

3. SOURCE CONTROL

These measures are used to contain microorganisms from dissemination from an infectious source. Individuals with symptoms require direction at the point of initial encounter in any healthcare setting (e.g., reception and waiting areas, clinics and physician offices) and in strategic places (e.g., elevators, cafeterias) within clinic and office settings. Source control measures may include but are not limited to:

- Signage at healthcare setting entrances for early recognition of symptoms
- Separate entrances/waiting areas
- Spatial separations
- Early identification, diagnosis and treatment of infection
- Respiratory etiquette/hygiene
- Hand hygiene

a) Respiratory Etiquette/Respiratory Hygiene

Respiratory hygiene refers to a combination of measures designed to minimize the transmission of respiratory pathogens. These 'source control' measures are targeted to all individuals with symptoms of respiratory infection starting at the initial encounter in a healthcare setting and maintained throughout every encounter in the setting (e.g.: Reception areas of clinics, waiting areas, clinic rooms or treatment areas, and during a home visit).

Respiratory hygiene involves educating and encouraging all individuals (clients HCWs and visitors) who have the physical and cognitive abilities to do so, to practice respiratory hygiene. Specific measures may include instructional signs, education programs and provision of materials for respiratory hygiene (e.g., tissues, plastic lined waste receptacles, alcohol-based hand rub [ABHR]).

Encourage respiratory hygiene for clients and accompanying/support individuals who have signs and symptoms of an acute respiratory infection (manifested by new or worsening cough, shortness of breath and fever), beginning at the point of initial encounter in any healthcare setting. Respiratory hygiene includes:

- Covering the mouth and nose against a sleeve/shoulder during coughing or sneezing
- Using tissues to contain respiratory secretions to cover the mouth and nose during coughing or sneezing, with prompt disposal of these into a hands-free waste receptacle.
- Wearing a mask when coughing or sneezing.
- Turning the head away from others when coughing or sneezing.
- Maintaining a spatial separation of two metres/six feet between patients symptomatic with an acute respiratory infection and those who do not have symptoms of a respiratory infection. If this cannot be achieved, the clients must be at least one metre/three feet apart and the symptomatic patient must wear a mask. One metre/three feet may be sufficient for young children and others whose cough is not forceful enough to propel the droplets as far as two metres/six feet.

HCWs with signs/symptoms of respiratory illness should not come to work in direct client care areas.

b) Triage

i. The Clinic Setting:

- Identify patients with symptoms of an acute infection when scheduling appointments for ROUTINE clinic visits. If possible, request that they defer routine clinic visits until symptoms of the acute infection have subsided.



- Clients that cannot defer clinic visit must follow hand hygiene and/or respiratory hygiene recommendations appropriate for their symptoms. Direct these clients into an examination room as soon as possible after they arrive.
- Post signs at the entrance of the clinic reminding symptomatic clients to perform hand hygiene and /or respiratory hygiene as appropriate for symptoms.

ii. The Client Home:

- If the client is showing symptoms of an acute infection if possible encourage the use of a separate bathroom, frequent cleaning and limited prolonged interaction with other individuals

c) Early Diagnosis and Treatment

Ensure symptomatic clients are assessed in a timely manner and that any potential communicable infection is considered (e.g., tuberculosis, norovirus, RSV, pertussis).

d) Spatial Separation

In waiting rooms, maintain a spatial separation of two metres/six feet between clients symptomatic with an acute respiratory infection (manifested by new cough, shortness of breath and fever) and those who do not have symptoms of a respiratory infection. If this cannot be achieved, the clients must be at least one metre/three feet apart and the symptomatic patient must wear a mask. One metre/three feet may be sufficient for young children and others whose cough is not forceful enough to propel the droplets as far as two metres/six feet.