

Respiratory hygiene and cough etiquette, ambulatory care

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■ Introduction

Influenza and other serious respiratory illnesses, such as respiratory syncytial virus infection, whooping cough, and severe acute respiratory syndrome, are spread through respiratory droplet transmission when a person coughs, sneezes, or talks.¹ Respiratory hygiene and cough etiquette are elements of standard precautions that staff should implement at the first point of contact with a potentially infected person to prevent the transmission of respiratory infections.

Staff should post visual alerts at the entrances to outpatient facilities that instruct patients and those who accompany them to inform health care personnel if they have any signs or symptoms of a respiratory infection (such as cough, congestion, rhinorrhea, or increased production of respiratory secretions) when they first register for care.^{2 3} These visual alerts should also review the use of respiratory hygiene and cough etiquette, including the need to cover the mouth and nose with a tissue when coughing or sneezing, dispose of used tissues promptly in the nearest waste receptacle, and perform hand hygiene after having contact with respiratory secretions or contaminated objects.^{2 3} When increased respiratory infection activity is present in the community, facility staff should offer masks to individuals who are coughing. Moreover, when space and chair availability permit, facility staff should encourage individuals who are coughing to sit at least 3 feet (0.9 m) away from others in a common waiting room.²

◆ **Clinical alert:** For information on Coronavirus disease (COVID-19), please refer to the latest recommendations from the CDC, located at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fhcp%252Finfection-control.html, when caring for a patient with known or suspected Coronavirus disease.◆

■ Equipment

- Visual alerts (in appropriate languages for the facility's patient population)
- Tissues
- Masks
- Alcohol-based hand rub
- Soap
- Warm water
- Paper towels
- No-touch receptacles

■ Preparation of Equipment

Place visual alerts (in appropriate languages) at the entrance of the facility that instruct patients and those who accompany them to inform staff if they have any signs or symptoms of a respiratory infection when they first register for care.² Make tissues, masks, no-touch receptacles, and alcohol-based hand rub available by the facility entrance, at the front desk, and in the waiting area.

■ Implementation

At the point of entry into the ambulatory care setting

- When the patient registers for care, ask if the patient has any signs or symptoms of a respiratory infection.²
- Instruct a patient who has signs or symptoms of a respiratory infection to cover the mouth and nose with a tissue when coughing or sneezing.²
- Instruct the patient to use the nearest waste receptacle to dispose of each tissue after use.^{2 3}
- Instruct the patient to perform hand hygiene after contact with respiratory secretions *because hand hygiene is one of the most effective ways to prevent the spread of infection.*^{2 3}
- Offer the patient a mask, if needed. Show the patient how to put on the mask and explain the importance of wearing it to contain respiratory secretions and prevent the spread of infectious droplets when the patient coughs or sneezes.^{2 3}
- If space and chair availability permit, encourage the patient to sit at least 3 feet (0.9 m) away from others in the waiting area.^{2 3}

At the point of care in the ambulatory care setting

- Perform hand hygiene.^{4 5 6 7 8}
- If the patient is wearing a mask, assess tolerance of the mask. If the patient can't tolerate it, put on a mask and then instruct the patient to remove the mask.
- Reinforce the importance of covering the mouth and nose with a tissue when coughing or sneezing, promptly disposing of the used tissue in the nearest waste receptacle, and then performing hand hygiene.^{1 2 3}
- Instruct the patient to cough or sneeze into the patient's upper sleeve or elbow, and not into the hands, if the patient doesn't have a tissue.
- Instruct the patient to wash hands often using soap and warm water for 20 seconds and then to dry them with a paper towel.
Instruct the patient to use an alcohol-based hand rub, if soap and water aren't available.⁹ Explain that practicing hand hygiene is one of the most effective ways to prevent the spread of infection.
- Instruct the patient to avoid touching the eyes, nose, and mouth.¹
- Advise the patient to stay home while sick *to protect others from contracting the infection through contact or droplet transmission.*¹
- Remove and discard your mask, if worn.
- Perform hand hygiene.^{4 5 6 7 8}

At the point of exit from the ambulatory care setting

- Reinforce respiratory hygiene and cough etiquette practices with the patient and family.^{1 2 3}
- Reinforce to the patient the importance of performing hand hygiene *to prevent the spread of infection.*³
- Perform hand hygiene.^{4 5 6 7 8}
- Document the procedure.^{10 11 12}

Special Considerations

- For patients who present with a cough that has persisted for 3 weeks or longer or is worsening; those who are coughing up blood; and those who have fever, night chills, and weight loss, consider tuberculosis screening and provide airborne precautions.¹³

Patient Teaching

Teach the patient about other good health habits:¹

- Avoid close contact with people who are sick.
- Clean and disinfect frequently touched surfaces at home, work, and school.
- Get plenty of sleep.
- Be physically active.
- Manage stress.
- Drink plenty of fluids.
- Eat nutritious foods.

Complications

Failure to properly follow respiratory hygiene and cough etiquette practices can lead to infection transmission. Claustrophobia can occur in some patients who are asked to put on a mask.

Documentation

Document any teaching provided to the patient and family (if applicable), their understanding of that teaching, and any need for follow-up teaching. Document the patient's compliance with respiratory hygiene and cough etiquette practices.

This procedure has been co-developed and reviewed by the American Academy of Ambulatory Care Nursing.



Related Procedures

- [Metered-dose inhaler use](#)
- [Metered-dose inhaler use with an artificial airway, pediatric](#)
- [Metered-dose inhaler with spacer or valved holding chamber use, pediatric](#)
- [Mucus clearance device](#)
- [Mucus clearance, positive expiratory pressure, respiratory therapy](#)

References

[\(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions\)](#)

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Additional References

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Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I: Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from well-designed RCTs

Level III: Evidence obtained from well-designed controlled trials without randomization

Level IV: Evidence from well-designed case-control and cohort studies

Level V: Evidence from systematic reviews of descriptive and qualitative studies

Level VI: Evidence from single descriptive or qualitative studies

Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Helfand, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.