

# Module 3, Session 2: Respiratory Hygiene

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## Preparation Checklist

### Materials Required for this Session:

- Facility Trainer Binder with Module 3, Session 2
- Facility-specific material: policies and procedures (P&Ps) relevant to the session including those related to respiratory hygiene/cough etiquette
- Copy of facility's most recently completed *CDC Infection Control Assessment and Response (ICAR) tool: Domain V*
- Facility Trainer Attendance Log* (provided in Session Appendix)
- Facility Trainer Assessment Tracker* (provided in Session Appendix):
- Participant Notebooks** with Module 3 Session 2 handouts (provided in Session Appendix):
  - *Respiratory Hygiene Pre-Session Assessment*
  - *Respiratory Hygiene Post-Session Assessment*
  - *Module 3, Session 2: Participant Resources*
  - *Session Follow-Up Task list*
- Flip chart/ white board and markers
- Blank name tags/tents and markers
- Extra pens

### Resources used for this session:

- Centers for Disease Control and Prevention (CDC) Respiratory Hygiene/Cough Etiquette in Healthcare Settings
  - <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- CDC Cover Your Cough
  - <http://www.cdc.gov/flu/protect/covercough.htm>
- CDC Hand Hygiene in Healthcare Settings: Promotional Materials
  - <http://www.cdc.gov/handhygiene/campaign/promotional.html>
- CDC Clean Hands Count Campaign
  - <http://www.cdc.gov/handhygiene/campaign/index.html>
- Agency for Healthcare Research and Quality (AHRQ) End-Stage Renal Disease (ESRD) Toolkit Modules: Patient and Family Engagement PowerPoint
  - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html>
- CDC Dialysis Safety: Patient Information
  - <http://www.cdc.gov/dialysis/patient/index.html>

### Preparing for the Session:

Before the Facility Trainer begins this session, the following task should be completed:

- Notify participants about the session, at least two weeks prior, include the location, date, and time of the session.

- Assemble Module 3, Session 2 handouts for participants to add to their **Participant Notebook**.
- Assemble P&Ps needed for review.
- Make copies of recent ICAR Domain V, and highlight areas with gaps in policy, to be added to the **Participant Notebook**.
- Set up the classroom with handouts and blank name tags at each participant's place.
- Have the Facility Trainer's binder ready before beginning the session.

**Tasks to be done as participants arrive:**

- Ask participants to sign the *Facility Trainer Attendance Log*.
- Give each participant Module 3, Session 2 handouts to be inserted into their **Participant Notebook**.
- Prompt participants to complete the *Pre-Session Assessment*.

**Tasks to be done after completion of the session:**

- Write notes about the session on the "Notes and Homework" page. Include: which policies need to be developed or updated and any action plans that were developed and require follow-up.
- Complete the *Facility Trainer Assessment Tracker* with Pre- and Post-Session Assessment scores.
- Address areas of concern, successes, questions, need for follow-up, staff members to check in with, etc.

## Facility Trainer Brief

### *Learning Objectives*

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At the close of Module 3, Session 2 the participants will be able to:

- Understand the importance of patient education in the transmission of infection.
- Evaluate the facility's respiratory hygiene interventions.
- Identify key interventions to practice optimal respiratory hygiene.

### *Module 3, Session 2: Overview*

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This session focuses on respiratory hygiene and cough etiquette, Domain V of the Infection Control Assessment and Response (ICAR) tool, which provides suggestions to healthcare facilities for decreasing the risk of infection. Participants will review Domain V of their facility's most recent ICAR assessment and discuss prevention of disease transmission as it relates to respiratory hygiene. The trainer will review the importance of patient engagement and their role in infection control and lead a discussion about the facilities current practices as well as any areas that need improvement. Participants will understand how to locate important CDC tools for utilization at the facility and for patient education.

## **Module 3, Session 2 is divided into these four parts:**

### **Part 1: Introduction (5 minutes)**

Participants will take the *Pre-Session Assessment* to assess their current knowledge. During this section, the Facility Trainer will introduce and identify the objectives of the session.

### **Part 2: Four Key Elements (5 minutes)**

The Facility Trainer will lead the participants through a discussion about the four important practices that should be implemented at the facility in order to reduce respiratory illness to staff and patients. These practices include visual alerts, cough etiquette, the use of masks and separation of symptomatic patients, and the initiation of droplet precautions for patients with signs of respiratory illness.

### **Part 3: Patient Engagement (5 minutes)**

The Facility Trainer will reinforce the importance of patient education in the facility's infection control program. Participants will engage in a discussion about patient engagement and new techniques to implement into their practice. The Facility Trainer and participants will review the facility's most recent ICAR Domain V and facility practices. The Facility Trainer summarizes the AHRQ ESRD Toolkit: Patient and Family Engagement and leads a discussion on improving patient education at the facility and available resources.

### **Part 4: Wrap-Up and To-Do List (5 minutes)**

The Facility Trainer will summarize the session, reinforce the key messages, emphasize the impact of respiratory hygiene, and open the floor for questions and discussion. Participants will complete a *Post-Session Assessment*.

## **Key messages**

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These are the key messages for this session. They should be reinforced from time to time throughout this program.

- Facility Staff and patients need to take an active role in respiratory hygiene to decrease the transmission of infections.
- Proper respiratory hygiene at the facility includes signs and posters, cough etiquette, masking and separation of symptomatic patients, and implementing droplet precautions for those with signs of respiratory infection.
- Patient education and encouragement plays a large role in respiratory hygiene at the facility and also in the safety of patients and staff.

# Classroom Presentation

## Part 1: Introduction

Estimated Time: 5 Minutes

| Welcome!   | Notes |
|--|-------|
| <p>As participants arrive, <b>have them complete a <i>Pre-Session Assessment</i> and sign into the <i>Facility Trainer Attendance Log</i>.</b></p> <p><b>Welcome</b> participants to the training session.</p> <p> <b>Present:</b> Welcome to <i>Module 3, Session 2: Respiratory Hygiene (Cover that Cough!)</i>, a part of the infection control program. During this session, we will discuss how respiratory hygiene affects our infection control. We will also discuss best practice recommendations from the CDC, what is happening at our facility, and the role of patient involvement in respiratory hygiene and infection control.</p> <p> <b>Ask</b> participants to introduce themselves by stating their name, position in the facility, and goals for attending. Encourage participation of all attendees.</p> |       |
| Objectives   | Notes |
| <p> <b>Present:</b> Before we begin, I will highlight the key messages we will address throughout the session, they are important to keep in mind during the session as you implement what you have learned into your practice:</p> <ul style="list-style-type: none"> <li>• Staff and patients need to take an active role in respiratory hygiene to decrease the transmission of infections.</li> <li>• Proper respiratory hygiene at the facility includes signs and posters, cough etiquette, masking and separation of symptomatic patients, and implementing droplet precautions for those with signs of respiratory infection.</li> <li>• Patient education and encouragement plays a large role in respiratory hygiene at the facility and also in the safety of patients and staff.</li> </ul>   |       |



**Ask:** Before we move on, does anyone have any questions about the goals of this session?

**Part 2: Four Key Elements**

**Estimated Time: 5 Minutes**

**Introduction**

**Notes**



**Refer** participants to CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings  
<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

Facility-specific completed Domain V and P&Ps related to respiratory hygiene



**Present:** In an attempt to prevent the transmission of all respiratory infections in the facility, there are four measures that should be implemented at the initial point of contact with a potentially infected individual. For dialysis patients, this applies each time they come in for treatment, as respiratory infections can develop between treatments.



**Ask:** Do we evaluate patients at each treatment? Does evaluation for infected persons occur in the waiting area or upon entry to the treatment floor?



**Open Responses**

**1-Visual Alerts**

**Notes**



**Present:** Visual alerts such signs and posters should be posted at the entrance to the facility. Signs should be in the appropriate languages for the area and should educate patients and their guests to:

1. Notify healthcare personnel of any signs or symptoms of respiratory infection; and
2. Practice respiratory hygiene and appropriate cough etiquette for the protection of staff and patients.



**Ask:** Do we have appropriate signage at the entrance of the facility? Are there signs in the waiting room? Are their signs in the treatment area?



**Open Responses**

| Notes to the Facility Trainer   |  |
|---|--|
|  | Printable resources and signs for display are available on the CDC Website, examples include: <ul style="list-style-type: none"> <li>• CDC Cover Your Cough</li> </ul> <a href="http://www.cdc.gov/flu/protect/covercough.htm">http://www.cdc.gov/flu/protect/covercough.htm</a> |

## 2-Respiratory Hygiene/Cough Etiquette



**Present:** A vital aspect of infection control is containing any respiratory secretions, as such, all individuals should always take the following precautions:

- When coughing and/or sneezing cover the mouth and nose with a tissue;
- Immediately dispose of the tissue in the nearest waste container; and
- After contact with respiratory secretions or contaminated objects (this includes tissues), perform hand hygiene.

In order to comply with these recommendations, the appropriate supplies must be readily available in treatment and patient waiting areas. Supplies include:

- Tissues,
- No touch waste containers, and
- Hand hygiene supplies: alcohol-based hand rubs (ABHR) or sinks with all the necessary supplies (running water, soap, disposable towels, waste container for used towels).



**Ask:** Does the facility have the appropriate supplies? Are the patients and staff regularly performing respiratory hygiene?



**Open Responses**

|   |   |
|---|---|
|  | <b>Notes to the Facility Trainer</b>  |
|   | <p>If there are inconsistencies in patient engagement, consider spending more time on Part 3: Patient Engagement.</p> <p>Printable resources and signs for display are available on the CDC Website, examples include:</p> <ul style="list-style-type: none"> <li>• CDC Cover Your Cough<br/><a href="http://www.cdc.gov/flu/protect/covercough.htm">http://www.cdc.gov/flu/protect/covercough.htm</a></li> <li>• CDC Hand Hygiene in Healthcare Settings: Promotional Materials<br/><a href="http://www.cdc.gov/handhygiene/campaign/promotional.html">http://www.cdc.gov/handhygiene/campaign/promotional.html</a></li> </ul> |

### 3-Masking and Separation of Persons with Respiratory Symptoms

 **Present:** When patients are symptomatic there are some additional precautions the facility should take. Those with signs and symptoms of respiratory infection should be offered a mask to contain their secretions. Additionally, these individuals should be separated from the general patient population. While three feet is recommended for general healthcare settings, droplets have been shown to travel up to six feet. Therefore, if the facility has the ability, symptomatic patients should be separated from other patients by at least 6 feet.

 **Ask:** Do we routinely offer and encourage patients to wear a mask? Do we have the ability to separate symptomatic patients? If yes, do we routinely separate symptomatic patients?

 **Open Responses**

|   |  |
|---|--|
|  | <b>Notes to the Facility Trainer</b>   |
|   | <p>There are often environmental constraints in the dialysis facility due to lack of space. Brainstorm with participant's ways in which symptomatic patients can have increased distance from other patients. Often, the facilities can accommodate to moving one or two stations further from the general population. This is in the best interest of the facility and the infection control program.</p> |

#### 4- Droplet Precautions



**Present:** While it is not common practice to initiate various forms of precautions in the dialysis setting, droplet precautions, in addition to standard precautions, should be observed with patients who show signs or symptoms of respiratory infection, especially in patients with an elevated temperature. Wearing a surgical or procedural mask anytime one is in close proximity to the patient is sufficient droplet precaution. This extra step should be taken until it is positively determined the cause of the symptoms is not an infectious agent that requires droplet precautions.



**Ask:** Does the facility routinely initiate droplet precautions for potentially infected patients?



#### Open Responses

| Notes to the Facility Trainer |  |
|-------------------------------|--|
|                               | <p>Be prepared to receive some pushback as staff already utilizes Personal Protective Equipment (PPE) more than other healthcare settings. Help guide the conversation towards positive results (i.e., one extra step that could potentially protect the spread of illness to other patients, staff and family members).</p> |

### Part 3: Patient Engagement

Estimated Time: 10 Minutes

| Our patients are at risk   | Notes |
|--|-------|
| <div data-bbox="188 1535 256 1606" data-label="Image"> </div> <p><b>Refer</b> participants to AHRQ ESRD Toolkit Modules: Patient and Family Engagement PowerPoint<br/> <a href="http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html">http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html</a></p> <div data-bbox="188 1791 256 1858" data-label="Image"> </div> <p><b>Present:</b> Involving patients and family in their care is not only important to quality patient care, but can also contribute to better</p> |       |

infection control. As patients understand the impact of their actions and those around them, they become aware and can participate in our efforts to reduce infections.



**Ask:** Are our patients engaged in their care? Do they understand the impact their behaviors can have on their care or other patients care? Have they been adequately educated on signs and symptoms of respiratory infection and on preventing the transmission of diseases?



**Open Responses**



**Present:** There are always barriers that impede patient engagement and retention of education. These include:

- Variability between patients: including support systems, cognitive functioning, and physical capacity,
- Time – the facility is always under strict time constraints however, time is vital to adequately involve and educate patients, and
- Ownership of patient engagement and education – sometimes it is unclear who has this responsibility (i.e., nurse, social worker, manager, etc.).



**Ask:** How can we overcome these barriers?



**Open Responses**



**Present:** Consider using some of the resources provided by CDC:



**Refer** participants to these available resources:

- CDC Cover Your Cough  
<http://www.cdc.gov/flu/protect/covercough.htm>
- CDC Hand Hygiene in Healthcare Settings: Promotional Materials (Patients clean hands count brochure)  
<http://www.cdc.gov/handhygiene/campaign/promotional.html>
- CDC Dialysis Safety: Patient Information  
<http://www.cdc.gov/dialysis/patient/index.html>

|  |                                      |  |
|--|--------------------------------------|--|
|  | <b>Notes to the Facility Trainer</b> | Consider utilizing these materials in educating patients and working with a team to brainstorm ways to engage, educate, and remind patients of ways they can maintain respiratory hygiene and help decrease the spread of infection. |
|--|--------------------------------------|--|

#### Part 4: Wrap Up and To-Do List

Estimated Time: 5 Minutes

| To-Do   | Notes   |
|---------|---|
|         | <p><b>Present:</b> Respiratory hygiene and cough etiquette is the responsibility of patients, staff, and family alike. Through proper respiratory hygiene, we can reduce the spread of germs and improve infection control at the facility. An important aspect of respiratory hygiene is patient engagement and education. We have discussed some resources to use and implement at the facility, including patient-targeted signs.</p>  |
|         | <p><b>Ask:</b> Does anyone have any questions regarding the content of this session or action plan moving forward?</p>  |
|         | <p><b>Open Responses</b></p>  |
| Closing | Notes   |
|         | <p><b>Present and Summarize</b> key points:</p> <ul style="list-style-type: none"> <li>• Staff and patients need to take an active role in respiratory hygiene to decrease the transmission of infections.</li> <li>• Proper respiratory hygiene at the facility includes signs and posters, cough etiquette, masking and separation of symptomatic patients, and implementing droplet precautions for those with signs of respiratory infection.</li> <li>• Patient education and encouragement plays a large role in respiratory hygiene at the facility and also in the safety of patients and staff.</li> </ul> |
|         | <p><b>Address</b> questions or concerns.</p>  |



**Present:** Thank you all for coming and for your continuing commitment to the facility and to the infection control program. Please take the *Post-Session Assessment* before leaving.



**Refer** participants to the *Respiratory Hygiene Post-Session Assessment*– have each participant complete the *Post-Session Assessment* and turn it into the Facility Trainer.

**Dismiss** the group.

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## *Session Appendix*

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- *Facility Trainer Attendance Log*
- *Facility Trainer Assessment Tracker*
- *Respiratory Hygiene Pre-Session Assessment*
- *Respiratory Hygiene Post-Session Assessment*
- *Module 3, Session 2: Participant Resources*
- *Session Follow-Up Task List*





# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 2

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### Respiratory Hygiene Pre-Assessment

|                          |  |
|--------------------------|--|
| <b>Date:</b>             |  |
| <b>Participant Name:</b> |  |
| <b>Facility:</b>         |  |

1. Facility staff and patients need to take an active role in respiratory hygiene to decrease the transmission of infections.
  - a. True
  - b. False
2. There are measures that the facility should take to improve the facility's respiratory hygiene practice: (select all that apply)
  - a. Visual alerts such as signs and posters
  - b. Cough etiquette including containing secretions and hand hygiene
  - c. Masking and separation of persons with respiratory symptoms
  - d. Initiation of droplet precautions to patients suspected of having respiratory symptoms, such as the flu
3. There are many barriers to appropriate patient education of respiratory hygiene, some of these barriers include: (select all that apply)
  - a. Variability between patients
  - b. Time constraints
  - c. Unclear roles – the responsibility of patient engagement and education is undefined at the facility
  - d. None of the above
4. In order for patients and staff to practice proper cough etiquette the facility must make appropriate supplies available: (select all that apply)
  - a. Tissues
  - b. No touch waste containers
  - c. Gloves
  - d. Hand hygiene supplies
5. I understand the CDC recommendations for respiratory hygiene and cough etiquette and how to find and utilize CDC resources for recommendations and patient education.
  - a. Strongly Disagree
  - b. Disagree
  - c. Neither Disagree nor agree
  - d. Agree
  - e. Strongly Agree

# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 2

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### Respiratory Hygiene Post-Assessment

|                          |  |
|--------------------------|--|
| <b>Date:</b>             |  |
| <b>Participant Name:</b> |  |
| <b>Facility:</b>         |  |

1. Facility staff and patients need to take an active role in respiratory hygiene to decrease the transmission of infections.
  - a. True
  - b. False
2. There are measures that the facility should take to improve the facility's respiratory hygiene practice: (select all that apply)
  - a. Visual alerts such as signs and posters
  - b. Cough etiquette including containing secretions and hand hygiene
  - c. Masking and separation of persons with respiratory symptoms
  - d. Initiation of droplet precautions to patients suspected of having respiratory symptoms, such as the flu
3. There are many barriers to appropriate patient education of respiratory hygiene, some of these barriers include: (select all that apply)
  - a. Variability between patients
  - b. Time constraints
  - c. Unclear roles – the responsibility of patient engagement and education is undefined at the facility
  - d. None of the above
4. In order for patients and staff to practice proper cough etiquette the facility must make appropriate supplies available: (select all that apply)
  - a. Tissues
  - b. No touch waste containers
  - c. Gloves
  - d. Hand hygiene supplies
5. I understand the CDC recommendations for respiratory hygiene and cough etiquette and how to find and utilize CDC resources for recommendations and patient education.
  - a. Strongly Disagree
  - b. Disagree
  - c. Neither Disagree nor agree
  - d. Agree
  - e. Strongly Agree

# Infection Control in Hemodialysis Training Curriculum: Module 3, Session 2

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## Participant Resources

|                          |  |
|--------------------------|--|
| <b>Date:</b>             |  |
| <b>Participant Name:</b> |  |
| <b>Facility:</b>         |  |

- Centers for Disease Control and Prevention (CDC) Respiratory Hygiene/Cough Etiquette in Healthcare Settings
  - <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
- CDC Cover Your Cough
  - <http://www.cdc.gov/flu/protect/covercough.htm>
- CDC Hand Hygiene in Healthcare Settings: Promotional Materials
  - <http://www.cdc.gov/handhygiene/campaign/promotional.html>
- CDC Clean Hands Count Campaign
  - <http://www.cdc.gov/handhygiene/campaign/index.html>
- Agency for Healthcare Research and Quality (AHRQ) End-Stage Renal Disease (ESRD) Toolkit Modules: Patient and Family Engagement PowerPoint
  - <http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/esrd/esrdpatfamengage.html>
- CDC Dialysis Safety: Patient Information
  - <http://www.cdc.gov/dialysis/patient/index.html>

# Infection Control in Hemodialysis

## Training Curriculum: Module 3, Session 2

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### Session Follow- Up Task List

|                          |  |
|--------------------------|--|
| <b>Date:</b>             |  |
| <b>Participant Name:</b> |  |
| <b>Facility:</b>         |  |

#### Personal To-Do Items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Facility-Wide To-Do Items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

#### Additional Comments:

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