform wards / theatres of patient with any infection risk.
8. Inter-healthcare IPC transfer form is no longer available.
9. HPV cleans as identified by the IPC team should not be bypassed.
10. If in doubt please liaise with the IPC team.

2. **Purpose**

The spread of HCAIs is associated with (amongst other things) high bed occupancy rates and movements of patients between wards/departments. This policy sets out the infection prevention and control principles that must be applied to bed management and movement of patients to minimise the risk of infection.

3. **Definitions**

HCAI is defined as ‘infections that are acquired as a result of healthcare interventions’ (Public Health England, 2013)
4. **Duties (Roles and responsibilities)**

The Chief Executive is responsible for ensuring that there are effective Infection Prevention and Control (IPC) arrangements in the Trust.

Managers, Matrons, Ward and Department Managers are responsible for ensuring that this policy is adhered to.

5. **Infection Prevention and Control Policy**

Whilst understanding the increasing plurality and complexity of patients within the Trust it is essential to utilise beds in a way that minimises the risk of spread of infections between patients. The key to this is recognising that some patients are very vulnerable to specific infections. Close liaison between the Patient Flow team and the IPC team is essential to ensure the risks are minimised and any closed beds are reviewed.

**Allocation of single rooms**

- Allocation of single rooms must be based on a clinical risk assessment with infection control requirements given priority over bed management/capacity issues (Healthcare Commission, 2006).
- Delays in transferring A & E patients awaiting a single room on the ward for the purpose of isolation must be kept to a minimum.
- During escalation procedures, patients requiring isolation must **not** be transferred to temporary in-patient facilities (e.g. Day Surgery Unit, Angiography Unit)
- Patients with a known infection being transferred from other hospitals must be admitted to a single room.
- Patients transferring from other hospitals with no known MRSA history must be admitted to a single room until MRSA screened and negative.
- Priority for side rooms should be given to patients with high risks of increased resistant organisms, including MRSA.
- All patients with acute diarrhoea should be isolated and assumed to be infective until symptoms are settled for at least 48 hours or a non infective cause has been established by the medical team. If the patient is confirmed Clostridium difficile toxin positive then the patient should remain in the side room until discharge. Other infections requiring isolation are listed in section J: Isolation policy and include patients with suspected or confirmed pulmonary TB, chicken pox, measles, Gastrointestinal Infections, (see policy for full details).

**Infection Prevention and Control Risk Assessment**

On admission, patients should be assessed for risk factors for multi-resistant organisms, such as MRSA, using the risk assessment tool on EPR, this tool will automatically emerge for new admissions, this tool also
includes the CPE risk assessment. Further advice on CPE screening can be found on the following link:

- If the patient has an answer of yes to the risk assessment they will require isolation.
- Patients should be re-assessed as their condition changes and at regular intervals. Suspected CPE re-assessment should be discussed with the IPCT following validation of negative samples.
- Patients with a history of a multi-resistant organism, including MRSA, will be flagged on the EPR system in order to inform staff to take the necessary precautions i.e. immediate isolation of the patient. All staff using the EPR system need to be aware of the infection risk flag/alert and ensure they inform the clinical team when arranging an episode of care for ‘flagged’ patients.
- The patient flow team have access to the IPC ‘ICNet system’. The patient flow team can access this in order to reduce the unnecessary movement of patients with infections.

Movement of isolated patients between wards / departments / discharges

- Assess the need to move the patient. If an inter-ward transfer can be postponed, or an investigation/procedure can be postponed until the patient is no longer in isolation, without compromising the patient’s care and management, then it should be delayed.
- Communication between wards and departments regarding the “infection and isolation status” of a patient is essential, and enables the receiving department to put its local procedure in place.
- A patient being nursed in isolation should only be transferred between wards for that individual’s clinical needs, ensuring the receiving ward is fully appraised of the infection history.
- Once vacated, an isolation room must have a ‘terminal’ clean with a chlorine releasing agent e.g. Tristel.
- The room of a patient with a toxin positive Clostridium difficile result (and any others identified by IPC) requires a Hydrogen Peroxide Vapour (HPV) clean in addition to the ‘terminal’ clean. HPV cleans will be identified by IPC who will provide the ward with a red laminated card to highlight the requirement for a HPV clean. The ward will contact Domestic services directly to arrange. See also section K: Isolation Policy.
- Any infections should be detailed on the discharge summary.
Prevention of MRSA CPE, VRE, PRP and ESBL see also Section T: Multi-Resistant Organism Policy)

- Patients transferred to high risk areas, such as ICU, HDU or SCBU from other hospitals must be isolated in a single room and screened upon admission for MRSA carriage.
- All patient transfers from hospitals (including overseas hospitals) must be isolated in a single room and screened on admission for MRSA carriage.
- Patients noted to be high risk for CPE, if an inpatient in last 12 months in Manchester or London hospitals or any hospital overseas.
- Where a known MRSA carrier is being nursed in a main bay, avoid placing patients with invasive devices or wounds in the adjacent bed spaces.
- Elective and emergency orthopaedic patients should be segregated on separate wards.
- All patients should be screened on admission.

All transfers from other hospitals should be isolated and screened for MRSA.

Orthopaedic ring-fenced Ward at CRH

The elective orthopaedic ‘ring fenced’ ward at CRH is an area considered ‘high risk’.
- Only patients with an MRSA screen negative result should be admitted to the ring fenced ward.
- Patients must not be admitted to the ring fenced ward if the MRSA section of the ‘Infection Control’ risk assessment section of the ‘Nursing Assessment Tool’ (appendix 2) is yes and also includes patients from nursing homes, those with long term invasive devices and/or chronic wounds and those with a previous history of MRSA, even if the last result was negative.

The aim is to prevent MRSA being introduced to the elective orthopaedic wards, where the effect of MRSA infection can be devastating.

- The ring fenced ward needs to maintain a strict admission criterion that gives priority admission to patients undergoing joint replacement surgery.

Prevention of Outbreaks of Viral Gastroenteritis

- All patients requiring admission should be verbally screened for viral gastroenteritis using the flow chart found in Appendix 1.
Patients admitted with a history of diarrhoea and vomiting or recent contact with D&V are **NOT** to be admitted on MAU or SAU, but directly into an isolation room on a ward (see Appendix 1).

It has been shown (Harris et al, 2013) that patients sharing the same bay as a patient with symptoms of norovirus are at an increased risk of becoming symptomatic. Therefore, to reduce the risk of spread, patients with acute diarrhoea should be isolated and not transferred until 48 hours symptom free or unless there is a strong clinical indication for the move (e.g. transfer to ICU) and the IPCT informed.

**Communication between Infection Control Team and Patient Flow Team**

- During office hours, close liaison between the Infection Control Team and Patient Flow is essential.
- Out of office hours, an Infection Control Nurse can be contacted via the hospital switchboard.
- The Patient Flow Manager (or representative) must always attend Infection Outbreak/Incident Meetings when the Outbreak/Incident impacts on bed availability.
- An IPC team representative will provide regular feedback on relevant issues to the Patient Flow Team.

**The role of the Pre Assessment Unit in IPC/bed management**

Certain patients may have infection risks (e.g. MRSA carriers; Public Health risk of CJD) and their notes should be clearly marked as such. In addition:

- All patients should be screened for MRSA during pre assessment as per Section T: [Multi resistant organism policy](#). In the event of positive screening results, pre-assessment staff to ensure the ward and theatre are aware, so appropriate action can be taken. Pre assessment to ensure MRSA suppression treatment is prescribed and supplied in a timely manner.
- The IPC team must be contacted by Pre-assessment staff regarding patients who present a public health risk of CJD, see Policy Section O.
- Pre-assessment staff must inform Theatre and Ward Staff of patients with blood borne viruses.

**6. Training and Implementation**

All Trust managers are responsible for ensuring that staff are aware of the location of this policy, for ensuring that staff read this policy and implement it in practice.
7. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnerships.

This policy has been through the Trust’s EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

8. Monitoring Compliance with this Procedural Document

This policy will be reviewed two yearly or earlier in light of new national guidance or other significant changes in circumstances.

Compliance with this policy will be monitored through audit of the Infection Prevention and Control risk Assessment sticker and the Inter-Healthcare Infection Prevention and Control Transfer Form.

9. Associated Documents/Further Reading

This policy applies to all staff involved in patient care and management including patient placement and should be used in conjunction with other relevant sections of the Infection Control Policy including;

Section B: Notifiable Diseases Policy
Section C: Standard Precautions Policy
Section D: Meningococcal Infection Policy
Section E: Major Outbreak Policy
Section J: Management of patients with Multi Resistant organisms inc. CPE, VRE, PRP, ESBL AND Candida Auris
Section K: Isolation Policy
Section S: TB Policy
Section T: MRSA and PVL-SA policy

10. References


Healthcare Commission (2006) Investigation into outbreaks of Clostridium difficile at Stoke Mandeville Hospital, Buckinghamshire Hospital NHS Trust.

HPA (2012) Health Care Associated Infection Operational Guidance and Standards for Health Protection Units.


INFECTION CONTROL DEPARTMENT

Screening and Assessment of patients to aid early recognition of viral gastroenteritis of patients admitted to hospital

VERBAL SCREENING OF ALL PATIENTS REQUIRING ADMISSION
(e.g. on assessment in A&E or by telephone via GP to MAU & SAU)

CLINICAL – Is there a history of?
Diarrhoea, vomiting and abdominal cramps now or in the last 48 hours.
(There may be one or more of these symptoms present.)

Duration of the symptoms, are they less than 3 days?

Has the patient been in contact with others with similar symptoms?

Yes

Yes

• Possible viral gastroenteritis
• Do not admit to MAU or SAU
• Must have side-room, preferably with en-suite.
• Obtain stool specimen.
• Inform Infection Control.
• Inform Public Health England – 0113 3860300 if patient is from a care home.

No

No

May not be viral gastroenteritis – treat as suspected infective gastroenteritis
Obtain stool specimen and isolate in a side-room. Do Not Admit to MAU

May be incubating viral gastroenteritis. Advisable to place in side-room for a minimum of 48 hrs. Do not admit to MAU

Proceed as normal

Has the patient been in contact with someone with diarrhoea and/or vomiting in the last 3 days?

No

Yes

Page 11 of 12
### Appendix 2

This is an EPR excerpt from the Infection Prevention and Control Risk Assessment tool. Please ensure an accurate full assessment is completed for all new admissions, clicking on the highlighted flag/alert section for details of any IPC alerts.

The section in turquoise is for CHFT use only.