



Airborne and Contact Precautions

In Personal Care, Group & Residential Homes

In Addition to Routine Practices

	<h3>Accommodation</h3> <ul style="list-style-type: none"> • Negative pressure single room, anteroom (if possible), and bathroom. • Because most care homes do not have negative pressure rooms, residents may require transfer to acute care. It is important for staff to follow correct airborne precaution measures until transport to an appropriate facility occurs. Consult your local Public Health office or 811 for further guidance. • Staff must use an N95 respirator to enter the room of resident with a known or suspected disease transmitted by the airborne route (e.g., pulmonary tuberculosis, measles, chickenpox) • Some organism that are not typically airborne, may become airborne with Aerosol Generating Medical Procedures (AGMP). COVID-19 is an example of this. When there is a known or suspect COVID-19 positive resident and an AGMP is occurring, follow the Airborne & Contact protocol. The most common AGMPs in personal care, group & residential homes are CPAP machines and medication delivered by a nebulizer machine. • The door of the room should be kept closed. • Remember a settle time of two hours must pass before staff should enter the room without wearing proper respiratory protection (i.e., N95 respirator). • Airborne and Contact Precaution sign should be visible on entry to room. Keep room door(s) closed at all times (except when entering and leaving room).
	<h3>Hand Hygiene</h3> <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.



Personal Protective Equipment: N95 Respirators

- Staff with known immunity to a confirmed disease (e.g., chickenpox) are not required to wear a N95 respirator when entering the room of a resident with a confirmed case of that specific disease. If non-immune staff member must enter the room, a N95 respirator must be worn.
- If an airborne and contact organism is suspected all individuals must wear a N95 respirator until the resident's diagnosis is confirmed.

For disease specific immunity information please refer to the Saskatchewan communicable disease manual <https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>

- Staff must be properly fit-tested for N95 respirators in compliance with CSA Standard Z94.4-18.
 - A seal-check must be done each time a N95 respirator is worn to ensure there is an adequate seal between the mask and the user's face.
- Perform hand hygiene before accessing and putting on and immediately after taking off a N95 respirator.
- Proper wearing of a N95 respirator includes:
 - 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



Personal Protective Equipment: Gowns

- Wear a new gown to enter resident room or bed space when:
 - providing direct, hands-on 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 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:
 - place in waste container if disposable
 - place in linen bag if reusable
 - perform hand hygiene



Personal Protective Equipment: Gloves

- Wear new non-sterile 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 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.





Handling Resident Care Items and Equipment

- 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 in an area designated for used dishes. Disposable dishes and utensils are not required.



Resident Ambulation Outside Room and Transfer

- Residents should not leave their room or bedspace.
- If residents must leave their room, instruct them on or assist them with:
 - performing hand hygiene
 - putting on a procedure 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 a Point of Care Risk Assessment (PCRA). Transporting staff must remove PPE (if worn) and perform hand hygiene at destination.
- Charts transported with the resident must be kept clean.

	<h2>Environmental Cleaning</h2> <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 as per N95 Respirators section of this information sheet or on the Airborne and Contact precaution sign • After resident discharge/transfer or when Airborne and Contact Precaution are discontinued: <ul style="list-style-type: none"> ○ keep room vacant and door closed for a minimum two (2) hours to allow airborne particles to settle ○ if staff must enter before two hours have passed, a N95 respirator must be worn, and the door must remain closed ○ clean room as per existing home/facility cleaning practices ○ clean touch surfaces of resident's ambulation aides ○ change privacy curtains
	<h2>Visitors</h2> <ul style="list-style-type: none"> • Encourage visitors to perform hand hygiene • Instruct family or visitors how to put on and take off mask, gown and gloves, if they are assisting with care (e.g., feeding, turning) • Show family or visitors how to don & doff their PPE properly and educate them on entering the additional precaution room if they are not immune to the organism (e.g., chickenpox) • Instruct visitors to keep the door closed at all times, except when entering or leaving the room. • Because visitors are not fit-tested with a N95 respirator, it is not recommended that they enter an airborne precaution room unless they are immune to the organism (e.g., chickenpox). If they must enter and are not immune, they should wear a mask, gown and gloves and be informed of the risks of entering the room.

NOTE: In pandemic times, processes may change. Always follow Public Health and Ministry of Health mandates and recommendations for the safety of yourself, residents, and others.

For more information on Additional Precautions go to SASWH IPAC Education Course
<https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq>