Purpose
To provide staff with safety guidelines in the Neonatal Nursery.

Policy Statement

SAFETY IN BASIC CARE
- Infants should always be transported via a crib, incubator or radiant warmer in the unit or when leaving the unit for diagnostic tests or treatments. When using a crib, the head should be flat. Appropriate resuscitation equipment and a resuscitation bag should accompany the infant.
- Portable suction must accompany the patient if that patient has an artificial airway. Portable suction should also accompany patients having an upper GI study.
- Parents will transport their infant(s) within the unit or to parent rooms in a crib rather than carrying them.
- Health care personnel will not turn away from an infant or leave an infant unattended when the door of the incubator is open, the side of the radiant warmer is down, or the infant is on a scale. Caregivers will be instructed to perform the same safety procedure.
- Health care personnel will not leave any sharp objects in the patient’s bed and the nurse will ensure that the bed is free of sharp objects.
- Ensure that each infant has appropriate resuscitation equipment at the bedside every shift.
- Infant swings, seats, and strollers will be used only if the infant is restrained or belted into the device. Additionally, the device is placed on a stable and secure surface so that there is no danger of the infant falling if the device is jostled.

UNIT COVERAGE
- The unit should never be left with less than half the total number of bedside nurses.
- Each nurse ensures coverage of his/her patients whenever leaving the bedside even momentarily.
- An individual proficient in neonatal tracheal intubation will be on site at all times.
- At least one respiratory therapist will be available for the Neonatal Nursery at all times.

CRASH CARTS
- Each crash cart will be checked for completeness weekly for safety and for educational purposes.
- Medications are checked monthly for expiry dates.
INFECTION CONTROL

Dress Code

- Health Care workers must wear uniforms, which are freshly laundered.
- Uniforms and/or casual professional looking attire should be neat. The following should not be worn; blue jeans, sweat pants, or T-shirts and sweat shirts bearing slogans (except for approved events/occasions); leggings or spandex, clothing in poor repair, short shorts or tank tops, and bare midriffs or low necklines.
- Shoes should be clean and in good repair. Footwear should be low heeled, non-slip and appropriate to the area.
- Hair must be short or secured off the face. Personnel should retrain or cover long hair, including beards, to prevent contact with the infant or equipment when providing direct patient care.
- Moderate use of daytime makeup is permitted.
- Jewelry may be worn only if it does not interfere with patient care. No jewelry on the hands or wrists of personnel touching infants or equipment used in their care. Facial jewelry is strongly discouraged.
- The use of scents/fragrances and other highly perfumed products is prohibited.

Hand washing

- All health care workers who have direct patient or patient equipment contact will remove watches, rings, and bracelets and wash hands and arms to the elbows before entering the nursery. Artificial nails are not worn by individuals with direct patient or patient equipment contact. Nail polish should be transparent and not chipped.
- A two-minute wash with soap is recommended for personnel before handling neonates for the first time on a shift in order to remove resident skin flora.
- After the initial wash, hands should be washed with soap and water whenever visibly soiled.
- After the initial wash, hand hygiene should be performed:
  - Before and after every contact with a neonate
  - Before performing an invasive procedure
  - Before and after touching wounds, whether surgical, traumatic or associated with an invasive device
  - After situations during which microbial contamination is likely, especially those involving contact with mucous membranes, blood or body fluids, secretions or excretions and before caring for the same infant at another body site
  - After contact with surfaces likely to be contaminated, ie. monitoring equipment, patients charts, the hair, face or clothing of personnel.
  - After removing gloves.
- Unscented lotions should be used to prevent skin dryness associated with frequent hand washing.

Masking

- Parents will wear a mask if they have a suspected or confirmed disease transmitted via an airborne route. Other individuals should not visit if they are sick.
- During sterile procedures, the individual performing the procedure must mask, perform hand hygiene, gown, and glove unless indicated otherwise in the specific procedures. The person assisting must mask and hand wash.
Gloves
- Gloves should be used as an adjunct to, not a substitute for, hand washing. Gloves are used to prevent gross soiling of hands in order to protect from contact with blood borne pathogens or other microorganisms present in body secretions/excretions.
- When gloves are used, they must be changed and hands washed after contact with each patient.
- Gloves should not be overused as increased glove use increases the incidence of allergic reactions.
- All gloves are powder free. Nitrile examination gloves are used.
- Disposable gloves are used only once.

Gowns
- A long sleeved gown is worn when working with an immunocompromised newborn.
- A waterproof barrier is positioned between the infant and the health care worker when the infant is held.
- Long sleeved gowns are recommended for all contacts with infants having communicable infections. They are discarded after each use.
- Sterile gowns are to be worn by health care workers performing sterile procedures.

Patient Care Equipment
- Examining equipment such as stethoscopes, ophthalmoscopes, and thermometers are reserved for use with one patient or decontaminated with a disinfectant between patients.

Staff Illness
- All communicable diseases are reported.
- Health care workers with airborne infections (eg. Chicken pox, tuberculosis) should not work until the infection has resolved or treatment has rendered the individual non-infectious.
- Health care workers with oral herpetic lesions should cover the lesion and avoid touching the mouth while providing direct patient care.
- Non-immune health care workers with significant exposure to chicken pox or measles should not work during the potentially contagious phase of the incubation period.

Isolation
- The infant is isolated when cared for in an incubator with good hand-washing technique.
- Further isolation techniques may be required with specific illness. Consult infection prevention and control. Information is also available on CompassionNet - http://www.compassionnet.ca/InfectionPreventionControl.asp

Infant Dress
- Infants will not be dressed with socks, booties, or mittens unless they are constructed from a tightly woven fabric and are seamless or have the seam on the outside.
- Knitted hats may be used for thermoregulation.

Infant Bath
- To prevent risk of injury from burns and scalds infants’ bath water temperature should be measured and documented. Ideal bath water temperature is 37-38°C
▪ Refer to CompassionNet for current Emergency Disaster Management/Guidelines.
▪ Misericordia - http://www.compassionnet.ca/666.asp

Related Documents
Adapted with permission from Stollery Children’s Policy and Procedure Manual:
Safety Guidelines, Policy – August 2008

RELATED POLICIES AND PROCEDURES
Covenant Health Corporate Policy & Procedures related to:
▪ Emergency disaster Management
▪ Infection Prevention & Control

Revisions
July 2005
October 2015
Signing

Original Signed

October, 2015

DATE

GAIL CAMERON
SENIOR DIRECTOR OPERATIONS
MATERNAL, NEONATAL & CHILD HEALTH PROGRAMS
COVENANT HEALTH
GREY NUNS & MISERCORDIA HOSPITALS

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