

Pediatric Influenza and “Universal Respiratory Etiquette”: Preparing and Protecting Your Staff and the Public

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The 2003-2004 influenza season hit Utah early, and it hit hard. By mid November we were seeing unprecedented numbers in the emergency department at Primary Children’s Medical Center. Typically a slower month, November was the busiest month in 2003. It also was the busiest month in our history. Thanks to an ample supply of flu vaccine available early in October and the persistence of the ED charge nurses who strongly encouraged prophylaxis and willingly gave many flu shots, a high percentage of the ED staff had been immunized. Sick calls were not significantly higher than in previous months; had they been, a bad situation quickly could have become a disaster. We share the following information in the hope of helping ED managers mount a coordinated effort to deal with the next flu season.

As the infection control coordinator for the emergency department, I was already involved in a hospital task force addressing severe acute respiratory syndrome (SARS) and an upcoming respiratory season that was predicted to be severe. The Task Force was using the SARS plan developed by the Centers for Disease Control and Prevention as a guide. One of the key concepts was a respiratory infection control strategy called “Universal Respiratory Etiquette.” When I saw the first televised reports of the influenza-linked deaths of 4 children in Colorado, it became obvious we were not going to have an ordinary influenza season. I called my director, and she immediately began implementing the strategy (see [Figure 1](#)). We followed up with an article in the ED newsletter (see [Figure 2](#)).

We placed “Fight the Flu” signs in prominent locations throughout the waiting room to educate parents and visitors about respiratory precautions. We also placed signs

From: Donna Thomas
To: ED Staff
Date: 11/26/03 1:42 PM
Subject: Staff precautions

This morning (Wednesday) there was a story on television about 4 children dying in Denver from the flu. They showed Denver Children's hospital, and all of the triage nurses wore masks. They also put a mask on any child who was old enough to hold one and who had respiratory symptoms. Parents of little children who were coughing were asked to use a tissue to cover their child's mouth when they coughed. This show emphasized, "If your kids are sick at all, don't wait; take them to the emergency department." This warning might have an impact on our volume, so we need to take some more serious measures to protect ourselves.

To protect ourselves and to keep from spreading stuff to others, we should do the following:

- 1. Wear a mask at triage, either all the time or just when assessing children with respiratory symptoms. Wear a mask when you are going in a room to assess a child's condition. The floor nurses wear a mask when they are in contact with all children with respiratory symptoms that they admit; we need to do the same thing.**
- 2. Put masks on bigger children who are coughing a lot, especially if you are admitting them.**
- 3. Wash and wash and wash your hands.**
- 4. Talk to the families about spreading germs; give them boxes of tissue at triage to use for their children if necessary.**

I have asked for more garbage cans in the ED waiting area. We will need to ask our housekeepers to check the waiting room frequently to keep it clean and uncluttered.

Thanks, and let me know if you have any other suggestions.

Donna

FIGURE 1

Memo to staff regarding respiratory precautions.

outlining the difference between influenza and the common cold in each examining room (Figure 3).

Challenges unique to the pediatric setting

Preventing the spread of disease in a pediatric setting presents many unique challenges. Young children usually are not receptive to blowing their noses in a tissue or washing their hands, much less wearing a mask. Their hands go constantly from their mouths to anything within reach. Coming to the emergency department often

becomes a family outing when several children are brought for care. Siblings commonly accompany the parent and patient even though they may not need to be examined; many of them may have respiratory symptoms as well. School-aged children are at greatest risk for getting the flu. Children younger than 24 months have an increased risk for hospitalization. Nonetheless, vaccination rates for children remain very low. The American Academy of Pediatrics is now advocating vaccination of children 6 months and older. It is hoped this recommendation will

Universal Respiratory Etiquette

As a result of the SARS outbreak last year, the flu, and other bad bugs out there, the CDC has developed a Universal Respiratory Etiquette strategy to be implemented in all health care settings. It is as follows:

1. Provide surgical masks to all patients/parents with symptoms of a respiratory illness. Provide instructions for proper use and disposal of masks.
2. For patients who cannot wear a mask, provide tissues and instruct parents and patients to use them when sneezing, coughing, or controlling nasal secretions. Also instruct them where to dispose of the tissues (extra garbage receptacles have been placed in the waiting room for this purpose).
3. Provide alcohol-based hand rub for parent/patient use. Instruct them to use it after handling the tissues. (I have ordered 6 receptacles for alcohol-based hand rub to be mounted in the waiting room. Until they come, there is a bottle on the triage desk.)
4. If possible, designate an area in the waiting room where respiratory patients can be segregated from other patients without respiratory symptoms.
5. Place patients with respiratory symptoms in private rooms as soon as possible.
6. Triage personnel should wear a mask when evaluating patients with respiratory symptoms.
7. Registration personnel should wear a mask unless they remain greater than 3 feet from the patient with respiratory symptoms.
8. Use droplet precautions to manage patients with respiratory symptoms until it is determined the cause is not an infection that requires precautions beyond standard precautions.

It is important that health care providers set an example for others. The news media have already been covering respiratory etiquette. As the public becomes better educated, they are going to expect these precautions.

FIGURE 2

Article in our ED newsletter.

The Difference Between Influenza and the Common Cold

	Influenza	Common Cold
Duration	4 to 6 days	2 to 3 days
Fever	High	Moderate
Other symptoms	Body aches, low energy, cough, poor appetite; may include vomiting/diarrhea	Runny nose, cough, red eyes

Salt Lake City, like many areas of the Western United States, is currently experiencing an epidemic of Influenza type A. Because of this epidemic, the number of patients being treated at this facility has increased dramatically since mid November. The Emergency Department has increased staffing of doctors and nurses to meet the medical needs of patients and their families and to decrease wait times. We appreciate your patience.

FIGURE 3

Poster outlining the difference between influenza and the common cold.

improve vaccination rates and result in fewer children needing ED care.

Resources

Many disease prevention resources are available. The CDC Web site, <http://www.cdc.gov/flu>, is one of the best resources. It has signs in both English and Spanish. Most state health departments have excellent Web sites. The American Academy of Pediatrics (<http://www.aap.org>) is an excellent source of information about pediatric vaccination. If available, the hospital epidemiology department is always a reliable source of information and assistance.

Submissions to this column are welcomed and encouraged. Submissions may be sent to one of the following:

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