Airborne Precautions

In addition to **Routine Practices**

**Accommodation**
- Negative pressure single room, anteroom (if possible) and bathroom.
- Facilities without negative pressure rooms should consult IPC and the [Management of Patients Requiring Airborne Isolation (Algorithm for facilities without Airborne Isolation Rooms)](https://www.ahs.ca/infection-prevention-control) for management of suspected or confirmed cases that require Airborne Precautions.
- **Airborne Precautions sign** visible on entry to room.
- Room door must be shut at all times (except when entering or leaving the room).

**Hand Hygiene**
- Perform **hand hygiene** using alcohol-based hand rub (ABHR) or soap and water as described in **Routine Practices**.
- Perform **Hand Hygiene**:
  - before accessing and putting on an N95 respirator;
  - after taking off an N95 respirator.
- Educate patients and visitors about how and when to use **hand hygiene** products.

**Personal Protective Equipment: N95 Respirators**
- All staff and physicians require fit-testing for an N95 respirator.
- All family or visitors must wear and **seal-check an N95 respirator**.
- Proper wearing of an N95 respirator includes:
  - putting on the respirator before entering the patient’s room;
  - molding 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 respirator after leaving the patient’s room by touching elastics only;
  - not wearing respirator around the neck.
- Refer to the [AHS Donning & Doffing PPE posters](https://www.ahs.ca/infection-prevention-control) for details on careful removal & disposal of N95 respirators.

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1 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.

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