|  |  |
| --- | --- |
| **Initial Effective Date** | mm/dd/yyyy |
| **Most Recent Revision Date** | mm/dd/yyyy |
| **Authorized/Reviewed by** | Individual or Committee Name |
| **Standard** | 22VAC40-61-190 |

**Definition and Overview** **(define the infection control practice)**

Respiratory hygiene and cough etiquette are infection prevention measures designed to limit the transmission of all respiratory pathogens spread by droplet or airborne routes.

In this center, the use of respiratory hygiene and cough etiquette is expected by all participants, staff, visitors and volunteers to prevent the transmission of infection. The following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

**Purpose (why this policy/procedure is important)**

These infection prevention measures and strategies are meant to protect participants and staff from individuals entering the center who may have undiagnosed respiratory infections with signs and symptoms of illness. Anyone with any signs or symptoms of infection should not enter the center.

To protect participants, visitors and staff, this center promotes respiratory hygiene and cough etiquette during all care activities and when participating in and working in all locations within the center. It is the expectation that respiratory hygiene is performed routinely as part of this center’s infection prevention program.

**Responsibility (who is responsible for following this policy/procedure)**

All participants, staff, visitors, contractors and volunteers in the center are responsible for following this policy and procedure.

**Policy**

To reduce the transmission of respiratory infections, it is the policy of this center to adhere to the Centers for Disease Control and Prevention (CDC) recommendations for Respiratory Hygiene and Cough Etiquette in healthcare facilities.

**Procedure**

1. Visual Alerts
   1. Post visual alerts in appropriate languages (e.g., signage, posters) at center entrances and other strategic places within the center (e.g., common areas, dining hall), and at the center’s discretion instructing participants, visitors, volunteers and staff to:
      1. Inform management of signs and symptoms of infection prior to entering the center.
      2. Practice respiratory hygiene and cough etiquette.
   2. Follow the established procedures for masking, separation and isolation.
2. Containment of respiratory secretions for participants with signs and symptoms of respiratory infection
   1. Participants with respiratory signs and symptoms such as coughing, sneezing, congestion, rhinorrhea and/or increased secretions should:
      1. Cover the nose and mouth when coughing/sneezing with (ideally) a tissue or sleeve of clothing.
      2. After use, dispose of tissues in the nearest no touch waste receptacle.
      3. Perform hand hygiene (use soap and water or an alcohol-based hand sanitizer) after contact with respiratory secretions or any contaminated objects/surfaces. If visible secretions are evident, use soap and water.
   2. The center shall ensure the availability of the following materials, at entrances and common areas within the center (e.g., dining hall), so participants, staff and visitors can adhere to these measures.
      1. Disposable tissues
      2. Trash receptacle for disposal of tissues
      3. Hand hygiene products conveniently located and available for use (e.g., dispensers of alcohol-based hand rub, soap and disposable towels if a sink is available)
3. Masking and separation of people with respiratory secretions
   1. Anyone with a respiratory infection or is ill (have signs/symptoms of fever, chills, congestion, sore throat, newly developed cough, etc.), should not enter the center.
   2. If a staff member or visitor becomes sick while they are at the center, they will be given a mask to wear and they must leave the center immediately to prevent the transmission of communicable diseases to participants and other staff.
   3. Monitoring of participant health status upon arrival to the center and throughout the day will be completed to prevent the transmission of communicable diseases to other participants and staff.
   4. If a participant becomes ill while at the center, the participant will be provided a mask to use, then will be isolated. Their responsible party will be called to pick them up from the center. A staff member will be assigned to care for the symptomatic participant while they wait for their transportation.
   5. As noted in the participant’s care plan, some participants may not be able to follow these respiratory hygiene and cough etiquette instructions due to a medical condition, diagnosis or other contraindication.
4. Source Control
   1. Source control starts at the source (the person who has a respiratory illness), stopping germs before they can spread to others. Due to the potential for asymptomatic and pre-symptomatic transmission of respiratory illnesses (common cold, influenza, pertussis, strep, COVID-19, etc.), source control measures (when applicable) are recommended for everyone in the center. Source control can reduce the spread of Influenza, RSV, and COVID-19, etc., by someone who is infected and may have symptoms but no definitive diagnosis.
   2. Source control refers to the use of masks as a barrier to cover a person’s mouth and nose to block respiratory droplets and reduce the spread of large respiratory droplets to others. Droplets may contain microorganisms and can spread germs when a person talks, coughs or sneezes within three feet of that person.

**Guidelines, Standards, and Resources for Policy/Procedure Development**

Respiratory hygiene and cough etiquette policies and procedures should be developed using evidence-based guidelines or national standards, such as resources from CDC and VDH. The following resources could be used for developing respiratory hygiene and cough etiquette policy and procedures for your center:

* [Preventing Transmission of infectious Agents in Healthcare Settings (2007) | CDC](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html/Isolation2007.pdf)
* [Respiratory Hygiene and Cough Etiquette in Healthcare Settings | CDC](https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm)
* [Healthy Habits to Help Protect Against Flu | CDC](https://www.cdc.gov/flu/prevent/actions-prevent-flu.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fprotect%2Fhabits%2Findex.htm)
* [Posters | CDC](https://www.cdc.gov/hygiene/resources/posters.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhealthywater%2Fhygiene%2Fresources%2Fposters.html)
* [Cover Your Cough Flyer | CDC](https://www.cdc.gov/flu/pdf/freeresources/updated/Cover-Your-Cough-Flyer.pdf)
* [Stay Home From Work Poster | CDC](https://www.cdc.gov/flu/pdf/freeresources/updated/stay-home-from-work-poster.pdf)

**Notes and Recommendations**

* Centers may consider the addition of protocols to address a participant beginning to exhibit signs and symptoms of illness during their time in the center, and not previously observed.
* Consideration should be given to employee health and protocols to follow if a staff member becomes ill while at work.
* The center should consider instituting protocols for participants who have chronic respiratory conditions (not contagious) and those who have just recovered from an acute illness and/or recently been hospitalized and whether the center will require documentation indicating the participant can return to the center. Those with ongoing symptoms should be considered for evaluation by the center to determine appropriateness of contact with other participants and staff. Possibly include a protocol stating that a physician’s note, physician’s visit and/or evidence of negative testing will be required to resume participation, or if a return to the center is at the center’s discretion.
* The center should consider the provision of services to a participant who may have signs/symptoms of infection and how the center may exercise, on a case-by-case basis, the entry into the center for that participant.
* The center should consider instituting specific response guidelines on how to respond when a participant develops signs of illness while at the center, including having a designated isolation area, arranging for transportation home and expectations for pick-up timeframe, etc.
* Consider documenting education provided to participants, staff and volunteers on how to notify staff if a participant, volunteer or visitor begins having symptoms of infectious or communicable disease and the appropriate precautions that should be implemented.
* Other participant care and center operation policies and procedures should reinforce respiratory hygiene and cough etiquette as a critical step in a center’s infection prevention program.
* Additional considerations should be given by each center to the CDC guidelines for respiratory hygiene as the standard of care, while also maintaining the dignity and integrity of the center and its participants (which is not an acute care facility).
* For all staff and volunteer training, consider the use of quizzes/tests at the conclusion of training, return demonstration or teach back of content to ensure comprehension.
* Consider utilizing an auditing schedule for ongoing sustainment of this policy.
* All sources, standards, guidelines and resources should be verified annually, or more frequently as your center policy dictates, to ensure the most up to date information is provided.