

**THAMES VALLEY & WESSEX NEONATAL OPERATIONAL DELIVERY NETWORK**

<b>TV&amp;W Neonatal ODN Health Care Associated Infection HCAI Colonization Transfer Guidance</b>	
Presented for approval to/on	<b>Thames Valley &amp; Wessex Neonatal ODN Governance Group December 2020</b>
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Authors	<b>CHAIN sub-group (neonatal HCAI transfer guidance)</b>
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Related documents	<b>References</b>
Implications of race, equality & other diversity duties for this document	<b>This guideline must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.</b>

## 1.0 Aim of Guideline

This guidance outlines a framework for care of neonates who transfer between neonatal providers units within TV & Wessex Neonatal ODN who are colonized with health care associated infections. This guidance balances the risk of transmission and network care pathway flows within the region to avoid delays in transfer due to capacity issues. It is not possible to isolate all neonates in an isolation cubicle following transfer between neonatal provider units within TV & Wessex Neonatal ODN. It makes recommendations for how infection control precautions can be implemented without the need for isolation cubicles.

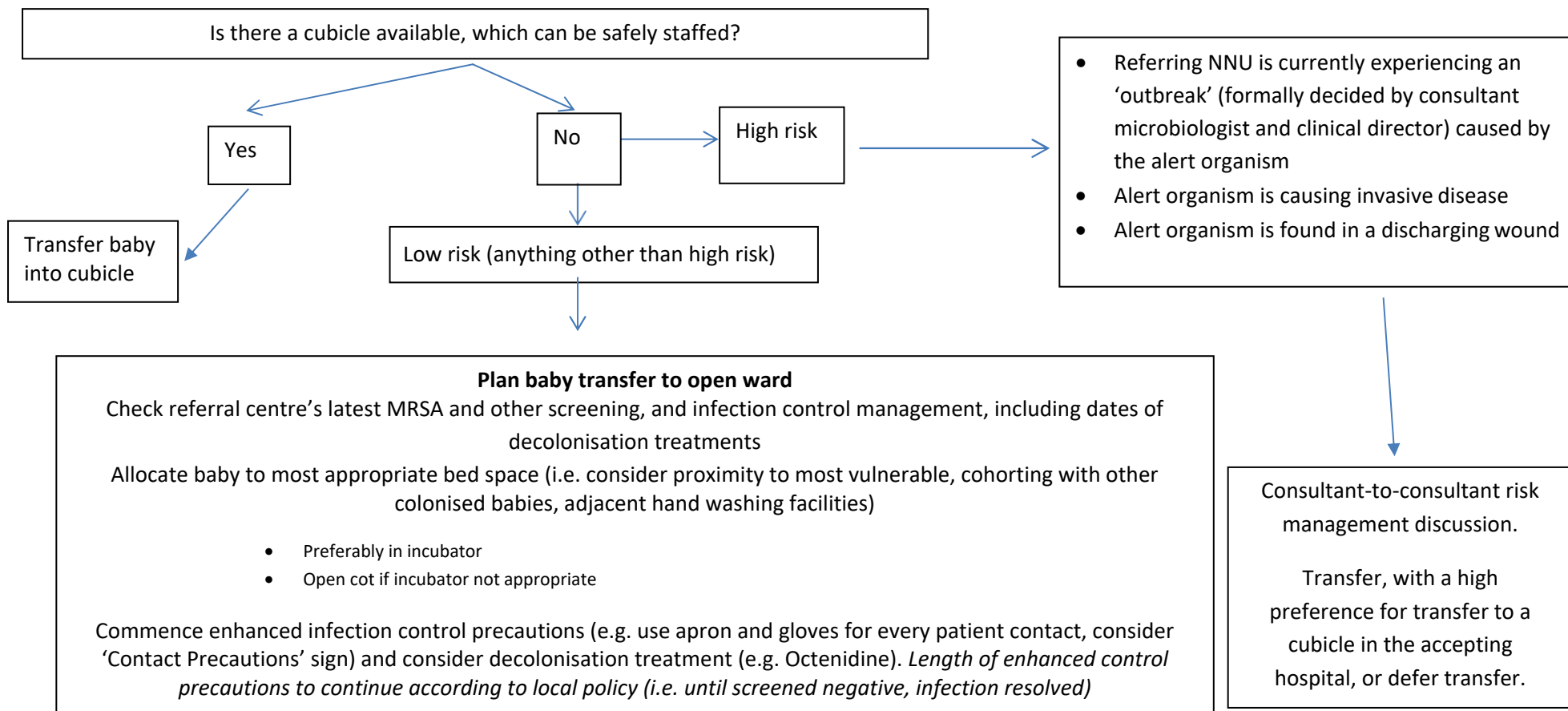
## 2.0 Scope of Guideline Framework

The guideline applies to all Neonatal Units covered by Thames Valley and Wessex Neonatal ODN. This includes the following hospitals:

<b>Thames Valley</b>		
<b>TRUST</b>	<b>Hospital</b>	<b>Designation</b>
Oxford University Hospitals NHS Foundation Trust	- John Radcliffe Hospital, Oxford	NICU
Buckinghamshire Healthcare NHS Trust	- Stoke Mandeville Hospital, Aylesbury	LNU
Frimley Health NHS Foundation Trust	- Wexham Park Hospital, Slough	LNU
Milton Keynes University Hospital NHS Foundation Trust	- Milton Keynes General Hospital	LNU
Royal Berkshire NHS Foundation Trust	- Reading	LNU

<b>Wessex</b>		
<b>TRUST</b>	<b>Hospital</b>	<b>Designation</b>
University Hospital Southampton NHS Foundation Trust	- Princess Anne Hospital	NICU
Portsmouth Hospitals NHS Trust	- Queen Alexandra Hospital	NICU
Dorset County Hospital NHS Foundation Trust	- Dorchester	SCU
Hampshire Hospitals Foundation Trust	- Basingstoke	LNU
Hampshire Hospitals Foundation Trust	- Winchester	LNU
Isle of Wight NHS Trust	- St Mary's Hospital	SCU
Poole Hospital NHS Foundation Trust	- Poole	LNU
Salisbury NHS Foundation Trust	- Salisbury	LNU
Western Sussex Hospitals NHS Foundation Trust	- St Richard's Hospital, Chichester	LNU

Every neonatal unit has a responsibility to accept babies requiring transfer. Delays may arise from lack of capacity however colonisation with alert organisms [e.g. MRSA, PVL MSSA, ESBL, VRE] should not be a reason for refusal of a baby. The small increase in risk of nursing a colonised baby on an open ward (with good hand hygiene, enhanced infection control precautions, and decolonisation treatment) has to be balanced against the increased risk of a poorly functioning network in which babies frequently are not transferred because of their bacterial colonisation status. The purpose of this document is to state an expert opinion that on the whole the risk of a poorly functioning network is greater than that of transferring babies colonised with multi-resistant organisms. Each neonatal unit has a responsibility to prevent transfer of a colonising organism to other babies. The gold standard in some NNUs will be isolation in a cubicle, but where this is not available other interventions should prevent cross-transfer of multi-resistant 'alert' organisms. Follow the flow chart as below:



**Version Control:**

<b>Version</b>	<b>Date</b>	<b>Details</b>	<b>Author(s)</b>	<b>Comments</b>
1	June '11	New Guideline,	CHAIN group	
2	Nov 2020	Reviewed and minor updates to include Network configuration change Table added.	Dr V Puddy	Reviewed Wessex Paediatric Infection Group No change Ratified at Governance Dec 2020
3	September 2021	Minor changes to formatting No change to detail	Network Team	Uploaded to ODN & SOnET website
<b>Review Date:</b>	<b>September 2024</b>			