Airborne Precautions In Continuing Care

In addition to Routine Practices



Accommodation

- Negative pressure single room, anteroom (if possible) and private bathroom.
- Facilities without negative pressure rooms must consult Alberta Health Services (AHS) IPC or Zone Medical Officer of Health (MOH) or designate for management of suspected or confirmed cases that require **Airborne Precautions**. Refer to <u>Management of Patients Requiring Airborne</u> Isolation in the Absence of Airborne Isolation Rooms.
- <u>Airborne Precautions sign</u> visible on entry to room.
- Keep room door(s) closed at all times, except when entering or leaving the room.



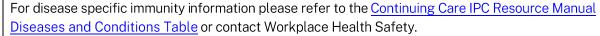
Hand hygiene

- Perform <u>hand hygiene</u> using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>.
- Perform hand hygiene:
 - Before accessing and putting on a fit-tested N95 respirator
 - o After taking off N95 respirator.
- Show residents and visitors how and discuss when to use hand hygiene products.



Personal protective equipment: N95 respirators

- All staff and visitors entering the room of a resident with known or suspected infectious pulmonary tuberculosis, laryngeal tuberculosis or miliary tuberculosis with pulmonary involvement must wear an N95 respirator.
- For other diseases and conditions requiring <u>Airborne Precautions</u>, individuals with known immunity to a confirmed disease (e.g., measles) are not required to wear an N95 respirator when entering the room of a resident with a confirmed case of that specific disease. If non-immune individuals must enter the room, an N95 respirator must be worn.
- If an airborne organism is suspected all individuals must wear an N95 respirator until the resident's diagnosis is confirmed.



- Staff must be properly fit-tested for N95 respirators in compliance with CSA Std. Z94.4-02.
 - A seal-check must be done each time an N95 respirator is worn to ensure there is an adequate seal between the mask and the users face.
 - Visitors are not fit-tested but should be shown how to put them on and take them off properly and how to seal-check the <u>N95 respirator</u>.
- Perform hand hygiene before accessing and putting on and immediately after taking off N95 respirator.
- Proper wearing of an N95 respirator includes:





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- o Putting it on before entering the resident's room
- Moulding the metal bar over the nose
- o Ensuring an airtight seal on the face, over top of the nose and under the chin
- Leaving the room and changing the respirator when it becomes moist
- o Removing the N95 respirator after leaving the resident's room
- o Touching only the elastics when removing.

Refer to the AHS <u>Donning</u> & <u>Doffing</u> PPE posters for details on correct removal & disposal of N95 respirators

Assessing the Need for Additional PPE

- When a patient is on Additional Precautions, follow PPE requirements as indicated AND
 perform a complete <u>Infection Prevention and Control Risk Assessment (IPC RA)</u>.
 - This should lead to usage of contact and droplet precautions (eye protection, gown, gloves) with an N95 respirator for patients with respiratory symptoms (coughing, runny nose, sneezing) and/or gastrointestinal symptoms (vomiting, diarrhea), especially when providing close contact patient care



Ambulation outside room and transfer

- Residents should not leave their room or bedspace; exceptions require IPC or Zone MOH/designate consultation.
- If residents must leave their room, instruct them on or assist them with:
 - Performing hand hygiene
 - Putting on a procedure/surgical mask.



- Transport Staff should assess the risk of spreading infection and choose clean personal
 protective equipment (PPE) if necessary, to handle the patient during transport and at the
 transport destination, using <u>Infection Prevention and Control Risk Assessment (IPC RA)</u>.
 Transporting staff must remove the N95 respirator (if worn) and perform hand hygiene at
 destination. Refer to the AHS <u>Donning</u> & <u>Doffing</u> PPE posters for details on correct removal &
 disposal of N95 respirators.
- Notify the receiving area of need for Airborne Precautions before departure.
- Medical charts transported with the resident must be kept clean.



Environmental cleaning

- An occupied room: clean room as per routine practices.
 - Cleaning staff must wear respiratory protection as directed in the "Personal Protective Equipment: N95 Respirators" section of this information sheet or on the <u>Airborne</u> <u>Precautions sign.</u>
- After resident discharge/transfer or when Airborne Precautions are discontinued:
 - Keep the room vacant and the door closed for a minimum four (4) hours to allow airborne particles to clear
 - If staff must enter before 4 hours have passed, an N95 respirator must be worn and the door must remain closed
 - Clean room as per existing facility cleaning practices.

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Visitors

- Encourage visitors to perform handle-hygiene.
- Show family or visitors how to wear and seal-check an N95 respirator.
- Instruct visitors to keep the door closed at all times, except when entering or leaving the room.



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