

Care of coronavirus positive baby in the Neonatal Unit- SWAH

All patients suspected/confirmed Coronavirus should be assessed immediately by a Doctor; admit/transfer to the identified isolation room and discussed with Paediatric Consultant and Senior Nurse. Staff should liaise with maternity if it is possible to close off the main door and access unit via labour ward

Preparation for patient move to isolation room

Nurse in Charge

- Inform Sister and Consultant
- Establish plan and prepare for admission / transfer of patient to isolation room. Identify named Nursing and medical staff (review current staffing and plan for additional staff if available; liaise with Paediatric ward)
- Prepare necessary equipment and monitoring equipment
- Consultant to review current occupancy in order to plan for possible discharges; review elective admissions; consider cot closures.
- All patient contacts should be assessed; cohorted; screened in liaison with IPC Team
- Other clinical areas informed as appropriate e.g. Maternity wards

Nurse in Charge

- Inform staff of pending admission /transfer to isolation room and allocate appropriate staff to this clinical area
- Confirm infectious status with staff and acknowledges outstanding tests and results
- Prepares clinical area; including access to appropriate PPE and necessary equipment, monitoring, and documentation
- Ensure staff have access to phone and emergency call bell
- Transfer baby to isolation room with allocated staff and medical staff if required.
- Inform Sister / HOS of decision to isolate patient
- Liaise with IPC and identify contacts and cohort as appropriate. Assess these patients to determine if any are showing any signs/ symptoms of suspected infection
- Close unit to external / internal admissions. Liaise with Labour Ward and NNNI manager

Care of baby in isolation room

Allocated Nurse

- The identified nurses will move the baby according to local guidance, wearing the appropriate PPE.
- The baby (and parent/ carer) is brought directly into the room and the doors closed immediately. Ensure correct signage is in place (respiratory)
- Appropriate treatment is commenced and the baby settled.
- Any further staff entering should wear appropriate PPE and comply with IPC guidance
- Patient records are kept in the lobby
- After admission/ transfer the allocated nurse will remain in the room with appropriate PPE. Remaining staff will remove PPE and decontaminate hands before leaving the room and immediately outside in the isolation lobby.
- A contact list is signed by staff involved in transfer of patients and ongoing care.

Paediatric Consultant : Admissions to NNU	
Action	Complete
All patients suspected of Coronavirus (including pregnant ladies) should be assessed in ED/ward 1.	
ED staff will contact the Obstetric Consultant on Call to discuss the care of the patient	
<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 (NNU or in ward 1 with Neonatal nurse input) • Availability of nursing and medical staffing to care for the patient in ward 1 (2 nurses or 1 nurse/ 1 midwife to care for patient). • Staffing numbers and occupancy are assessed and the unit closed to external and/or internal admissions 	
A doctor (trained in putting on and taking off PPE) should be allocated to provide ongoing support to Ward 1. Providing the Doctor adheres to strict PPE guidance s/he may return to other clinical duties	
Liaise with Microbiologist and IPC in relation to need for ongoing tests/ screening	
Monitor medical staff well-being and liaise with Infection Prevention and Control if any infection suspected	
Ensure regular update meeting with medical and nursing staff involved	

NNU Nurse In Charge Action Card: Care of coronavirus positive baby in the Neonatal Unit SWAH

Action	Complete
All patients suspected of Coronavirus (including pregnant ladies) should be assessed in ED/ward 1.	
ED staff will contact the Obstetric Consultant on Call to discuss the care of the patient	
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 (NNU or in ward 1 with Neonatal nurse input) • Availability of nursing and medical staffing to care for the patient in ward 1 (2 nurses or 1 nurse/ 1 midwife to care for patient). • Staffing numbers and occupancy are assessed and the unit 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) • Reclining chair for parent / carer 	
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 (SWAH) and the senior nursing Team informed the following morning	

Inform Infection Prevention and Control Lead about the patient	
Keep all waste, linen, sharps and other items within the isolation room until infection status is confirmed. Liaise with Infection Control regarding disposal of bodily fluid waste/ secretions. All sharps should be disposed into the purple-lidded 'burns bin'	
Minimise the number of staff who enter the patient's room and maintain list of everyone who enters the room; including patient relatives and staff contacts. 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	
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 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. Restrict access to clinical areas and ensure access to necessary equipment such as breast pump/ milk warmer and comfort measures	

Sister/HOS : Admissions to NNU SWAH

Action	Complete
The Obstetric Consultant should liaise with the Paediatric Consultant if delivery is imminent or if there are obstetric concerns	
The Paediatric Consultant should then discuss with the Nurse in Charge /Sister/ HOS/ Paediatric Doctor to determine the on-going care. Discussion with the Nurse in Charge/ Sister and HOS should include: - <ul style="list-style-type: none">• The most appropriate area to nurse the baby (NNU or in ward 1 with Neonatal nurse input)• Availability of nursing and medical staffing to care for the patient in ward 1 (2 nurses or 1 nurse/ 1 midwife to care for patient).• Staffing numbers and occupancy are assessed and the unit closed to external and/or internal admissions• Appropriate respiratory support equipment (bacterial filters if on CPAP) and monitoring equipment (consider transfer to NICU)• Adequate consumables and linen available.	
The Sister; HOS; AD is informed. Out of hours the Bleep holder is informed (SWAH) and the senior nursing Team informed the following morning	
The Sister will continue to monitor developments on NNU escalate staffing concerns – as per escalation policy	
The Sister will continue to monitor patient acuity and refer patient to NICU/RBHSC if further treatment is required The Sister will liaise with NISTAR if further transfer is required	

HOS/AD : Admissions in NNU SWAH	
Action	Complete
<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/ NNU (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 – refer to Paediatric Escalation / Ward Closure Guideline</p> <p>Plan for additional staff if available/ bed closure</p>	
<p>The HOS/ AD should inform the Director of W&C (ED will have escalated this to the Chief Executive)</p>	
<p>The HOS/ AD should liaise with ED Service manager/ AD of Acute Services in order to attend Command Control Team Meetings</p>	
<p>The HOS/ AD should continue to liaise directly with ward staff to determine staffing/ ward pressures including those nurses assigned to NNU</p>	