Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

Ref: T26/1316

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SUMMARY	To provide clinicians a procedural document outlining the specific infection prevention and control requirements for neonates within Newborn Care Centre.
Key Words	Infection prevention and control, IP&C, neonate

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Infection Prevention and Control in Newborn Care Centre

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Contents

This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Neonates cared for in a neonatal intensive care unit (NICU) are uniquely vulnerable to nosocomial healthcare-associated infections (HAIs), which are associated with increased mortality, increased length of stay and healthcare costs, and risk of neurodevelopmental disability among survivors.

Recent estimates from Australasia report an incidence of early onset sepsis (EOS) ≤ 72hrs of 0.5–0.7/1,000 live births and late onset sepsis (LOS) > 72hrs rates of up to 20% in babies born <28 weeks of gestation.[1] Neonatal sepsis is one of the main causes of neonatal mortality and accounts for between 400,000 and 900,000 global deaths annually.[2]

The application of appropriate infection prevention and control strategies by the health worker will reduce the risk of HAIs, therefore reducing the co- morbidities associated with a HAI.

The aim of this CBR is to provide clinicians a procedural document outlining the specific infection prevention and control requirements for neonates within Newborn Care Centre.

Definitions:

Alcohol based Hand Rub (ABHR)	An alcohol-containing preparation (liquid, gel, or foam) designed to reduce the bacterial counts on hands without the need for running water. It is the recommended product for hand hygiene practice in healthcare settings when hands are not visibly soiled.[3]
Antimicrobial Stewardship (AMS)	An ongoing effort by a health service organisation to optimise antimicrobial use in order to improve patient outcomes, ensure cost effective therapy and reduce adverse sequelae of antimicrobial use, including antimicrobial resistance.[4]
Aseptic Technique	A set of specific practices and procedures performed under carefully controlled conditions. Aseptic technique protects patients during clinical procedures by utilising infection prevention measures that minimise the presence of microorganisms. While the principles of aseptic technique remain constant for all procedures,

	the level of practice will change depending upon a standard risk assessment.[3]
Bare Below the Elbows (BBE)	The best way to ensure healthcare workers' hands are correctly and effectively cleaned is to be Bare Below the Elbows. This means that healthcare workers should not be wearing any clothing, jewellery, false or embellished nails, nail polish, or items such as splints, from the elbow down to the fingertips.
Cohorting	The placement of patients who are infected or colonised with the same microorganism in the same zone.[5] As such, patients placed together under this circumstance may be referred to as a 'cohort'
Colonisation	Detection of an organism from a site (usually skin, throat, nose or perineum, and/or chronic ulcers) that shows no sign of invasive infection.
Healthcare Associated Infections (HAIs)	Refers to infections acquired in healthcare facilities and infections that occur as a result of healthcare interventions, and which may manifest after people leave the healthcare facility.
Hand Hygiene (HH)	A general term referring to any action of hand cleansing. Includes washing hands with the use of water, soap or a soap solution, either nonantimicrobial or antimicrobial, or applying a waterless ABHR to the surface of the hands.
Multi- resistant organism(s) (MRO)	A microorganism that has evolved, developed, or acquired mechanisms to limit the efficacy of multiple classes of antimicrobial agents. An MRO is resistant to at least three antimicrobial classes.
Outbreak	A state characterised by an incidence of an infection greater than what is typically expected in a particular healthcare setting.
Personal Protective Equipment (PPE)	Refers to a variety of infection prevention and control barriers and respirators used alone, or in combination, to protect mucous membranes, skin, and clothing from contact with recognised and unrecognised sources of microorganisms in healthcare settings.
Screening	Microbiological testing, for the purpose of detection of multi-resistant organisms within a patient or population. By intent, screening is different to clinical diagnostic testing that is used in the setting of suspected infection.
Terminal Clean	Double cleaning of a room following transfer or discharge of a patient where transmission-based precautions were required[5].

2 RESPONSIBILITIES

2.1 Staff

2.1.1 Medical- adhere to infection prevention and control strategies within NCC, ensure appropriate antibiotic prescription and authority to use is adhered to as per AMS.

2.1.2 Nursing/midwifery/allied health- adhere to infection prevention and control strategies within NCC.

2.1.3 RHW Infection Prevention and Control (IP&C) CNC & Newborn Care IP&C Team of medical and link nurses - guide clinicians and management team in NCC on IP&C processes, provide education on IP&C strategies.
2.1.4 Domestic Services- perform environmental cleaning within NCC, including terminal cleans following current policies and processes, adhere to IP&C strategies within NCC.
2.1.5 NCC Ward assistants- perform environmental cleaning within NCC including isolettes, washing of NCC linen, adhere to IP&C strategies within NCC.
2.1.6 RHW Pharmacists- participate in NCC AMS rounds, approve antibiotic use when additional guidance is required, appropriately stock antibiotics within NCC.

3 PROCEDURE

3.1 Equipment

- ABHR
- Hand soap with chlorhexidine
- Sink
- Neutral detergent wipes or disinfectant wipes (i.e. V Wipes)
- PPE including gloves (non- sterile, sterile), gown (white plastic apron, non-permeable), mask (surgical or N95), eye goggles, hair net
- Black tape
- PPE stand/trolley
- Precaution sign (i.e. contact, droplet, airborne)
- Blue tray or trolley
- Chlorhexidine 0.5% and alcohol 70% solution
- Bacterial swab (blue) or viral swab (green)
- Identification labels
- Pathology request form
- Pathology sample bag
- Isolation in the Newborn Care Centre and MRO fact sheet

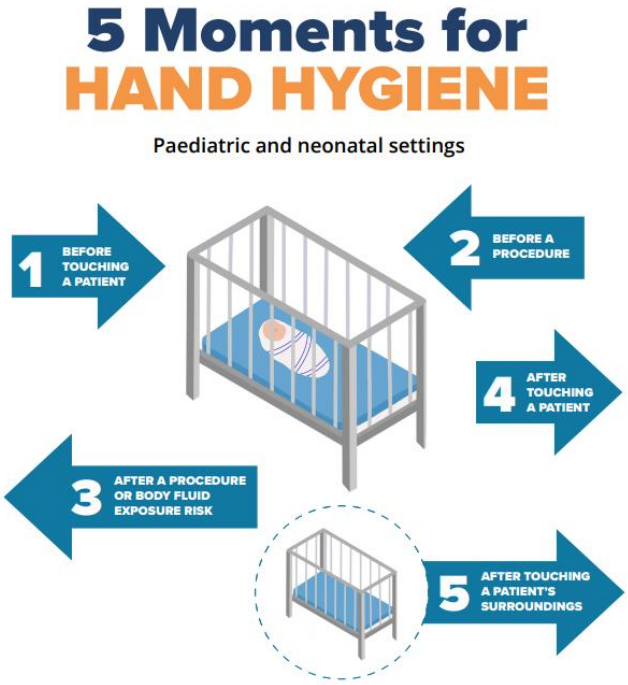
3.2 Clinical Practice

3.2.1 Standard Precautions

- Used for all neonates within NCC
- Includes:
  - Use of white plastic apron for all patient interactions (i.e. cares, transferring to parent/carer for skin to skin, procedures that do not require sterile gown)
  - Use of non- sterile gloves when risk of body fluid exposure can occur
  - Strict hand hygiene
  - Phone cleaning on entering NCC
  - BBE
  - PPE for MRO's
  - Aseptic Non- Touch Technique
  - Scrub the Hub
  - Environmental Cleaning
  - Antimicrobial Stewardship

3.2.2 Hand Hygiene

- All staff including visiting medical and nursing/midwifery teams, parents/carers and visitors **MUST** wash their hands at the **TROUGH** (silver sink) on entry to NCC every time.
  - It is the responsibility of all staff to ensure this is adhered to. For any issues with compliance, speak to NCC leadership/management team (NUMs, educators, CNC, consultants) or IP&C CNC and NCC IP&C Team (medical and link nurses)
- Healthcare workers (HCWs) are required to always adhere to the 5 moments of hand hygiene in NCC (Picture 1).



Picture 1

- ABHR is to be used for all HH moments.
  - Wash hands with liquid soap and water when hands are visibly dirty/soiled
    - Take special care when using sinks – avoid splashing from the tap and touching the sink surface
    - Do not put any liquid, intravenous (IV) solutions, Total Parenteral Nutrition (TPN), milk or medications down the sinks as this encourages establishment of biofilms containing multi-drug-resistant organisms
  - Wearing gloves should not be considered a substitute for HH
- HCWs are required to perform HH:
  - Before and after contact with neonate (e.g. assessing neonate, monitors, cot/isolette, IV/feeding pumps connected to neonate, ventilators/respiratory support);
  - Before and after a procedure (e.g. administering enteral feeds, oral and IV medications, any invasive line insertion);
  - After a body fluid exposure (e.g. vomit, suctioning, changing a nappy, touching a urinary drainage bag/chest drain);
  - Immediately before and after glove use;

- Between individual patients;
- Between dirty and clean sites on the same neonate in the continuum of care for the neonate (attend to clean sites before dirty sites);
- Before handling sterile products/packets; and
- After touching a neonate's surroundings (e.g. patient notes, bench tops at neonate's bedside, PPE pole, milk warmer, any equipment not connected to patient)
- After coughing, sneezing or blowing nose;
- After going to the toilet; and
- After cleaning shared patient equipment

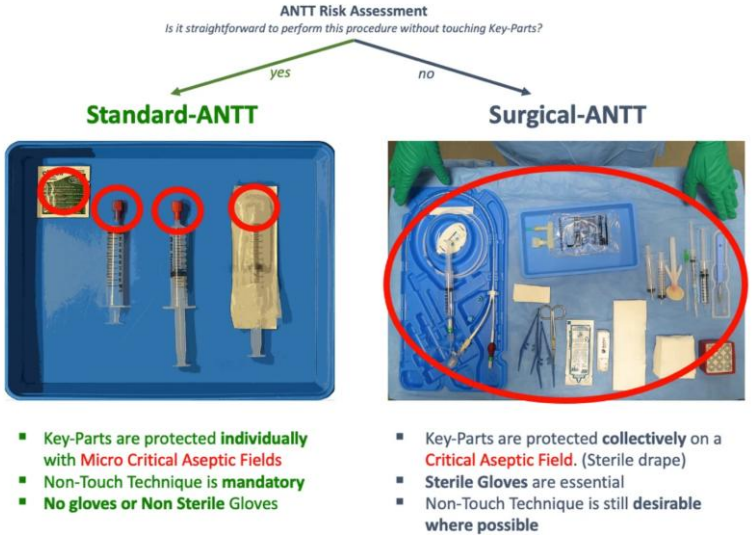
- Gloves must be changed and discarded, and hand hygiene performed:
  - As soon as they are torn or punctured or when the integrity has been altered
  - Immediately after contact with a patient is complete and before care is provided to another patient
  - When performing separate procedures on the same patient
  - After handling blood and body substances
  - Before handling or opening sterile consumables and devices
  - Before writing in the healthcare record, answering telephones, pagers, mobile phones, using computers and other social environmental actions.
- ABHR is required within 1.5m of every bedspace in NCC, to be placed on every computer on wheels (COW) and located on entry to each area within NCC (e.g. entry to bedspaces 3-6 in level 3 or bedspaces 17- 28 in level 2)
- Two ABHR dispensers are required on the end of each bed in level 3 and 1 is to be attached to the ventilator (if neonate requiring Dräger/Maquet ventilation)
- An aseptic (surgical) hand wash is required for any sterile procedure (e.g. line insertion, parenteral nutrition line change). This is performed with Chlorhexidine gluconate 2% (green) soap and water and is performed for 2 minutes.

3.2.3 Bare Below the Elbows (BBE)

- Adherence to BBE is mandatory for all HCWs in NCC including visiting medical and nursing/midwifery teams.
- Parents/carers/visitors must comply with BBE policy however rings and nail polish can be left on.
- BBE must be completed on entry to NCC, and all jackets are to be hung on the coat rails by the trough sink on entrance to NCC.
- It is the responsibility of all HCWs to ensure compliance with BBE is adhered to. For any issues with compliance, speak to NCC leadership/management team (NUMs, educators, CNC, consultants) or IP&C CNC
- Refer to SESLHD Bare Below the Elbows policy for more information.

3.2.4 Aseptic Non- Touch Technique (ANTT)

- Perform ANTT for procedures where the key site and key part is required to be protected.
- Perform a risk assessment prior to any procedure to determine aseptic technique required (Picture 2).

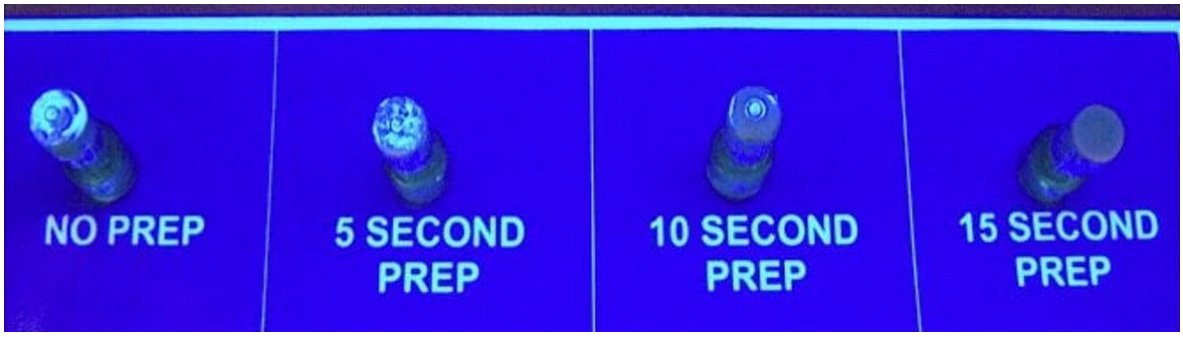


Picture 2

- All procedures requiring ANTT principles are to be set up at the neonate's bedside.
- Refer to SESLHD Aseptic Technique policy for more information.

3.2.5 Scrub the Hub

- Required when accessing any needle free port of a peripheral intravenous cannula (PIVC), peripherally inserted central catheter (PICC), umbilical catheter or other invasive device in a neonate.
- Scrub the hub with chlorhexidine 0.5% and alcohol 70% swab using 3 swabs for 5 seconds each swab.
  - Use vigorous friction when scrubbing the hub to remove bacteria and biofilm(s)
- Allow the hub to dry for 15- 30 seconds. This is crucial to ensure any microorganism present on the hub is killed (Picture 3).



Picture 3

3.2.6 Environmental Cleaning

- Performed at the start of the nurse/medical officer/domestic services/ward assistants shift and as required throughout the shift.
- Performed using NCC's current disinfectant wipes (e.g. V-wipes™) or neutral detergent products.
- Areas to be cleaned by nurse/medical officer include:

- Isolette/cot (internal and external)
- IV/enteral feeding pumps and pole/s
- Respiratory support (e.g. ventilator, CPAP/high flow pole and base)
- Monitor and cable/s
- Computer on wheels
- Neonate's environment (e.g. bench top, suction and suction tubing (look for moisture and mould), storage baskets, milk warmers, patient notes)
- Shared patient equipment (e.g. thermometer)
- Medical officer's desk/computer/s

Note:
Once a neonate is discharged/transferred it is the responsibility of the bedside RN to clean all equipment the neonate used and return to storeroom.
Isolettes are cleaned by ward assistants in NCC. For neonate's who are infectious, the isolette MUST be cleaned (using current cleaning wipes) by bedside RN prior to ward assistant cleaning them. Leave a note informing ward assistant the isolette is from an infectious neonate.
ALL cots are to be cleaned by bedside RN.

- Areas to be cleaned/maintained by domestic services/ward assistants include:
  - NCC floors
  - Sinks and surrounding walls
  - Waste bins and linen skips to be emptied
  - Washing of NCC linen- ward assistants ONLY
  - Terminal cleans after each bedspace move/transfer/discharge of any neonate regardless of infection status
- Report any issues with NCC's cleanliness to NUM1/3 to escalate to domestic services.
- Refer to SESLHDGL/029 Infection Prevention and Control: Cleaning (Shared) Patient Care Equipment for further information.

3.2.7 Electronic and Non- Electronic Device Cleaning

- Wipe the mobile phone, device (tablet, laptop, COW), water bottle or other non- electronic device with a disinfectant wipe:
  - At the beginning of each shift
  - On entry to NCC
  - Prior to use
  - Prior to medical clinical handover
  - After use of the bathroom
  - After use of equipment

Note:
Mobile phones are to be used for clinical purposes only. They should not be used:
• For social calls
• For social media

- Inform parent/carers on proper use and cleaning of electronic and non- electronic devices whilst in NCC.

3.2.8 Antimicrobial Stewardship (AMS)

- Seek approval and advice from the Infectious Disease (ID) team and pharmacists to prescribe restricted antimicrobials prior to commencing treatment.
- Documentation of antibiotic use in NCC will include the indication, antimicrobial dose, duration of treatment, route of administration and approval code in medication chart/medical record
- Documentation and approval of restricted antimicrobial on the MS Guidance System is completed by medical team.
- Twice weekly AMS rounds are conducted with pharmacists, infectious diseases team and NCC medical team.
- Refer to SESLHDPD/137 Antimicrobial Stewardship for further information.

3.3 Infection Requirements

3.3.1 MRO screening

- Organisms targeted during MRO screening include:
  - Extended Spectrum Beta-Lactamase producing organisms (ESBL's) - most common
  - Methicillin- resistant staphylococcus aureus (MRSA)
  - Carbapenemase producing Enterobacterales (CPE)
  - Serratia
- Screening is undertaken through the collection of nose, axilla and groin (pooled) swab (MRSA/serratia) and rectal swab/faeces sample (ESBL, CPE).
- MRO screening is performed using bacterial swab (blue). Place the swab in the housing tube to 'wet' the swab prior to swabbing the patient. Ensure swab remains sterile whilst wetting the swab.
- Perform MRO screening on admission, and 48 hours prior transfer to another healthcare facility and/or pre- operatively if requested.
- Routine MRO screening is conducted in NCC based on MRO outbreaks. Screening frequency is dictated by IP&C CNC, NCC IP&C Team and SCH ID Team.

Note:
Neonates colonised with an MRO do not require re- screening during NCC's routine MRO screening. Do not recollect specimens within 24 hours of another specimen.

- Perform a nose swab by:
  - Inserting swab 2cm into nares
  - Rotate swab against bilateral anterior nasal mucosa for at least 3 seconds
- Perform a groin swab by:
  - Rotating swab on bilateral groin sites for at least 3 seconds
- Perform an axilla swab by:
  - Rotating swab on bilateral axilla sites for at least 3 seconds
- Perform a rectal swab by:
  - Inserting swab at least 2.5cm into rectum
  - Rotate swab for at least 3 seconds and remove swab. If specimen is not visibly stained with faecal matter, then reinsert swab and repeat process

- For viral organisms (e.g. COVID-19, rhinovirus), use the viral swab (green) or red paediatric swab with accompanying red coloured housing and visible red liquid.
- Perform a nose swab for any neonate exhibiting respiratory symptoms in consultation with medical officer.
- Refer to SESLHDPR/776 Multi Resistant Organism (MRO) screening within SESLHD Facilities for further information

3.3.2 MRO Colonisation/Infection

- **If a neonate returns a positive MRO screening or blood culture result, open disclosure must occur with parent/carers, bedside nurse and fellow/consultant as soon as possible.**
  - Provide parent/carers with the Isolation in the Newborn Care Centre fact sheet as well as a specific fact sheet for the MRO which they have tested positive for. Fact sheets can be found in the "Fact Sheet Folder" at the doctor's desk
  - Education on additional infection prevention strategies and areas within NCC parent/carers cannot use is to be provided
- Document in neonate's medical record organism they are positive for, precautions required, and open disclosure has occurred.
- Neonate's that are positive on MRO screening or blood cultures are required to be nursed in infectious precautions, i.e. 'Behind the black line'.
  - Check if neonate requires their own sink, determined by infectious organism they are positive for (see 3.3.3). Place black line around the sink if required and place a sign identifying bedspace number next to sink
- Place black tape on the floor around the neonate's bedspace to indicate additional PPE requirements. Black tape can be found in ward clerk's office.
- Place a PPE stand/trolley in the bedspace stocked with non- sterile gloves (all sizes), yellow non-permeable gowns +/- masks and cleaning wipes.
  - Ensure appropriate precaution sign is placed on pole/trolley (i.e. contact, droplet precautions)
- PPE is required to be worn for all patient interactions, this includes wearing:
  - Non- sterile gloves
  - Yellow gown
  - Mask (if droplet/airborne precautions, N95 for Acute Respiratory Illness)
  - Hair net (for Acute Respiratory Illness)
  - Goggles (for acute respiratory illness or risk of splashing from body fluids)

Note:
Healthcare workers must ensure they are up to date with fit testing and perform a 'fit check' every time the respirator is donned.

- Neonates nursed behind the black line require their own:
  - Breast pump (to be cleaned by parent(s)/nurse after use/discharge/transfer
  - Thermometer
  - Only **HOSPITAL** linen can be used (parent/carers can bring in their own linen/clothes- MUST be labelled and taken home to wash)
- Cohorting of neonates with the same MRO is to be facilitated where possible

- Completion of the 'Check list for patients with CRE/CPE when moving between departments within the campus' is required for all inter-departmental transports (Appendix A).

3.3.3 Organisms and required precautions

Organism	Precaution	Own Room	Own Sink	Additional Comments
CMV- when being treated	Standard, Cytotoxic	N	N	Pregnant HCWs are at particular risk and strict adherence to standard precautions is required
Acute Respiratory Illness	Standard, Contact, Droplet, Airborne	Y- if available otherwise isolation in isolette	N	Neutral detergent and disinfectant clean
CPE/CRE	Standard, Contact	Y- if available, can cohort in unit	Y- can cohort sinks if single sink not available	Neutral detergent and disinfectant clean
ESBL (Klebsiella and E-Coli)	Standard, Contact	Y- if available, can cohort in unit	N	Neutral detergent and disinfectant clean
Klebsiella pneumonia multi-resistant	Standard, Contact	Y- if available, can cohort in unit	Y	Neutral detergent and disinfectant clean
MRSA	Standard, contact	Y- if available, cohort in unit	N	Neutral detergent and disinfectant clean
RSV	Standard, contact, droplet	Y- if available, otherwise isolation in isolette	N	Neutral detergent and disinfectant clean
Rhinovirus	Standard, contact, droplet	Y- if available, otherwise isolation in isolette	N	Neutral detergent and disinfectant clean
Serratia	Standard, contact	Y- if available, cohort in unit	N	Neutral detergent and disinfectant clean

3.4 Documentation

- eRIC

3.5 Education Notes

- ABHR is more effective in reducing microbial load and viruses compared to antiseptic hand wash or soap and water when hands are not visibly soiled.[8]
- ABHR is better tolerated by hands, is quicker to use and can be placed at point-of-care locations making it more accessible than other hand hygiene products.
- AMS is used by hospitals to promote quality use of antimicrobials:
  - Using antimicrobials only when needed - avoiding use where there is no evidence of benefit
  - Selecting antimicrobials wisely - using narrow spectrum therapy where possible, keeping broader-spectrums agents in reserve
  - Using safe and effective doses - using correct doses and limiting duration to what is needed according to evidence.
- Key benefits of effective AMS programs include improved patient care, more appropriate use of antimicrobials and reduced risk of adverse consequences associated with antimicrobials, including the development of antimicrobial resistance.
- Sinks and sink drains have recently been identified as the cause of large scale outbreaks of multi-resistant organisms in intensive care units. They are all rapidly colonised with multi-resistant organisms and biofilms. NICUs often have specialised zones for milk storage, bottle cleaning and milk preparation often located near sinks, which increase the risk of cross-contamination and pathogen transfer from the sink to the milk fed to NICU patients.[9]

3.6 Abbreviations

NICU	Neonatal Intensive Care Unit	HAIs	Healthcare associated infections
EOS	Early onset sepsis	LOS	Late onset sepsis
ABHR	Alcohol Based hand rub	AMS	Antimicrobial stewardship
BBE	Bare Below the Elbows	HH	Hand Hygiene
MRO	Multi- resistant organism(s)	PPE	Personal Protective Equipment
IP&C	Infection Prevention and Control	HCW	Health Care Worker
IV	Intravenous	TPN	Total Parenteral Nutrition
COW	computer on wheels	ANTT	Aseptic Non Touch Technique
PIVC	Peripheral intravenous catheter	PICC	peripherally inserted central catheter
CPAP	Continuous Positive Airway Pressure	ID	Infectious Diseases
ESBLs	Extended Spectrum Beta-Lactamase producing organisms	MRSA	Methicillin- resistant staphylococcus aureus
CPE	Carbapenemase producing Enterobacterales	RSV	Respiratory Syncytial Virus

3.7 Related Policies/procedures

- CEC Infection Prevention and Control Practice Handbook
- NSW Health PD2023_025 Infection Prevention and Control in Healthcare Settings

- SESLHDPD/271 Aseptic Technique
- SESLHDPD/137 Antimicrobial Stewardship
- SESLHDPR/343 Bare Below the Elbows
- SESLHDGL/029 Infection Prevention and Control: Cleaning (Shared) Patient Care Equipment
- SESLHDPR/776 Multi Resistant Organism (MRO) screening within SESLHD Facilities
- SESLHDPR/759 Respiratory Protection Program (RPP)
- RHW NCC Parent factsheet on Isolation in the Newborn Care Centre

3.8 References

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4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 3 Preventing and Controlling Infections
- Standard 4 Medication Safety
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

7 REVISION AND APPROVAL HISTORY

List all previous revisions below

Date	Revision No.	Author and Approval
22.9.25 6.11.25	1	R Jackson (Nurse Educator) Endorsed by NCC CBR Committee
10.11.25	1	RHW BRGC

Appendix A CRE/CPE Checklist for inter department transfers

CHECK LIST FOR PATIENTS WITH CRE/CPE

WHEN MOVING DEPARTMENTS WITHIN THE CAMPUS

Carbapenemase Resistant Enterobacteriaceae (CRE)/ Carbapenemase-producing Enterobacterales (CPE)

ADDRESSOGRAPH

FROM ……..... (Ward/Dept)

TO……..... (Ward/Dept) STAFF

TRANSFERRING PATIENT:

……

……

1. When a patient is transferred from the Emergency Department to the Ward, Radiology or Operating Theatres	Completed (Please Initial)	Date confirmed
Notify the department or ward of the CRE/CPE patient's pending admission or arrival at least 1 hour prior to transfer		
Ring the department to confirm that the patient is going to an appropriate room or space		
Double terminal clean the emergency department bed space with Surfex or Chlorclean when patient has been transferred.		
2. When a patient is on the Ward and is transferred to Operating Theatres		
Notify operating theatres that a patient with CRE/ CPE is scheduled for a procedure at least 1 hour prior to transfer		
Transfer patient in their own bed or cot		
Take patient directly into theatre on arrival, patient is not to go into waiting area		
If IV access is required, patient can go to anaesthetics bay		
When patient is leaving the operating theatre, recovery must be notified prior to transferring patient and appropriate bed space confirmed (Adult recovery if after hours and on weekends)		
When the patient leaves the operating theatre it must be double terminally cleaned with Surfex or Chlorclean. The operating theatre can be used immediately after cleaning has finished.		
3. When a patient is on the Ward and is being transferred to the Radiology Department or Nuclear Medicine for a procedure		
Transfer patient in their bed or cot		
Patient is to go directly into procedure room, they are not to wait in waiting area		
When procedure is finished ensure the ward are ready to accept patient back		
Double terminal clean the procedure room when patient has been transferred with Surfex or Chlorclean		

POW, RHW and SCH CPE/CRE Checklist Transfer of patient throughout facility