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Guidance

Good IPC practice for the cleaning and handling of incubators and other equipment in neonatal units

Updated 27 October 2022



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In the absence of effective cleaning, harmful bacteria can persist in neonatal units resulting in neonatal colonisation, infections and unit outbreaks with associated morbidity and mortality [1]. Potential pathogens including the NRCS-A (multidrug-resistant) clone of *Staphylococcus capitis* [2] have been found within the neonatal environment, predominantly on the surfaces and component parts of equipment within a bedspace area, including incubator surfaces and door ports, dedicated stethoscopes, incubator blankets and less commonly on shared equipment, such as milk warmers, present in the unit [3].

Amongst other regular control measures, it is therefore vitally important that incubators and other equipment are always cleaned appropriately and managed to the highest standards. This includes incubators in neonatal units, theatre, and ambulance transfer vehicles. To minimise the risk of harbouring serious pathogens within incubators, continue to adhere to the recommendations below.

There are large evidence gaps in this area, and comprehensive guidance around good infection prevention and control (IPC) practice in neonatal units is beyond the scope of this document. In the absence of current national guidance for this vulnerable population, colleagues are encouraged to gather evidence to inform future practice, including on the decontamination of dedicated stethoscopes, incubator blankets, and shared equipment in the neonatal unit.

Steps to good infection prevention and control

Follow the manufacturer's instructions for cleaning, ensuring the incubator is dismantled fully as instructed to allow for thorough cleaning of all component parts, including the air inlet filter.

Allocate sufficient time and space (ideally a dedicated, uncluttered, clean room without equipment at risk for contamination – if not on the unit, this could be done in an alternative designated space) for incubator cleaning. It can take between 40 minutes to 120 minutes depending on the level of cleaning required and allowing for disinfectant contact and drying time.

Ensure all staff (including temporary and agency) have received training on incubator cleaning, including principles around good cleaning methods – such as, working from clean to dirty, wipe in an 'S' shaped pattern and taking care not to go over the same area twice.

Use cleaning and disinfectant products in accordance with the manufacturer's instructions – if wipes are used [they must be compatible with the surface material \(https://www.gov.uk/drug-device-alerts/medical-device-alert-detergent-and-disinfectant-wipes-used-on-reusable-medical-devices-with-plastic-surfaces-risk-of-degrading-plastic-surfaces\)](https://www.gov.uk/drug-device-alerts/medical-device-alert-detergent-and-disinfectant-wipes-used-on-reusable-medical-devices-with-plastic-surfaces-risk-of-degrading-plastic-surfaces).

Clean frequent touch points (for example, door handles and latches) at least 3 times a day.

Clean the external surface of the incubator at least once a day, as a minimum.

If using the humidifier, clean the reservoir and change the water (sterile water must be used) every day. Sterilisation of the reservoir and drawer should be considered but only where this is an option in the manufacturer's instructions for use.

Ensure a full terminal disinfection of the incubator is done when the incubator is vacated.

Ensure appropriate cleaning processes, cleaning agents and disinfectants are used through regular audits.

If occupied for more than 7 days, undertake terminal disinfection on the used incubator at least every 7 days (neonate to be moved to a clean pre-prepared incubator).

Provide enough incubators to allow for one (or more) to always be ready at short notice and reduce the risk of suboptimal cleaning due to limited time and high demand.

Cover incubators that have been cleaned and not in use. Store in a designated area, away from any risk of contamination such as splashes from sinks.

Check mattresses for breaches when vacated – where possible, unzip the mattress and check the insert for any stains and [replace if found to be breached \(https://www.gov.uk/drug-device-alerts/medical-device-alert-all-types-of-bed-mattresses-contamination-through-damaged-mattresses-or-covers\)](https://www.gov.uk/drug-device-alerts/medical-device-alert-all-types-of-bed-mattresses-contamination-through-damaged-mattresses-or-covers).

If blankets are used on top of the incubator, clean and ideally replace them daily. If washed on the unit, use a minimum temperature of 65°C for 10 minutes.

Minimise the use of soft toys and mementos in the environment around the neonate, ensuring frequent cleaning.

Ensure good hand hygiene practice – clean hands in accordance with the World Health Organization's [5 moments for hand hygiene \(https://www.who.int/publications/i/item/9789241597906\)](https://www.who.int/publications/i/item/9789241597906):

- before touching a patient and before a clean or aseptic procedure
- after body fluid exposure or risk, after touching a patient and after touching patient surroundings

Ensure safe glove usage. Gloves are single-use items and they must be removed and changed when moving from a dirty task to a clean task on the same patient, and between each patient. Avoid multitasking with the same pair of gloves on –

that is from patient to linen cupboard, or workstation and back to patient.

Ensure parents and carers are aware of the importance of a clean environment, including equipment, in the prevention of infections.

References

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2. Ready, D., Moore, G., Carter, J., Ready, J., Barry A., Smith, L., Staniforth, K., Patel, B., Cloutman-Green, E., Williams, M, Hail, C., Elsayed, M., Wan, Y., Pichon, B., Brown, C., Demirjian, A. Persistence, susceptibility and environmental reservoirs of NRCS-A Staphylococcus capitis in English neonatal intensive care units. Poster presentation. European Congress of Clinical Microbiology and Infectious Diseases 2022. Lisbon, Portugal 2022.
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