









Airborne Precautions

In addition to [Routine Practices](#)

	<h3>Accommodation</h3> <ul style="list-style-type: none"> ➤ Private room with bathroom, negative pressure airborne infection isolation room, anteroom (if possible). ➤ Airborne Precautions sign visible on entry to room. Room door must remain shut at all times (except when entering and leaving room); if anteroom available, always use for entry and exit. Notify IPAC before discontinuing Airborne Precautions. ➤ Facilities without negative pressure airborne infection isolation rooms should consult Infection Prevention and Control (IPAC) and the Management of Patients Requiring Airborne Isolation (Algorithm for facilities without Airborne Isolation Rooms) for management of patients¹ that require Airborne Precautions.
	<h3>Hand Hygiene</h3> <ul style="list-style-type: none"> ➤ Perform hand hygiene by 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 N95 respirator; • after leaving room and after removing N95 respirator. ➤ Educate patients and visitors on how and when to use hand hygiene products.
	<h3>Personal Protective Equipment: N95 Respirator</h3> <ul style="list-style-type: none"> ➤ All staff and physicians require fit-testing for an N95 respirator. ➤ All staff, family or visitors must wear and seal-check an N95 respirator. ➤ Proper wearing of an N95 respirator includes: <ul style="list-style-type: none"> • 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 only the elastic straps; • not wearing respirator around the neck. <p>Refer to: VCH Donning (put on) Personal Protective Equipment and Doffing (take off) Personal Protective Equipment posters for details on careful removal and disposal of respirator.</p>
	<h3>Personal Protective Equipment: Gown, Gloves and Eye Protection</h3> <ul style="list-style-type: none"> ➤ Wear a gown, gloves and/or eye protection according to the Point of Care Risk Assessment when there is a risk of contact with mucous membranes, non-intact skin, blood or body fluids, and when contamination of clothing or splash/spray is anticipated, as described in Routine Practices.

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.

	<h2>Handling Patient Care Items and Equipment</h2> <ul style="list-style-type: none"> ➤ Use disposable patient equipment when possible. ➤ Dedicate reusable equipment to a single isolation patient, until discharge (i.e. blood pressure cuff, commode). Clean and disinfect equipment between uses. ➤ If reusable equipment cannot be dedicated to a single isolation patient, clean and disinfect thoroughly between patients. ➤ Airborne Precautions rooms should contain a dedicated soiled linen hamper. ➤ Do not share any items between patients that cannot be cleaned or disinfected (i.e. electronic gaming devices, magazines). ➤ Meal trays and beverage dishes do not require special handling. ➤ On discharge, discard single-use supplies that remain and launder unused linens.
	<h2>Patient Ambulation Outside Room, Bed Space or Transfer</h2> <ul style="list-style-type: none"> ➤ Notify the receiving area before departure of the need for Airborne Precautions. ➤ Patients should leave the airborne infection isolation room for essential purposes only. ➤ Before patient leaves their room, educate or assist them to: <ul style="list-style-type: none"> • perform hand hygiene; • put on a procedure/surgical mask; • avoid public common areas such as cafeterias. ➤ Hard surface medical chart covers should be wiped and stored to prevent soiling during transport (in plastic bag under stretcher or in wheelchair pocket). ➤ Transport staff: <ul style="list-style-type: none"> • Workplace Health guidelines require transport staff wear an N95 mask while transporting a patient on Airborne Precautions. • Don N95 in hallway prior to entering patient room. Perform hand hygiene and use a wipe to clean and disinfect the handles of the wheelchair/stretcher on exit from the patient room. • At destination, perform hand hygiene on exit, remove the N95 mask outside the room and perform hand hygiene again. ➤ Clean and disinfect wheelchair/stretcher between patients
	<h2>Patient Hygiene</h2> <ul style="list-style-type: none"> ➤ Daily access to or assistance with: <ul style="list-style-type: none"> • Clean gown/clothes (additionally when soiled) • Linen change (sheets, pillowcase, towels, face cloth) (additionally when soiled) • Oral care • Bathing (includes use of cleaning wipes and/or bath basin)
	<h2>Family and Visitors</h2> <ul style="list-style-type: none"> ➤ Encourage family members and visitors to perform hand hygiene. ➤ Instruct family and visitors to wear an N95 respirator and perform a seal check; ➤ Keep the visitors to a minimum. ➤ Door must remain closed except when entering or leaving the room.



Environmental Cleaning

- After patient discharge:
 - Keep the door closed for the minimum time as directed by Infection Prevention and Control to allow airborne particles to settle;
 - Consult Infection Prevention and Control as settle time will vary based on room type and air exchanges;
 - The room may be entered for discharge cleaning after settle time has lapsed.
- If staff must enter the room before minimum settle time, wear an N95 respirator and door must remain closed.
- Do not remove Airborne Precautions sign until after settle time and environmental cleaning are complete.