PICU Local Infection Control Guidelines

These guidelines MUST be used as a support to the Trust infection control guidelines.

General principles on PICU.

Each bed space is denoted by its own floor lines and has coloured plastic aprons (varying colour to next bed space).

Each bed space has its own sink for hand washing and personal protective equipment available at that space. No equipment should be borrowed from another bed space without the usual cleaning requirement being adhered to. Hand gel is provided at both sides of each bedspace for ease of hand decontamination in most circumstances.

On entering the area around each bed space this should be considered a room and therefore aprons and other personal protective equipment (PPE) eg gloves, goggles, removed and hands decontaminated before leaving the area. The ONLY exception to this rule is when transferring bodily fluids or waste water to the sluice, when all PPE is removed in the sluice and hands decontaminated before leaving the sluice.

Any MDT staff attending patients must be “bare below the elbow” adhering to dress code including jewellery, hair, decontaminate hands according to Trust policy and wear aprons before approaching the patient. All other PPE (gloves masks goggles) must be worn according to trust policy. This includes the use of goggles for any aerosol inducing procedures eg suctioning, accessing arterial lines, central and peripheral lines, removal of lines etc.

Visitors to bed spaces should be restricted to 2 at any one time (unless special circumstances which should be discussed with Nurse in charge/ Sisters/ Charge Nurse/ Matron /PICU Consultant on for day). Patients with larger extended family should be asked to streamline visiting to support this and ask for single point of contact for telephone enquiries within their extended family outside of the hospital.

Parents and visitors should be asked to wear aprons and decontaminate their hands before when entering and leaving the bed areas. They should wear aprons if carrying out cares. Parents and relatives of other patients on the ward should be discouraged from visiting at other patients’ bed areas.

Parents, visitors and staff attending any patient presenting with diarrhoea must use soap and water for hand hygiene as the gel is less effective for some of the diarrhoeal infections(see hand hygiene policy).

Aseptic and non-touch technique please refer to Trust Infection control Policy 2007, Apendix D Protocol for aseptic technique.

Blood gases and PPE
After removing PPE and carrying out hand decontamination at the bedside, the sample (syringe or capillary tube) should be carried on a cardboard tray to the blood gas room.
New gloves should be worn whilst processing sample and removed once procedure complete. Hand hygiene should be carried out as per trust policy before and after procedures.
**Isolation**
Isolation of patients should be as per Appendix D Protocol for the Isolation of Patients (1) and side room priority for St. George’s (2010).

In the event of not being able to isolate patients according to Trust policy, the patient requiring isolation and other patients who may be affected by being adjacent to the patient requiring isolation should be risk assessed using following considerations:

- Patient safety
- Infectious status of patient
- Children with compromised immune system and/or children with other pathologies eg chronic lung which may increase the severity of their initial presentation condition of patients who may be in next bed spaces who may be affected adversely by secondary infection
- Intubation status - non-intubated patients with infections that may be passed on through droplet and contaminated hands.
- Previous infection isolated requiring further checks for clearance eg MRSA
- Privacy and dignity. Trust policy to put children 12 years and over into single sex accommodation unless they are a critically ill patient requiring constant one-to-one nursing care.

**Single Rooms**
Whenever possible, patients with infections should be moved to either a side-room or cohorted in an adjoining area. If patients have to remain on an open ward area this decision should be made in discussion with the Infection Control Team where possible. There is a microbiology consultant on call for support if required. Decisions should be documented in the patient notes alongside discourse with next of kin regarding their child’s infection.

If no single rooms are available discuss new referrals to PICU requiring isolation with the PICU Consultant for the day.

**Partitioned bed areas.**
These are the next beds of choice where a patient requires isolation according to the above criteria (cubicles) and no cubicle is available. Discussion around decision making, involving the MD Team as above, must be documented in the patients’ notes.

Where a partitioned area is being used for a patient requiring isolation source isolation signs MUST be arranged to the front or the bed area using a bed table to ensure all staff are aware of the type of isolation and PPE required.

**Open bed spaces (2,3,4,5).**
These beds should not be used for infectious patients unless all other options have been exhausted. Discussion around decision making, involving the MD Team as above, must be documented in the patients’ notes.

As soon as a cubicle or partitioned area becomes available the patient must be moved to the more appropriate area, condition and stability permitting ie partitioned bed or cubicle.

Where an open bed is being used for a patient requiring isolation source isolation signs MUST be arranged to the front or the bed area using a bed table to ensure all staff are aware of the type of isolation and PPE required.
If at all possible a bed space should be left empty between the open bed area being used for isolation and the next patient.

Any incidences where patients are not able to be nursed in appropriate isolation areas should be reported using Datix.

Protective isolation for patients must be carried out according to Trust side room priority guideline.

**Medication considerations**
Drawing up drugs at bed spaces.
Trolleys must be sprayed with hard surface spray (70% alcohol spray) and wiped in a even motion from one side to the other to prepare clean surface. This should also be carried out with blue/white trays before preparing drugs. Blue/white trays should be used to carry drugs to the patients' bedside for administration. **NB. A patient’s drugs must not be prepared outside the bed area they are occupying.**

Accessing and preparing for insertion of IV/IA lines and chest drains.
Clean non-touch technique (using non-sterile gloves) to be used for accessing arterial and ALL venous lines. When accessing lines including changes of syringe/bag use PDI Sanicloths (70% alcohol plus 2% Chlorhexidine) wipes, to clean area of access. Spray bottles of Chlorhexidine Gluconate 2% in Isopropyl Alcohol 70% should only be used for cleaning the site for central line insertion and should be discarded 24 hours after opening. Please refer to infection control and venous access policy.

**Urinary catheterisation.**
Please refer to Marsden Manual on line (Trust internet). Local guideline is to use normal saline for cleaning pre-insertion.

**Saving lives and other infection control related audits.**
Please refer to folder at nurse’s station each shift to complete any relevant audits.
Leave completed audits in plastic wallet at back of folder for collection and transferring to I drive saving lives folder by non clinical staff.

Hand hygiene audits and decontamination of equipment audits are carried out on a monthly basis. The trust expects 95% and 100% compliance respectively. Please maintain awareness and standard.

Any other queries can be referred to infection control policies and Marsden Manual or contact PICU consultants, Matron (air call SG169), Sisters/Charge Nurse on PICU x 1932 or Infection control link nurse Kristina Hager x 1464 bleep 6736 (Helen Graham Infection Control Secretary x 2459).

Verified 16/02/10
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