

BLASTFAX

Infection Prevention & Control

The September 3, 2007 edition of *Pediatrics* featured an article entitled, ***Infection Prevention and Control in Pediatric Ambulatory Settings***. Infection-prevention and control practices have long been recognized as an important means of preventing transmission of infectious agents. An abstract of this article is below.

Since the American Academy of Pediatrics published a statement titled “Infection Control in Physicians’ Offices” (*Pediatrics*. 2000;105[6]:1361–1369), there have been significant changes that prompted this updated statement. Infection prevention and control is an integral part of pediatric practice in ambulatory medical settings as well as in hospitals. Infection prevention and control practices should begin at the time the ambulatory visit is scheduled. All health care personnel should be educated regarding the routes of transmission and techniques used to prevent transmission of infectious agents. Policies for infection prevention and control should be written, readily available, updated annually, and enforced. The standard precautions for hospitalized patients from the Centers for Disease Control and Prevention, with a modification from the American Academy of Pediatrics exempting the use of gloves for routine diaper changes and wiping a well child’s nose or tears, are appropriate for most patient encounters. As employers, pediatricians are required by the Occupational Safety and Health Administration to take precautions to identify and protect employees who are likely to be exposed to blood or other potentially infectious materials while on the job. Key principles of standard precautions include hand hygiene (ie, use of alcohol-based hand rub or hand-washing with soap [plain or antimicrobial] and water) before and after every patient contact; implementation of respiratory hygiene and cough-etiquette strategies for patients with suspected influenza or infection with another respiratory tract pathogen to the extent feasible; separation of infected, contagious children from uninfected children when feasible; safe handling and disposal of needles and other sharp medical devices and evaluation and implementation of needle-safety devices; appropriate use of personal protective equipment such as gloves, gowns, masks, and eye protection; and appropriate sterilization, disinfection, and antisepsis.

Table 5 on page 657 provides a listing of immunizations that staff members should receive. The article can be seen in its entirety at the web address below.

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;120/3/650.pdf>

For questions or concerns regarding this blastfax or any other immunization information, please contact the Chapter’s Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.