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|  <p>B.S. Aquino Drive,<br/>Bacolod City,<br/>Negros Occidental,<br/>6100</p> <p>DR. PABLO O. TORRE<br/>MEMORIAL HOSPITAL</p> | Document Code:      | DPOTMH-I-29-P07                         |
|   | Effective Date:     | 10-30-2021                              |
|   | Document Type:      | Policy                                  |
|   | Page Number:        | 1 of 6                                  |
|   | Department/Section: | Neonatal Intensive Care Unit            |
|   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

**PURPOSE:**

1. To set the guidelines in caring for neonates in isolation.
2. To effectively prevent the transmission of hospital acquired infection in the Neonatal Intensive Care Unit (NICU).

**LEVEL:**

Registered Nurses, Doctors, Family members, other Health Care workers visiting the NICU


**DEFINITION OF TERMS:**

**Infection** is the pathological state in which there is an invasion by and multiplication of pathogenic microorganisms in a bodily part or tissue, which may produce subsequent tissue injury and progress to overt disease through a variety of cellular or toxic mechanisms.

**Isolation** refers to the care of infants in separate rooms or other confined areas that are physically separated from other infants. Infants may be isolated because they are known or suspected to be colonized or infected with a pathogen based on clinical diagnosis, microbiologic confirmation or epidemiology, or because they are particularly at risk of acquiring a HAI (protective isolation).<sup>1</sup>

**POLICY:**


1. All physicians, nurses, and family members shall always observe and perform proper hand washing technique and other precautions prior to entering the unit and when handling a neonate in isolation. Hands must be disinfected with an alcohol-based hand rub before and after handling each patient, before donning gloves and other PPE, before performing procedures, after touching contaminated objects or surfaces, and after removing gloves and other PPE. Soap and water must

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|   | Document Type:      | Policy                                  |
|   | Page Number:        | 2 of 6                                  |
|   | Department/Section: | Neonatal Intensive Care Unit            |
|   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

be used for hand washing when hands are contaminated with blood, other body fluids or dirt.

2. 70% alcohol with moisturizer shall be used when regular hand washing is not possible.
3. Artificial and long natural fingernails are not permitted in the clinical setting.
4. Outside shoes are strictly not to be used inside the NICU. All entering the unit shall change into the clean slippers provided by the staffs.
5. Cover gown shall be worn inside the NICU at all times.
6. To come into physical contact with a patient, all jewelries and watches are removed and long sleeves are rolled up above the elbows.
7. Physicians, nurses, family members and other personnel shall be free of skin lesions, fever, vomiting, diarrhea, and reportable communicable diseases.
8. Anyone with an upper respiratory infection shall avoid entering the NICU. Whenever this is unavoidable, a mask shall be worn. Gloving before patient contact is advisable.
9. Any objects falling to the floor shall be discarded, washed and disinfected or sterilized.
10. Contact Precautions: Infants colonized or infected with MRSA, VRE or neonatal herpes simplex shall be cared for in a private room or isolation room. Contact Precautions sign is affixed to the isolette
11. Neonates exposed to varicella zoster or neonates with signs or symptoms of congenital tuberculosis (TB) shall be cared for in a negative air pressure room



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|   | Document Type:      | Policy                                  |
|   | Page Number:        | 3 of 6                                  |
|   | Department/Section: | Neonatal Intensive Care Unit            |
|   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

When caring for a NICU patient on Airborne Precautions all staff are required to wear a respirator.

12. Droplet Precautions: Neonates with influenza shall be cared for in the isolation room. This includes neonates with mothers on droplet precautions for influenza and infants with suspected influenza infection. If not possible:


- A) Place the infant in an isolette at least 3 feet away from other babies in NICU area, and
- B) Affix Droplet Precautions sign to the isolette, and
- C) Ensure that surgical masks are available near the isolette, and
- D) Ensure that alcohol-based hand rub is available near the isolette

13. All equipment shall be cleaned, disinfected, or sterilized between each infant's uses. Provide a dedicated stethoscope for each infant in the NICU. Clean these dedicated stethoscopes at the start of each shift and after patient discharge with germicidal or alcohol wipes.


14. All unused linens left in the infant's bed upon discharge are rewashed or discarded.

## **COVID-19 ISOLATION GUIDELINES**

1. Designated Rooms are assigned to cater Covid-19, Pending Swab result patients, and Mother's with Positive RT-PCR Result. Either term or preterm infants that need further observation.
2. Designated staff are assigned to stand by in all shift to be prepared to assist and cater admission in this NICU Covid Rooms.

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|   | Effective Date:     | 10-30-2021                              |
|   | Document Type:      | Policy                                  |
|   | Page Number:        | 4 of 6                                  |
|   | Department/Section: | Neonatal Intensive Care Unit            |
|   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

- Equipment are prepared before the coming admission and once the RT-PCR Result is out, whether the patient is transferred to main NICU or Roomed in with mother the Covid Room is vacated and undergone Terminal cleaning for new admission.

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|   | Document Type:      | Policy                                  |
|   | Page Number:        | 5 of 6                                  |
|   | Department/Section: | Neonatal Intensive Care Unit            |
|   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

**DOCUMENTATION:**

Revised Policy

**DISSEMINATION:**

Hospital Communicator  
Policies and Procedure Manual


**REFERENCE:**

*Infections that require Source Isolation on the Neonatal Unit Protocol.* (n.d.). Leeds Health Pathways. Retrieved August 5, 2021, from <http://www.lhp.leedsth.nhs.uk/detail.aspx?id=4153>






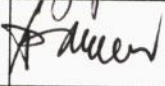
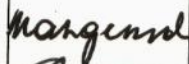
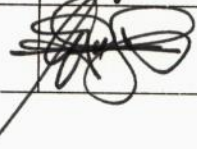
Landelle C, Pagani L, Harbarth S. Is patient isolation the single most important measure to prevent the spread of multidrug-resistant pathogens?. *Virulence* 2013;4(2):163-71.


Haidari, E. S. (n.d.). *Hospital variation in admissions to neonatal intensive care units by diagnosis severity and category.* PubMed. Retrieved June 18, 2021, from <https://pubmed.ncbi.nlm.nih.gov/32801351/>



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|  |   | Document Type:      | Policy                                      |
|  |   | Page Number:        | 6 of 6                                      |
|  |   | Department/Section: | Neonatal Intensive Care Unit                |
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**APPROVAL:**

|                        | Name/Title   | Signature   | Date       |
|------------------------|--|---|------------|
| Prepared by:           | <b>CANDY LYN G. QUIPTE, RN</b><br>NICU Staff Nurse                                       |    | 10/13/2021 |
|                        | <b>JENIFFER D. SISON, RN</b><br>NICU Head Nurse  |    | 11/12/2021 |
| Verified:              | <b>HANNAH KHAY S. TREYES, RN, MN</b><br>Chief Nurse                                      |   | 11/12/2021 |
| Reviewed:              | <b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b><br>Quality Assurance Supervisor             |  | 11/12/2021 |
| Recommending Approval: | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Officer                |  | 11/19/2021 |
|                        | <b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b><br>Total Quality Division Officer           |  | 12/9/2021  |
|                        | <b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b><br>Vice President – Chief Medical Officer |  | 12.15.2021 |
| Approved:              | <b>GENESIS GOLDI D. GOLINGAN</b><br>President and CEO                                    |  | 2/12/22    |

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|   |   | Page Number:        | 1 of 3                                  |
|   |   | Department/Section: | Neonatal Intensive Care Unit            |
|   |   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

**PURPOSE:**


To discuss the isolation procedures in the Neonatal Intensive Care Unit.

**SCOPE:**

Applies to all Neonatal Intensive Care Unit staff of Dr. Pablo O. Torre Memorial Hospital

**PERSON RESPONSIBLE:**

Registered Nurses, Doctors, Family members, other Health Care workers visiting the NICU

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|   |   | Document Type:      | Standard Operating Procedure            |
|   |   | Page Number:        | 2 of 3                                  |
|   |   | Department/Section: | Neonatal Intensive Care Unit            |
|   |   | Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

### PROCEDURE:

1. Infants who are considered an infectious hazard to other infants in the nursery are placed in isolation.
  - 1.1. If required, a private room will be provided.
  - 1.2. Infants affected by the same contagious microorganism are cohorted.
2. The nursing staff is to remain in isolation for the entire shift whenever possible.
3. Physicians, nurses, family members and other personnel wash hands and wear gown, gloves and mask as indicated before handling a patient in isolation.
4. Whenever there is more than one baby, the physician and the nurse wash their hands and change gloves, and if applicable, change gowns between patients.
5. Separate equipment is used for each patient. If equipment cannot be dedicated, it is still disinfected after use.
6. Upon leaving the bedside of a baby in isolation, all gowns, gloves and mask are removed, discarded and hand washed.

### REFERENCE:

*Infections that require Source Isolation on the Neonatal Unit Protocol.* (n.d.). Leeds Health Pathways. Retrieved August 5, 2021, from <http://www.lhp.leedsth.nhs.uk/detail.aspx?id=4153>

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| Effective Date:     | 10-30-2021                              |
| Document Type:      | Standard Operating Procedure            |
| Page Number:        | 3 of 3                                  |
| Department/Section: | Neonatal Intensive Care Unit            |
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|                        | <b>JENIFFER D. SISON, RN</b><br>NICU Head Nurse  |           | 11/12/2021 |
| Verified:              | <b>HANNAH KHAY S. TREYES, RN, MN</b><br>Chief Nurse                                      |           | 11/12/2021 |
| Reviewed:              | <b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b><br>Quality Assurance Supervisor             |           | 11/12/2021 |
| Recommending Approval: | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Officer                |           | 12/14/2021 |
|                        | <b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b><br>Total Quality Division Officer           |           | 3/22/2022  |
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| Approved:              | <b>GENESIS GOLDI D. GOLINGAN</b><br>President and CEO                                    |           | 4/7/22     |

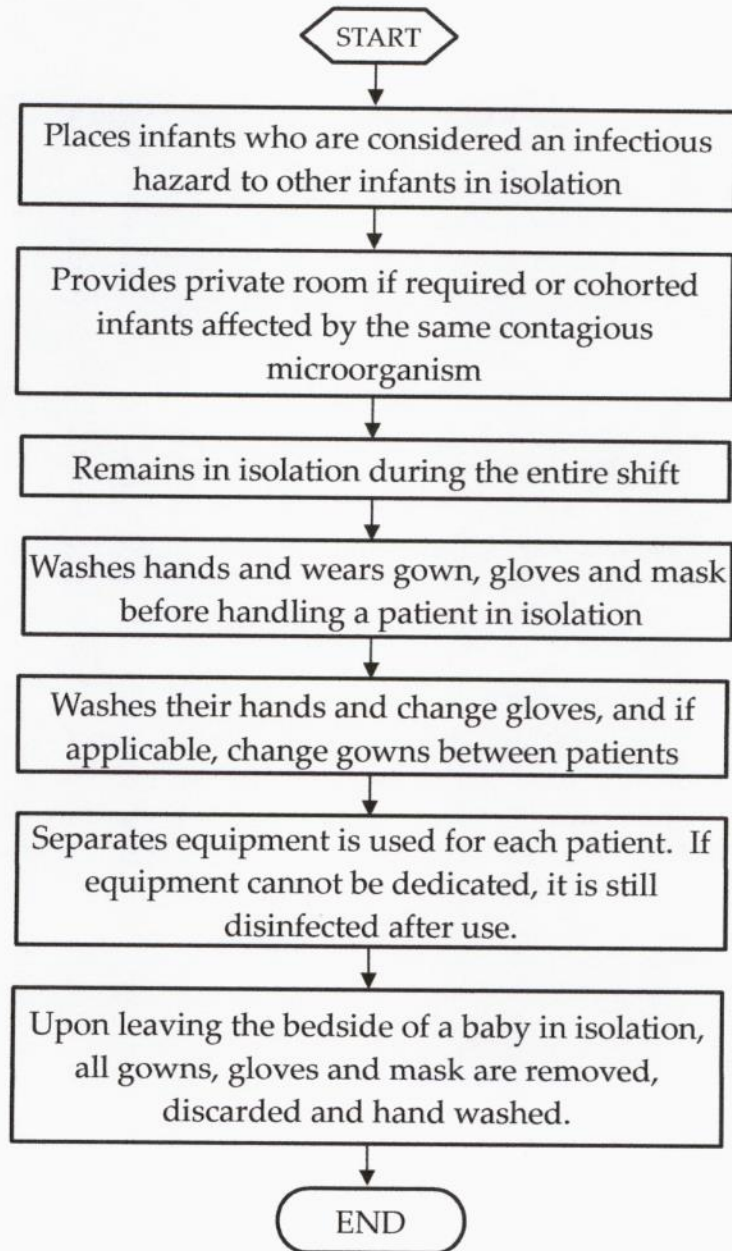


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| Effective Date:     | 10-30-2021                   |
| Document Type:      | Flowchart                    |
| Page Number:        | 1 of 2                       |
| Department/Section: | Neonatal Intensive Care Unit |
| Document Title:     | <b>ISOLATION GUIDELINES</b>  |

## FLOWCHART





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| Effective Date:     | 10-30-2021                   |
| Document Type:      | Flowchart                    |
| Page Number:        | 2 of 2                       |
| Department/Section: | Neonatal Intensive Care Unit |
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|                        | <b>JENIFFER D. SISON, RN</b><br>NICU Head Nurse  | <i>[Signature]</i> | 11/12/2021 |
| Verified:              | <b>HANNAH KHAY S. TREYES, RN, MN</b><br>Chief Nurse                                      | <i>[Signature]</i> | 11/12/2021 |
| Reviewed:              | <b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b><br>Quality Assurance Supervisor             | <i>[Signature]</i> | 11/02/2021 |
| Recommending Approval: | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Officer                | <i>[Signature]</i> | 14-11-21   |
|                        | <b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b><br>Total Quality Division Officer           | <i>[Signature]</i> | 12/14/2021 |
|                        | <b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b><br>Vice President – Chief Medical Officer | <i>[Signature]</i> | 12.16.2021 |
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| Document Code:      | DPOTMH-I-29-P07-WI01                    |
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| Document Type:      | Work Instruction                        |
| Page Number:        | 1 of 2                                  |
| Department/Section: | Neonatal Intensive Care Unit            |
| Document Title:     | <b>ISOLATION GUIDELINES IN THE NICU</b> |

| KEY TASKS   | PERSON RESPONSIBLE  |
|---|---|
| 1. Places infants who are considered to be an infectious hazard to other infants in the nursery.                | Staff Nurse   |
| 2. Remains to be in isolation for the entire shift whenever possible.   | Staff Nurse   |
| 3. Follows Infection Prevention and Control practices before and after having direct contact with the neonates. | Visitors, family members, physicians, nurse and other personnel |



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| Reviewed:              | <b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b><br>Quality Assurance Supervisor             |           | 11/02/2021 |
| Recommending Approval: | <b>MARIA LIZA C. PERAREN, RN, MAN</b><br>Nursing Service Division Officer                |           | 14-Dec-21  |
|                        | <b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b><br>Total Quality Division Officer           |           | 12/14/2021 |
|                        | <b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b><br>Vice President – Chief Medical Officer |           | 12.15.2021 |
| Approved:              | <b>GENESIS GOLDI D. GOLINGAN</b><br>President and CEO                                    |           | 2/12/22    |