

South Central Neonatal HCAI Transfer guidelines June 2011

Every neonatal unit has a responsibility to accept babies requiring transfer. Delays may arise from lack of capacity however colonisation with alert organisms [e.g. MRSA, PVL MSSA, ESBL, VRE] should not be a reason for refusal of a baby. The small increase in risk of nursing a colonised baby on an open ward (with good hand hygiene, enhanced infection control precautions, and decolonisation treatment) has to be balanced against the increased risk of a poorly functioning network in which babies frequently are not transferred because of their bacterial colonisation status. The purpose of this document is to state an expert opinion that on the whole the risk of a poorly functioning network is greater than that of transferring babies colonised with multi-resistant organisms. Each neonatal unit has a responsibility to prevent transfer of a colonising organism to other babies. The gold standard in some NNUs will be isolation in a cubicle, but where this is not available other interventions should prevent cross-transfer of multi-resistant 'alert' organisms. Follow the flow chart as below:

