

on bacterial colonization rates in neonates *JOGN Nurs.* 1982;11:211.

3. Umphenour JH. Bacterial colonization in neonates with sibling visitation. *JOGN Nurs.* 1980;9:73.
4. Schwab F. Sibling visiting in a neonatal intensive care unit. *Pediatrics.* 1983;71:835.
5. Yamauchi T. Infection control personnel and policies. In: Donowitz LG, ed. *Hospital Acquired Infection in the Pediatric Patient.* Baltimore, Md: Williams and Wilkins; 1988.
6. Little GA, et al. Postpartum (neonatal) sibling visitation. *Pediatrics.* 1985;76:650.

## EMPLOYEE HEALTH

Employee health for personnel working with children is of utmost importance because of the high incidence of communicable disease in children and the high risks for certain pediatric patients of infections carried and transmitted by adults. Whether or not the employee is an inpatient or outpatient healthcare provider or a child care center employee, preventing the transmission of infectious agents between children and employees remains an important issue.

The employees' risks are increased in pediatric well and sick care, because care of children requires close contact. Children do not, as a rule, practice good personal hygiene, and children have an increased number of infections when compared with adults (an average of six to seven upper respiratory infections per year). Employees at particular or extreme risk of acquiring infections from children are those who are pregnant and immunocompromised. In these situations, infection may have untoward complications for the mother (i.e., influenza, varicella, tuberculosis), the fetus (i.e., parvovirus, cytomegalovirus, rubella) or the immunocompromised patient (i.e., parvovirus, respiratory syncytial virus, herpes simplex, varicella/zoster).

The childhood risks of acquir-

ing infections from infected adults are also significant. Mild and severe illness in the adult (viral gastroenteritis, upper respiratory infection, varicella, pertussis, herpes simplex, tuberculosis) can cause severe life-threatening disease in infants and, specifically, premature infants and immunocompromised children. Children, and particularly infants less than one year old, lack immunity to many common viruses and bacteria. Thus, this highly susceptible population requires care by a healthy uninfected employee. Children at greatest risk of life-threatening infection acquired from adults are infants less than one year old and children who have heart disease, chronic pulmonary disease or are who immunocompromised.

Children also are at risk of epidemic disease. Their lack of immunity (either primary or secondary), their lack of personal hygienic practices and their close living spaces (playrooms, classrooms, etc.) provide easy transmission of infectious agents introduced into these settings.

Prevention of infection via employee health programs is important. All employees should be interviewed and immunity via history of disease or immunization should be documented for rubella, measles, mumps, pertussis, polio, hepatitis and varicella. Specific employee recommendations for each of these infections are made in that specific topic chapter of this book. Available vaccines should be administered to all non-immune employees. Institutions where vaccines are not readily available should counsel employees on exposure and the need for furloughing if they are exposed to

this infectious agent.

Employees should be screened for tuberculosis, immunocompromised illnesses or other common infections (gastroenteritis, dermatitis, upper respiratory infections) that they may not feel warrant medical attention for themselves but pose a very real threat to their young patients.

The pregnant employee needs to be educated on the real and unfounded concerns regarding pediatric care during pregnancy. Rubella, cytomegalovirus and parvovirus are some of the current concerns for the pregnant employee and are discussed in the specific topic chapters of this book.

Employee education is of paramount importance. Transmission of infectious agents, proper hand-washing technique and the potential life-threatening risks to the child if they acquire what are mild infections in adults need to be learned by all healthcare providers of children.

## More on the Red Book

In addition, the *Red Book* section on human immunodeficiency virus (HIV) and universal precautions discusses use of universal precautions in the context of hospitals in areas with high endemic HIV infection rates. Dr. Donowitz has recommended to the Red Book committee that in light of difficulties in measuring endemic HIV rates as well as hepatitis B rates, universal precautions should be recommended for all hospitals.