

Pan Thames Paediatric Specialist Networks

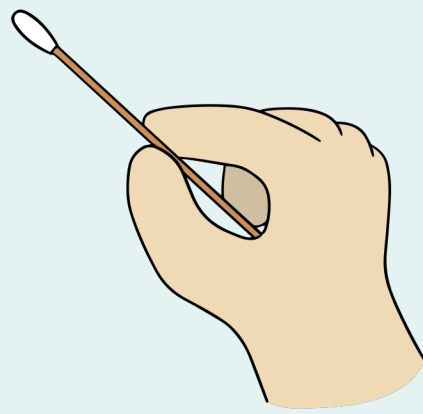
IPC Guidance and Inter-Hospital Transfers

- For all staff and carers, good hand hygiene practice, cleaning multiuse equipment and appropriate use of PPE remain key
- Avoid unnecessary delays, including those related to infection prevention and control (IPC) concerns.
- Referrals or repatriations must not be refused because of colonisation or infection – appropriate IPC precautions and prioritisation should be in place to facilitate patient flow.

- Improve clinical care and experience for sick children and their families
- Facilitate transfers to and from critical care units as rapidly as possible
- Highlight and communicate infection risks for appropriate patient pathways

Screening Swab Results

- Always accept screening swabs taken in other hospitals, incl. surface swabs and viral respiratory results for patients with respiratory symptoms (including SARS CoV-2, RSV and Influenza).
- Documentary evidence of recent results should be provided by referring units.
- Discharge screening before transfer are not required.



Appropriate Use of Cubicles and Side Rooms

- Routine isolation of children in cubicles when transferred from one hospital to another without a known or suspected infection risk is **not required**.
- Some children will always require a cubicle, but others, depending on availability and staffing, can be safely cared for in a ward area – this should follow an **appropriate risk assessment and discussions** with the medical/ID/IPC teams.
- During periods of high prevalence of respiratory viruses, cubicles should be considered to reduce the risk of transmission of all viruses to the **most clinically vulnerable**, including children with:

1. **Uncorrected congenital heart disease** (< 2 years of age).
2. **Chronic lung disease** (BPD) or other respiratory pathologies on home oxygen or ventilatory support (< 2 years of age).
3. **Severe neuromuscular conditions** (e.g. SMA type 1) requiring ventilatory support or regular airway clearance technologies (up to school age).
4. **Significant immunosuppression** e.g. – severe combined immunodeficiency (until immune reconstituted), post BMT: 1st 6 months post allogeneic BMT, or 1st 3 months post autologous BMT, post solid organ transplantation: in the 1st 6 weeks following transplant.
5. **Leukaemia** – Newly diagnosed during induction (1st month) or relapsed leukaemia (case by case decision based on intensity of treatment for relapse).

- In addition in some circumstances cubicles or side rooms are required for **specific reasons** such as end of life care, or other complex psychological / social or family concerns.

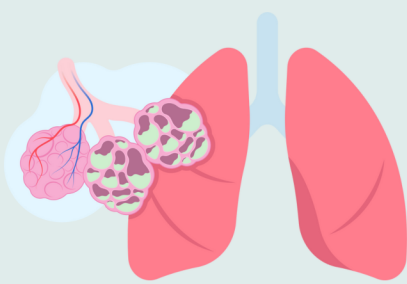


Pre-transfer MDT Teleconference

- Children with **complex conditions** will likely benefit from **pre-discharge multi-disciplinary teleconferences** to cover IPC and other issues
- This will also ensure **support to families and carers** during the transition



Bronchiolitis and Viral induced Wheeze

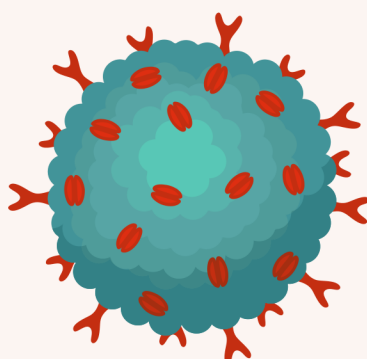


- **Nosocomial spread** occurs with direct contact with patient and patient environment, and **resident carers** present more risk of infection spread than infants.
- Appropriate infection prevention and control precautions negate the need for most cubicles.
- **Use rapid molecular tests** for SARS CoV-2, RSV, FLU A / B prior to ward admission and isolate/cohort as appropriate.
- **Standard IPC Precautions (SIPCs) and Transmission based precautions (TBPs)** must be undertaken at all times.
- **Admission without virology results** – infants with unidentified respiratory illnesses should be admitted to a cubicle. If cubicles are limited, it may be necessary to admit to a “respiratory cohort bay” to maintain patient flow.
- **Admission with virology results** – if cubicles are limited, infants may be cohorted according to the relevant viral infection (e.g. RSV, FLU etc.).

Please also see the updated RCPCH National Guidance for the management of children in hospital with viral respiratory tract infections at www.rcpch.ac.uk

Communicable Infections

- In the case of **communicable infections spread by airborne route**, e.g. measles, VZV, TB etc., it is necessary to care for children in cubicles / side rooms to **prevent spread to other patients**.
- Children with **CRO (but not CPE) / MRSA / VRE / ESBL** on screening swabs or clinical samples may be cared in an open ward / bay / cohorted area, **with careful IPC measures**, depending on local risk assessment and consultation with IPC (do not mix infections).



For any delays in transfers due to IPC issues not adhering to this guidance, please report to:

North Thames Paediatric Network: england.NTPN@nhs.net
South Thames Paediatric Network: england.STPN@nhs.net



North Thames
Paediatric Network
Connecting paediatric services



South Thames
Paediatric Network
Transforming Healthcare for
Children and Young People

