

Responsible Department: Infection Prevention	YALE NEW HAVEN HEALTH POLICY & PROCEDURES
Title: Special Respiratory Precautions	
Date Effective: 1/26/2023	
Approved by: Joint Clinical and Operations Council	
System Policy Type (I or II): Type I	

PURPOSE

The purpose of this policy is to provide guidance for the use of Special Respiratory Precautions based on clinical presentation or syndrome and the likely pathogens transmitted to prevent the spread of infection within the health care setting.

APPLICABILITY

This policy applies across Yale New Haven Health (YNHHS) licensed hospital entities, including Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Westerly Hospital, Yale New Haven Hospital, and any other hospital that affiliates with YNHHS, and each of their subsidiary entities

DEFINITIONS

- A. **Extended Use** – Refers to the practice of wearing the same respirator without removing the respirator for multiple patient contacts. Continuous or extended FFR use of several hours or more. In general, an employee can safely wear the same FFR until it is damaged, soiled, or causing noticeably increased breathing resistance.
- B. **Filtering Facepiece Respirator (FFR)** – Designed to be discarded when it becomes unsuitable for further use due to considerations of hygiene, excessive resistance, or physical damage. The practice of extended use FFRs that are not damaged or soiled is allowed in limited circumstances.
- C. **Reuse** – Refers to the practice of using the same respirator multiple times during a work shift. The respirator is stored between uses and put on again prior to the next potential exposure. This practice is not allowed in the care of a patient on Special Respiratory Precautions.

POLICY

- A. Special Respiratory Precautions are based on the most current CDC guidelines. The recommended guidelines are reviewed and updates to the policy are made as new recommendations are published.
- B. Special Respiratory Precautions are implemented to decrease risk of transmission for pathogens that involve contact of the conjunctivae or mucous membranes of the nose or

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mouth of a susceptible person with infective droplets or airborne during selected aerosol generating procedures. Patients can generate these droplets or aerosols from coughing, sneezing, and talking as well as during medical procedures such as bronchoscopy, suctioning, or intubation.

- C. Medical and nursing personnel are educated on the isolation reference chart, which indicates which patients require Special Respiratory Precautions as listed in the “Isolation Reference Chart”.
- D. Hospital personnel are responsible for observing Special Respiratory precautions including the use of proper personal protective equipment (PPE).
- E. Personnel ensure that the quality of care is not compromised for any patient whose condition requires Special Respiratory precautions. Patients requiring precautions are not denied any diagnostic or treatment services available.
- F. The Director of Infection Prevention or designee has the final decision regarding the institution of control measures.

PROCEDURES

A. Initiating Special Respiratory Precautions

1. Special Respiratory precautions are initiated by any of the following responsible for the patient’s care; attending or resident physician, licensed practitioner, registered nurse, hospital epidemiologist, or infection prevention personnel.

B. Specifications

1. Patient is placed in a single patient room and the door remains closed.
2. The Special Respiratory precautions sign is displayed outside the patient’s room.
3. Cohorting of patients may take place if the patients are isolated for the same organism.
4. Patients that require Special Respiratory precautions **are not** to be placed in a **positive pressure** room.

C. Personnel Protective Equipment (PPE)

1. Healthcare workers wear a fit tested respirator N95, elastomeric respirator or PAPR, eye protection, gown, and gloves to enter the room.
2. Respirator is removed after exiting the patient room, all other PPE is removed prior to exiting the patient room.
3. Reuse of N95 respirators is not allowed in the care of patients on Special Respiratory Precautions.
4. Extended use, wearing the same respirator without removing unless or until it is damaged, soiled or causing noticeably increased breathing resistance, is allowed under the following circumstances:
 - a. If entry into the patient room/area did not require physical care of the patient (e.g., close contact to the patient, closer than 3 feet for longer than 15 minutes).
 - b. If the respirator maintains its structural and functional integrity and the filter material is not physically damaged, soiled, or contaminated (e.g., with blood, respiratory secretions).

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- c. Users should perform a user seal check each time they don a respirator and should not use a respirator on which they cannot perform a successful user seal check.
5. Hand hygiene is performed before entering and when exiting the patient room.

D. Ambulating patients on Special Respiratory precautions

1. Patients who are on Special Respiratory precautions may not leave their room unless it is medically necessary (e.g., diagnostic testing).
2. Physical therapy must take place inside the patient room. If a physical therapy stair climbing evaluation is required, the session may take place outside of the patient room with the patient wearing a facemask.
3. If the patient is leaving the room for medically necessary test, the patient wears a facemask and performs hand hygiene.

E. Visitors

1. Visitors wear N95 mask (fit checked), eye shield, gown, and gloves. To fit check a respirator the wearer inhales deeply, the respirator should draw in and slightly collapse towards the face.
2. Visitors who refuse to wear PPE shall be educated on their risks of infection and if in non-compliance will be restricted from visitation.
3. Visitors are instructed to perform hand hygiene before and after visiting patient.
4. Visitation may be restricted as directed by the Infection Prevention department based on the pathogen being isolated and requirements from State department of health officials.

F. Documentation

1. An order for Special Respiratory precautions is placed in the electronic medical record. The reason for isolation, e.g., COVID, is also be placed in the electronic medical record.
2. If precautions are discontinued, the order and isolation reason are removed from the patient record.
3. Patient teaching regarding isolation precautions is documented in the electronic medical record under "Nursing education."

G. Patient Transport

1. During transport, the patient wears a face mask.
2. Receiving departments, such as Diagnostic Imaging, Therapeutic Radiology, Rehabilitation Services, and others are made aware of the need for Special Respiratory Precautions prior to transport of the patient.

H. Environmental and equipment disinfection

1. Equipment is properly disinfected using routine hospital approved disinfectant upon removal from the room.
2. Environmental services (EVS) personnel wear respirator (N95, elastomeric mask, PAPR) eye protection, gown, and gloves to enter room for daily cleaning.
3. Daily and discharge cleaning is performed using routine hospital disinfectant and procedures.
4. Waste removal is performed in accordance with the hospital's regulated and non-regulated waste policies.

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5. Linen handling protocols will be based on the pathogen and any regulatory requirements. Contact Environmental Services for guidance.

I. Discontinuing Precautions

1. Refer to the “Isolation Reference Chart” for organisms/diseases requiring Special Respiratory Precautions and the duration of such precautions.

J. Special Respiratory precautions will apply to all ambulatory locations.

REFERENCES

- A. Centers for Disease Control and Prevention October 2020 Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after decontaminations, when there are known shortages of N95 Respirator. Retrieved December 2022.
- B. NIOSH [2018]. Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, Respirator Reuse and Extended Use. By Shamblin M., Krah J., and Shaffer R. Pittsburgh, PA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2018–128

RELATED POLICIES

Standard Precautions

Isolation Reference Chart

Isolation Precautions for Visitors

Guide for Precautions in Outpatient Clinics and Centers

POLICY HISTORY

A. Policy Origin Date	
B. Supersedes	N/A
C. Approved with Revisions	N/A
D. Approved without Revisions	N/A