



# AIRBORNE and CONTACT PRECAUTIONS CONTINUING CARE



**SINGLE ROOM WITH NEGATIVE AIR PRESSURE - KEEP DOORS CLOSED. DEDICATED EQUIPMENT.**

## EVERYONE MUST:



Clean hands when entering and leaving room



## STAFF MUST:



- ✓ Wear fit-tested N95 respirator on entry to room, seal-check respirator
- ✓ Wear gown and gloves when providing direct care
- ✓ Remove and discard N95, gown and gloves at door when leaving

## VISITORS MUST:



- ✓ Check with nursing staff before entering room
- ✓ Wear N95 respirator on entry to room, seal-check respirator
- ✓ Wear gown and gloves when providing direct care
- ✓ Remove and discard N95, gown and gloves at door when leaving

## RESIDENTS:



- When residents must leave their room:
- ✓ Wear clean clothing and procedure mask

# AIRBORNE AND CONTACT PRECAUTIONS CONTINUING CARE USE IN ADDITION TO ROUTINE PRACTICES

## Additional Information – Also See Airborne and Contact Precautions Information Sheet

- Single room with negative pressure required! ENSURE ROOM PRESSURE IS SET TO NEGATIVE.
- If negative pressure is activated using a switch, check and document every shift.
- Door into anteroom and door into resident room must remain closed.
- Anteroom is considered clean space.
- Dedicate equipment to the isolated resident or clean and disinfect shared equipment after each use.
- Do not share items (e.g., puzzles, books, electronics) that cannot be cleaned and disinfected.
- Rooms should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking.
- All high touch surfaces in the resident's room must be cleaned at least daily with facility approved products and procedures.

### If the resident is not currently in a single/negative pressure room:

- If possible remove the roommate from the room or mask the infected resident.
- Close the door.
- Place AIRBORNE AND CONTACT signage.
- Arrange for resident transfer to a negative pressure room.

**After resident discharge/transfer or when Airborne Precautions are discontinued** keep the room vacant with the door closed for a minimum four (4) hours to allow airborne particles to clear.

### **Common Organisms Requiring AIRBORNE AND CONTACT Precautions (not all inclusive)**

- Chickenpox (Varicella)
- Shingles (Zoster) in an immunocompromised resident
- Disseminated Shingles (Zoster)

### **Remember! Always wear the N95 respirator you've been fit tested for when in the room**

- If an Airborne and Contact organism is suspected all individuals must wear an N95 respirator until the resident's diagnosis is confirmed.
- Individuals 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.
- For disease-specific immunity information please refer to the Diseases and Conditions Table in the Continuing Care Resource Manual or contact AHS Workplace Health and Safety or Zone MOH/Designate.

**Seal Check for disposable (N95) respirators** – Refer to donning instructions or Airborne Precautions information sheet for wearing information. While wearing the respirator, place both hands completely over the respirator while exhaling. The respirator should bulge gently. If air leaks out the edges of the respirator, adjust and retest the mask.

Wear a new gown and gloves to enter resident room or bed space when:

- providing direct care (e.g., **bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesion or toileting**).
- having any contact with items in resident room (*including gathering and handling specimens*)
- cleaning any areas in the resident room