I. Nurseries

Newborn babies will be admitted to the Nursery under the cohort system which is in effect at all times. In such a system all well babies born during a period no longer than 48 hour are admitted into single unit until it is filled.

Babies born during the next 48 hour interval are then admitted to a second unit.

Meanwhile, as infants are discharged, the first unit is emptied and cleaned before another cohort is admitted there.

Before admitting new patients, nursery furniture and equipment should be thoroughly washed and disinfected.

II. Attire & Handwashing Technique

1. Nursing personnel working full time in the nursery must wear scrub gowns. Wrist watches and bracelets must be removed before handwashing and entering the nursery. Nails should be no longer than 1/4” in length. No artificial nails/wraps permitted. Nail polish should not be chipped.

2. For nursery personnel entering the nursery at the beginning of each shift, a three minute scrub with an antimicrobial scrub is required. After the initial scrub, hands must be washed before handling any infant or individual infant’s supplies, before feeding and after diapering.

III. Instruments & Equipment

1. Cleaning and disinfecting or sterilizing of equipment must be performed between patients.

   a.) Resuscitators, face masks and other items coming in contact with infants must be disposed of according to procedure.

2. Individual thermometer techniques must be used. (IVAC).

3. Baby scales must be covered with paper; the paper must be discarded after each baby weighing. The scale is to be washed daily with an approved disinfectant.

4. Isolettes, incubators and bassinets are to be terminally cleaned with an approved disinfectant after infant is discharged. This cleaning procedure is carried out by the SCA. Infants remaining in the same isolette, incubator or bassinet for one week must be transferred to a freshly disinfected one; the unoccupied equipment must be terminally cleaned.
IV. **Personnel**

1. **Assignment:** Refer to Hospital-wide Administrative Infection Control Personnel Policy.

   Admission to the nursery anterooms is restricted to non-nursery personnel and must be supervised by the nurse in charge (i.e., maintenance, clergy, etc.)

2. **Illness:** Refer to Hospital-wide Administrative Infection Control Personnel Policy.

V. **Maternal Fevers**

If the mother’s temperature is over 100.4 F during the first 24 hours after delivery or over 100.4 F thereafter, the baby should not be taken to her until she has been examined by a physician. Infants should not be taken to mothers if she has purulent skin lesions, diarrhea, breast abscess or other signs of infection. EXCEPT in those cases when the circumstances are personally reviewed by the neonatologist who may decide that this provision may be modified.

VI. **Infection in Nursery**

1. Infants with gastroenteritis of established transmissible etiology and draining lesions, rash, cough, illness (RSV) or flu should be removed from the nursery area. They should be kept isolated. If the infant has a potentially airborne infection, he/she must be separated from other infants, and transferred to Isolation Rooms 234, 235 Pediatrics Unit.

2. When there are more than one concurrent case of diarrhea, suspected or proven staphylococcal disease, conjunctivitis or streptococcal disease in a nursery, that nursery should be evaluated by Infection Control Department for possible cohorting or closure.

3. The Nursing Office is to be notified whenever a nursery is to be closed due to two or more patients developing loose stools, or when an epidemic strain of staphylococcus is found to cause an infection.

The infection Control Department is to be notified by the supervisor whenever infections occur in the nursery. Reports of appropriate cases of the New York City and State Departments of Health shall be made by the Infection Control Department. A diary shall be kept of all outbreaks of increased infection.

1. Name, age, chart #, nursery involved, type of infection, management, and result.

2. The patient exposed in the same nursery shall be listed by name, age, chart #, nursery involved and whether infection was contracted.

3. Date of closing of a nursery room.

4. Date of cleaning of a nursery room.

5. Date of reopening of a nursery room.
VII. Special Care Nursery

A. Criteria for Admission into Special Care Nursery

1. PROM more than 24 hours
   a.) Place infant in isolette in Special Care Nursery with vital signs for 24 hours if any of the following occur in addition to PROM.
      - Maternal fever (99 F)
      - Uterine tenderness
      - Maternal WBC 18,000
      - Foul smelling amniotic fluid
      - Fetal tachycardia

2. Mother with positive serology with inadequate or no therapy.

3. Mothers with a history of viral infections that may cause congenital viral infection in the infant. (i.e.; Rubella, Hepatitis, Toxoplasmosis, CMV, etc.). If contagious, infant should be isolated. (Pediatric unit, RM. 234-235.)

4. Suspected sepsis.

5. Babies with suspicious rashes, eye discharge, pustules.

6. Premature newborn (< 36 weeks gestation).

7. Infants of diabetics: Class B or greater (Not Class A).


9. Maternal Rh Immunization with rising titers during pregnancy or any infant requiring phototherapy.

10. Emergency Cesarean Section (Prolonged fetal bradycardia, toxemia, abruptio placentae).

11. Neonatal Asphyxia: Low Apgar Scores (1minute score less than 5 or 5 minute score less than 6).


13. Respiratory disorder (tachypnea; Apnea & bradycardia, Hyline membrane disease).

14. Symptomatic infants of addicted mothers (for first 72 hours).
VIII. **Special Procedures**

A. **Management of Neonates with Prolonged Rupture of Membranes**

1. Prolonged rupture of membranes (PROM) is defined as spontaneous rupture of the amniotic sac 24 hours or more before delivery.

2. Blood and cerebrospinal fluid specimens for culture should be obtained from infants delivered after prolonged rupture of membranes whose mothers have had any suggestion of intra-uterine infection or who themselves have findings which can be interpreted as infection.
   a.) Other specimens might include urine, gastric aspirate, or cultures form surfaces such as throat, ear canal, umbilicus, axilla, or rectum. (Discretion of Neonatologist).

3. If mothers of infants delivered after prolonged rupture of membranes have no symptoms which suggest infection, and if the infants themselves have no finding which can be interpreted as infection, follow-up work will be obtained as per the discretion of the Neonatologist.

B. **Management of Neonate of Mother with Active Genital Herpes at Term**

1. Whether delivered by section or per vaginally, these infants are considered as suspects or at risk for neonatal herpes and should be handled in accordance with the following isolation procedures.
   a.) Infant must be placed in Isolation Room (Pediatric unit) on Contact Isolation.
   b.) Gown should be worn if soiling is likely.
   c.) Gloves for touching lesions.
   d.) Hands must be washed after touching patient or potentially contaminated articles and before taking care of another patient.
   e.) Articles contaminated with infective material must be discarded or sent for reprocessing as per Policy.

IX. **Guidelines for Investigation and Control of Nursery Infections Including Nursery Outbreaks**

The following procedures are to be used to control Staphylococcus aureus infection in the new born nursery.

1. Suspected cases of infection must be placed in Isolation.

2. The occurrence of one case of staphylococcal skin disease in an infant:
a.) Isolate infant promptly; notify Physicians, and culture infant appropriately.

b.) Record antibiogram and save culture for future phage typing.

c.) Remind involved personnel to watch for and to report all infection in infants and in mothers to the Infection Control Department.

d.) Note and record Nursery in which infant had been located.

3. The increasing occurrence/incidence of concurrent cases of staphylococcal skin disease in an infant, or a single case of breast abscess in a nursing mother:

a.) Isolate promptly; culture appropriately and treat. Alert Bacteriology Lab. of occurrence of two cases of infection and request that immediate attention be given to these cultures and cultures to be saved for phage typing.

b.) Obtain culture results and record antibiograms. If antibiograms are identical, send cultures for phage typing and:

- The cohort system of nursery admission and of personnel assignment which should be in effect at all times should be reinforced.
- Infection Control aspects of all techniques and procedures should be reviewed and reinforced.
- If both infections are in the same nursery at the same time, gather names of employees who have been assigned to the nursery and check for staphylococcal skin lesions.
- Watch closely for additional infections. If antibiograms and phage types are no identical the infections are probably not due to an employee carrier or particular piece of equipment, but due to multiple breaks in Infection Control techniques.

4. The increasing occurrence/incidence of concurrent cases of staphylococcal skin disease in an infant, or breast abscesses in more than on nursing mother:

a.) Isolate promptly, culture appropriately and treat.

b.) Obtain culture results and record antibiograms and phage types. (Infection Control Practitioner must make certain that Chief Microbiologist is alert to situation to ascertain that phage typing is done as soon as possible).

- Strictly enforce cohort system.
- Culture umbilical stumps and anterior nares of all infants locate in the corresponding nursery.
- Culture all employees who have been assigned to the corresponding nursery.
- If multiple nurseries are involved, culture umbilical stumps and anterior nares of all infants located in nursery and culture anterior nares of all persons contacting babies.
• Begin short-term prophylactic bathing of healthy newborn infants with 3 percent HCP. Infants are to be bathed at 24 hours old and on day of discharge. Washing must be followed by thorough rinsing with tap water. HCP should be used with particular caution with infants weighing less than 2800 grams. Nurses should check with physician as to whether low weigh infant is to be bather.
• Review and re-enforce all Infection Control practices involved with techniques used on infants.
• Culture umbilical stumps and anterior nares of all infants located in the corresponding nursery.
• If multiple nurseries are involved, strictly enforce cohort system.

The following control measures are to be used as indicated above and whenever an outbreak is suspected.

1. Staff handwashing with an antimicrobial scrub before and after each patient contact must be in effect at all times. This should be rigorously re-enforced during an outbreak.

2. A cohort system of nursery admission should be in effect at all times and re-enforced. In addition, there should be cohorting of personnel, if possible.

3. During an outbreak, surveillance of infants should be continued for at least 28 days after discharge.

4. All personnel working in the nursery or entering it at any time should be questioned and examined for possible staphylococcal lesions.

5. Crowding of infants and shortages of nursery personnel are frequently associated with staph nursery outbreaks. If present, these should be evaluated and minimized.

6. Presumptive evidence of an outbreak warrants further investigation, including survey of recently discharged infants, and prompt reporting of the outbreak to public health officials.

X. Housekeeping

See Attachment #1.

XI. Bacteriological Controls

1. Environment cultures of personnel and equipment may be taken at the discretion of the Infection Control Committee and the Department of Pediatrics.