

Clinical Practice Guidelines

Prevention and Surveillance of Healthcare Associated Infections

January 2020

Guideline Development Group (Alphabetical)

Rajendra Prasad Anne
Kamaldeep Arora
Avneet Kaur

Srinivas Murki (Chairperson)
Tejo Pratap Oleti
Venkateshan Sundaram

Reviewers (Alphabetical)

Manisha Biswal
Bonny Jasani

Pradeep Suryawanshi

Editorial Board (Alphabetical)

B D Bhatia
Deepak Chawla
Girish Gupta
Nandkishor S Kabra

Praveen Kumar (Chairperson)
Mohit Sahnii
M Jeeva Sankar
Sachin Shah

Contents

1. Executive Summary
2. Introduction
3. Scope and Questions for clinical practice
4. Summary of evidence and recommendations
5. References

Annexure 1. GRADE profile tables and search strategies - see online version

Annexure 2. Algorithms and job-aides - see online version

Table 1: Summary of recommendations for prevention and surveillance of healthcare associated infections in neonates

S. No.	Recommendations	Strength of recommendation	Certainty of evidence
1.	Asepsis should be maintained during the birthing process by following the clean birth practices.	Strong	Very low
2.	Pregnant women with preterm premature rupture of membranes should be prescribed antibiotics.	Strong	High
3.	Regular system-based and behavioral interventions should be undertaken to improve compliance to hand hygiene.	Strong	High
4.	Hand hygiene should be practiced by either hand washing or using alcohol-based hand-rub. Hand washing should be followed at the time of entry to neonatal intensive care unit/special newborn care unit or when hands are visibly soiled.	Strong Strong	Moderate Very low
5.	Aseptic non-touch technique (ANTT) should be followed during invasive procedures like central or peripheral vascular cannulation, intravenous fluid or medication preparation or administration and endotracheal tube insertion or suction.	Strong	Moderate
6.	Neonatal units should implement Central line insertion and care bundle to reduce catheter-related bloodstream infections.	Strong	High
7.	Neonatal units should implement Ventilator-associated pneumonia (VAP) prevention bundle in neonates on invasive and non-invasive respiratory support.	Strong	Not graded
8.	Regular educational activities about prevention of healthcare associated infections should be conducted for healthcare professionals.	Strong	Low
9.	Optimum nurse patient ratio should be ensured in the neonatal units to prevent healthcare associated infections.	Strong	Low

10.	Regular antibiotic stewardship program should be implemented in neonatal units.	Strong	Moderate
11.	Routine environmental surveillance cultures should not be done in the neonatal unit. <i>Surveillance cultures should be taken only while for outbreak investigation, specific research question, potentially hazardous environmental condition and quality assurance of a sterile process.</i>	Strong, conditional	Not graded
12.	Routine organism-specific surveillance is unlikely to be beneficial in overcrowded and busy facilities. <i>Surveillance for Methicillin resistant Staphylococcus aureus may have a role in set-ups with adequate isolation and lab facilities.</i>	Weak, Conditional	Low