






Airborne Precautions In Continuing Care

In addition to [Routine Practices](#)

	<h2>Accommodation</h2> <ul style="list-style-type: none"> 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 Management of Patients Requiring Airborne Isolation in the Absence of Airborne Isolation Rooms. Airborne Precautions sign visible on entry to room. Keep room door(s) closed at all times, except when entering or leaving the room.
	<h2>Hand hygiene</h2> <ul style="list-style-type: none"> Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices. Perform hand hygiene: <ul style="list-style-type: none"> Before accessing and putting on a fit-tested N95 respirator After taking off N95 respirator. Show residents and visitors how and discuss when to use hand hygiene products.
	<h2>Personal protective equipment: N95 respirators</h2> <ul style="list-style-type: none"> 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 Airborne Precautions, 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. <p>For disease specific immunity information please refer to the Continuing Care IPC Resource Manual Diseases and Conditions Table or contact Workplace Health Safety.</p> <ul style="list-style-type: none"> Staff must be properly fit-tested for N95 respirators in compliance with CSA Std. Z94.4-02. <ul style="list-style-type: none"> 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 N95 respirator. Perform hand hygiene before accessing and putting on and immediately after taking off N95 respirator. Proper wearing of an N95 respirator includes:

	<ul style="list-style-type: none"> ○ Putting it on before entering the resident's room ○ Moulding the metal bar over the nose ○ 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 ○ Removing the N95 respirator after leaving the resident's room ○ Touching only the elastics when removing. <p>Refer to the AHS Donning & Doffing PPE posters for details on correct removal & disposal of N95 respirators</p> <p>Assessing the Need for Additional PPE</p> <ul style="list-style-type: none"> • When a patient is on Additional Precautions, follow PPE requirements as indicated AND perform a complete Infection Prevention and Control Risk Assessment (IPC RA). <ul style="list-style-type: none"> • 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
	<p>Ambulation outside room and transfer</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 Infection Prevention and Control Risk Assessment (IPC RA). Transporting staff must remove the N95 respirator (if worn) and perform hand hygiene at destination. Refer to the AHS Donning & Doffing 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.
	<p>Environmental cleaning</p> <ul style="list-style-type: none"> • An occupied room: clean room as per routine practices. <ul style="list-style-type: none"> ○ Cleaning staff must wear respiratory protection as directed in the “Personal Protective Equipment: N95 Respirators” section of this information sheet or on the Airborne Precautions sign. • After resident discharge/transfer or when Airborne Precautions are discontinued: <ul style="list-style-type: none"> ○ 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.



Visitors

- Encourage visitors to perform [hand 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.