

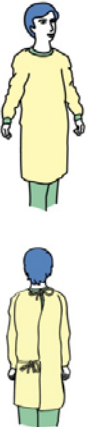


## Airborne and Contact Precautions in Long Term Care

In addition to [Routine Practices](#)

	<h3>Accommodation</h3> <ul style="list-style-type: none"> <li>➤ Private room with bathroom, negative pressure airborne infection isolation room, anteroom (if possible).</li> <li>➤ <b>Airborne and Contact Precautions</b> sign visible on entry to room. Notify Infection Prevention and Control (IPAC) before discontinuing Airborne and Contact Precautions.</li> <li>➤ Room door must remain shut at all times (except when entering and leaving room); if anteroom available, always use for entry and exit.</li> <li>➤ 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.</li> </ul>
	<h3>Hand Hygiene</h3> <ul style="list-style-type: none"> <li>➤ Perform <a href="#">hand hygiene</a> by using alcohol-based hand rub (ABHR) or soap and water as described in <a href="#">Routine Practices</a>.</li> <li>➤ Use plain soap and water when:             <ul style="list-style-type: none"> <li>• hands are visibly soiled;</li> <li>• caring for residents with diarrhea and/or vomiting.</li> </ul> </li> <li>➤ Perform hand hygiene:             <ul style="list-style-type: none"> <li>• before accessing and putting on a gown, gloves, and N95 respirator;</li> <li>• after taking off gloves and gown;</li> <li>• after leaving room and after removing N95 respirator.</li> </ul> </li> <li>➤ 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.</li> </ul>
	<h3>Personal Protective Equipment: Gown</h3> <ul style="list-style-type: none"> <li>➤ Put on a new gown before entering resident room or bed space when:             <ul style="list-style-type: none"> <li>○ providing direct, hands-on care (e.g., washing, bathing, turning, continence care, wound care or toileting)</li> <li>○ having any contact with items in the resident room</li> <li>○ cleaning any areas in the resident room</li> </ul> </li> <li>➤ Fasten tie strings at the neck and the waist.</li> <li>➤ Make sure the sleeves cover your wrists.</li> <li>➤ Put on gown before putting on gloves; gloves should cover the gown cuffs.</li> <li>➤ <b>Do not wear gowns outside of the resident room/bed space unless transporting contaminated items.</b></li> <li>➤ Take off gloves and gown, then perform hand hygiene.</li> <li>➤ <b>Remove soiled gown as soon as possible before leaving resident anteroom/room.</b></li> <li>➤ Place used gown in linen hamper if reusable or garbage if disposable.</li> </ul> <p>Refer to: VCH <a href="#">How to use Personal Protective Equipment</a> poster for details on careful removal and disposal of gowns.</p>



## Personal Protective Equipment: N95 Respirator

- 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:
  - 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 resident's room** by touching only the elastic straps;
  - not wearing respirator around the neck.

Refer to: VCH [How to use Personal Protective Equipment](#) poster for details on careful removal and disposal of respirator.



## Personal Protective Equipment: Gloves

- Wear non-sterile gloves to enter resident room or bed space when:
  - providing direct, hands-on care (e.g., washing, bathing, turning, continence care, wound care or toileting)
  - having any contact with items in the resident room
  - cleaning any areas in the resident room
- Put on **gown first and gloves after**; gloves should cover gown cuffs.
- Gloves are single use. Use only once, then dispose of them immediately after use.
- Change gloves between care activities for the same resident (work from clean to dirty sites; change gloves after working on a contaminated body site).
- Sterile gloves are for sterile procedures.
- Never wear gloves outside a resident room or bed space unless transporting contaminated items.
- Remove damaged gloves and perform hand hygiene.
- Never wash gloves or use ABHR while wearing gloves.
- Take off gloves and gown, and perform hand hygiene.

Refer to: VCH [How to use Personal Protective Equipment](#) poster for details on careful removal and disposal of gloves.



## Handling Resident Care Items and Equipment

- Use disposable care equipment when possible.
- Dedicate reusable equipment to a single isolation resident, until discharge (i.e. blood pressure cuff, commode). Clean and disinfect equipment between uses.
- If reusable equipment cannot be dedicated to a single isolation resident, clean and disinfect thoroughly between residents.
- Isolation 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 and Contact 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.



## Resident Ambulation Outside Room and Transfer

- Notify the receiving area before departure of the need for Airborne and Contact 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:
  - perform hand hygiene;
  - put on a procedure/surgical mask;
  - put on clean clothing or hospital gown/housecoat, or cover with clean blanket.
  - ensure dressings and incontinence products contain drainage.
- 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.
- Wipe hard surface medical chart covers and store to prevent soiling during transport.
- On arrival at destination, after turning over resident, transport staff remove PPE if worn: gloves and gown, perform hand hygiene, remove respirator outside of resident room, and then repeat hand hygiene.



## Family and Visitors

- Encourage family members and visitors to perform hand hygiene.
- Instruct family or visitors to:
  - Wear an N95 respirator and perform a seal check.
  - Put on and take off gown and gloves.
  - Keep the visitors to a minimum.
  - Door must remain closed except when entering or leaving the room.



## Environmental Cleaning

- An occupied room:
  - All high touch surfaces in the resident's room, including bathrooms and commodes, must be cleaned at least daily.
  - Cleaning staff must wear respiratory protection as directed in the Personal Protective Equipment: N95 Respirators section of this information sheet or on the Airborne & Contact Precautions sign.
- Use VCH approved products and procedures.
- After resident discharge/transfer or when Airborne and Contact Precautions are discontinued:
  - keep room vacant and door closed for a minimum four (4) hours to allow airborne particles to clear, or if air exchanges/hour are known refer to [Air Settle/Clearance Times](#). If staff must enter before air settle/clearance time has passed, an N95 respirator must be worn.
  - clean touch surfaces of resident's ambulation aides
  - change privacy curtains
  - Refer to facility Environmental Services cleaning schedules and practices.