

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

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/carers 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. This will guide how the transfer is undertaken, the type of bed required at the destination, the cleaning process after the transfer and it may also affect decision making around

the order in which transfers are completed. The infection control status of the patient should be documented within EPIC and be communicated clearly to the receiving team so they can allocate the admission to an appropriate bedspace. Receiving units should refer to their local infection control guidelines.

If an infection control concern/organism is identified, extra precautions may need to be taken and specific PPE worn from the point of patient contact, throughout the transfer and at the receiving unit. Please refer to CUH guidance available on [connect](#) for more details.

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 CUH Trust's '[Professional dress code and uniform policy](#)', staff must be bare below the elbow, fingernails short and no jewellery apart from a plain band/ring. Further guidance around hygiene can be found on the [CUH Hand Hygiene](#) guideline.

Use of Personal Protective Equipment

- For all patient contact, PaNDR staff should follow Trust guidance around the '[Gloves Off Campaign](#)' for when to use and not to use gloves. Gloves and plastic aprons should be used when contact with bodily fluids is possible, contact with the inside of a patient's body is anticipated, when in contact with chemical hazards, when handling sharps and when caring for patients who are isolated for infectious reasons.
- For patients with a viral respiratory infection including COVID-19 please follow local policies and procedures with regards to the use of FFP3 masks and PPE.

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

- The PaNDR team should follow the infection control guidelines and policies as per CUH. It is appreciated that infection control policies may vary between different hospitals. Teams should follow infection control guidelines as per their Trust.

7. After Transfer

Cleaning of equipment and ambulance

PaNDR Clinical Equipment

- Cleaning of trolleys and incubators after transfer should not be carried out in the clinical rooms.
- The infection status of the patient will dictate what clean will be required for the equipment (as per CUH Trust guidance) and ambulance (as per SJA guidance) after the transfer has been completed.

PaNDR NIC Teams

- Incubators should be cleaned after every patient. Incubators are taken to the NICU sluice room to be cleaned by the NICU technicians. The PaNDR clinical team need to clearly communicate with the NICU technicians if the incubator requires a red, amber or green clean as per [CUH IC01 Cleaning and Disinfection Policy](#). Please refer to appendix 1 at the end of this document for more details.
- If teams are not coming back to base prior to completing a second job, cleans need to be carried out by the clinical teams in an appropriate designated place prior to departure to the second job. Guidance on how to carry out cleans of the incubators can be found on the '[Cleaning of the Draeger neonatal incubator and Paediatric Paraid Trolley](#)' guideline located on the PaNDR website.
- All cleans should be carried out using Tristel Jet solution.
- A green or amber clean requires a thorough clean of all the areas of the incubator with Tristel Jet spray. It is not necessary to remove all the removable parts from the incubators in these categories.
- The filter within the incubator does not need to be changed for an amber clean unless the transfer was for a baby with a respiratory illness.
- A red clean involves taking off all the removable parts of incubator so a thorough clean can be undertaken with Tristel Jet solution.

PaNDR PIC Teams

- Trolleys should be cleaned after every patient. Guidance on which clean is required for which infections are specified by [CUH IC01 Cleaning and Disinfection Policy](#). Please refer to appendix 1 at the end of this document for more details.
- Trolleys should be cleaned in a suitable location before returning to the clinical room in CUH.
- If the team is returning to base after a job that requires the trolley to have an amber clean, this can be done in the NICU sluice room by the PaNDR clinical team. Please call ahead to give the technicians warning so that space can be created as needed.
- If the team is returning to base after a job that requires the trolley to have a red clean, it can be requested to be done by the NICU technician's if they have capacity to complete it. However, clinical teams need to be prepared to complete it themselves if the NICU technicians are unavailable by following the '[Cleaning of the Draeger neonatal incubator and Paediatric Paraid Trolley](#)' guideline.
- Green cleans: A thorough clean of all areas of the trolley should be cleaned with green clinell wipes.
- Amber cleans: A thorough clean of all the areas of the trolley is required with Tristel Jet spray. It is not necessary to take off all the removeable parts from the trolley in this category.
- Red cleans: A deep clean is required. This involves taking off all the removable parts of the paediatric trolley so a thorough clean can be undertaken with Tristel Jet solution.

All trolleys and incubators should be red cleaned at least once a month, even if it has not had any contact with a red patient. This is completed by the NICU technicians in the NICU sluice. The deep clean log should be completed after trolleys and incubators have had their deep cleans so this can be monitored.

If a trolley/incubator is not used for a transfer in a 24-hour period it should still be damp dusted, so it is cleaned daily with clinell wipes.

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

Addenbrooke's Hospital

Linen

- White bags are used for non-infected hospital linen. These should be put in hospital laundry bins. PaNDR owned linen and restraints should be placed in grey bags with a completed docket inside and placed in the appropriate cage outside hospital laundry.
- Infected linen must be placed in a red water-soluble bag and put in the hospital laundry bins. PaNDR owned infected linen and restraints should be placed in a red water-soluble bag and then into a grey laundry bag with a completed docket and taken to the hospital laundry as stated above.

Ambulance - refer to *St John Ambulance Infection Prevention and Control Procedure doc. (2023)*

- **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. Keeping the ambulances clean is the whole team's responsibility.
- **Deep Clean** – Carried out by SJA contractors. 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. This is organised as needed by the SJA team.

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. This is to be organised through the SJA technicians by escalating to their control room.

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. Other

Clinical Rooms and PaNDR Office – Medirest are responsible for coming into the clinical rooms to mop the floor and empty bins and damp dust the surfaces on a regular basis. Audits of the clinical rooms are carried out regularly according to Trust guidance and shared with the PaNDR team.

In the main office, Medirest staff are responsible for mopping the floor and emptying the bins. All staff are responsible for damp dusting the surfaces regularly.

PaNDR Staff are expected to clean all cupboard contents in the clinical rooms monthly and this is monitored internally.

9. Monitoring compliance with and the effectiveness of this document

The PaNDR team will monitor compliance with this document by undertaking regular audits and ask for further guidance and support from CUH Infection Control Team as required. The St John's Ambulance team will share their monthly swab results with the PaNDR team so relevant information can be fed back to the team and actioned appropriately.

The effectiveness of this document will be monitored by review of any reported incidents via the PaNDR Risk Team.

10. Associated documents

- [Infection Prevention and Control](#). Connect. CUH
- [Trust professional dress code and uniform policy](#).
- [Hand Hygiene Guidance](#)
- [Gloves off Campaign Guidance](#)
- [CUH IC01 Cleaning and Disinfection Policy](#).
- [Cleaning of the Draeger neonatal incubator and Paediatric Paraid Trolley](#)
- [St Johns infection prevention and control](#)
<https://clinical.stjohnwa.com.au/infection-prevention-control>

11. Equality and diversity statement

This document complies with the Cambridge University Hospitals NHS Foundation Trust service equality and diversity statement.

12. Disclaimer

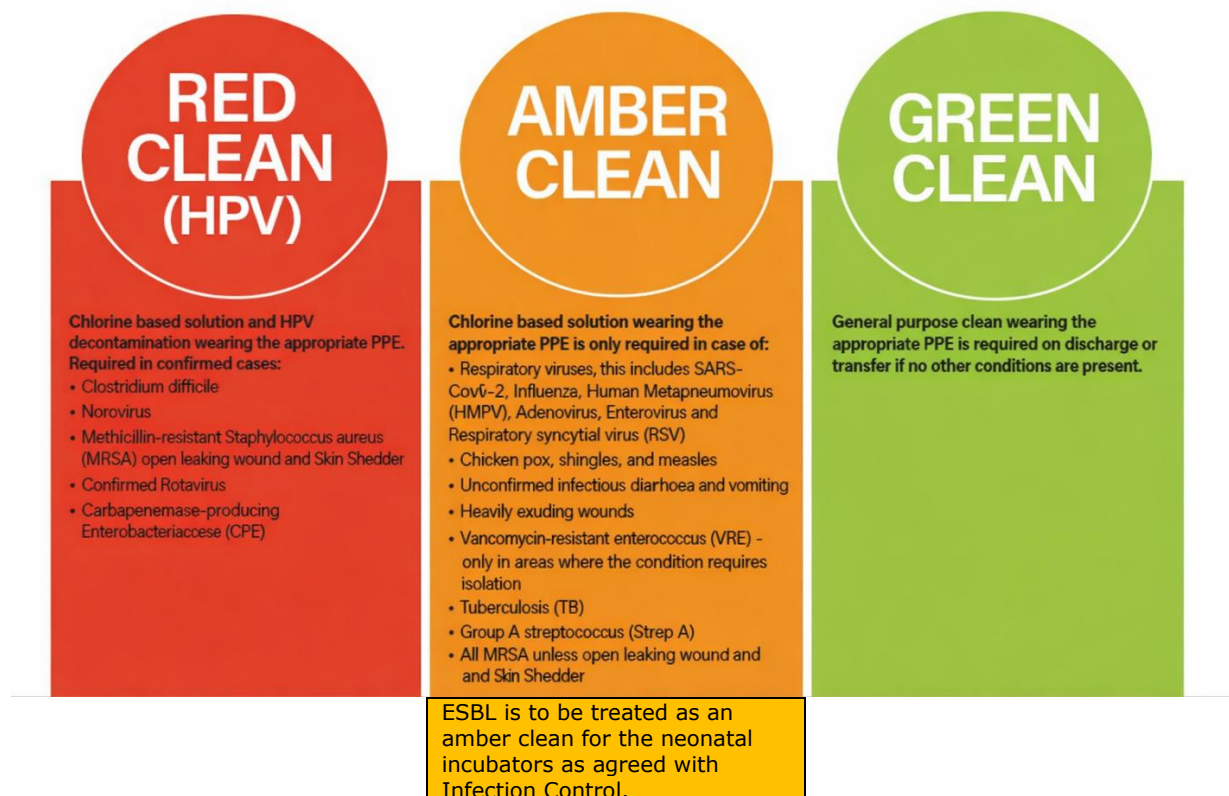
It is the responsibility of all staff to ensure they are using the latest version of a document.

Document management

Approval:	PaNDR Senior team		
Owning department:	PaNDR		
Author(s):	Amy Smith, Julia Arthur		
Pharmacist:	n/a		
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Appendix 1

Which clean do you require?



Adapted from CUH Cleaning and Disinfection Policy version 10 which was approved in June 2025.