

Care of coronavirus positive baby in the Neonatal Unit- AAH

Paediatric Consultant and Senior Nurse should be informed of the anticipated delivery of a baby to a mother who is suspected/confirmed Coronavirus. All babies born to a mother suspected/confirmed Coronavirus who are unable to remain with their mother should be assessed and when stable to transfer, should be moved to the identified isolation room (initially room 2). Neonatal staff should liaise with maternity staff.

Preparation for patient move to isolation room

Nurse in Charge

- Inform Lead Nurse, IPCT and Consultant and neonatal staff and support services of pending admission /transfer to isolation room and allocate appropriate staff to this clinical area
- Establish plan and prepare for admission of patient to isolation room.
- Prepare necessary equipment / PPE, monitoring, documentation and signage
- Identify named Nursing and medical staff (review current staffing and plan for additional staff if available)
- Review current occupancy in order to plan for possible discharges; review pending admissions; consider cot closures.
- Ensure staff have access to phone and emergency call bell
- Transfer baby to isolation room with allocated staff and medical staff if required.
- Liaise with maternity wards and ensure parents updated as unable to visit.
- Update Coronavirus communication booklet(kept at nurses station)
- Limit staff exposure to actual/ potential coronavirus cases
- Two staff members allocated to the room.
- Ensure enhanced cleaning procedure adhered to.

Care of baby in isolation room

Allocated Nurse

- The identified nurses will move patient according to local guidance
- The receiving nurse should be in the identified room with the appropriate PPE on
- The baby is brought directly into the room and the doors closed immediately.
- Appropriate treatment is commenced.
- Any further staff entering should wear appropriate PPE and comply with IPC guidance.
- Patient medical notes and nursing records are kept in the lobby
- At staff changeover, staff leaving the room remove PPE as per trust guidelines.
- A contact list is signed by staff involved in transfer of patients and ongoing care.

Paediatric Consultant : Admissions to NICU	
Action	Complete
The Obstetric Consultant should liaise with the Paediatric Consultant if delivery is imminent or if there are obstetric concerns	
<p>The Paediatric Consultant should then discuss with the Nurse in Charge /Sister/ HOS/ Paediatric Doctor to determine the on-going care.</p> <p>Discussion with the Nurse in Charge/ Sister and HOS should include: -</p> <ul style="list-style-type: none"> • The most appropriate area to nurse the baby • Availability of nursing and medical staffing to care for the patient in isolation room • Staffing numbers and occupancy are assessed. 	
Medical staff should be allocated to provide ongoing support.	
Liaise with Microbiologist and IPC in relation to need for ongoing tests/ screening	
Monitor staff well-being and liaise with Infection Prevention and Control if any infection suspected	
Ensure regular update meeting with medical and nursing staff involved	

NICU Nurse In Charge Action Card: Care of coronavirus positive baby in Neonatal Unit

Action	Complete
The Obstetric Consultant should liaise with the Paediatric Consultant if delivery is imminent or if there are obstetric concerns	
<p>Discussion with the Nurse in Charge/ Sister and HOS should include: -</p> <ul style="list-style-type: none"> • The most appropriate area to nurse the baby • Availability of nursing and medical staffing to care for the patient in isolation room. Skill mix for both ward and isolation room • Staffing numbers and occupancy are assessed consider if the unit should be closed to external and/or internal admissions. • Appropriate respiratory support equipment (bacterial filters if on CPAP) and monitoring equipment • Incubator • Appropriate observation charts and documentation • Emergency equipment should be checked and in working order • Adequate consumables and linen available. • Appropriate PPE available • Appropriate disposal equipment and signage on door (respiratory isolation) 	
All staff in contact with the baby should don appropriate PPE	
The Sister; HOS; AD is informed. Out of hours the Bleep holder is informed and the senior nursing Team informed the following morning	
Inform Infection Prevention and Control about the patient and ensure information is logged at local level for escalation to PHA	
Keep all waste, linen, sharps and other items within the isolation room until infection status is confirmed.	
Minimise the number of staff who enter the patient's room and maintain list of everyone who enters the room. A contact sheet is signed by staff involved in transfer of patients and ongoing care.	
Liaise with Infection Prevention and Control regarding patient care and update them of any relevant changes in condition.	
Liaise with Infection Prevention and Control regarding cleaning of	

patient environment and immediate surroundings Difficil S to be utilised.	
All items in the room should remain there until patient discharge or advised appropriate by Infection Prevention and Control.	
All staff leaving the room team should remove PPE and decontaminate hands before leaving the room and immediately outside the room/lobby.	
Monitor staff physical and psychological well-being and liaise with Infection Prevention and Control if any infection suspected.	
Keep all staff informed of patient's condition and infectious status.	
Inform parents and ensure they are updated on the baby's condition using facetime/ skype.	

Sister/HOS : Admissions to NICU AAH	
Action	Complete
The Sister; HOS; AD is informed. Out of hours the Bleep holder is informed (SWAH) and the senior nursing Team informed the following morning	
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<p>Discussion with the Nurse in Charge/ Sister and HOS should include: -</p> <ul style="list-style-type: none"> • The most appropriate area to nurse the baby • Availability of nursing and medical staffing to care for the patient in isolation room. Skill mix for both ward and isolation room • Staffing numbers and occupancy are assessed consider if the unit should be closed to external and/or internal admissions. • Appropriate respiratory support equipment (bacterial filters if on CPAP) and monitoring equipment • Incubator • Appropriate observation charts and documentation • Emergency equipment should be checked and in working order • Adequate consumables and linen available. • Appropriate PPE available • Appropriate disposal equipment and signage on door (respiratory isolation) 	
The Sister will continue to monitor developments on NICU escalate staffing concerns – as per escalation policy	
<p>The Sister will continue to monitor patient acuity and refer patient to NICU/RBHSC if further treatment is required</p> <p>The Sister will liaise with NISTAR if further transfer is required</p>	

HOS/AD : Admissions in NICU AAH

Action	Complete
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<p>The HOS should inform the AD of the patient.</p> <p>This discussion should include: - availability of nursing and medical staffing to care for the patient in ED/ NICU (2 nurses/ 1 nurse and a HCA to care for patient if possible depending the level of acuity and the need for medications/fluids etc.).</p> <p>Staffing numbers and occupancy are assessed –Plan for additional staff if available/ bed closure</p>	
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<p>The HOS/ AD should inform the Director of W&C</p>	
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<p>The HOS/ AD should continue to liaise directly with ward staff to determine staffing/ ward pressures including those nurses assigned to NICU</p>	
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