

A CROSS-SECTIONAL INFECTION CONTROL SCREENING AND ISOLATION SURVEY ACROSS NEONATAL UNITS IN LONDON REVEALED DIFFERENT PRACTICE EVEN WITHIN THE SAME NEONATAL NETWORK

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Abstract

Background: Healthcare associated infections have a significant role in neonatal mortality and morbidity.

Objective: To assess the screening and isolation practice across different neonatal units in London.

Method: A cross-sectional survey was performed across 28 neonatal units in London.

Results: All units did admissions screening on babies admitted from other hospitals or community. However, screening policy for multi drug resistant organism (MDRO) was different across units. The isolation policy was also different across the units.

Conclusions: A consensus screening and isolation guideline is needed across the neonatal networks.

Objectives

Background: Admitted neonates especially premature babies in neonatal units are susceptible to nosocomial infection due to their poor immune response, long duration of admission and exposure to antibiotics, invasive procedures and cross transmission.¹ Moreover, the emergence of multidrug resistance organisms (MDRO) is further concerning in these vulnerable population. Admission screening and periodic surveillance, cohorting and isolating colonised neonates are among effective strategies to prevent the outbreaks of MDRO colonisation/infection in neonatal units.²

Aim: To ascertain the screening practice and isolation policy including: 1) Screening for extended-spectrum beta-lactamases (ESBL) colonisation 2) Carbapenem-resistant organisms (CRO) precautions 3) Isolation facilities 4) Impact on staffing 5) impact on cot capacity/closure.

Methods

The survey was performed in 2017 across 3 main Neonatal Operational Delivery Network (ODN) in London including North East Central London (NECL), South London (SL) and North West London (NWL). 28 units were surveyed regarding their local admission screening and isolation policy including staffing provision for colonised patients with MDRO.

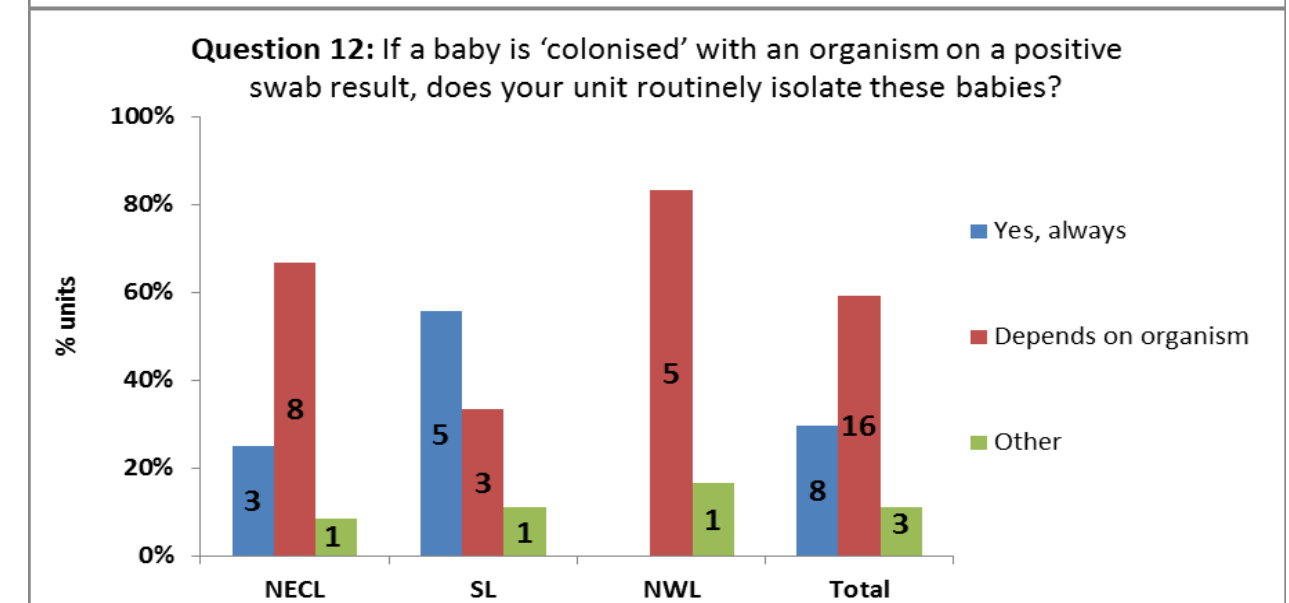
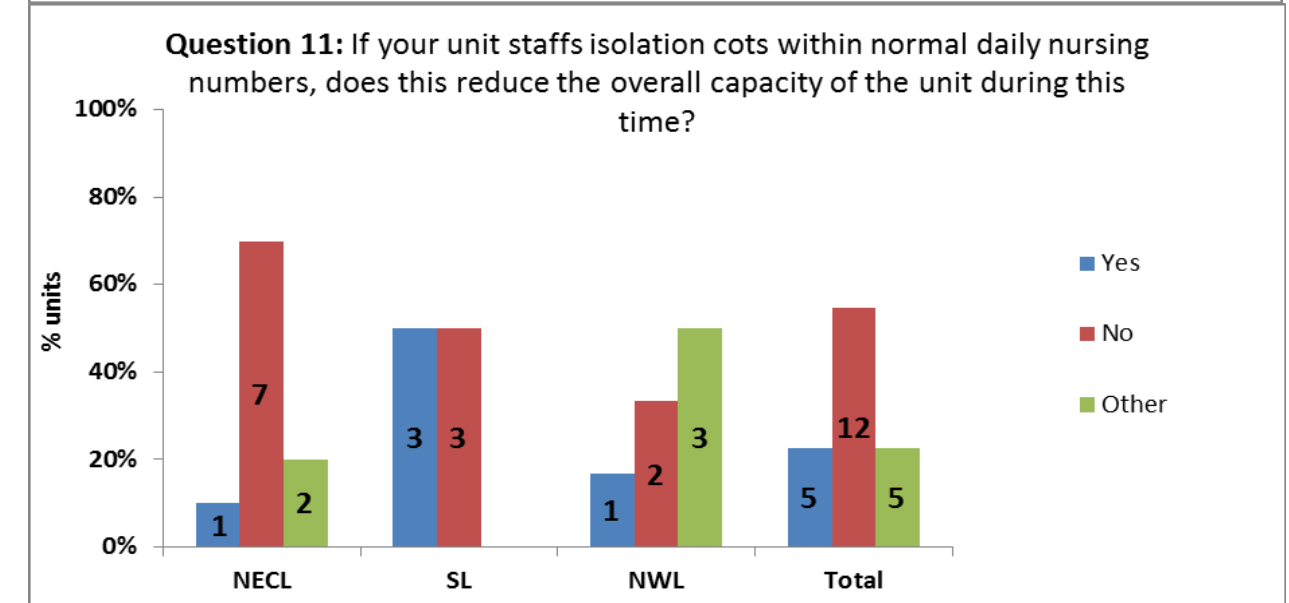
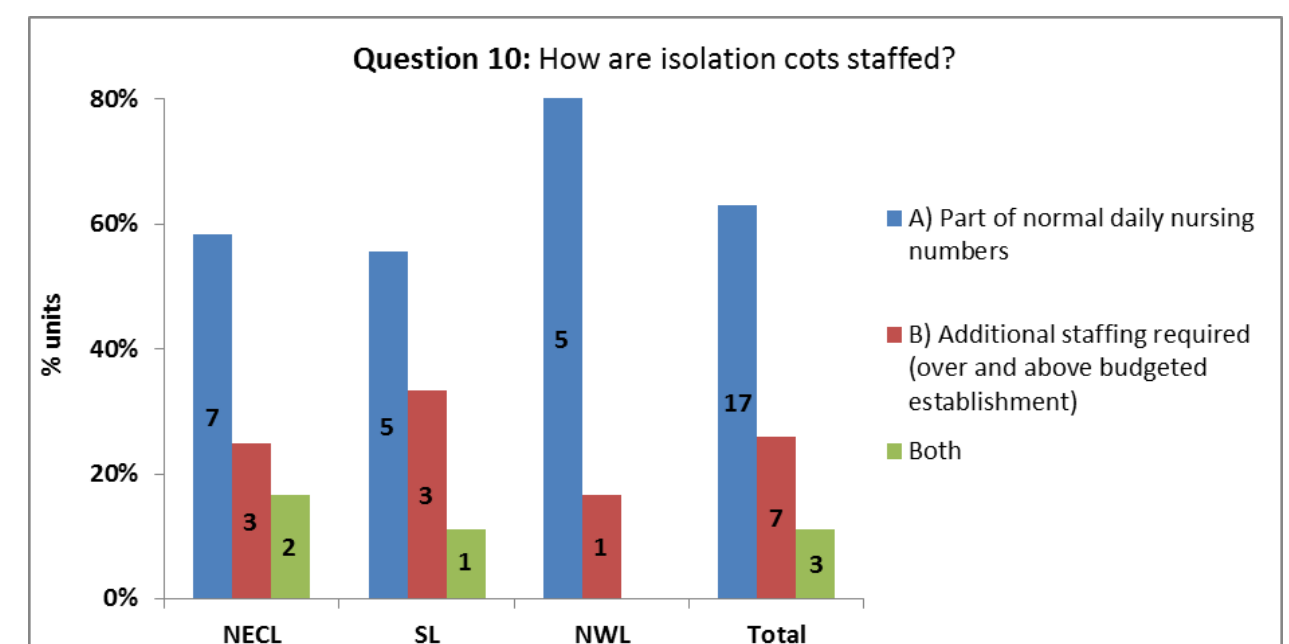
Results

27 units responded. All units did screening admissions on babies admitted from other hospitals or community. 90% did admission swabs on all admitted babies including from labour ward or postnatal ward.

Results

Screening for MRSA was universal. Routine admission screening for MDRO was different in 5 hospitals; two units did not do routine screening for ESBL while three units did not do for CRO.

The isolation policy was also different across the units with 8 units isolating all colonised babies. Two units did not have a separate dedicated room for isolating colonised babies with MDRO.



Conclusions

Different screening surveillance and isolation policy across different neonatal units in London has effect on unit's admission capacity. Additionally, in repatriation cases, this has led to parental confusion when their colonised baby was isolated in receiving hospital with different isolation policy.

References

- 1- Stapleton PJM, et al. Arch Dis Child Fetal Neonatal Ed 2016
- 2- Cipolla D, et al, J of Maternal-Fetal & Neonatal Med, 2011