Airborne Precautions in Corrections Health

In addition to Routine Practices

Routine Practices help prevent the spread of infections. These practices apply when interacting with patients whether in Alberta Health Services (AHS), Corrections Healthcare areas in Correctional Centres when delivering healthcare services. Use Routine Practices for every patient[1], every time, regardless of their diagnosis or infectious status.

Icon/Symbol	Details
	**Accommodation** • Negative pressure single room, anteroom (if possible) and private toilet. • Facilities without negative pressure cells to contact IPC or Zone Medical Officer of Health (MOH) or designate for management of suspected or confirmed cases that require airborne precautions. • Airborne Precautions sign visible on entry to cell and communication provided to all staff including Healthcare & Correctional Services Division (CSD). • Keep cell door(s) closed at all times (except when entering or leaving the cell).


 
	Hand Hygiene
	• Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in routine practices.
	• Use plain soap and water when:
	  ○ hands are visibly soiled **and**
	  ○ caring for patients with diarrhea and/or vomiting.
	• Perform hand hygiene:
	  ○ before accessing and putting on gown, gloves and fit-test N95 respirator
	  ○ after taking off gloves and after taking off gown **and**
	  ○ after taking off N95 respirator.
	• Educate patients, visitors and CSD staff on how and when to use hand hygiene products.


 
	Personal Protective Equipment: N95 Respirators
	• Staff with known immunity to a confirmed disease (e.g., chickenpox) are not required to wear an N95 respirator when entering the cell or providing care to a patient with a confirmed case of that specific disease. If non-immune individuals must enter the cell or provide care, an N95 respirator must be worn.
	• If an airborne organism is suspected, all individuals must wear an N95 respirator until the patient's infectious etiology is ruled out.
	• For disease specific immunity information please refer to the Continuing Care IPC Resource Manual Diseases and Conditions Table or contact Workplace Health Safety.
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	• Staff must be properly fit-tested for N95 respirators in compliance with CSA Standard 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 user's face.
	  ○ Those who are not fit-tested for N95 respirators should be shown how to put them on

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	and take them off properly and how to seal-check the respirator.
	• Perform hand hygiene before accessing and putting on and immediately after taking off N95 respirator.
	• Proper N95 use includes:
	  ○ putting it on before entering the patient's cell
	  ○ 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 cell and changing the respirator when it becomes moist
	  ○ removing the N95 respirator after leaving the patient's cell **and**
	  ○ touching only the elastics when removing.
	(Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gloves).

	**Patient Movement Outside Cell and Transfer** (Leaving cell)
	• Patients should not leave their cell; exceptions require IPC or Zone MOH/designate consultation.
	• If patients must leave their cell, instruct them on or assist them with:
	  ○ performing hand hygiene
	  ○ putting on a procedure/surgical mask **and**
	  ○ ensuring dressings and incontinence products are able to contain any drainage.
	• 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 the IPC Risk Assessment. Transporting staff must remove PPE (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 the need for Airborne Precautions before departure.
	• Patients required to attend court while on Airborne Precautions require IPC or Zone MOH/designate or TB Services consultation.
	(Refer to the AHS Donning & Doffing PPE posters for details on correct removal & disposal of N95 respirators).

	**Environmental Cleaning**
	• **Occupied cell**: clean room as per routine practices, door must remain closed:
	  ○ Cleaning staff (inmate and contracted) 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 patient 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. Exceptions require IPC or Zone MOH/designate consultation.
	  ○ 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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	• If patient must attend clinic or other essential appointment, they must come directly from their cell masked, be cared for/attend appointment and return immediately to their cell. In this case, the 4 hour air clearance time is not required in the clinic or appointment area.
 	**Visitors** • Encourage visitors (family, friends, lawyers, contracted staff, clergy, etc.) to perform hand hygiene • Show visitors how to wear and seal-check an N95 respirators Instructions for Putting on an N95 Respirator. • Instruct visitors to keep the door closed at all times, except when entering or leaving the room.
[1] Patients are all persons who receive or have requested healthcare or services. The terms "client" or "resident" may also be used, depending on the healthcare setting.	

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