

## **COUGH ALERT POLICY AND PROCEDURES For Shelters & Resource Centers**

**Purpose:** For the early identification and prevention of aerosol-transmissible disease (ATD) like influenza, whooping cough, or tuberculosis in clients in homeless shelters and residential treatment facilities.

**Problem:** Congregate settings pose an increased risk for the transmission of ATDs. Transmission occurs through droplets that are projected when an infected person coughs, sneezes, or talks, and another person breathes in these droplets or touches a surface that has been exposed to the droplets and then touches their eyes, nose, or mouth.

The cough alert policy has been developed to protect shelter and resource center clients and staff from ATDs. Staff plays a key role in detecting communicable diseases because of their familiarity with the clientele and facilities. This policy is to be implemented by facility staff working closely with clients or monitoring the sleeping rooms at night.

**Definition:** The cough alert procedures should be followed with all coughing clients.

**Procedures:** When a client is coughing:

1. Instruct client to follow cough etiquette, covering his/her nose and mouth with a tissue or sleeve when coughing, and washing his/her hands after coughing or touching the eyes, nose, or mouth. Show the client where hand sanitizer, tissues and trash bins are located.
2. Determine if the client has a fever:
  - a. With a thermometer, a fever is a temperature over 100.4°F.
  - b. Without a thermometer, a feverish client feels warm, appears flushed, and may be sweating or shivering.
3. If the client has a fever as well as a cough, give the client a mask to wear while indoors or using transportation.
4. Use the Sick Client Decision Guide to determine if and when the client should seek medical attention.
5. Notify supervisor and record the client's name, bed number, and the date on the floor's Sick Client Monitoring Form.