Purpose:
To provide staff and providers with guidelines for the care of our pediatric patients relevant to infection control practices that can be both universal, or unique to the pediatric office setting.

Policy:
It is the policy of Premier Medical group to ensure that our pediatric patients will receive care in functionally safe and sanitary health care setting while ensuring an infection control and prevention program that identifies and reduces the risk of the spread of infections in patients, staff and visitors.

Goals & Objectives:
1. To promote a healthy and safe environment by preventing the transmission of infectious agents among patients, staff and visitors.
2. To improve clinical outcomes.
3. To establish a framework for an office infection control and prevention program that includes a traffic flow pattern that minimizes infection risk to other patients.

Procedure:
Waiting rooms and reception areas offer the opportunity for child-to-child interaction, and, unfortunately, child-to-child or child to adult transmission of infectious agents. Waiting rooms can be compared with child care settings, where contamination of the environment and transmission of infectious agents occur at an increased rate compared with the home setting. Efforts should be made to limit transmission of infectious agents by avoidance of crowding, shortening waiting times, and minimizing the sharing of toys. Infected children who are symptomatic should be segregated from other patients as quickly as possible, and ideally segregated prior to entrance to the general waiting room. Triage should begin at the time the office visit is scheduled, in some cases, the child may be asked to use a separate entrance to avoid the waiting area and be escorted immediately to an examining room with the door closed. Ideally, immunocompromised children should not wait in the general waiting area but be escorted immediately to an examining room. Parents will be instructed at the time of scheduling, which door to use to enter the office through. The pediatric exam rooms will be designated with respect to proximity to exterior door access, and easy triage area.

- In an effort to prevent the transmission of disease, patients with a suspected or confirmed infectious disease that is transmitted by droplet spread or direct contact will be isolated from the general office population. All staff in the office should have a basic knowledge of the common communicable diseases that may present to the office. Patients suspected of having any of the following illnesses should be isolated:
1. Bacterial meningitis
2. Chickenpox
3. Diphtheria
4. Gastroenteritis
5. Influenza
6. Measles
7. Mumps
8. Pertussis
9. Rashes of unknown source
10. Rubella
11. Tuberculosis
12. Upper respiratory infections (especially with fever and productive cough)

- This information should be included as part of the employee’s orientation program
- When a patient suspected of having one of the above illnesses comes to the office, the nurse in charge should be notified, and the patient should be taken out of the waiting room immediately, and put in an exam room away from other patients. Patients who are coughing are required to wear a mask. It is not intended that office staff diagnose illness, but rather that they should be aware of indications that the patient may be infectious. It is particularly important to be aware of persons with rash-associated illness in the presence of maternity patients or staff. Clerical and other support staff should tell the nurse in charge if they suspect a patient is infectious. Whenever possible, these patients should be seen immediately.

Toys in the office should be disposable or washable and of appropriate sizes and shapes to avoid aspiration or other injuries. Ideally, toys should be cleaned between use to avoid transfer of infectious agents. Toys contaminated with body fluids should be removed until cleaned. The value of antibacterial soaps for cleansing and antibacterial agents within the toys is unproven. Regular cleansing of toys in a dishwasher at the end of each day decreases microbial contamination and eliminates organic material on the toy, or washing with a 1:10 solution of bleach and water.

Routine infection control and prevention practices are used with all patients, at all times. Regardless of presumed infectious status or diagnosis. **Routine infection control and prevention practices include:**

- The separation of infected or contagious patients, including those with respiratory symptoms, from uninfected patients.
- Hand hygiene should occur before and after every patient contact, after removing gloves, between dirty and clean procedures on the same patient and after using the restroom. Waterless (alcohol based) hand antiseptic rubs are the most efficacious agents for reducing the number of bacteria on the hands. Soap and water should be used if hands are visibly soiled, Wash hands with an antiseptic soap and warm water for 15 to 30 seconds. Gloves should be used as an additional measure, not as a substitute for hand hygiene.
- Gloves should be worn when in contact with blood, body fluids, secretions, excretions and items contaminated with these fluids. Additionally parents should be taught the importance of hand-washing.
- Personal protective equipment, such as gowns, gloves, masks and eye protection should be worn during patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
• Safe handling and disposal of needles and other sharp medical devices. The containers should not be overfilled. They are to be wall mounted, and out of reach of children. Safety syringes will be employed wherever available. OSHA requires that employees receive education on the management of sharps injuries, and all percutaneous sharps injuries be recorded on the OSHA 200 log.

• Appropriate sterilization and disinfection of reusable equipment and office surfaces (counters, furniture and bathrooms) must be routine. Staff needs to be educated on the difference between sterilization (completely eliminates or destroys all forms of microbial life), disinfection (reduces but does not eliminate microbial life), and antisepsis (process to decontaminate the skin) and how to appropriately perform each. Manufacturer’s recommendations should be adhered to regarding cleaning, disinfection and sterilization of instruments, equipment, supplies and implants.

• Sterile packs of equipment and instruments are within current dates for use.

• All patient areas and treatment rooms should be cleaned, in between patients and at the end of the day. This includes all related medical equipment in the exam room, such as, scales, B/P cuff, otoscope, ophthalmoscope, changing table, and pulse oximetry, and stethoscopes, as all these items are known to harbor microbes. Where diaper changing has occurred, more thorough cleaning should be done to remove visible soil first and then to sanitize with approved disinfecting wipes. Be mindful to disinfect computer keyboards, phones, door handles and light switches.

• A system for the rapid evaluation, first aid and referral for treatment for persons exposed to blood and body fluids must be in place.

• Do not reuse disposable equipment.

• Refrain from using cell phones during patient care and practice hand washing before and after using cell phones.

• Lab coats and men’s neck ties should be laundered routinely.

• Employees who are infectious should not be allowed in the office to protect other staff and patients.

• All health care providers should be screened for tuberculosis on hiring and on exposure to an infectious patient, as well as per company protocol.

• All health care workers with potential risk for exposure will be offered the Hepatitis B vaccine upon hire.

• Judicious use of antibiotic therapy in accordance with the guidelines set forth by the CDC and the American Academy of Pediatrics.

The office will follow the established guidelines for reporting of communicable diseases as required by the New York State Department of Health.

**Date Policy to be reviewed:** 08/15