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| **Critical Control Point 3: Preventing Direct Water Usage Colonising / Infecting Vulnerable Patients** | **Requirement met Yes/No** | **Actions required/ completed** |
| **1.1** | **Washing Babies and high risk patients:** Patients are washed (inc. face, body wash, top & tail, bed bath, nappy change and immersion bath) using clean, fresh tap water/ commercial wipes. |  |  |
| **1.2** | **Defrosting Breast Milk:**Breast milk is defrosted either:* in a designated milk fridge
* outside fridge at room temperature OR
* using a warming/ defrosting device designed to ensure no direct contact with the bottle/ syringe with non-sterile water.
* Using sterile water warmed in a warming cabinet

NB: Discard any milk not used once defrosted DO NOT USE WARM TAP WATER |  |  |
| **1.3** | **Warming Breast/ Formula Milk:*** Milk is taken out of fridge one hour prior to use OR
* Milk is warmed using a warming device designed to ensure no direct contact with the bottle/ syringe with non-sterile water.
* Use warmed (in warming cabinet ), sterile water
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| **1.4** | **Use of Ice:*** Ice is not used for direct baby care in NNUs (all levels).
* Ice for consumption by severely immune-compromised patients should be made with sterile water and not taken from an ice machine.
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| **Critical Control Point 4: Preventing Indirect Contact with *P. aeruginosa* from Colonised/ Infected Patients** | **Requirement met Yes/No** |  |
| **2.1** | **Hand Wash Stations:*** Clinical hand wash sinks are used for hand washing only.
* Clinical Hand wash sinks are cleaned at least daily as per National Cleaning Specification.
* Hand hygiene product bottles are never topped up
* Hand hygiene should be undertaken as per National Infection Prevention and Control Manual (NIPCM)
* Clinical hand wash sinks are cleaned daily as per National Cleaning Specification
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| **2.2** | **Aseptic Procedures:*** Aseptic procedures are prepared and/ or performed in an area where there are no concurrent procedures being undertaken that generate splashing which could contaminate a sterile surface.
* Decontaminate all surfaces aseptic procedure surfaces with a detergent or alcohol wipe
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| **2.3** | **Aerosol Generating Procedures:**Existing guidance in the NIPCM for aerosol generating procedures is followed. |  |  |
| **2.4** | **Discarding Potentially Contaminated Fluids:*** Small volumes of fluid, e.g. ET/ ventilator condensate, are discarded into clinical waste bags.
* Larger volumes, e.g. bath water etc, are safely transported to a sink (not a hand wash sink) or sluice.
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| **Critical Control Point 4: Preventing Indirect Contact with *P. aeruginosa* from Colonised/ Infected Patients** | **Requirement met Yes/No** |  |
| **2.5** | **Suction/ Chest Drain Bottles:**Disposable suction container liners are sealed and discarded in a suitable container or solidifying gel is used prior to discarding in healthcare waste. |  |  |
| **2.6** | **Equipment Decontamination: Incubators**All re-usable equipment is thoroughly dried including mattress and all other parts, following decontamination. |  |  |
| **2.7** | **Humidifiers:*** Humidifiers on incubators: Only sterile or distilled water is used to fill and top up.
* Re-usable humidifiers are decontaminated in a Central Decontamination unit (CDU). If not able to withstand reprocessing in a CDU, then manufacturer’s instructions must be followed.
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| **2.8** | **Storage of Equipment:**Patient equipment is not stored where they may be exposed to splash contamination. |  |  |
| **2.9** | **Non-Clinical Procedures that Create a Spray:*** No fluid containers are topped up
* Spray bottles are not used for cleaning solutions.
* Spray bottles are not used in areas where aseptic procedures are being prepared or are ongoing.
* Avoid use of spray bottles where possible
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Feedback given to : Date :