

Section: UTMB On-line Documentation	02.18 - Policy
Subject: Healthcare Epidemiology Policies and Procedures	03.20.17 - Revised
Topic: 02.18 – Neonatal Intensive Care Unit (NICU) and Newborn Nursery	1975 - Author

02.18 – Neonatal Intensive Care Unit (NICU) and Newborn Nursery

Purpose	This document outlines the infection control practices in these neonatal units.
Audience	All UTMB employees, contract workers, volunteers, and students who work in the Neonatal Nurseries.
Tap water	Sinks in the Nursery areas used for handwashing and patient care will have 0.2 micron filters on the faucets. The filters will be changed as needed.
Handwashing	<p>All healthcare workers (HCWs) caring for infants in the nurseries will wash hands and arms up to the elbows with an antimicrobial soap upon entering the unit.</p> <p>All HCWs will disinfect their hands between patient contacts by washing with an antimicrobial soap or by applying an alcohol hand rub.</p>
Gloves	<p>Hand disinfection will always be performed before donning gloves and after removal of gloves.</p> <p>Gloves will always be worn when touching the neonate in the NICU, the intermediate nursery or the Nichols nursery.</p> <p>Gloves will be worn when touching the patients' environment that may be contaminated with blood, other body fluids or excretions.</p> <p>In the term nursery gloves will be worn when handling diapers, performing venipuncture or for any contact with blood or body fluids.</p>
Fingernails	Healthcare workers with direct patient contact shall adhere to CDC and UTMB epidemiology guidelines. They must maintain fingernails so that their natural nail tips should not extend past the ends of their fingers. Artificial nail enhancements are not to be worn. This includes, but is not limited to, artificial nails, tips, wraps, appliques, acrylics, gel, glue, and any additional items applied to the nail surface. Nail polish is permitted, but anything applied to natural nails other than polish is considered an enhancement. Chipped nail polish supports the growth of organisms on fingernails and is strictly prohibited. Individual departments can institute measures, in addition to those above, to comply with established standards of care in specialty areas.
Dress Code	Personnel will adhere to the institutional dress code and the dress code of the nurseries. A clean uniform will be worn daily.
Eating	Eating and drinking will be confined to designated areas.

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- Exposures** Suspected or known exposure to or acquisition of a communicable disease by a HCW will be reported immediately to the Employee Health Center. Personnel with sharps injuries and mucous membrane and skin exposures to blood and body fluids will report immediately to the Employee Health Center or the Emergency Department if after hours.
- Lacerations** All cuts and lacerations will be covered by a waterproof dressing.
- Standard Precautions** The Standard Precautions policy will be followed when at risk for contamination by blood or body fluids.
- Gown Usage** Impervious gowns will be readily available in all patient care areas.
Impervious gowns will be worn when the potential for exposure to blood and body fluids is anticipated.
Cover gowns or other clean barriers will be used during close contact with the infant (i.e., holding, bottle-feeding). A new cover gown will be used for each patient contact.
- Isolation** All personnel will follow the instructions on the crib or isolette for a patient in isolation (see policy: 01.19 Isolation).
- Personal Items** Personal and unit stethoscopes, scissors, and hemostats will be disinfected with 70% isopropyl alcohol between uses.
- Patients** Strict aseptic technique will be applied and maintained for all invasive procedures.
Personal protective equipment (PPE) shall be available for all healthcare workers in each nursery.
Unit dose medications will be used whenever possible.
No flowers, including artificial flowers, will be allowed in any patient care area.
The clinitest sterile water will be changed every shift. A new syringe will be used every time the test is performed. The glass test tube used to conduct the clinitest should be changed every shift.
Use Comfort Bath for bath care when possible.
Use shampoo with tap water for washing babies' hair instead of/or in addition to Comfort Bath when necessary.
Use sterile water and cotton balls or gauze pads for face and mouth care.
Use baby wipes for baby's diaper changes or chixs moistened with sterile water.
Clean suction bulb with tap water and soap after every use and when otherwise necessary.

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Pacifiers should be made of silicone. When not in use, they should be kept in the patient’s crib or bassinet. Pacifiers should be washed with soap and water before first use, unless they have been provided in a sterile package, after contact with any environmental surface outside their crib or bassinet and once each shift. After washing, the pacifiers must be thoroughly rinsed.

Bottles of sterile water will be patient specific, dated when opened, and discarded after 24 hours.

Mothers and other family members of infants in the NICU are not permitted to visit other infants in the NICU as such cross visitation would place infants at risk for cross-contamination and possible healthcare- associated infections.

Oral Feeding

Formula will be dispensed one feeding at a time.

Breast milk and formula, which has to be mixed, will be kept covered in the refrigerator.

Breast milk will be thawed in the refrigerator or under running warm tap water.

In the NICU formula and breast milk should be prepared in a designated area and not allowed to sit in the crib/bassinette. It may sit in a designated area near the crib/bassinette.

Formula may be warmed using warm running water or in a paper cup with a small amount of warm water. The cup and warm water should be discarded after each use.

Breast milk and mixed formula may be stored in the refrigerator for up to 24 hours.

Breast milk may be stored in the freezer for up to three (3) months.

Tube Feedings

A clean syringe will be used for each gavage feeding. The syringe must be discarded after completion of the gavage feeding.

Orogastric/Nasogastric feeding administration sets must be changed every 4 hours.

Syringes used for continuous feedings of formula must be changed every 3-4 hours.

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Eye Examinations

Prepare a clean area for the patient examination.

Wash hands or apply an alcohol hand rub for hand hygiene.

Don gloves.

Open the pack of sterile disposable instruments.

Using clean technique, examine the baby's eyes.

The lens used by the ophthalmologist must be disinfected with alcohol before starting examinations, between patient examinations and after the last patient is examined.

Do not put instruments down on the patient's bed.

Remove gloves and wash hands or apply an alcohol hand rub after each exam and before moving on to the next patient.

The Ophthalmology service is responsible for the cleanliness and sterility of any reusable instrument used to examine the eyes of newborns.

Equipment

All medical equipment will be disinfected with a hospital grade disinfectant between uses.

Temperatures will be documented daily for all refrigerators used for storage of patient-related items. (see policy: Refrigerators and Freezers)

The charge nurse will disinfect the washing machine each shift by running a cycle with water and bleach only. Bleach should be poured in the fabric softener dispenser. This will be documented on a log kept in the laundry room.

Occupied incubators, cribs, and warmers will be wiped down every 24 hours. Stickers and other items must not be attached to the surfaces of cribs, warmers, or incubators. Such materials prevent cleaning of surfaces that may harbor microorganisms harmful to patients.

Incubators will be changed between patient uses.

Accudata, formula refrigerators, IV poles, blanket warmers, and transilluminators must be cleaned once a day when in use.

Any non-disposable items dropped on the floor must be cleaned and wiped with an antiseptic (i.e. patient cables)

Disposable items dropped on the floor may not be used.

Linen dropped on the floor should be put in the dirty linen hamper.

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Laryngoscope Blades Laryngoscope blades will be cleaned and then disinfected with a high level disinfectant by Pulmonary Care Services.

The blades will be packaged in a plastic wrapper.

Blades will be returned to Pulmonary Care Services if their plastic wrappers are not intact or are absent.

Plastic wrappers shall be removed immediately prior to use. Healthcare workers shall take care not to touch the blade before or during use.

The light on laryngoscope blades will be checked by Pulmonary Care Services prior to dispensing them to the unit.