Updated September 2025/2026 version 4

Pan-Thames Paediatric Clinical Networks
Guidance for infection prevention & control and inter-hospital transfers.

The North and South Thames Paediatric Networks aim to:

- 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 pathway
- Unnecessary delays to transfer should be avoided, including those related to infection prevention and control (IPC) concerns.
- Referrals or repatriations must not be refused because of colonisation / infection concerns; appropriate IPC precautions and prioritisation should be in place to facilitate patient flow.

For all staff and carers, good hand hygiene practice, cleaning of multiuse equipment and appropriate use of PPE remain key to infection prevention and control.

Screening swabs results

- Screening swabs taken in other hospitals should always be accepted, including viral respiratory panel results for patients with respiratory symptoms (including SARS CoV-2 and Influenza) and documentary evidence of recent results should be provided by the referring unit. There is no requirement for discharge screening before transfer.

Pre-transfer multi-disciplinary communication teleconference

A small number of children being transferred may have complex conditions with long inpatient admissions. A pre-discharge multi-disciplinary teleconference may help to communicate issues, including infection, ensuring effective support to families during the transition.

Use of cubicles / 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 require a cubicle, but others can be safely cared for in a ward area (this should follow an appropriate risk assessment and discussions with the medical/ID/IPC teams). In the case of 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.
- In some circumstances, cubicles or side rooms are required for specific reason such as
  end of life care, or other complex psychological / social or family concerns.

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 up to 2 years of age.
2. Chronic lung disease (bronchopulmonary dysplasia) or other lower respiratory tract pathologies necessitating home oxygen or long term ventilation, up to 2 years of age.
3. Upper airways pathologies requiring ventilatory support, up to 2 years of age.
4. Severe neuromuscular conditions (i.e. SMA type 1) requiring night-time ventilatory support or regular use of airway clearance technologies (up to school age).
5. 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 or on significant immunosuppressant treatment.
6. Newly diagnosed leukaemia during induction (1st month) or relapsed leukaemia (case by case decision based on intensity of treatment for relapse).

Children with the following conditions (NB important not to mix infections) may be cared for in an open ward / bay / cohorted area with careful IPC measures, depending on a local risk assessment and consultation with the local IPC team:

1. Infants under 6 months old (e.g., cohorting infants with bronchiolitis)
2. CRO (but not CPE) / MRSA / VRE / ESBL* positive on screening swabs or clinical samples

*MRSA – *Methicillin resistant Staphylococcus aureus*; CRO – *Carbapenem resistant organisms*; VRE – *Vancomycin resistant Enterococci;* ESBL – extended-spectrum –β-lactamase producing Enterobacteriaceae.

Managing children with bronchiolitis or viral induced wheeze

- Respiratory infections in infants drive significant seasonal pressure on all paediatric beds. Nosocomial spread occurs due to direct contact with the patient or patient environment.
- Thus, appropriate infection prevention and control precautions negate the need for a cubicle in every case. Refer to the updated RCPCH guidance National guidance for the management of children in hospital with viral respiratory tract infections (2023) | RCPCH. A flow chart for managing children is included in the guidance. Please make sure you are referring to the most up to date RCPCH guidance.
- Any locally available validated test should be used for respiratory infections prior to ward admission so that children can be admitted to a cubicle / cohorted as appropriate.
- Standard IPC (SIPCs) precautions / Transmission based precautions (TBPs) must be undertaken at all times by staff and parents whether infection is known or not.
- **Admission without virology results** – infants with unidentified respiratory illnesses should be admitted to a cubicle. However, where cubicles are limited, to maintain patient flow and after a local risk assessment, it may be necessary to admit the child to a “respiratory cohort bay”. Consider setting up age appropriate, “bronchiolitis and / or “viral wheeze” bays.
- **Admission with virology results** – if cubicles are scarce, infants with identified respiratory illnesses may be cohorted in a bay according to the relevant viral infection (e.g., RSV, Flu etc.).
- Resident Carers present more risk of spreading respiratory viruses than infants. Manage parents and carers presence on the unit according to local policy. Any parent or carer with respiratory symptoms should be encouraged to go home. If they must stay, they should wear a fluid-repellent surgical mask (FRSM).

Reporting delays in inter- hospital transfers related to IPC issues

- Please report, to your relevant network, any transfers delayed for respiratory or infection control reasons where you consider this guidance has not been followed via the email addresses below
- We will support you if needed with local negotiations and review all such cases at our clinical governance meetings
- Delays or any incidents of concern should be reported to:
  - North Thames Paediatric Network: england.ntpn@nhs.net
  - South Thames Paediatric Network: england.stpn@nhs.net

We hope you find this guidance useful. Please feedback any comments, suggestions or concerns.

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North Thames Paediatric Network
Connecting paediatric services

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Transforming Healthcare for Children and Young People

This document has been reviewed and agreed by

- The North and South Thames Paediatric Network Boards
- London ICB IPC Leads & SE IPC Lead
- London IPC Networks & South East Network
- Regional Head of Infection Prevention and Control, NHS England – London