








Airborne Precautions in Long Term Care

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 Infection Prevention and Control (IPAC) before discontinuing Airborne Precautions. ➤ Facilities without negative pressure airborne infection isolation rooms should consult IPAC or Medical Health Officer for management of residents that require Airborne Precautions. In most cases, this will require transfer to an acute care facility. In the interim, put a surgical/procedure mask on the resident and place in a private room with the door closed.
	<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 residents and visitors on how and when to use hand hygiene products. Assist residents with hand hygiene before eating and after toileting as needed.
	<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 when indicated. Refer to the Diseases and Conditions Table or contact IPAC to determine if Airborne Precautions are indicated. ➤ Proper wearing of an N95 respirator includes: <ul style="list-style-type: none"> • putting on the respirator before entering the resident'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 residents room by touching only the elastic straps; • not wearing respirator around the neck. <p>Refer to: VCH How to use Personal Protective Equipment poster 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.
	<h3>Handling Resident Care Items and Equipment</h3> <ul style="list-style-type: none"> ➤ Use disposable equipment when possible. ➤ Dedicate reusable equipment to a single isolation resident, until Airborne Precautions are discontinued. Clean and disinfect equipment between uses. ➤ If reusable equipment cannot be dedicated to a single isolation resident, clean and disinfect thoroughly between residents. ➤ Airborne Precautions rooms should contain a dedicated soiled linen hamper. ➤ Do not share any items between residents that cannot be cleaned or disinfected (i.e. puzzles, books, electronics). ➤ When Airborne Precautions are discontinued; discard single-use care equipment, reprocess reusable care items, change bed linens and cubicle curtains. Launder soiled resident clothing and any unused linens in the resident room. ➤ Meal trays and beverage dishes do not require special handling.
	<h3>Resident Ambulation Outside Room and Transfer</h3> <ul style="list-style-type: none"> ➤ Notify the receiving area before departure of the need for Airborne Precautions. ➤ Residents should not leave their room until precautions are discontinued. Exceptions require consultation with IPAC. ➤ Before resident leaves their room, educate or assist them to: <ul style="list-style-type: none"> • perform hand hygiene; • put on a procedure/surgical mask; ➤ Transport staff should assess the risk of exposure to the patient using a Point of Care Risk Assessment (PCRA) and choose clean personal protective equipment (PPE) as necessary, to handle the resident during transport and at the transport destination. PPE is to be removed when patient handling is complete. ➤ On arrival at destination, after turning over resident, transporting staff perform hand hygiene when leaving resident room, and after removing N95 respirator, if worn.
	<h3>Family and Visitors</h3> <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

- An occupied room: clean room as per routine practices.
 - Cleaning staff 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 resident 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, or if air exchanged/hour are known refer to [Air Settle/Clearance Times](#).
 - 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