Background

Whether natural or manmade, seasonal or spontaneous, whenever and wherever a debilitating communicable disease takes hold, normal life is disrupted. People in critical jobs are too sick to work, family members must be cared for, emergency services and healthcare facilities become overwhelmed. Our increasingly urban, close-contact societies, together with our global travel network, provide perfect conditions for rapid pathogen dissemination. We must be continually on the alert for potential outbreaks before they become epidemics or pandemics. Your very own emergency department, health clinic, physician’s office or EMS service may treat the index case for your community. It is vitally important that we are prepared to limit the spread of disease as quickly as possible.

Communicable respiratory diseases have the capacity to spread rapidly by respiratory droplets. Most are also transmitted by contact with these secretions followed by touching the nose, mouth or eyes. To prevent rapid spread of the disease, early containment is essential. The Centers for Disease Control and Prevention (CDC) has urged us to implement Respiratory Hygiene/Cough Etiquette at the point of first contact with any patient displaying symptoms of respiratory disease, including influenza. Recommendations should be both displayed and verbally reinforced for symptomatic patients. These measures should be incorporated into infection control practices as one component of Standard Precautions and included in facility educational reminders.

Important considerations before vaccination

There are several important recommendations and restrictions healthcare personnel must consider before vaccination:

- Flu shot is recommended every fall
- The flu shot (inactivated vaccine) is preferred over live, intranasal influenza vaccine for nurses, physicians, family members, or anyone else coming in close contact with anyone with a severely weakened immune system for fear of transmission of the live virus.
- Talk to the doctor before getting vaccinated if you:
  - have ever had a serious reaction to eggs
  - have ever had a serious reaction to a previous dose of influenza vaccine
  - have ever developed Guillain-Barre syndrome (GBS) within 6 months of receiving influenza vaccine previously
  - have a fever or are seriously ill at the time vaccination is scheduled
- The pneumococcal vaccine is a one-in-a-lifetime vaccine
- There are no live components to this vaccine

Web sources for posters & additional information:

- Respiratory Hygiene/Cough Etiquette in Healthcare Settings – posters available
  www.cdc.gov/flu/infectioncontrol/resphygiene.com

- Respiratory Etiquette poster in English and Spanish with or without facility logo
  www.kchealthcare.com Select Respiratory Etiquette

- Infection Control of Influenza in Health-Care Facilities
  www.cdc.gov/flu/professional/infectioncontrol.com

- Influenza Vaccination Recommendations: Summary Guide 2004-05
  www.cdc.gov/flu/professionals/vaccination/summary.com
Respiratory Etiquette measures

Although Respiratory Etiquette is to be formally introduced and practiced in patient and visitor waiting rooms throughout the country, common courtesy dictates compliance to its recommendations for everyone, whenever and wherever respiratory symptoms develop.

- Cover nose and mouth with a tissue when coughing or sneezing.
- Dispose of the used tissue in the nearest waste receptacle.
- Clean hands with soap and water, an alcohol-based hand rub, or antiseptic handwash after touching respiratory secretions or handling contaminated objects.

Reminders for healthcare personnel

- Although masks and other protective apparel function as barriers or filters to block or trap infective agents, the pathogens are still viable. Handling the front of a mask during removal or disposal can transfer the live microorganisms to the hands. Contaminated hands can then contact your face, for a possible infection, or some object creating yet another fomite. It is thought that this transmission scenario is part of the epidemiology of the SARS in healthcare personnel outbreaks.
- Maintain these precautions until it is determined that the cause of symptoms is not an infectious agent requiring that level of protection.

www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm

Materials needed for compliance should be available

Healthcare facilities should ensure that the materials necessary to comply with the Respiratory Hygiene/Cough Etiquette are readily available in waiting areas for patients and visitors.

- Provide tissues
- Provide no touch receptacles for used tissue disposal (make certain they are of adequate size or emptied frequently enough that spill over does not occur)
- Provide conveniently located dispensers of alcohol-based hand rub; and/or
- Where sinks are available, ensure that supplies for hand washing are consistently available:
  - soap
  - disposable towels, etc.

Visual alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient services instructing patients, and any friends or family who accompany them, to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette. This is most effectively done as a colorful, friendly poster.

Masking and separation of persons with respiratory symptoms

When there is an increase of respiratory infectious activity in the community, institute the following measures (this may be logistically easier to institute throughout the year):

- Provide a mask to those who are coughing.
- Procedural (ear loops) or surgical masks (ties) may be used.
- Masks should be available to fit children and adults
- If possible, designate an area in the waiting room for patients with respiratory symptoms
- If a segregated area is not available, encourage coughing patients to sit at least three feet away from others and place in a private area as soon as possible
- Consider isolating symptomatic patients from staff during triage, utilizing a plexiglass or other barrier to avoid contact with respiratory droplets
- If barriers are not present, instruct registration and Triage staff to remain at least three feet from unmasked patients and wear a mask as appropriate, especially during the respiratory infection season
- Continue to use Droplet Precautions to manage symptomatic patients until it is determined that the cause is not an infectious agent that requires precautions beyond Standard Precautions.

- Send patients home with recommendations on how to avoid spreading their infection to others. This will encourage the cultural change necessary to incorporate such courteous practices whether they are with friends, colleagues, family members or the general public. Such measures will go a long way in containing any respiratory outbreaks and instilling a culture of respiratory courtesy.

Healthcare personnel

When examining a patient with symptoms of a respiratory infection, particularly if there is a fever present, healthcare personnel should:

- Observe Droplet Precautions in addition to Standard Precautions
- Wear a surgical or procedural mask for close contact
  - Unless TB, SARS or other airborne disease requiring Airborne Precautions requiring an N-95 or greater be worn due to the small size of the infectious aerosol particle
- Maintain these precautions until it is determined that the cause of symptoms is not an infectious agent requiring that level of protection.

Vaccinations: Healthcare personnel should remain up to date on their influenza and pneumococcal vaccinations. This is extremely important for a number of reasons.

If you become ill:

- You are not there to treat patients at a time when healthcare demands are high
- You become a carrier of the infection to vulnerable patients at high risk for complications
- You become a carrier of the infection to your family