

The New Febrile Respiratory Illness Guidelines: Protecting Patients and Staff Part 2: Implementing Droplet/Contact Precautions

As you may recall from the previous instalment, The New Febrile Respiratory Illness Guidelines, released in 2005, are being reviewed in our Network Newsletters throughout the winter and spring.

In the December 2005 Newsletter, we discussed **Case Finding**, and a few comments were made regarding Droplet and Contact Precautions. This Newsletter will focus on implementation of the precautions.

What are Droplet/Contact precautions?

Droplet/Contact Precautions include the concepts of protecting the mucous membranes of the health care provider as well as avoiding hand contamination. This means that persons who are within a one-meter radius of the patient should be wearing both a mask and protective eyewear as well as considering use of gloves and gowns, and always using good hand hygiene practices.

What kind of mask is needed?

A surgical or procedure mask that covers the mouth and nose is the appropriate choice. The mask should last for at least 45 minutes without becoming saturated. Any mask that is wet or torn or previously used should be discarded, and a new mask selected. An N95 or high filtration respirator is not needed for droplet/contact precautions.

Are my normal prescription glasses adequate for eye protection?

No. To be effective, eye protection must provide a barrier to splashes from the side. Safety glasses or face shields are both excellent choices. If either of these are re-usable, a process for safely transporting them and ensuring disinfection of the items must be established.

Do I always have to wear gloves and gowns?

Gowns should be worn if you are doing a procedure that will likely result in your clothes becoming contaminated. This is the same thinking we use for Routine practices. Gloves should be worn whenever you are likely to have contact with body fluids or contaminated surfaces. Keep in mind that most respiratory viruses can live for varying periods of time on inanimate surfaces, and contaminated surfaces allow an effective means of transmission to new host. So, glove use around a patient with a febrile respiratory illness is often a good idea. Whether gloves are worn or not, be sure to clean your hands well after contact with all patients. That way, any virus that has found its way onto your hands may be foiled from finding its way to your eye, nose or mouth, and causing infection.

Can I use alcohol based hand products to clean my hands when I care for patients with FRI?

Absolutely. Unless the hands are soiled with protein materials (blood, saliva etcetera), alcohol products are very good alternatives to soap and water. Soap and water are needed if there is soiling of the hands.

Why is there so much emphasis on the one-meter rule?

Transmission via large droplets requires close contact (within one meter or less) between the source patient and the susceptible individual. Droplets (due to their large size) do not remain suspended in air and travel short distances – one meter or less. Thus, Droplet Precautions require the use of a standard surgical mask within one meter of the patient. However, it is prudent to wear a mask upon entering the room of a patient on Droplet Precautions to avoid any inadvertent exposure.

How does the new focus on “Respiratory Etiquette” impact my need to use Precautions?

Respiratory Etiquette includes the following actions:

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle;
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.

Patients who are sick with *any* respiratory illness should be encouraged to follow these guidelines as much as possible. In health care settings, we might encourage the patient to wear a procedure mask to assist in capturing secretions from the nose and mouth. All of these actions will help to limit the environmental contamination, and limit opportunities for direct transmission to others. In an outpatient setting, with less prolonged exposure of the environment, these practices will help in limiting contamination of the patient’s immediate environment, protecting others in close proximity. In an in-patient or home setting, with prolonged exposure to the patient, the environmental contamination is likely to be considerable. In all cases, if an unmasked patient has a febrile respiratory illness, and the caregiver is within one meter, the use of eye protection and masks by the caregiver is still recommended.

How do I safely remove all the equipment?

The recommended process to remove the equipment is as follows:

- Remove gloves carefully and discard in a garbage receptacle; then remove gown (if one is worn) and discard in a linen hamper. Hand hygiene should be performed at this point.
- Remove eye protection and mask, and appropriately discard; then perform hand hygiene as a final act.

At all times, care must be taken to avoid self-contamination. If health care providers believe their hands have become contaminated during any stage of equipment removal, they should stop and perform hand hygiene before proceeding further.

Where can I get a copy of the guidelines?

The guidelines are available on the MOHLTC website at: http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_fri.html and can be downloaded in portable document format (pdf) using an Adobe Acrobat reader.

YOUR CIGN STEERING COMMITTEE:

Chairperson: Sandra Keon

Sandra Keon is currently Vice-President, Clinical Programs and Chief Nursing Officer at the Pembroke Regional Hospital Inc., a mid-sized community hospital. She has held this position since 1995. Ambulatory Care, Clinical Inpatient and Outpatient Programs and Services all report to this position. Sandra is responsible for Risk management and Quality Management at the Hospital. Sandra was also the Chair of the Board of Directors for the Catholic Health Association of Canada during 2003-2005.

Her last position was with Algonquin College, Pembroke, where, for eight years she was Academic Chair and Manager of the Health Social Sciences Division including Continuing Education.



EDUCATIONAL EVENTS

CHICA conference:

The Community and Hospital Infection Control Association is hosting its annual conference entitled "Bridging Global Partnerships" in London, Ontario from May 6-10 2006. Further information can be found at <http://www.chica.org/>.

Healthcare Facility Design and Construction Symposium (First Annual)

February 16, 2006 in the Vaughan Estate, The Estates of Sunnybrook, 2075 Bayview Avenue, Toronto. Cost \$30.

Contact: maja.mcguire@sw.ca

Working the Bugs Out: Don't Be Scared, Be Prepared!

Sponsored by the Northwestern Ontario Professional Infection Control (a Chapter of CHICA –Canada). June 6 & 7, 2006. Thunder Bay, Ontario. Cost \$75. Further information from Pat Piaskowski at 1-866-706-7426.

ICP Funding & Education

With the MOHLTC funding additional ICPs for 2004-2005 and 2005-2006 we will be seeing more new ICPs whom are in need of training and mentoring. There are currently 3 Canadian basic infection control training programs available through web-based learning: (see www.chica.org under education)

Centennial College
Queens University
University of British Columbia
University of Calgary
(<http://www.chica.org/pdf/ICcourse2005.pdf>)

(Nurse) ICP Financial Support

Do you know about RNFOO? The Registered Nurses Foundation of Ontario's SARS Memorial Fund for Infection Control Practitioners provides an application process for reimbursement of formal ICP Education Programs, CHICA-Conferences and successful Certification/Re-certification costs. Follow this link to more information and the application form <http://www.rnfoo.org/AwardsScholarships/SARSMemorialFund.htm>

UPCOMING NEWSLETTER TOPICS

- Dissecting the New FRI Guidelines: High Risk Procedures
- Influenza Season and Information on Influenza Vaccinations for 2005-2006
- Norovirus News
- A Report on Pandemic Influenza

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