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	Document Title:	ISOLATION GUIDELINES IN THE NICU

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).¹


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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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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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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3. 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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DOCUMENTATION:

Revised Policy

DISSEMINATION:

Hospital Communicator


Policies and Procedure Manual

REFERENCE:





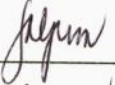
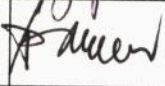


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