



Respiratory Hygiene and Cough Etiquette Standards and Guidelines

DEFINITIONS

“Respiratory Hygiene and Cough Etiquette” – Infection prevention measures designed to limit the transmission of respiratory pathogens spread by airborne or droplet routes. These measures are considered a part of Routine Practices.

“Routine Practices” – Basic infection prevention and control practices that apply to all patient care, regardless of the patient’s suspected or confirmed infectious state, and to all settings where healthcare is delivered. These are also known as “Standard/Routine Precautions”.

“Additional/Transmission-Based Precautions” – Infection prevention practices used when Routine Practices are not sufficient to interrupt the transmission of certain organisms. They are based on the actual mode of transmission of the organism (i.e. contact, droplet, airborne). Additional precautions are implemented when a diagnosis is known or suspected.

“Droplet Precautions” – Refers to the use of facial protection (a mask in combination with goggles or, a face shield alone) to prevent transmission of pathogens spread through contact of the mouth, nose and eyes with respiratory secretions.

“Hand Hygiene” - Relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

GLOSSARY OF ACRONYMS

ARI – Acute Respiratory Infection

1. PURPOSE

- 1.1. There is significant risk of transmission of ARIs to patients and to health care providers in all health care settings. This is due to the large number of people that come and go to these settings, and the ease with which droplet-spread respiratory illnesses can pass from one to another.

This document is intended to provide guidance on practices that reduce the risk of transmission of micro-organisms from patient to patient, patient to health care worker and health care worker to patients. It is not intended to replace that which is available in other resources endorsed by the SCPP such as NAPRA standards.

2. STANDARDS OF PRACTICE

- 2.1. Pharmacists are expected to respond to safety risks in accordance with the Safety and Quality standards described in [NAPRA Model Standards of Practice](#).

- 2.2. Pharmacists involved in compounding are also expected to comply with the standards described in [NAPRA's Model Standards For Compounding](#) including, but not limited to:
 - 2.2.1. The compounding supervisor is to be notified if the compounder has an active respiratory tract infection to determine the person's fitness to carry out compounding activities or to identify specific protective measures that should be taken to avoid contamination of the product.

3. POLICIES

All pharmacies must implement the following:

- 3.1. Respiratory Hygiene and Cough Etiquette procedures must be implemented at the first point of contact or recognition of any patient or staff member displaying respiratory symptoms such as, coughing, sneezing, congestion, rhinorrhea or increased secretions.
- 3.2. Staff must instruct patients and visitors of the pharmacy on the respiratory hygiene and cough etiquette procedure.

4. ROUTINE PRACTICES

Except in extraordinary circumstances, such as supply shortages, all pharmacies must implement the following:

- 4.1. Post signs (in appropriate languages) at entrances to the pharmacy with instructions to patients with symptoms of respiratory infection, and persons who accompany them, to:
 - 4.1.1. Cover their mouths/noses when coughing or sneezing;
 - 4.1.2. Use and dispose of tissues in the nearest possible waste receptacle;
 - 4.1.3. Perform hand hygiene after hands have been in contact with respiratory secretions. See SCPP's [Hand Hygiene Standards and Guidelines](#).
- 4.2. Provide tissues and no-touch receptacles for disposal of tissues;
- 4.3. Provide resources for performing hand hygiene in or near waiting areas and at the pharmacy entrance;
- 4.4. Offer procedural masks (i.e. with ear loops) or surgical masks (i.e. with ties) to coughing patients, and those accompanying them, upon entry to the pharmacy. This must be done, **at a minimum**, during periods of increased respiratory infection activity in the community;
- 4.5. Provide space and encourage persons with symptoms of respiratory infections to sit as far away from others as possible (at least 1 – 2 metres);
- 4.6. Pharmacy staff should observe droplet precautions (i.e. wear a surgical/procedural mask in combination with eye protection or a face shield) and perform hand hygiene when caring for patients with signs and symptoms of a respiratory infection;

Adequate Eye Protection

Personal eyeglasses and contact lenses are NOT considered adequate eye protection

- 4.7. Pharmacy staff who have a respiratory infection should avoid direct patient contact, especially with high-risk patients. If this is not possible, then a mask must be worn while providing care.

Use of N95 Respirators:

N95 respirators protect against diseases transmitted by the **airborne route** and are **NOT** to be used as a part of routine respiratory hygiene and cough etiquette procedures. Apart from tuberculosis, measles and chickenpox, few diseases are known to be transmitted person-to-person by the airborne route.

The Centers for Disease Control and Prevention has a [list of additional precautions required for various diseases](#).

Extraordinary Circumstances

Note: the above statements are for routine practices only. In the event of a pandemic or other declared emergency direction will be provided from other expert sources such as the Saskatchewan Health Authority and the Ministry of Health.

5. RELATED RESOURCES

- 5.1. Centers for Disease Control – [Healthcare-Associated Infections Outpatient Care Guide](#)
- 5.2. Appendix C: Sample Signage for Passive Case Finding of ARI at Entrance to Health Care Facilities as found in Ontario Agency for Health Protection and Promotion's [Annex B – Best Practices for Prevention of Transmission of Acute Respiratory Infection](#)

6. REFERENCES

- 6.1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Available at: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- 6.2. Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Annex B – Best Practices for Prevention of Transmission of Acute Respiratory Infection. Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen's Printer for Ontario; 2013. Available at: <https://www.publichealthontario.ca/-/media/documents/bp-prevention-transmission-ari.pdf?la=en>

- 6.3. Ontario College of Pharmacists. Infection Control for Regulated Professionals, 2013. Available at: <https://www.ocpinfo.com/library/practice-related/download/Infection%20Control%20for%20Regulated%20Health%20Professionals.pdf>

Saskatchewan Health Authority, Former Saskatoon Health Region (IP & C) Policies. Respiratory Hygiene and Cough Etiquette, 2008. Available at: <https://www.saskatoonhealthregion.ca/about/Pages/Policies-IPC.aspx>