**AIRBORNE PRECAUTIONS**

**CONTINUING CARE**

**SINGLE ROOM WITH NEGATIVE AIR PRESSURE - KEEP DOOR(S) CLOSED**

**EVERYONE MUST:**

- Clean hands when entering and leaving room

<table>
<thead>
<tr>
<th><strong>STAFF MUST:</strong></th>
<th><strong>VISITORS MUST:</strong></th>
<th><strong>RESIDENTS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Wear fit-tested N95 respirator on entry to room, seal-check respirator</td>
<td>✓ Check with nursing staff before entering room&lt;br&gt;✓ Wear N95 respirator on entry to room, seal-check respirator&lt;br&gt;✓ Remove and discard N95 at door when leaving</td>
<td>When residents must leave their room:&lt;br&gt;✓ Wear a procedure mask</td>
</tr>
</tbody>
</table>

- Remove and discard N95 at door when leaving

November 2018

For more information, contact Infection Prevention and Control [infectionpreventioncontrol@ahs.ca](mailto:infectionpreventioncontrol@ahs.ca)
AIRBORNE PRECAUTIONS
CONTINUING CARE
USE IN ADDITION TO ROUTINE PRACTICES

Additional Information – Also see Airborne Precautions Information Sheet

- Single room with negative pressure required! ENSURE ROOM PRESSURE IS SET TO NEGATIVE.
- If negative pressure is activated using a switch, check and document every shift.
- Door into anteroom (if present) and door into resident room must remain closed.
- Anteroom is considered clean space.

If the resident is not currently in a single/AIRBORNE isolation room:
- If possible remove the roommate from the room or mask the infected resident.
- Close the door(s).
- Place appropriate AIRBORNE signage.
- Arrange for resident transfer to an AIRBORNE isolation room.

After resident discharge/transfer or when Airborne Precautions are discontinued keep the room vacant with the door closed for a minimum four (4) hours to allow airborne particles to clear.

Common Organisms Requiring AIRBORNE Precautions (not all inclusive)

- Suspected or confirmed active pulmonary tuberculosis, laryngeal tuberculosis or miliary tuberculosis with pulmonary involvement.
- Extrapulmonary *Mycobacterium tuberculosis* until pulmonary disease ruled out.
- Measles (only immune people should enter the room).

Remember! Always wear the N95 respirator you’ve been fit tested for when in the room.

- All individuals must wear an N95 respirator until the resident’s diagnosis is confirmed.
- 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.
- For suspected or confirmed active pulmonary, laryngeal or miliary *Mycobacterium tuberculosis*, all individuals must wear an N95 when entering the room.
- For disease-specific immunity information please refer to the Diseases and Conditions Table in the Continuing Care Resource Manual OR contact AHS Workplace Health and Safety or Zone MOH/Designate.

Seal Check for disposable (N95) respirators – Refer to donning instructions or Airborne Precautions information sheet for wearing information.

While wearing the respirator, place both hands completely over the respirator while exhaling.

The respirator should bulge gently.

If air leaks out the edges of the respirator, adjust and retest the mask.