



RECOMMENDED GUIDELINES FOR INFECTION CONTROL AND RESPIRATORY HYGIENE/COUGH ETIQUETTE STRATEGY FOR HEALTH CARE FACILITIES

Introduction

In order to maintain a safe environment in health care facilities, basic infection control practices must be reinforced within the health care institution. This includes protecting patients, health care workers, visitors and others in the health care environment. The emergence of Severe Acute Respiratory Syndrome (SARS) in 2003 demonstrated the potential for a new disease to suddenly appear and spread, leading to widespread health, social and economic consequences. During the SARS epidemic, public health authorities quickly recognized the importance of infection control as the primary means for containing SARS.

Many viral and some bacterial respiratory pathogens (e.g., influenza, adenovirus, respiratory syncytial virus, *Mycoplasma pneumoniae*) share transmission characteristics with SARS-associated coronavirus (SARS-CoV) and are frequently transmitted in health care settings. Implementation of “respiratory etiquette” practices can decrease the risk of transmission from unrecognized SARS patients and can control the spread of other more common respiratory pathogens.

Recommendations - Infection Prevention and Control

1. Educate staff about the importance of strict adherence to and proper use of standard infection prevention and control measures; especially hand hygiene and isolation precautions (See the MCHC guidance document, *Recommended Guidelines for Hand Hygiene & Glove Use*).
2. Reinforce education on the recommended procedures for Standard, Contact, Droplet and Airborne Precautions. (See the Centers for Disease Control and Prevention (CDC) document, *Guideline for Isolation Precautions in Hospitals*, <http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>).

Recommendations –Respiratory Hygiene/Cough Etiquette

1. Develop mechanisms (such as printed materials in appropriate languages) and strategies (such as press releases and web postings) to educate patients, visitors and staff about the importance of respiratory hygiene/cough etiquette practices for preventing the spread of respiratory illnesses.

2. Consider restricting visitors with symptoms of an infectious respiratory illness. If their presence is essential, a surgical mask must be provided for them to wear.
3. Initiate a “Respiratory Hygiene/Cough Etiquette Strategy” for the facility which includes:
 - ▶ Providing surgical masks (non-N-95) to all patients and essential visitors with symptoms of a respiratory illness. *Instructions on when to use the masks (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling the material must also be provided. Consider priority triage of these patients and place them in a private room or cubicle as soon as possible for further evaluation.*
 - ▶ Providing tissues for patients who cannot wear surgical masks. *Instruction on proper use and disposal and the importance of hand hygiene after handling the material must also be provided.*
 - ▶ Encouraging patients and essential visitors with respiratory symptoms to perform hand hygiene.
 - ▶ Making hand hygiene products available in waiting room areas.
 - ▶ Designation of an area in waiting rooms where patients with respiratory symptoms can be segregated at least 3 feet from other patients who do not have respiratory symptoms.
 - ▶ Placing patients with respiratory symptoms in a private room or cubicle (preferably with negative air flow) as soon as possible for further evaluation.
 - ▶ Implementing a protocol for the use of surgical masks (non-N-95) by health care personnel during the evaluation of patients with symptoms of an infectious respiratory illness.
 - ▶ Educating registration and triage staff to remain at least 3 feet from unmasked patients and to consider wearing masks during respiratory infection season if no barriers are present (i.e., Plexiglas). *The installation of Plexiglas barriers should also be considered at the point of triage or registration.*
 - ▶ Maintaining Droplet Precautions to manage patients with respiratory symptoms (i.e., sore throat, coughing, sneezing, runny nose) until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond Standard Precautions.

Recommendations - Visitors

1. Review the facility’s policy on visitation.
2. Consider restricting visitors with symptoms of an infectious respiratory illness. If their presence is essential, surgical masks (non-N-95) must be provided for them to wear.
3. Consider including the following in the facility’s visitation material that informs visitors that:
 - ▶ All visitors should clean their hands with soap and water or alcohol hand rub before and after visiting.
 - ▶ Individuals should not visit if:
 - √ They are sick
 - √ They have a fever
 - √ They have a rash

- √ They have an upper respiratory tract infection (i.e., sore throat, coughing, sneezing, runny nose)
 - √ They are experiencing nausea, vomiting or diarrhea
4. Consider posting signage (in appropriate languages) at all entrance areas containing the above information.

Recommendations – Sick Health Care Workers, Work Restrictions & Early Identification of Illness

1. Develop criteria for health care worker furloughs, work restrictions and enforcement. Follow the *CDC Guideline for Infection Control in Health Care Personnel* for guidance on suggested work restrictions for health care personnel exposed to or infected with infectious diseases (<http://www.cdc.gov/ncidod/hip/guide/InfectControl98.pdf>).
2. Consider restricting personnel with acute viral respiratory infections from patient care areas especially during community outbreaks of influenza and other significant respiratory disease outbreaks.
3. As part of an active employee health program, encourage employees to receive Influenza vaccine, and, if appropriate, the pneumococcal vaccine.

Additional Considerations

1. Ensure that appropriate supplies (masks, tissues, trash cans, soap, hand towels, alcohol hand rubs) are available. Contingency plans for supply shortages need to be in place.
2. Educational materials should be available in the common languages used in the facility.
3. Notify the local health department of unusual epidemiological patterns or cases of disease.

References/Resources

Association for Professionals in Infection Control and Epidemiology

APIC Text of Infection Control and Epidemiology. 2000.

Centers for Disease Control and Prevention:

- *Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) – DRAFT – October 2003*
<http://www.cdc.gov/ncidod/sars/sarsprepplan.htm>
- *Guideline for Hand Hygiene in Healthcare Settings, 2002*
<http://www.cdc.gov/handhygiene/>
- *Guideline for Infection Control in Hospital Personnel, 1998.*
<http://www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm>

- *Guideline for Isolation Precautions in Hospitals*, 1997.
<http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>
- Influenza Home Page
<http://www.cdc.gov/flu/index.htm>
- *MMWR Recommendations and Reports - Prevention and Control of Influenza* – April, 2003
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm>
- SARS Home Page
<http://www.cdc.gov/ncidod/sars/>

National Immunization Program – Flu Home Page

<http://www.cdc.gov/nip/flu/default.htm>

World Health Organization

<http://www.who.int/health-topics/influenza.htm>

Accompanying Material

Stop Spreading Germs! Poster for Patients and Visitors

Stop Bugs Dead in Their Tracks! Poster for Staff