

Infection Prevention Guidelines for Pediatric Bedside Procedures

Procedures performed outside of the operating room environment carry increased risk of infection due to the absence of engineered environmental controls such as positive pressure ventilation, controlled airflow, and restricted access. Consistent adherence to infection prevention practices reduces infection risk during bedside procedures.

Audience: Staff participating in bedside procedures should follow these guidelines.

Patient Placement:

- Bedside procedures should not be performed in airborne infection isolation rooms (AIIRs) or other negative pressure environments
- Patients with delayed sternal closure should not be placed in airborne infection isolation rooms (AIIRs) or other negative pressure environments

Infection Prevention Practices by Procedural Phase

PHASE	INFECTION PREVENTION PRACTICES
<p>Before Procedure Begins</p>	<p>Environment</p> <ul style="list-style-type: none"> • Visually inspect the room for dust, debris, or visible bioburden before beginning the procedure. Clean surfaces with hospital approved disinfectants if contamination is present • Perform environmental cleaning from higher surfaces to lower surfaces when wiping environmental surfaces • Declutter the patient room and arrange daily cleaning before the procedure • Remove nonessential equipment, supplies, and personal items • Remove portable fans from the procedural zone prior to the procedure; do not use fans for patient care within six feet of the sterile field • Clean high touch surfaces within the procedural zone (approximately six feet from the sterile field) using hospital approved disinfectants • Empty trash receptacles in the room <p>Limit Unnecessary Traffic and Activity</p> <ul style="list-style-type: none"> • Escort family members to the waiting area during the procedure • Use portable barriers to limit hallway traffic when feasible • Limit personnel in the room to individuals essential for the procedure • Keep doors or room dividers closed during sterile field setup when feasible • Avoid positioning sterile field beneath active air vents
<p>During Procedure</p>	<p>Sterile Field</p> <ul style="list-style-type: none"> • Non-sterile personnel should remain at least three feet from the sterile field • Scrubbed personnel should maintain orientation to the sterile field and avoid turning their back to the sterile field • Open and transfer sterile supplies to the sterile field using aseptic technique and avoid reaching across the sterile field • Inspect sterile packaging integrity and verify chemical indicators prior to introducing items to the sterile field • Maintain continuous observation of the sterile field for contamination during the procedure

PHASE	INFECTION PREVENTION PRACTICES
	<ul style="list-style-type: none"> • If contamination of an item or supply is suspected during the procedure, remove the item and all supplies it contacted from the sterile field; scrubbed personnel who handled the contaminated item should change sterile gloves • If back table or sterile field is broadly compromised before the procedure begins, break down the entire sterile field and reestablish with new sterile supplies and instrumentation prior to proceeding <p>Surgical Attire</p> <ul style="list-style-type: none"> • Cover all head, facial, and neck hair as applicable • Wear a surgical mask that fully covers the nose and mouth and secure appropriately prior to sterile field establishment • Personnel present during sterile procedures or when sterile supplies are open should wear a mask • Remove and replace masks if wet, soiled, or improperly fitting • Additional PPE, including eye protection, should be worn based on anticipated splash or exposure risk • Refer to the 'Surgical Attire Policy for Operating Rooms and Procedural Areas' for full attire requirements, approved attire types, restricted area guidance, and exceptions <p>Hand Hygiene</p> <ul style="list-style-type: none"> • Personnel should perform hand hygiene at the following times: <ul style="list-style-type: none"> ○ Upon entering the procedural zone ○ Before touching the patient or the patient environment ○ Before performing aseptic or sterile tasks (e.g., catheter insertion, vascular access) ○ After removing gloves ○ When moving from a contaminated task to a clean task ○ After contact with the patient environment
<p>After Procedure</p>	<p>Environment</p> <ul style="list-style-type: none"> • Initiate post procedure environmental cleaning according to hospital cleaning protocol • Remove and dispose of suction canisters and regulated medical waste according to waste management procedures • Clean and disinfect reusable equipment used during the procedure (e.g., fluid warmers, bovie, and other clinical equipment) according to the manufacturer instructions for use (IFU) • Transport reusable instruments according to the 'Soiled Instrument Handling (Outside of Perioperative Areas)' procedure • Ensure equipment removed from the patient room is cleaned and disinfected before transport to other clinical areas