



Infection Prevention and Control

AIRBORNE PRECAUTIONS

In addition to [Routine Practices](#),

Additional Precautions are sometimes necessary to protect everyone from the spread of infection.

[Point of Care Risk Assessment](#) is used to determine necessary additional precautions.

Use [Syndromic Surveillance Screening Toolkit](#) for information regarding management of a suspected condition and the type of Additional Precautions that need to be implemented.

To maintain quality of care, remember to engage with patients on Additional Precautions and use strategies to prevent social isolation.



Mode of Transmission

- Use for micro-organisms or disease conditions spread via airborne transmission of small respiratory droplets (e.g., Tuberculosis).
- The small droplets are expelled and aerosolized when someone with an airborne disease sneeze, coughs, laughs, and a susceptible person breathes these small droplets into their lungs.



Patient Placement and Accommodation

- Single occupancy Airborne Infection Isolation Room (AIIR) with anteroom (if possible) and bathroom.
- Facilities without available AIIR should consult IPAC and refer to [Management of Patients Requiring Airborne Isolation IN THE ABSENCE of Airborne Infection Isolation Rooms](#)
- [Airborne Precautions](#) sign should be visible on entry to room.
- Room door must always remain closed (except when entering and exiting room).
- If room has an anteroom, enter and exit only through the anteroom doors.



Hand Hygiene

- Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in [Routine Practices](#) or on the [BCCDC website](#)
- Refer to IH [Hand Hygiene Policy \(AH0700\)](#)
- Use plain soap and water when hands are visibly soiled.
- Perform hand hygiene according to the [4 Moments for Hand Hygiene](#) and:
 - before accessing and donning personal protective equipment
 - after doffing each piece of personal protective equipment (fit-test N95 respirator is doffed outside of patient room)
- Educate patients and visitors about how and when to use hand hygiene products.

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Personal Protective Equipment: Fit tested N95 Respirator

Refer to [How to Don](#) and [How to Doff](#) PPE posters for details on careful removal and disposal of fit-tested N95 respirators.

- PPE to be available directly outside patient room or in anteroom.
- Perform hand hygiene before accessing PPE.
- All health care providers are required to don a fit tested N95 respirator or equivalent outside the patient room or in the anteroom, before entering the patient room.
- Use [Point of Care Risk Assessment](#) to determine level of risk of exposure to blood and bodily fluids to inform additional PPE requirements (i.e., gown, gloves, eye protection).
- Refer to [Respirator Donning/Doffing Instructions](#) for how to don different styles of fit tested N95 respirators and how to perform seal check.
- The same fit tested N95 respirator should not be worn between patients or between patient environments.
- Doff fit tested N95 respirator after exiting patient room, into anteroom if available.
- If fit tested N95 respirator becomes damp, damaged, or soiled during care, exit room as soon as possible to doff, perform hand hygiene and don a new mask.
- Do not wear fit tested N95 respirator around your neck.



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Patient Ambulation Outside Room

- Patients should leave the room or bed space for essential purposes only. Exceptions require IPAC consultation.
- Before patients leave their room:
 - assess whether they can wear a medical mask for the duration of time spent outside room;
 - educate and assist them to put on a medical mask;
 - consider alternative strategies for patients who cannot wear a mask, (e.g., neonates, infants & toddlers), consult IPAC.
 - for patients with a tracheostomy, cover site with a medical mask (with ties);
 - Educate to avoid public common areas such as cafeteria

Before patient leaves room consider and follow the **5 C's**, educate and assist the patient if necessary:

- 1. Communicate:** notify receiving department if patient is on Additional Precautions.
- 2. Co-operative:** is patient able to follow instructions.
- 3. Clean hands:** assist patient if required to clean hands.
- 4. Clean clothes/clean sheet:** patient to wear a clean gown or clothing/ cover with a clean sheet.
- 5. Cover/contain sources:**
 - Cover wounds with clean dressings
 - Contain urine/feces or other body fluids
 - Cover cough: If coughing and/or on droplet or airborne precautions place a medical mask on patient. Consult IPAC if not tolerated.



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Patient Transport

If patient must leave room for medical care, treatment or transfer:

- Use pre-determined transport route to minimize exposure to others.
- In addition to the **5 C's**, transport staff should assess 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 [Point of Care Risk Assessment](#). PPE is to be removed when patient handling is complete.
- Transport staff to keep fit tested N95 respirator or equivalent donned for the duration of transport.
- When patient handling completed, doff fit tested N95 respirator after exiting patient room, into anteroom if available.
- [Clean and disinfect](#) all transport equipment e.g., wheelchair, stretcher, IV pumps and poles.



Patient Hygiene

Daily access to or assistance with:

- Hand hygiene before meal, after using the washroom and frequently throughout the day.
- Clean gown/clothes and as needed.
- Linen change (sheets, pillowcase, towels, face cloth) and as needed.
- Oral care (minimum is daily or based on patient's care needs).
- Bathing (including use of cleaning wipes and/or bath basin).



Family and Visitors

Families and visitors should be educated on the following precautions:

- Before entering, visitors must perform hand hygiene.
- Instruct how to wear and seal-check a N95 respirator, refer to [Respirator Donning /Doffing Instructions](#).
- Instruct visitors to clean their hands when leaving patient room, take off N95 respirator outside of patient room, and clean their hands again.
- Keep the number of visitors to a minimum.
- Door must remain closed except when entering or leaving the room.
- Provide applicable patient information sheets located on the IPAC webpage.



Environmental Cleaning and Disinfection

- Room surfaces and equipment cleaning and disinfection is required daily or more frequently, if directed by IPAC, by using IH approved products and procedures.
- After patient discharge, transfer, or Airborne Precautions are discontinued, Environmental Services to complete an Additional Precaution Discharge Clean and Disinfection of the room.
- Keep room vacant with door closed post-discharge for two hours or per the air clearance or settle time.
- The room may be entered for Additional Precautions Discharge Cleaning and Disinfection only after air clearance time has lapsed.
- Environmental Services to remove the sign after Additional Precautions Discharge Cleaning and Disinfection completed.
- Persons entering the vacant room before air clearance time has passed must don fit tested N95 respirator.



Adapted From Alberta Health Services