




# Airborne Precautions

In addition to [Routine Practices](#)



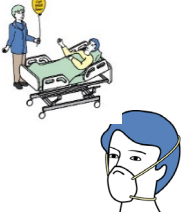


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	<h2>Accommodation</h2> <ul style="list-style-type: none"><li>• Negative pressure single room, anteroom (if possible) and bathroom.</li><li>• Facilities without negative pressure rooms should consult IPC and the <a href="#">Management of Patients Requiring Airborne Isolation</a> for management of suspected or confirmed cases that require Airborne Precautions.</li><li>• <a href="#">Airborne Precautions sign</a> visible on entry to room.</li><li>• Room door must be shut at all times (except when entering or leaving the room).</li></ul>
	<h2>Hand hygiene</h2> <ul style="list-style-type: none"><li>• Perform <a href="#">hand hygiene</a> using alcohol-based hand rub (ABHR) or soap and water as described in <a href="#">Routine Practices</a>.</li><li>• Perform <a href="#">hand hygiene</a>:<ul style="list-style-type: none"><li>○ before accessing and putting on an N95 respirator;</li><li>○ after taking off an N95 respirator.</li></ul></li><li>• Educate patients<sup>1</sup> and visitors about how and when to use <a href="#">hand hygiene</a> products.</li></ul>
	<h2>Personal protective equipment: N95 respirators</h2> <ul style="list-style-type: none"><li>• All staff and physicians require fit-testing for an N95 respirator.</li><li>• All family or visitors must wear and <a href="#">seal-check an N95 respirator</a>.</li><li>• Proper wearing of an N95 respirator includes:<ul style="list-style-type: none"><li>○ putting on the respirator before entering the patient's room;</li><li>○ molding the metal bar over the nose;</li><li>○ ensuring an airtight seal on the face, over top of the nose and under the chin;</li><li>○ leaving the room and changing the respirator when it becomes moist;</li><li>○ removing the respirator after leaving the patient's room by touching elastics only;</li><li>○ not wearing respirator around the neck.</li></ul></li></ul> <p>Refer to the AHS <a href="#">Donning</a> &amp; <a href="#">Doffing</a> PPE posters for details on careful removal &amp; disposal of N95 respirators.</p>

<sup>1</sup> 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.

	<h3>Patient ambulation outside room, bed space or transfer</h3> <ul style="list-style-type: none"> <li>• Patients should leave the room or bed space for essential purposes only; exceptions require IPC consultation. Sites should have a clearly documented process for transport of patients on <a href="#">Airborne Precautions</a>.</li> <li>• Use pre-determined transport routes to minimize exposure for healthcare workers, other patients and DFSP/visitors.</li> <li>• Before patients leave their room or bedspace:             <ul style="list-style-type: none"> <li>○ assess whether they can wear a procedure/surgical mask for the duration of the transport;</li> <li>○ educate or assist them to put on a procedure/surgical mask;</li> <li>○ consider alternate strategies for patients who cannot tolerate a mask, e.g., neonates, infants, toddlers; cuddle with care provider;</li> <li>○ for patients with tracheostomy, cover site with surgical mask (with ties);</li> <li>○ perform <a href="#">hand hygiene</a>;</li> <li>○ put on clean clothing or hospital gown/housecoat;</li> <li>○ ensure dressings and incontinence products contain any drainage;</li> <li>○ provide an escort for the patient.</li> </ul> </li> <li>• Notify the receiving area of need for Airborne Precautions before departure.</li> <li>• 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 <a href="#">Infection Prevention and Control Risk Assessment (IPC RA)</a>. PPE is to be removed when patient handling is complete.</li> <li>• Staff assisting with transport do not require an N95 respirator after leaving the room unless patient is unable to wear a procedure/surgical mask for the duration of transport.</li> </ul>
	<h3>Environmental cleaning</h3> <ul style="list-style-type: none"> <li>• Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently, if directed by IPC using AHS approved products and procedures.</li> <li>• After patient discharge, transfer or airborne precautions are discontinued:             <ul style="list-style-type: none"> <li>○ keep room door closed for the minimum time to allow airborne particles to be cleared from the air;</li> <li>○ consult IPC as air clearance times vary based on facility air exchanges;</li> <li>○ the room may be entered for discharge or transfer cleaning after air clearance time has lapsed.</li> </ul> </li> <li>• If staff must enter before minimum air clearance time, wear fit-tested N95 respirator and door must remain closed.</li> </ul>
	<h3>Visitors</h3> <ul style="list-style-type: none"> <li>• Encourage visitors to perform <a href="#">hand hygiene</a>.</li> <li>• Instruct family or visitors to wear and <a href="#">seal-check an N95 respirator</a>.</li> <li>• <a href="#">Airborne Isolation Precautions Family/Visitor information</a> is an additional resource for visitors.</li> <li>• Keep the number of visitors to a minimum. Door must remain closed except when entering or leaving the room.</li> </ul>