



AIRBORNE AND CONTACT PRECAUTIONS



Personal Care, Group & Residential Homes

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
- ✓ Wear eye protection based on a PCRA and for AGMPs

VISITORS MUST:



- ✓ Check with staff before entering room
- ✓ Wear a procedure mask upon entry to room (unless they have known immunity to the illness)
- ✓ Wear gown and gloves when providing direct care
- ✓ Discard mask, gown and gloves at door when leaving

RESIDENTS:



When residents must leave their room:

- ✓ Wear clean clothing and procedure mask

AIRBORNE AND CONTACT PRECAUTIONS USE IN ADDITION TO ROUTINE PRACTICES

Additional Information – Also See Airborne and Contact Precautions Information Sheet

- Single room with negative pressure is required for airborne illnesses; however, most personal care, group & residential homes will not have one. Resident may need to be transported to the hospital. Consult with your local Public Health Office or 811.
- 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.
- Use Health Canada approved products and procedures. (Properly diluted bleach is an acceptable disinfectant as long as the surface is cleaned first.)

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 in a visible spot outside of the room.

After resident discharge/transfer or when Airborne Precautions are discontinued keep the room vacant with the door closed for a minimum of two (2) hours to allow airborne particles to settle. **Some Organisms Requiring AIRBORNE AND CONTACT Precautions (not all inclusive)**

- Chickenpox (Varicella)
- Measles
- Tuberculosis Bacteria (TB)
- 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.

Remember! Always wear the N95 respirator you have been fit tested for when in the room

- If an Airborne and Contact organism is suspected all individuals must wear a 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 a 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, a fit tested N95 respirator must be worn.
- For disease-specific information refer to Public Health's Communicable Disease manual.

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.