

Standard Precautions, Respiratory Hygiene, and Cough Etiquette During an Influenza Pandemic



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The SARS outbreak illustrated the critical importance of basic infection control precautions in health care facilities. Transmission of SARS in health care facilities was frequently associated with noncompliance with standard precautions. If pandemic influenza occurs, it will present a grave threat to health care workers (HCWs) and patients in health care facilities and compliance with infection control precautions will be crucial to prevent transmission of infection. Standard precautions should be the minimum level of precautions that are used in all health care facilities when providing care for patients. These precautions can protect HCWs from becoming infected. When patients are coughing or sneezing, standard precautions include the use of facial protection (nose, mouth, and eye protection). Although it has not been the practice of HCWs in many health care facilities worldwide to use this protection routinely, it is more important than ever, for this to become routine practice.

The concepts of respiratory hygiene and cough etiquette involve using source control measures to prevent patients with respiratory infections from transmitting their infection to others. These measures include asking coughing or sneezing persons to: 1) cover their mouth and nose with a tissue and dispose of used tissue in waste containers; 2) use a mask if coughing (when a mask can be tolerated); 3) perform hand hygiene (wash with soap and warm water for 15 seconds or clean hands with alcohol-based hand product if hands are not visibly soiled) after contact with respiratory secretions; and 4) to stand or sit at least 3 feet from other persons, if possible.

Words of advice

- Standard precautions should be the minimum level of precautions used when providing care for patients with acute febrile respiratory illness. Of the elements of these precautions, facial protection (eyes, nose, and mouth) and hand hygiene are the most critical and should be prioritized if resources are scarce.
- Standard precautions apply to blood; all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Hand hygiene is a critical component of standard precautions, respiratory hygiene, and cough etiquette.



Standard precaution checklist

Hand hygiene

- Clean hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves have been worn.
- Clean hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
- Perform hand hygiene by using an alcohol-based hand rub (unless hands are visibly soiled) or wash hands with soap and water.

Personal protective equipment

- Use clean nonsterile gloves when touching blood, body fluids, secretions, excretions, mucous membranes, and nonintact skin.
- Use a clean, nonsterile fluid-resistant gown to protect skin and to prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

Key health care facility recommendations for standard precautions,* respiratory hygiene, and cough etiquette†

Key elements: Standard Precautions		Respiratory hygiene and cough etiquette	
1. Hand hygiene	<ul style="list-style-type: none"> Clean hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Use soap and water or an alcohol-based hand rub immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to clean hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. 	1. Visual alerts	<ul style="list-style-type: none"> Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette. Post <i>STOP: Protect Our Patients</i> alerts to inform ill visitors not to enter healthcare facility.
2. Gloves	<ul style="list-style-type: none"> Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and clean hands immediately to avoid transfer of microorganisms to other patients or environments. 	2. Respiratory protection and cough hygiene	<p>Patients with acute febrile respiratory symptoms should:</p> <ul style="list-style-type: none"> Cover the nose and mouth when coughing/sneezing Use tissues to contain respiratory secretions and dispose of them in the nearest receptacle after use Perform hand hygiene after having contact with respiratory secretions or contaminated objects <p>Ensure the availability of materials so that patients can adhere to these measures:</p> <ul style="list-style-type: none"> Tissues and no-touch receptacles for used tissue disposal Alcohol-based hand rub and/or handwashing supplies (soap and water, clean towels)
3. Mask, eye protection, face shield	<ul style="list-style-type: none"> Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. 	3. Masking and separation of persons with respiratory symptoms	<ul style="list-style-type: none"> Offer surgical or procedure masks to persons who are coughing. When space and chair availability permit, encourage coughing persons to sit at least 3 feet away from others in common waiting areas.
4. Gown	<ul style="list-style-type: none"> Wear a gown (a clean, nonsterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments. 	4. Droplet precautions	<ul style="list-style-type: none"> Advise healthcare personnel to wear a surgical or procedure mask for close contact, in addition to standard precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires droplet precautions.

*"Guideline for isolation precautions in hospitals." CDC, at: http://www.cdc.gov/ncidod/dhqp/gl_isolation_standard.html

†"Respiratory hygiene/cough etiquette in healthcare settings." CDC, at: <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>