



INFECTION PREVENTION & CONTROL COMMUNICATION FORM

MANAGEMENT OF SHARED READING MATERIALS IN

HOSPITAL WAITING ROOMS

PART 1: ISSUE & RECOMMENDATIONS

Issue:

Should shared reading materials in hospital waiting rooms be removed in efforts to control organism transmission?

Recommendations:

1. Discard reading materials in hospital waiting rooms if visibly soiled or damaged.
2. Remove reading materials from hospital waiting rooms during outbreaks of Severe Acute Respiratory Illness, emerging illnesses and when directed by the WRHA Infection Prevention & Control Program.
3. Ensure all hospital waiting rooms have the following:
 - Hand hygiene products
 - Procedure or surgical masks
 - Respiratory etiquette signage
 - Processes to ensure movement of patients with respiratory symptoms, draining wounds or incontinence directly to exam rooms rather than waiting rooms.

PART 2: BACKGROUND - DISCUSSION OF ISSUE, OPTIONS AND ANALYSIS AND REFERENCES

Discussion of Issue:

The risk of organism transmission from reading materials in hospital waiting rooms has not been recognized in published Infection Prevention & Control guidelines however, there are published studies indicating these materials carry low levels of bacteria.

Options and Analysis:

1. A study published in the British Journal of General Practice suggests there are low levels of bacteria on magazines, and concludes these items can routinely be used in waiting rooms.
2. A review article published in the Canadian Medical Association Journal suggests transmission of antibiotic resistant bacteria in ambulatory care is infrequent. Emphasized prevention measures include:
 - Accessibility of hand hygiene products for patients on arrival to and exit from the area/facility.
 - Timely movement of patients with draining wounds or incontinence from waiting rooms to exam rooms.
 - Routine cleaning of the environment and equipment, including furniture.
3. The Canadian Committee on Antibiotic Resistance recommends routine cleaning of equipment with an emphasis on triaging patients with respiratory symptoms, posting respiratory etiquette signage, and ensuring access to hand hygiene products on arrival to and exit from the area/facility.



References:

1. Control of antibiotic-resistant bacteria in the office and clinic. Matlow, A. & Morris, S. Canadian Medical Association Journal vol 180 no 10, pp 1021-1024. (2009 May). [Control of antibiotic-resistant bacteria in the office and clinic](#)
2. Infection control in paediatric office settings. Moore, D. Pediatrics and Child Health, 13 (5), pp 408-419. (2008 May). Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2532878/#b42-pch13408>.
3. Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics. (2010 July). Public Health Agency of Canada. Available at: <http://www.phac-aspc.gc.ca/amr-ram/ipcbp-pepci/infection-eng.php#basic>.
4. Routine practices and additional precautions for preventing transmission of infections in Healthcare facilities. (2012 April). Manitoba Health. Available at: <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.
5. Swabbing of waiting room magazines reveals only low levels of bacterial contamination. Charnock C. *British Journal of General Practice*, 55, pp 37-39. (2005 January). Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1266241/>.

Communication Form Contacts:

Janice Briggs, Specialist, Infection Prevention & Control Program
Janis Kennedy, Infection Control Professional, St. Boniface Hospital