




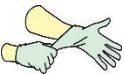


Airborne and Contact Precautions In Continuing Care




In addition to [Routine Practices](#)

	<h2>Accommodation</h2> <ul style="list-style-type: none"> Negative pressure single room, anteroom (if possible), and bathroom. Facilities without negative pressure rooms must consult Alberta Health Services (AHS) IPC or Zone Medical Officer of Health (MOH), or designate for management of suspected or confirmed cases that require Airborne Precautions. Refer to Management of Patients Requiring Airborne Isolation in the Absence of Airborne Isolation Rooms Airborne and Contact Precautions sign visible on entry to room. Keep room door(s) closed at all times (except when entering and leaving room).
	<h2>Hand hygiene</h2> <ul style="list-style-type: none"> Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices. Use plain soap and water when: <ul style="list-style-type: none"> hands are visibly soiled; caring for residents with diarrhea and/or vomiting. Perform hand hygiene: <ul style="list-style-type: none"> before accessing and putting on gown and gloves and fit-tested N95 respirator; after taking off gloves and after taking off gown; after taking off N95 respirator. Show residents and visitors how and discuss when to use hand hygiene products.
	<h2>Personal protective equipment: N95 respirators</h2> <ul style="list-style-type: none"> Staff and visitors with known immunity to a confirmed disease (e.g., chickenpox) 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. If an airborne and contact organism is suspected all individuals must wear an N95 respirator until the resident's diagnosis is confirmed. For disease specific immunity information please refer to the Continuing Care IPC Resource Manual Diseases and Conditions Table or contact Workplace Health Safety. Staff must be properly fit-tested for N95 respirators in compliance with CSA Standard Z94.4-02. <ul style="list-style-type: none"> 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. Visitors are not fit-tested for N95 respirators but should be shown how to put them on 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 wearing of an N95 respirator includes: <ul style="list-style-type: none"> putting it on 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; touching only the elastics when removing. <p>(Refer to the AHS Donning & Doffing PPE posters for details on correct removal and disposal of N95 respirators).</p>



 	<h3>Personal protective equipment: Gowns</h3> <ul style="list-style-type: none"> • Wear a new gown to enter resident room or bed space when: <ul style="list-style-type: none"> ○ providing direct, hands-on care (e.g., <i>bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesion or toileting</i>); ○ having any contact with items in resident room (<i>including gathering and handling specimens</i>); ○ cleaning any areas in resident room. • Put on gown before putting on gloves; gloves should cover the gown cuffs. • Do not wear a gown outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area. Clean gowns are required before departure for resident transfer. • Remove soiled gowns as soon as possible. • Take off gloves and perform hand hygiene before taking off gown. • Do not reuse gowns. • After removing gown: <ul style="list-style-type: none"> ○ place in waste container if disposable; ○ place in linen bag if reusable; ○ perform hand hygiene. <p>(Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gowns).</p>
	<h3>Personal protective equipment: Gloves</h3> <ul style="list-style-type: none"> • Wear new non-sterile gloves to enter resident room or bed space when: <ul style="list-style-type: none"> ○ providing direct care (e.g., <i>bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesion or toileting</i>); ○ having any contact with items in resident room (<i>including gathering and handling specimens</i>); ○ cleaning any areas in resident room. • Gloves are single-use. Use only once, then dispose of them immediately after use. • Put on gown first and then gloves after; gloves should cover gown cuffs. • Change gloves between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site). • Do not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area. Clean gloves are required before departure for resident transfer. • Never wash disposable gloves or use ABHR on any gloves. • Take off gloves and perform hand hygiene before taking off gown. • Discard used gloves in a waste container. <p>(Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gloves).</p>



	<h3>Handling resident care items and equipment</h3> <ul style="list-style-type: none"> • Use disposable care equipment when possible. • Dedicate re-useable equipment to a single resident until Airborne and Contact Precautions are discontinued (e.g., thermometers, blood pressure equipment). • If reusable equipment cannot be dedicated to a single resident, clean and disinfect it between residents. • Rooms should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking. • Do not share items (e.g., puzzles, books, electronics) that cannot be cleaned and disinfected. • When 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. • Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required.
	<h3>Resident ambulation outside room and transfer</h3> <ul style="list-style-type: none"> • Residents should not leave their room or bed-space. Exceptions require IPC or Zone MOH/designate consultation. • If residents must leave their room, instruct them on or assist them with: <ul style="list-style-type: none"> ○ performing hand hygiene; ○ putting on a procedure/surgical mask; ○ putting on clean clothing or clean housecoat; ○ 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 Infection Prevention and Control Risk Assessment (IPC RA). 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). <p>(Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE).</p> <ul style="list-style-type: none"> • Medical charts transported with the resident must be kept clean.
	<h3>Environmental cleaning</h3> <ul style="list-style-type: none"> • An occupied room: <ul style="list-style-type: none"> ○ 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 Precautions sign. • Use AHS or facility approved products and procedures. • After resident discharge/transfer or when Airborne and Contact Precautions are discontinued: <ul style="list-style-type: none"> ○ keep room vacant and door closed for a minimum four (4) hours to allow airborne particles to clear; ○ 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; ○ clean touch surfaces of resident's ambulation aides; ○ change privacy curtains. • Refer to facility Environmental Services cleaning schedules and practices.





Visitors

- Encourage visitors to perform [hand hygiene](#).
- Instruct family or visitors how to put on and take off gown and gloves, if they are assisting with care (e.g. feeding, turning).
- Show family or visitors how to wear and *seal-check* an [N95 respirators](#).
- Instruct visitors to keep the door closed at all times, except when entering or leaving the room.

