

Guideline

Infection Prevention and Control Guideline for the PaNDR Transfer Service

1. Scope

For use within the Paediatric and Neonatal Decision Support and Retrieval Service (PaNDR) for the East of England to provide infection prevention and control guidance.

2. Purpose

This document provides guidance on when and how to clean equipment including the ambulance and the type of personal protective equipment to be worn by staff on transfers.

3. Definitions and abbreviations

PaNDR – Paediatric and Neonatal Decision Support and Retrieval Service
PPE – Personal Protective Equipment
BAPM – British Association of Perinatal Medicine
SJA – St Johns Ambulance

4. Introduction

During neonatal and paediatric transfers, precautions must be undertaken to prevent spread of infection between patients, clinical staff and parents who travel in the ambulance on transfers. Infection prevention and control should be a part of all neonatal and paediatric transfers and clear guidance is essential to ensure high standards of infection prevention and control are developed and maintained. The nature of the patients being transferred by the PaNDR team - neonates and sick children - make them vulnerable to infection as their immune systems may be compromised.

5. At Referral

It is essential to obtain information about the infant or child's infection status during the initial referral call as this will guide how the transfer is undertaken; the cleaning process after the transfers and it may also affect decision making on the order in which transfers are completed.

Addenbrooke's Hospital

Questions to ask about the infant / child:

- Do they have a current active infection: bacterial, viral, fungal etc.?
- Are they colonised with any organism(s) and is it a drug resistant organism?
- Are they being barrier nursed?
- What is their COVID-19 status?
- What is their past infection history?

If an organism is identified, extra precautions may need to be taken during transfer and there may be a different level of cleaning required for equipment and the ambulance after the transfer.

The infection control status should be documented in the EPIC notes to facilitate a clear hand over of information between the PaNDR clinical teams. The infection control status should also be communicated clearly to the receiving team as this may determine if the infant or child needs to be in isolation bed. Local infection control guidelines should be followed.

6. During transfer

Hand Hygiene

Hands must be cleaned using the recommended hand cleaning technique before and after each patient contact. In line with the Trust 'Professional Dress Code and Uniform Policy', staff must be bare below the elbow, fingernails short and no jewellery apart from a plain band/ring.

Use of Personal Protective Equipment

- For all patient contact use non-sterile gloves, a plastic apron and a surgical mask
- For patients with a viral respiratory infection not including COVID-19 use non sterile gloves, plastic apron and a surgical mask. Use FFP3 Respirator and eye protection for aerosol generating procedures. (*See Infection control management of viral respiratory infections*)
- For patients with suspected or confirmed COVID-19 use a long sleeve, fluid repellent disposable gown, non-sterile gloves, FFP3 respirator or equivalent and eye protection (*see BAPM 2020 COVID-19 guidance*)

Staff undertaking clinical transfers should be mask fit tested, this is a trust requirement and should be done every 2 years.

Infection control policies may vary between different hospitals, when on a transfer in another hospital the local infection control guidelines should be followed.

7. After Transfer

Cleaning of equipment and ambulance

PaNDR Clinical Equipment

- **General enhanced cleaning** of the neonatal incubator / paediatric trolley should be carried out after every transfer with Tristel Fuse solution / clinell green universal wipes.
- **Deep cleaning** of the neonatal incubator / Paediatric trolley should be carried out with Tristel Fuse once a month and after transfer of every infant with known colonisation or infection requiring a deep clean. This involves taking off all the removable parts of the neonatal incubator or paediatric trolley so a thorough clean can be undertaken.

'Refer to 'Cleaning of the Draeger neonatal incubator guideline'

Tristel Fuse solution is classed by infection control as an enhanced clean and is suitable to kill most pathogens.

As agreed by infection control a **deep clean of equipment** is only needed for an infant or child infected or colonised with the following pathogens:

- MRSA
- ESBL
- CPE
- COVID -19

Linen

- Non infected linen should put in the hospital laundry bins or put it in the grey bag in the PaNDR clinical room. Restraints or any linen belonging to PaNDR should be placed in to the grey bags in the PaNDR clinical room and taken to the hospital laundry.
- Infected linen must be placed in to a red water soluble bag and put in the hospital laundry bins or placed in to the grey laundry bag in the PaNDR clinical room and taken to the hospital laundry. Infected restraints must be placed in a red water soluble bag and placed in the grey laundry bag in the PaNDR clinical room and taken to the hospital laundry.

Ambulance - refer to *St John Ambulance Infection Prevention and Control Policy doc. (2020)*

- **General clean** – after every shift the ambulance floor should be mopped and all surfaces in direct contact with patients or clinical staff or crew should be wiped with Clinell green universal wipes
- **Deep Clean** – Carried out by SJA contractor. During this process the internal floors, cupboards, ceilings, and appropriate equipment should be decontaminated by the Contractor as per St Johns Standing Operating Procedure which has been agreed by the Medical and Clinical Directorate.

A deep clean of the **ambulance** is required every 6 weeks. An unscheduled deep clean **may** be required if there is significant spillage of bodily fluids and/or after transferring highly infectious patients especially if they have undergone aerosol generating procedures and if there is drug resistant micro-organisms.

For 'outbreaks' of unexpected infections in the region / country the PaNDR team will respond on a case-by-case basis guided by the infection control team.

8. Monitoring compliance with and the effectiveness of this document

The PaNDR team will monitor compliance with this document by undertaking regular audits, which will be reported back to the consultants and lead nurse.

The effectiveness of the document will be monitored by review of any reported incidents via the lead nurse for risk.

9. Associated documents

- [Tristel Fuse Safety Data](https://media.supplychain.nhs.uk/media/documents/FAL697/COSHH/24366_FAL697_MSDS.pdf)
https://media.supplychain.nhs.uk/media/documents/FAL697/COSHH/24366_FAL697_MSDS.pdf
- [Infection control management of respiratory virus \(CUH guideline\)](http://merlin/Pages/Results.aspx?k=infection%20control)
<http://merlin/Pages/Results.aspx?k=infection%20control>
- [ST Johns infection prevention and control \(add link\)](https://clinical.stjohnwa.com.au/infection-prevention-control)
<https://clinical.stjohnwa.com.au/infection-prevention-control>
- BAPM Perinatal COVID-19 Resources
https://hubble-live-assets.s3.amazonaws.com/bapm/redactor2_assets/files/1112/COVID_FAQs_13_1_21.pdf
- Cleaning of the Draeger neonatal incubator
<https://img1.wsimg.com/blobby/go/37474867-8297-4fbd-8acf-ee0d108337d6/downloads/Cleaning%20the%20incubator.pdf?ver=1662119673120>



10. Equality and diversity statement

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11. Disclaimer

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Document management

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