Dialysis Assessment and Response Tool (DART) for Infection Prevention and Control

Precautions for Respiratory Infections

This form is intended to aid a DART facilitator in the review of a dialysis facility's use of precautions for respiratory infections in non-clinical and clinical areas (Part A). Additionally, questions are included to guide observations of facility/healthcare personnel (HCP) practices (Part B).

Part A. Precautions for Respiratory Infections Interview Questions

1. Describe how the facility identifies potentially infectious persons at initial points of patient encounter and determines the need for respiratory hygiene/precautions.

Rationale:

"Develop and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, personal protective equipment [PPE]) of potentially infectious persons at initial points of patient encounter in outpatient settings (e.g., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to hospitals and long-term care facilities." I.B.9.

Source: Guideline for Isolation Precautions, page 78: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf

2. During dialysis treatment, does the facility separate patients with known or suspected acute respiratory infections from other patients and their stations?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

If YES,

2a. Describe how patients with known or suspected acute respiratory infections are separated from other patients and their stations?

Rationale:

"When space permits, separate patients with respiratory symptoms from others as soon as possible (e.g., during triage or upon entry into the facility)."

Source: CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All settings: https://www.cdc.gov/infection-control/hcp/core-practices/index.html#cdc_generic_section_4-core-practices-table

2b. Does the facility have a policy/procedure requiring HCPs to provide a mask to patients with known or suspected acute respiratory infections, if tolerated?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

Rationale:

"The elements of Respiratory Hygiene/Cough Etiquette include

1. education of healthcare facility staff, patients, and visitors;
2. posted signs, in language(s) appropriate to the population served, with instructions to patients and accompanying family members or friends;
3. source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate);
4. hand hygiene after contact with respiratory secretions; and
5. spatial separation, ideally >3 feet, of persons with respiratory infections in common waiting areas when possible."

Source: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, page 70: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf

2c. Describe any precautions taken by individual staff in contact with patients with known or suspected acute respiratory infections (e.g., cough)?

Rationale:

Precautions for healthcare personnel exposed to patients with potentially infectious diseases should be based on Standard Precautions and any additional Transmission-based Precautions that might be indicated based on the suspected pathogens. Information on Standard and Transmission-based Precautions is available in CDC's Core Infection Control Practices for Safe Healthcare Delivery in All Settings and the 2007 Guideline for Isolation Precautions.

3. Describe how situations involving healthcare personnel with known or suspected respiratory infections are managed.

Rationale:

"Implement processes and sick leave policies to encourage healthcare personnel to stay home when they develop signs or symptoms of acute infectious illness (e.g. fever, cough, diarrhea, vomiting, or draining skin lesions) to prevent spreading their infections to patients and other healthcare personnel."

"Implement a system for healthcare personnel to report signs, symptoms, and diagnosed illnesses that may represent a risk to their patients and coworkers to their supervisor or healthcare facility staff who are responsible for occupational health."

"It is the professional responsibility of all healthcare organizations and individual personnel to ensure adherence to federal, state and local requirements concerning immunizations; work policies that support safety of healthcare personnel; timely reporting of illness by employees to employers when that illness may represent a risk to patients and other healthcare personnel; and notification to public health authorities when the illness has public health implications or is required to be reported."

Source: CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All settings: https://www.cdc.gov/infection-control/hcp/core-practices/

4. Does the facility implement any additional precautions or practices during periods of increased respiratory infections in the community?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

If YES,

4a. Describe what criteria the facility uses to determine when there is a period of increased respiratory infections in the community that warrant changes in precautions or practices?

4b. Describe what additional precautions are implemented during periods of increased respiratory infections in the community.

4c. If any form of universal masking (i.e., facemask use for those without symptoms of respiratory infection) is used during periods of increased respiratory infections in the community, how is it implemented?

For patients:

- ◯ Required
- ◯ Offered as optional
- ◯ Unknown
- ◯ Not assessed
- ◯ Other (*specify*): _____

For staff:

- ◯ Required
- ◯ Offered as optional
- ◯ Unknown
- ◯ Not assessed
- ◯ Other (*specify*): _____

Rationale:

"Review periodically information on community or regional trends in the incidence and prevalence of epidemiologically-important organisms (e.g., influenza, RSV, pertussis, invasive group A streptococcal disease, MRSA, VRE) (including in other healthcare facilities) that may impact transmission of organisms within the facility." (pg 79)

"During periods of increased prevalence of respiratory infections in the community (e.g., as indicated by increased school absenteeism, increased number of patients seeking care for a respiratory infection), offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round as a standard of practice." (pg 82)

Source: Guideline for Isolation Precautions: https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf

5. Does the facility have an airborne infection isolation room(s) (AIIR)?

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

If YES: Does the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR)?

5a. At least 6 (for existing facilities) or ≥ 12 (for renovated or new construction) air changes per hour depending upon facility age or per state licensure rules.

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

5b. Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filter.

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

5c. When in use for patient care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers).

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

Rationale:

For patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR):

"In settings where Airborne Precautions cannot be implemented due to limited engineering resources (e.g., physician offices), masking the patient, placing the patient in a private room (e.g., office examination room) with the door closed, and providing N95 or higher level respirators or masks if respirators are not available for healthcare personnel will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned to the home environment, as deemed medically appropriate." (pg 74)

"Place the patient in an AIIR as soon as possible. If an AIIR is not available, place a surgical mask on the patient and place him/her in an examination room. Once the patient leaves, the room should remain vacant for the appropriate time, generally one hour, to allow for a full exchange of air." V.D.2.d.ii. (pg 91)

"In acute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AIIR that has been constructed in accordance with current guidelines.

- Provide at least six (existing facility) or 12 (new construction/renovation) air changes per hour.
- Direct exhaust of air to the outside. If it is not possible to exhaust air from an AIIR directly to the outside, the air may be returned to the air handling system or adjacent spaces if all air is directed through HEPA filters.
- Whenever an AIIR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices.
- Keep the AIIR door closed when not required for entry and exit." (pg 90)

Source: Guideline for Isolation Precautions: https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf

6. Does the facility have a respiratory protection program for healthcare personnel that includes:
Note: Questions and responses in this section should pertain to respiratory protection for infectious pathogens, not respiratory protection for staff working in the water room(s) related to chemical exposures.

6a. Medical clearance for respirator use

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

6b. Respirator use training

- ◯ Yes
- ◯ No
- ◯ Unknown
- ◯ Not assessed

6c. Annual Fit testing

- ◯ Yes
- ◯ No
- ◯ Not applicable (facility uses powered air purifying respirators [PAPR] which don't require fit testing)
- ◯ Unknown
- ◯ Not assessed

If YES to 6c:

6d. Who performs the fit testing? (*select all that apply*)

- ☐ Designated person within the facility
- ☐ Contracted company: HCP fit tested at the healthcare facility
- ☐ Contracted company: HCP fit tested at another site (i.e., at a building run by the contracting company)
- ☐ Other (*specify*): _____
- ☐ Unknown
- ☐ Not assessed

Rationale:

"Respiratory protection is broadly regulated by OSHA under the general industry standard for respiratory protection (29CFR1910.134)764 which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation of toxic materials. OSHA program components include medical clearance to wear a respirator; provision and use of appropriate respirators, including fit-tested NIOSH-certified N95 and higher particulate filtering respirators; education on respirator use and periodic re-evaluation of the respiratory protection program." (pg 56)

"A respiratory protection program that includes education about use of respirators, fit testing, and user seal checks is required in any facility with AIIRs. In settings where Airborne Precautions cannot be implemented due to limited engineering resources (e.g., physician offices), masking the patient, placing the patient in a private room (e.g., office examination room) with the door closed, and providing N95 or higher level respirators or masks if respirators are not available for healthcare personnel will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned to the home environment, as deemed medically appropriate." (pg 74)

Source: Guideline for Isolation Precautions: https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf

Part B. Precautions for Respiratory Infections – Facility-level Observations

Ideally, at least two observations of different staff (1 observation each) within the facility should be completed for the questions in this section. If direct observations cannot be gathered, then information can be obtained by asking staff for input when they are not providing direct patient care.

Observation #1:

1. Are signs posted at entrances with instructions for patients with known or suspected acute respiratory infection (e.g., cough)?

- ◯ Yes
- ◯ No
- ◯ Not assessed

If YES:

1a. Are the following instructions included:

Instructions posted	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
a. Cover their mouth/nose when coughing or sneezing?	◯	◯	◯	◯	◯
b. Use and dispose of tissues?	◯	◯	◯	◯	◯
c. Perform hand hygiene after contact with respiratory secretions?	◯	◯	◯	◯	◯
d. Notify facility staff at check-in if they have symptoms of respiratory infections (e.g., cough)?	◯	◯	◯	◯	◯

2. Are the following readily available for patients with known or suspected acute respiratory infections?

Items provided	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
a. Facemasks near points of facility entry	◯	◯	◯	◯	◯
b. Means to perform hand hygiene in/near waiting areas	◯	◯	◯	◯	◯
c. Tissues in/near waiting areas	◯	◯	◯	◯	◯
d. No-touch receptacles for tissue disposal in/near waiting areas	◯	◯	◯	◯	◯

3. In the waiting room, does the facility provide space for persons with known or suspected acute respiratory infection (e.g., cough) to be segregated away from others?

- ◯ Yes
- ◯ No
- ◯ Not observed, but endorsed by staff
- ◯ Not observed, not endorsed by staff
- ◯ Not assessed

Observations of facility/staff practices respirator use and AIIR practices

4. Are the following features present for airborne infection isolation room(s) (AIIR) (*select all that are present)*?

Airborne infection isolation room feature	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
Signage is present at entry	◯	◯	◯	◯	◯
Adequate supplies of respirators stocked at room entry	◯	◯	◯	◯	◯
Room door is kept closed	◯	◯	◯	◯	◯
Waste receptacle readily available for doffing of respiratory protection outside the room	◯	◯	◯	◯	◯

Airborne infection isolation room feature	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection	◯	◯	◯	◯	◯
ABHS* readily available for personnel to clean hands	◯	◯	◯	◯	◯

**ABHS: alcohol-based hand sanitizer*

Observation #2:

1. Are signs posted at entrances with instructions for patients with known or suspected acute respiratory infection (e.g., cough)?

- ◯ Yes
- ◯ No
- ◯ Not assessed

If YES:

1a. Are the following instructions included:

Instructions posted	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
a. Cover their mouth/nose when coughing or sneezing?	◯	◯	◯	◯	◯
b. Use and dispose of tissues?	◯	◯	◯	◯	◯
c. Perform hand hygiene after contact with respiratory secretions?	◯	◯	◯	◯	◯
d. Notify facility staff at check-in if they have symptoms of respiratory infections (e.g., cough)?	◯	◯	◯	◯	◯

2. Are the following readily available for patients with known or suspected acute respiratory infections?

Items provided	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
a. Facemasks near points of facility entry	◯	◯	◯	◯	◯
b. Means to perform hand hygiene in/near waiting areas	◯	◯	◯	◯	◯
c. Tissues in/near waiting areas	◯	◯	◯	◯	◯
d. No-touch receptacles for tissue disposal in/near waiting areas	◯	◯	◯	◯	◯

3. In the waiting room, does the facility provide space for persons with known or suspected acute respiratory infection (e.g., cough) to be segregated away from others?

- ◯ Yes
- ◯ No
- ◯ Not observed, but endorsed by staff
- ◯ Not observed, not endorsed by staff
- ◯ Not assessed

Observations of facility/staff practices respirator use and AIIR practices

4. Are the following features present for airborne infection isolation room(s) (AIIR) (*Select all that are present*)?

Airborne infection isolation room feature	Yes	No	Not observed, but endorsed by staff	Not observed, not endorsed by staff	Not assessed
Signage is present at entry	◯	◯	◯	◯	◯
Adequate supplies of respirators stocked at room entry	◯	◯	◯	◯	◯
Room door is kept closed	◯	◯	◯	◯	◯
Waste receptacle readily available for doffing of respiratory protection outside the room	◯	◯	◯	◯	◯
If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection	◯	◯	◯	◯	◯
ABHS* readily available for personnel to clean hands	◯	◯	◯	◯	◯

**ABHS: alcohol-based hand sanitizer*