

CFAI Events Cross Infection Guidelines

Aim and objectives of the guidelines

The aim of these guidelines is to reduce the probability of PWCF acquiring new bacterial infections with difficult to treat bacterial species.

The objective is to provide evidence based recommendations upon which individual PWCF can either assess themselves as a risk to other PWCF or that the risk of other PWCF present to them. Where such risk assessment is difficult for an individual, the individual should seek specific guidance from their CF physician and this may include consultation with the cross infection sub-committee if required. It should be stressed that the success of any such guidance is very largely dependent on a high degree of compliance by not only PWCF but also their family, friends, work colleagues, healthcare workers and event organisers.

Background Principles

There is a strong recommendation to accept the principle that all PWCF have some type of bacteria in their respiratory secretions and that other PWCF may acquire these bacteria. Standard precautions must apply at all times between PWCF. With respect to socialising, the key risks are close physical contact, contact within conversational distance and prolonged duration of contact such as overnight functions under the same roof. The implications are therefore relevant to the National Annual Conference, PWCF Christmas Party, CF Annual Walk, Regional meetings or other events. It is important to emphasise participation in a non-contact way such as teleconferencing, web-based discussion forum, and parties or pilgrimages with non-CF organisations.

The role of your CF physician is vital and central to your care. This should properly include all aspects of infection control not only in hospital but equally in your outside hospital activities where a risk of infection exists.

Three groups of bacteria will be considered special risks: all *Burkholderia cepacia* complex species; *Staphylococcus aureus* which are resistant to the indicator antibiotic methicillin (MRSA); and *Pseudomonas aeruginosa* which are multidrug resistant (MDR).

PWCF should not interact with other PWCF if unwell with an acute respiratory infection such as flu, tuberculosis etc. Similarly, PWCF should specifically avoid non-CF people with active respiratory infection.

Please get your CF physician to complete the below form and return to the following address ASAP:

Cystic Fibrosis Association of Ireland
CF House
24 Lower Rathmines Road
Rathmines, Dublin 6.

NB: This document has to **be signed by your consultant, dated and imprinted with your hospital stamp. Alternatively, the hospital can retype this letter on to headed paper displaying the appropriate date.*

No forms will be accepted without the completion of the above details.

Reference:

Date:

To CF event organisation administration,

This letter is a statement that..... has had regular sputum samples tested for bacterial culture and that most recently in the last 6 months their sputum was negative for:

- methicillin resistant Staphylococcus aureus (MRSA),
- all species of the Burkholderia cepacia complex and
- multi-drug resistant Pseudomonas aeruginosa

The laboratory used for this analysis uses selective B. cepacia agars with prolonged incubation times and is under the direction of a Consultant in Medical Microbiology.

I understand that a culture should be negative, as above, within 1 month of participation in a CF event outside hospital to fulfil infection control guidelines of the Cystic Fibrosis Association of Ireland.

Yours faithfully,

.....
CF Physician.