1.0 PURPOSE AND INTENT

1.1 To provide a process to reduce the risk of cross-contamination between patients in neonatal areas.

Note: All recommendations are approximate guidelines only and practitioners must take into account individual patient characteristics and situation. Concerns regarding appropriate treatment must be discussed with the attending neonatologist.

2.0 PRACTICE OUTCOME

2.1 Decrease the incidence of nosocomial infections in vulnerable newborns.

3.0 GUIDELINES

3.1 Follow Infection Control precautions as outlined in the WRHA Infection Prevention and Control Manual.

3.2 Adhere to the “4 Moments for Hand Hygiene”:
   - Before initial patient / patient environment contact
   - Before aseptic / clean procedures
   - After body fluid exposure risk
   - After patient / patient environment contact

3.3 Upon entering the Neonatal Intensive Care Unit at St. Boniface Hospital follow the instructions found in Appendix A.

3.4 Instruct all visitors in appropriate hand hygiene and infection prevention measures.

3.5 Remove all rings, watches, and other jewelry on hands and wrists before performing hand hygiene and handling of neonatal patients.

3.6 Keep natural nails clean with the nail not showing past the end of the finger, with any nail polish fresh and in good condition and no artificial nails or nail enhancements.

3.7 Keep arms bare to the elbows during direct patient care.

3.8 Wear clean gloves for all handling of invasive devices such as peripheral IV’s, chest tubes etc that are indwelling. Management of central lines is done according to the Neonatal Guideline “Central Venous Access Device Management in Neonates”.

3.9 Discontinue invasive devices including chest tubes, drains and urinary catheters as early as possible to diminish the infection risk.

3.10 Provide skin antisepsis prior to invasive procedures using the appropriate antiseptic options outlined in Appendix A. Note: for umbilical catheter insertions prevent potential chemical burns by using care to cleanse the umbilical cord only and not the abdominal skin. See “Umbilical Catheters in Neonates” Clinical Practice Guideline for details on the procedure.

3.11 Cover gowns or another appropriate barrier must be worn if:
• An infant is on isolation technique
• A staff member will be holding an infant in close contact and then will move on to hold a second infant with close contact.
• A patient care activity is likely to generate splashed or sprays of any body fluid.

For more details see the WRHA Infection Prevention and Control Manual

3.12 Gather all clean supplies with clean hands and assemble them on a clean surface.

3.13 Use medication bedside bins for medications only. Clean bins daily and when visibly soiled.

3.14 Use hospital approved disinfectant to clean contaminated surfaces and objects.

3.15 Clean surface with hospital approved disinfectant before and after infant feeding preparation.

3.16 Wipe patient bedside area at the start of every shift and as often as necessary. This includes bedside table or cart, counter tops, monitor, ventilators, IV pump control pads and any computer keyboard that are in the area.

3.17 Clean incubators / infant warmers according to a schedule and additionally as required. When cleaning an incubator or warmer, remove and scrub all detachable parts. If the incubator has a fan, clean and disinfect it according to the manufacturer’s instructions. Maintain the air filter as recommended by the manufacturer. Replace mattresses when the surface covering is broken. Clean and disinfect portholes, cuffs and sleeves frequently.

3.18 Staff members who have cold sores (herpetic lesions) do not work with newborns until the lesion is crusted and dry.

3.19 Staff with significant hand lesions, dermatitis or presumed allergy to hospital products inform the Manager of Patient Care and contact the Department of Occupational and Environmental Safety & Health (OESH) to determine strategies for treatment.

3.20 Visitors who have been identified as having an infection can visit only after consultation with the Infection Prevention and Control department and the attending Neonatologist.

3.21 Families who wish to bring toys in to the hospital are encouraged to bring in toys that are easily cleaned. Plush toys are sent home with the family to be laundered weekly and when visibly soiled or contaminated. Keep plush toys away from direct contact with patients who have invasive lines.

4.0 REFERENCES


Retrieved from www.cdc.gov


5.0 PRIMARY AUTHORS

5.1 Doris Sawatzky-Dickson Clinical Nurse Specialist NICU HSC
5.2 Karen Olekson, Infection Control Practitioner HSC
5.3 Karen Bodnaryk Nurse Educator NICU HSC
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5.5 John Baier, Assistant Medical Director NICU HSC
5.6 Barbara Wheeler, Clinical Nurse Specialist NICU, SBH
APPENDIX A

St. Boniface Hospital Neonatal Intensive Care Unit

Before entering a PATIENT CARE OR PATIENT EQUIPMENT PREP AREA (ie. pod, the Observation Unit, Pharmacy, formula prep area, medication prep area, isolation anteroom or utility room:
  - Remove lab coat or jacket
  - Remove bracelets, watches or rings
  - Scrub to the elbows with an approved antimicrobial soap for 1 minute

Upon re-entering on the same day:
  - Wash well to the elbows for 15 seconds before handling any neonate’s equipment, after removing gloves, and between handling babies. This includes parents of multiplies who are handling more than one of them.

Before entering NON-PATIENT CARE AREAS (ie. Multipurpose room, Respiratory lab, area behind main desk)
  - Scrub as outlined above for 1 minute OR, use alcohol based hand rub/foam
  - It is not necessary to remove jewelry if not entering a patient care or equipment prep area.
APPENDIX B

Skin and Device Antisepsis for Neonates

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Infants &lt; 28 weeks and less than 3 weeks of age</th>
<th>Other infants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Culture</td>
<td>2% chlorhexidine swab sticks or prep pads <em>(no alcohol)</em></td>
<td>2% chlorhexidine with 70% alcohol prep pad</td>
</tr>
<tr>
<td>Invasive Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central lines</td>
<td>2% chlorhexidine swab sticks <em>(no alcohol)</em></td>
<td>2.0% chlorhexidine with 70% alcohol swab sticks or prep pads.</td>
</tr>
<tr>
<td>Lumbar punctures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suprapubic Taps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urinary Catheterization</td>
<td>Povidone-iodine – pour small amount from bottle or use prep pads.</td>
<td>Povidone-iodine – pour small amount from bottle or use prep packs. <em>(Chlorhexidine is not recommended for mucous membranes)</em></td>
</tr>
<tr>
<td>Peripheral Intravenous</td>
<td>2% chlorhexidine prep pads. <em>(no alcohol)</em></td>
<td>2% chlorhexidine with 70% alcohol prep pad</td>
</tr>
<tr>
<td>Access to Central Lines</td>
<td>70% alcohol prep pads. <em>(Alcohol has the best results for antisepsis on objects, while chlorhexidine is superior on skin)</em></td>
<td>70% alcohol prep pads. <em>(Alcohol has the best results for antisepsis on objects, while chlorhexidine is superior on skin)</em></td>
</tr>
<tr>
<td>Central Line Site Care</td>
<td>2% chlorhexidine swab sticks <em>(no alcohol)</em></td>
<td>2% chlorhexidine swab sticks with 70% alcohol.</td>
</tr>
<tr>
<td>Heel sticks</td>
<td>2% chlorhexidine prep pads. <em>(no alcohol)</em></td>
<td>2% chlorhexidine with 70% alcohol prep pad.</td>
</tr>
</tbody>
</table>

*If sensitivity or allergy to chlorhexidine has been demonstrated 10% povidone-iodine can be used for subsequent procedures.*