






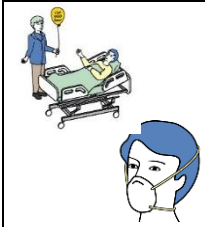
# Airborne Precautions

In addition to [Routine Practices](#)

	<h2>Accommodation</h2> <ul style="list-style-type: none"> <li>Negative pressure single room, anteroom (if possible) and bathroom.</li> <li>Facilities without negative pressure rooms should consult IPC and the <a href="#">Management of Patients Requiring Airborne Isolation</a> for management of suspected or confirmed cases that require <b>Airborne Precautions</b>.</li> <li><b>Airborne Precautions sign</b> visible on entry to room.</li> <li>Room door must be shut at all times, except when entering or leaving the room.</li> </ul>
	<h2>Hand hygiene</h2> <ul style="list-style-type: none"> <li>Perform <a href="#">hand hygiene</a> using alcohol-based hand rub (ABHR) or soap and water as described in <a href="#">Routine Practices</a>.</li> <li>Perform hand hygiene: <ul style="list-style-type: none"> <li>Before accessing and putting on an N95 respirator</li> <li>After taking off an N95 respirator.</li> </ul> </li> <li>Educate patients<sup>1</sup> and visitors about how and when to use <a href="#">hand hygiene</a> products.</li> </ul>
	<h2>Personal protective equipment: N95 respirators</h2> <ul style="list-style-type: none"> <li>All staff and physicians require fit-testing for an N95 respirator.</li> <li>All family or visitors must wear and seal-check an N95 respirator.</li> <li>Proper wearing of an N95 respirator includes: <ul style="list-style-type: none"> <li>Putting on the respirator before entering the patient's room</li> <li>Moulding the metal bar over the nose</li> <li>Ensuring an airtight seal on the face, over top of the nose and under the chin</li> <li>Leaving the room and changing the respirator when it becomes moist</li> <li>Removing the respirator after leaving the patient's room by touching elastics only</li> <li>Not wearing respirator around the neck.</li> </ul> </li> </ul> <p>Refer to the AHS <a href="#">Donning</a> &amp; <a href="#">Doffing</a> PPE posters for details on careful removal &amp; disposal of N95 respirators.</p> <h3>Assessing the Need for Additional PPE</h3> <ul style="list-style-type: none"> <li>When a patient is on Additional Precautions, follow PPE requirements as indicated AND perform a complete <a href="#">Infection Prevention and Control Risk Assessment (IPC RA)</a>. <ul style="list-style-type: none"> <li>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.</li> </ul> </li> </ul>

<sup>1</sup> Patients are all persons who receive or have requested health care or services. The terms "client" or "resident" may also be used, depending on the health care setting.

	<h3>Patient ambulation outside room, bedspace or transfer</h3> <ul style="list-style-type: none"> <li>• Patients should leave the room or bedspace for essential purposes only; exceptions require IPC consultation. Sites should have a clearly documented process for transport of patients on <a href="#">Airborne Precautions</a>.</li> <li>• Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors.</li> <li>• Before patients leave their room or bedspace:             <ul style="list-style-type: none"> <li>○ Assess whether they can wear a procedure/surgical mask for the duration of the transport</li> <li>○ Educate or assist them to put on a procedure/surgical mask</li> <li>○ Consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers; cuddle with care provider</li> <li>○ For patients with tracheostomy, cover site with surgical mask (with ties)</li> <li>○ Perform <a href="#">hand hygiene</a></li> <li>○ Put on clean clothing or hospital gown/housecoat</li> <li>○ Ensure dressings and incontinence products contain any drainage</li> <li>○ Provide an escort for the patient.</li> </ul> </li> <li>• Notify the receiving area of need for <a href="#">Airborne Precautions</a> before departure.</li> <li>• 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 <a href="#">Infection Prevention and Control Risk Assessment (IPC RA)</a>. PPE is to be removed when patient handling is complete.</li> <li>• Staff assisting with transport do not require an N95 respirator after leaving the room unless patient is unable to wear a procedure/surgical mask for the duration of transport.</li> </ul>
	<h3>Environmental cleaning</h3> <ul style="list-style-type: none"> <li>• Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently, if directed by IPC using AHS approved products and procedures.</li> <li>• After patient discharge, transfer or <a href="#">Airborne Precautions</a> are discontinued:             <ul style="list-style-type: none"> <li>○ Keep room door closed for the minimum time to allow airborne particles to be cleared from the air</li> <li>○ Consult IPC as air clearance times vary based on facility air exchanges</li> <li>○ The room may be entered for discharge or transfer cleaning after air clearance time has lapsed.</li> </ul> </li> <li>• If staff must enter before minimum air clearance time, wear fit-tested N95 respirator and door must remain closed.</li> </ul>



### Visitors

- Encourage visitors to perform [hand hygiene](#).
- Instruct family or visitors to wear and [seal-check an N95 respirator](#).
- [Airborne Isolation Precautions Family/Visitor information](#) is an additional resource for visitors.
- Keep the number of visitors to a minimum.  
Door must remain closed except when entering or leaving the room.