11WAYSFOR HEALTH CARE PROVIDERS



TO GUARD AGAINST GERMS IN HEALTH CARE SETTINGS

The Cystic Fibrosis Foundation's Guidelines for Infection Prevention and Control for CF contain recommendations to reduce the risk of people with CF getting or spreading potential pathogens in the CF clinic or hospital setting, as well as in everyday life. The primary goal of the Guidelines is to help people with CF preserve and protect their health.

Below are tips to help you implement the key recommendations of the Guidelines for the health care setting. You may find the full Guidelines on the Foundation's website at **www.cff.org/treatments/CFCareGuidelines/InfectionControl**.

▶ 1.

Collaborate with Your IPC Team

Join forces with the Infection Prevention and Control (IPC) department at your clinic or hospital to implement the IPC Guidelines and develop protocols, checklists and audits to standardize practices.

Disinfect Surfaces

Per your institution's IPC policies, use an EPA-registered hospital disinfectant designed for housekeeping to clean and disinfect surfaces that people with CF touch or come into contact with during care, such as:

- Multiuse items, including patient care equipment (e.g., stethoscopes, stadiometer, scales, oximeters, tablets and computers) before and after use with or by an individual with CF.
- High-touch items such as doorknobs in waiting areas; exam room tables, desks and chairs; sinks and showers in exam and hospital rooms; exercise or general activity rooms; and equipment in pulmonary function testing (PFT) rooms between use by individuals with CF.

3

Wash Your Hands

Make alcohol-based hand sanitizer or antimicrobial soap and water readily available in all patient rooms, PFT rooms and waiting areas.

As recommended by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), clean your hands regularly, especially:

Before

- Entering and leaving a patient's room.
- Direct contact with any patient or a patient's bodily fluids (e.g., mucous membranes, respiratory secretions).
- Putting on and removing gloves, for both sterile and nonsterile procedures.

After

- Direct contact with any patient or a patient's bodily fluids (e.g., mucous membranes, respiratory secretions).
- Contact with inanimate objects (including medical equipment) that are in the vicinity of the patient and may be contaminated.

4. Wear Gloves and Gown as Standard Practice

Treat all people with CF the same – regardless of their respiratory tract culture results – in ambulatory and inpatient settings. Wear gloves and a gown to prevent your hands and clothing from becoming contaminated and transmitting pathogens to others with CF.

Use gloves to prevent contamination of your hands.

Wear a gown to prevent contamination of your skin and clothing.

5. Wear a Mask and Eye Protection in Special Circumstances

Follow CDC guidelines and take additional precautions by wearing a mask (and eye protection) when caring for people with and without CF under the following circumstances:

- Per Droplet Precautions, wear a surgical (procedure, isolation) mask when caring for any patient who has suspected or confirmed pathogens transmitted by the droplet route (e.g., adenovirus, rhinovirus, influenza virus or *Mycoplasma pneumoniae*).
- Per **Standard Precautions**, wear a mask and eye protection if splashes or sprays of respiratory tract secretions are anticipated during the care of any patient.
- Per Airborne Precautions, wear an N-95 respirator (mask) or powered airpurifying respirator when caring for any patient in an Airborne Infection Isolation Room (also known as a negative pressure room) for suspected or confirmed infection with *Mycobacterium tuberculosis* or other pathogens transmitted via droplet nuclei.

6. Help People with CF Keep a Safe 6-Foot Distance

Strategies for scheduling and managing patient flow can help minimize the time people with CF spend in common waiting areas where there may be a greater risk of cross-infection. Strategies include:

- Staggering the clinic schedule.
- Placing people with CF in an exam room immediately upon arrival in the clinic.
- Using a pager system or personal cell phone to alert people with CF when an exam room is available.
- Keeping the person with CF in one exam room while the CF care team rotates through that room.
- Advising individuals with CF not to share common items (e.g., clinic computer and toys) and requesting that they bring their own recreational items to clinic appointments.
- Keeping people with CF who are under 2 years of age, and older individuals who are newly diagnosed with CF, separated from others with CF until you've explained the IPC Guidelines to them and/or their caregivers so that they understand the precautions to reduce the risk of cross-infection.

Reduce Risk from Pathogens During Pulmonary Function Testing

Pulmonary Function Testing (PFT) can pose a particularly high risk of cross-infection among people with CF, since the testing often generates coughing and involves multiuse patient care equipment. To reduce risk, schedule PFTs in the beginning of every clinic visit and conduct PFTs in either:

- A lab with a portable or integrated high-efficiency particulate air (HEPA) filter.
- An Airborne Infection Isolation Room (also known as a negative pressure room).

If neither of the above rooms is available, allow 30 minutes to elapse between patients with CF when conducting PFTs in either:

- An exam room without a HEPA filter.
- A PFT lab room without a HEPA filter.

Use One Room for Each Person with CF

Each person with CF should be examined in a private room during clinic. When admitted into the hospital, each person should be placed in a single-patient room.



Evaluate Patient Activity Case by Case

Evaluate each person with CF on a case by case basis, and in accordance with hospital IPC policies, before advising the person about participating in activities outside of the hospital room (e.g., walking in the hallway or going to a playroom, physical therapy or exercise room). Considerations should include:

For the individual with CF:

- Can the person contain his or her own respiratory tract secretions?
- Can the person clean his or her hands and put on a mask immediately before leaving his or her hospital room?

In the health care setting:

- What is the center's specific endemic levels of pathogens?
- What is the hospital's capacity to oversee adherence to cleaning and disinfecting surfaces in common areas, such as hospital activity rooms, with an EPA-registered hospital disinfectant designed for housekeeping per institutional IPC policies?

Clean and Disinfect Nebulizers

It is important to work with patients to clean and disinfect their nebulizers. People with CF should have their own nebulizer and perform respiratory treatments in separate rooms to avoid spreading germs.

When using a disposable nebulizer:

- Throw away the nebulizer after 24 hours.
- Use a single-dose vial of medication whenever possible.

When using a reusable nebulizer:

• After each use, clean and disinfect the nebulizer by following the CF Foundation's recommended steps for nebulizer care at www.streamcrate.com/CFFWebcast/CaringNebulizer.

When using an Altera, eRapid or other eFlow technology nebulizer:

• After each use, clean and disinfect the nebulizer by following the CF Foundation's recommended steps for nebulizer care at http://bit.ly/CaringNeb-eFlow.



Get Vaccinated

Vaccinations can help your body protect itself from pathogens, like the flu virus, which are especially dangerous for people with CF. To reduce the risk of getting sick or spreading pathogens, encourage people with CF and their families to get vaccinated - and stay up to date on your own vaccinations.

For a list of what vaccinations to get and when to get them, visit the CDC's website at www.cdc.gov/Vaccines/Schedules.

To learn more:

- View the full IPC Guidelines on the CF Foundation's website at www.cff.org/treatments/CFCareGuidelines/InfectionControl.
- View Frequently Asked Questions on the CF Foundation's website at www.cff.org/treatments/CFCareGuidelines/InfectionControl/FAQs.