



Guidance on Balancing Competing Demands in Relation to Restrictions on Bed Use Related to Infection Prevention and Control in Acute Hospital settings

Policy Procedure Protocol Guideline

Insert Service Name(s), Directorate and applicable Location(s):

All acute hospitals

Title of PPPG Development Group:		Antimicrobial Resistance and Infection Control Implementation Team	
Approved by:		AMRIC Oversight Group	
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1	July 2019		Clinical Lead
2	December 2022		AMRIC Clinical Lead

INITIATION

1.1 Purpose

This document has been developed to guide decision making in situations where the CEO or General Manager of an acute hospital, or person acting on their behalf, receives advice from an Infection Prevention and Control Practitioner or Outbreak Control Team (OCT) recommending that admission/transfer/movement of patients to certain areas of an acute hospital be restricted but considers that it is not possible to implement the advice. This may arise due to competing risks or resource constraints.

Preventing admission of new patients to one or more areas of a hospital is universally accepted as a core element of managing transmission of infection in hospital. Preventing admission of new patients to an area where there is evidence of active transmission of infection serves several purposes:

- a. It protects individual patients from being exposed to a specific risk of infection above the background level of risk of infection associated with hospitalisation.
- b. It helps to terminate transmission of infection because the infectious organism is deprived of new hosts to whom it can spread.
- c. It helps staff on the affected ward to optimise adherence to infection prevention and control practice by reducing the case load.
- d. It facilitates enhanced cleaning and maintenance work necessary to manage risk of transmission from environmental reservoirs.

Preventing admission of new patients to one or more areas of a hospital can create intense pressures within a hospital system, such as that in Ireland, which operates at or above 100% occupancy for much of the time. The accumulation of patients in other areas of the hospital, in particular those patients in an Emergency Department and associated areas awaiting admission to an in-patient area can generate other clinical risks. Therefore, situations may arise where the advice provided by the Infection Prevention and Control Practitioner or Outbreak Control Team (OCT) regarding restricted access to areas of the hospital is challenging to adopt and comply with.

Balancing the clinical and public health risks associated with admission to an area contrary to IPC advice with the clinical risk of accumulation of patients in other parts of the hospital is difficult. **This document is intended to guide a reasoned approach to balancing these competing risks. It is not possible to be prescriptive for each situation.**

There are related challenges that arise when the requirement for single room isolation exceeds availability; these are not addressed in this document; guidance for these decisions is available here:

<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/priority-guide-for-isolation.pdf>

1.2 Scope

1.2.1 Target Users

This guideline is intended for use by CEOs and General Managers of Acute Hospitals, Chief Clinical Directors and Clinical Directors, Directors of Nursing, Infection Prevention and Control Practitioners and Consultants in Public Health Medicine and Public Health Specialists.

1.2.2 Populations to whom it applies

This guidance applies to all patients admitted to acute hospitals.

1.3 Objectives

To optimise patient safety by guiding a reasoned approach to balancing competing demands related to IPC restrictions on bed use and pressures to admit patients to areas under restriction.

1.4 Outcomes

To support safe patient care and the control of transmission of infectious agents in the acute hospital setting.

1.5 PPPG Development Group

Antimicrobial Resistance and Infection Control Implementation Team.

1.6 PPPG Development Governance Group

Antimicrobial Resistance and Infection Control Oversight Group.

1.7 Supporting Evidence

1.7.1 Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection. June 2018.

1.7.2 Health Acts 1947 and 1953.

1.7.3 Infectious Disease Regulations 1981 and subsequent amendments

1.7.4 Health (Duties of Officers) Order, 1949.

1.7.5 HSE AMRIC Interim IPC guidance, 2022.

1.8 Glossary of Terms

AMRIC – Antimicrobial Resistance and Infection Control

AMR - Antimicrobial Resistance

AMS - Antimicrobial Stewardship

CEO - Chief Executive Officer

GM – General Manager

IPC– Infection Prevention and Control

HCAI – Healthcare Associated Infection

HSE – Health Service Executive

OCT – Outbreak Control Team

HPSC – Health Protection and Surveillance Centre

MOH – Medical Officer of Health

Infection Control Practitioner – IPC nurse / Consultant Microbiologist

2.0 DEVELOPMENT OF PPPG

This guideline was developed arising from situations in which hospital CEOs and General Managers or those acting on their behalf have made decisions not to comply with recommendations from IPC Practitioners and Outbreak Control Committees in the context of their assessment of other risks. The document was initially drafted by the HSE AMRIC Clinical Lead. The document was circulated for consultation to relevant groups and was approved by the HSE AMRIC Oversight Group.

2.1 Guidance

When an IPC Practitioner or OCT Committee recommends closure of beds in a section of a ward or wards to assist in managing transmission of infection the advice should be confirmed promptly in writing (for example by email) to the CEO or General Manager of the Hospital.

The advice should specify the type of organism associated with transmission, the date on which the advice takes effect and the expected review date for the restrictions advised.

The advice should include:

- the number of people confirmed affected at that time
- the number of people suspected affected
- the consequences of transmission (infection or colonisation).

2.1.1. Advice is accepted for full implementation.

Where the advice is accepted for full implementation this should be confirmed promptly in writing (for example by email) by the CEO or General Manager or person acting on their behalf.

2.1.2 Appropriateness of the advice is questioned.

Where the CEO or General Manager considers that the IPC advice is not appropriate or proportionate to the IPC risk the CEO or GM should, as soon as possible, convene a meeting/teleconference with the relevant Clinical Director /Chief Clinical Director and Director of Nursing and the hospitals clinical lead for IPC to review the advice. If no consensus on what is appropriate is achieved the CEO or GM should seek external advice from the Area Director of Public Health or their delegate and if appropriate HSE AMRIC.

2.1.3 Advice is accepted as appropriate but concerns arise related to other clinical risks associated with full implementation.

Where the CEO or General Manager accepts the IPC advice given as appropriate but considers that the hospital may not be in a position to implement the advice **fully** because of other clinical risks the CEO or GM should, as soon as possible, convene a meeting/teleconference with the relevant Clinical Director /Chief Clinical Director and Director of Nursing, the hospitals clinical lead for IPC and the Area Director of Public Health or their delegate to review the advice and the other clinical risks.

Where the outcome of the review meeting is that the advice of the IPC Practitioner or OCT Committee cannot be implemented fully because of competing clinical risks the following should be documented (Refer to Appendix 1) within the minutes of the outbreak control meeting outlining agreed actions and responsibilities:

- That every practical option to comply fully with IPC advice has been considered, including the use of all single rooms for isolation. The circumstances that will trigger admission to the restricted area (for example the threshold of waiting patients in ED that will justify admission to the restricted area). The Incident Management Framework– Guidance 2020 will be applied as appropriate and all measures to mitigate the IPC risk to individual new patients admitted to the restricted area will be documented (for example establishing a relatively segregated area for new admissions within the restricted area). The hospital risk register should be updated to reflect ongoing risks, as required.
- Patients/ guardians that are offered admission to the restricted area will be informed regarding the offer of admission to the restricted area (ensuring that the open disclosure process is followed). This should include clear and concise explanation of the risks associated with the admission to the hospital unit or restricted unit/areas provided verbally and supported with brief printed information. The process should be aligned to guidelines included in the “National Healthcare Charter” regarding patient choice and right to dignity
- The steps that will be taken to mitigate the risks of perpetuation of transmission in the context of continued new admissions to the ward.
- How clear communication with patients/guardians will be carried out. This includes communication regarding risks associated with treatment, this is the responsibility of the primary clinical team. IPC practitioners may support the primary clinical teams in relation to this communication when requested to do so. Clear communication should include details of any additional tests including screening tests and/ or additional monitoring/preventative measures and vaccination required as a result of being admitted to this hospital location. Ensure patients are informed through open disclosure processes.
- How internal stakeholder communication will be carried out.

The CEO/GM of the hospital should inform the Hospital Group CEO, the Hospital Group Chief Clinical Director and the Hospital Group Chief Director of Nursing and the Area Director of Public Health or their delegate of the decision that IPC advice cannot be implemented fully because of competing clinical risks.

The Area Director of Public Health or their delegate may need to consider the decision in the context of the following *legislation as relevant*:

On becoming aware, whether from a notification or intimation under these Regulations or otherwise, of a case or a suspected case of an infectious disease or of a probable source of infection with such disease, a medical officer of health, or a health officer on the advice of a medical officer of health,

shall make such enquiries and take such steps as are necessary or desirable for investigating the nature and source of such infection, for preventing the spread of such infection and for removing conditions favorable to such infection

Source: Regulation 11 of the Infectious Disease Regulations 1981 and other amendments.

The decision not to comply fully with IPC advice and the impact of this decision on individual patients and on transmission of the organism will be reviewed at a minimum weekly or more frequently as required by the Hospital CEO/Manager, the Clinical Director, the Director of Nursing and IPC Lead.

If there is a need to review placement decisions in relation to individual patients admitted to a restricted area, this should be made in consultation with the IPC team.

The HSE Escalation Procedure for outbreaks /incidents /situations of HCAI (2018) should be referred to as appropriate in such situations.

2.1.4 Out of hours situations.

If circumstances arise that require an immediate decision outside of standard working hours the principles outlined in 2.1.3 should be applied as follows:

- The person with responsibility for patient placement decisions should discuss the issue with the IPC Practitioners on duty
- Where possible one other senior clinician or manager should be included in the discussion. The outcome of that discussion should be documented by email with a brief indication of the reasons for the decision taken and the views of those involved in making the decision
- The decision should then be reviewed as soon as possible as outlined in 2.1.3
- This should normally be no later than the next working day.

3.0 GOVERNANCE AND APPROVAL

- AMRIC Implementation Team.
- AMRIC Oversight Group.

4.0 COMMUNICATION AND DISSEMINATION

- This guideline is circulated through the Acute Operations Office to all Hospital CEOs and General Managers,
- This guideline is also available on line www.hse.ie/hcai

5.0 IMPLEMENTATION

Implementation of this guideline is the responsibility of all Hospital Group CEOs.

6.0 MONITORING, AUDIT AND EVALUATION

The learning from this guideline should be shared with relevant professionals at team meetings.

7.0 REVISION/UPDATE

The AMRIC Implementation Team.

8.0 References

1. HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs, 2016).
2. SI No. 707 of 2003 - Infectious Diseases (Amendment) (No. 3) Regulations 2003 (added disease clusters and changing patterns of illness that may be of public health concern to the conditions that must be notified to the Medical Officer of Health).
3. HSE HCAI Escalation Procedure, 2018.
4. Incident Management Framework– Guidance 2020.
5. Draft National Guidelines for Infection and Prevention Control (IPC) 2022 [ncec-ipc-guideline-2022-for-consultation.pdf \(hse.ie\)](https://www.hse.ie/eng/health/infpre/2022-for-consultation.pdf)

6. Guidance on the management of Communicable Infectious Disease (including COVID 19) related risk in scheduled services for adults in acute hospitals
<https://www.hse.ie/eng/about/who/acute-hospitals-division/covid-19-guidance/guidance-on-the-management-of-scheduled-services-for-adults-in-acute-hospitals-during-the-covid-19-era.pdf>
7. Guidance on the management of COVID19 related risk in the Adult Unscheduled Care Pathway The acute floor 08.02.22
[Guidance on the management of COVID-19 related risk in Adult Unscheduled Care Pathway; The Acute Floor \(CD19-198-004/08.02.22\)](#)
8. HSE Open Disclosure: <https://www.hse.ie/eng/about/who/nqpsd/qps-incident-management/open-disclosure/hse-open-disclosure-full-policy.pdf>

Appendix 1

Documentation of Decision that IPC advice cannot be implemented because of competing clinical risks.

Advice of IPC/OCT (include date advice received)

Reasons for not being able to implement/fully implement advice of IPC/OCT

- 1.
- 2.
- 3.

Name of persons consulted with in making this decision:

Was the risk escalated as per HSE Escalation Policy?

Yes No

Date and time of decision: _____

Review date: _____

Complete following table (individual aspects of this table can be reflected in incident management processes), as required.

Actions	Details	Responsible person
Options taken to comply with advice of IPC/OCT	<ol style="list-style-type: none"> 1. 2. 3. 	
List circumstances that will trigger admission to the restricted area	<ol style="list-style-type: none"> 1. 2. 3. 	
Outline the steps that will be taken to mitigate the IPC risk to individual new patients admitted to the restricted area	<ol style="list-style-type: none"> 1. 2. 3. 	
Outline how patients that are offered admission to the restricted area will be informed that they are being admitted	<ol style="list-style-type: none"> 1. 2. 3. 	
Outline the steps that will be taken to mitigate the risks of perpetuation of transmission in the context of continued new admissions to the ward	<ol style="list-style-type: none"> 1. 2. 3. 	

ENDS