

**Standard Infection Control
Precautions: Respiratory and
cough hygiene literature
review**

Executive Summary

Version 1.0

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Executive Summary

This literature review informs the 'Respiratory and Cough Hygiene' content in the National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CH IPCM). See [section 1.3 'Respiratory and Cough Hygiene'](#) in Chapter 1 of the NIPCM, and [section 3 'Respiratory and Cough Hygiene'](#) in Chapter 1 of the CH IPCM.

There are three documents to note:

- **Literature review** which provides a comprehensive systematic review of the evidence
- **Considered judgement forms** which outline the evidence base and expert opinion used to develop the recommendations and good practice points for each literature review research question. Also detailed are the benefits, potential harms, feasibility of implementation, value judgements, intentional vagueness, and exceptions associated with the recommendations and good practice points.
- **Evidence tables** which detail all the included studies and provide an assessment of the evidence for each research question of the literature review.

Scope

Research questions

There are five research questions (RQ) in this literature review. Three of these remain same from the previous update (RQ1, RQ4 and RQ5). Some of the previous RQs were reviewed, with some combined, to restructure the focus of this review.

- The previous RQs "What is the evidence for covering the mouth/nose as part of cough etiquette?", "What is the evidence to support people receiving healthcare wearing a mask as a component of cough etiquette?", and "What is the evidence to support distancing/isolating people receiving healthcare as an element of cough etiquette?" are now covered under RQ2 "What are the effective components of cough etiquette and respiratory hygiene?".

- The previous RQs “Where should the principles of cough etiquette be applied in health and care settings?”, “When should the principles of cough etiquette be applied?” and “What support is required for patients with restricted mobility or additional needs in understanding cough etiquette principles?” are now covered under RQ3 “When should the components of cough etiquette and respiratory hygiene be applied?”.

Change to Practice

There is no significant change to practice expected as a result of this literature review update. It is understood that recommendations (R) and good practice points (GPP) developed are reflective of current practice.

Change to Recommendations and Good Practice Points

- No recommendation or good practice point was produced for RQ1 “What is meant by cough etiquette and respiratory hygiene?” in this review update as this RQ is only meant for information or their definition purposes, see [literature review](#).
- The previous recommendation advising specific distance or isolation for symptomatic people receiving healthcare as an element of cough etiquette, has been removed due to lack of rigorous evidence to support this.
- The previous recommendation advising performing “hand hygiene” after contact with respiratory secretions has now been replaced with GPP4.1 which advise performing “Hand washing” in line with the evidence base.

Summary of Recommendations (R) and Good Practice Points (GPP)

Research Question 1: What is meant by cough etiquette and respiratory hygiene?

Not applicable.

Research Question 2: What are the effective components of cough etiquette and respiratory hygiene?

GPP2.1 The effective components of cough etiquette and respiratory hygiene include:

- turning head away from others while coughing and sneezing
- covering the mouth and nose with tissues to contain respiratory secretions when coughing or sneezing
- disposal of tissues into appropriate waste receptacle
- in the absence of disposable tissues, individuals should cough or sneeze into their inner elbow rather than hands
- performing hand hygiene, with non-antimicrobial liquid soap and water, after contact with respiratory secretions
- where it does not compromise clinical care and is tolerable, patients and service users with symptoms suggestive of a respiratory infection should wear a face mask.

Research Question 3: When should the components of cough etiquette and respiratory hygiene be applied?

GPP3.1 Cough etiquette and respiratory hygiene should be applied by all individuals (patients, residents, visitors, and staff) at all times in health and care settings.

GPP3.2 Cough etiquette and respiratory hygiene should be applied at the point of entry to health and care settings and maintained for the duration of stay.

GPP3.3 Support for performing the components of cough etiquette and respiratory hygiene should be provided to those who require assistance.

Research Question 4: What is the evidence to support hand hygiene as an aspect of cough etiquette and respiratory hygiene?

GPP4.1 Hand washing should be performed after coming into contact with respiratory tract secretions, following coughing, sneezing, blowing the nose, and touching used or contaminated items, such as tissues and masks.

Research Question 5: What equipment should be available to support effective cough etiquette and respiratory hygiene?

GPP5.1 Equipment and supplies that should be available to support effective cough etiquette and respiratory hygiene should include:

- disposable tissues
- facemasks for symptomatic patients and service users
- hands-free waste receptacles for tissue and mask disposal
- soap and water with handwashing sink, and hand rub
- paper towels to dry hands.

GPP5.2 All equipment and supplies listed in GPP5.1 should be made available within relevant and accessible locations to encourage people to undertake respiratory and cough hygiene effectively.