

Disclaimer: All content in this reference guide is presented only as of the date printed or indicated, and may be superseded by subsequent documents or for other reasons. In addition, you are responsible to ensure you are receiving the most up to date information.



Airborne Precautions

SIGNAGE

Airborne Precautions sign will be posted on the door indicating N95 mask and other appropriate precautions. (See Airborne Precautions poster, Catalogue #0040504, on the Precaution Signs navigation bar on the Infection Prevention and Control website.).

The preferred placement for patients/residents/clients that require Airborne Precautions is in a Negative Pressure Room.

INFORMATION FOR STAFF, PATIENTS AND VISITORS

Staff	Patients/Residents	Visitors
 Routine practices to be followed at all times. All staff entering patient's room, escorting, treating or examining the patient must wear a high effi- ciency N95 mask –for which they have been fit tested 	 Patients/residents must re- main in the room unless medical condition warrants urgent/emergent procedure /intervention 	 Hand hygiene will be performed upon entering/leaving the facility and the patient's room
Wherever possible, non immune health care work- ers should not care for patients/residents with vaccine preventable air- borne diseases	 If the patient is required to leave the room for diagnos- tic procedures, patient will wear a surgical grade (120 mmHg) fluid resistant mask (without visor), fitted to the face – if their respiratory status permits 	 Visitors/relatives will wear appropriate PPE when providing care or very close patient contact, as directed by responsible nurse. All visitors, whether or not providing care, must wear an N95 mask, <i>fit-checked</i> to the face with assistance from staff. Number of visitors should be limited and length of visits should be kept to a maximum of 20 minutes when possible.



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Airborne Precautions (continued)

INFORMATION FOR STAFF, PATIENTS AND VISITORS (CONTINUED)

Staff	Patients/Residents	Visitors
• Following a risk assess- ment, routine practices may dictate the use of gloves, gown and/or face visor during the episode of care. A face visor may be necessary dependent upon diag- nosis/symptoms of the	 Patients/residents will perform hand hygiene upon exiting and re- entering unit/room 	 Visitors will not visit multiple patients/residents/clients rooms during a visit
 PPE will be changed following procedures, between pa- tients/residents or when heavily contami- nated/torn/split during a procedure 		 Visitors must not visit public areas within the facility (unit kitchen, cafeteria, shops/kiosks in main entrance etc.) and SHALL NOT use the pa- tient/resident bathroom
Ensure single use and dedicated patient equipment for the dura- tion of precautions. Limit equipment and personal items. Used equipment will be cleaned prior to being placed in Central Steril- izing/Processing bin		
Shared equipment will be decontaminated ap- propriately prior to re- moval from precaution room and before fur- ther use		



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Airborne Precautions (continued)

INFORMATION FOR STAFF, PATIENTS AND VISITORS (CONTINUED)

Staff	Patients/Residents	Visitors
All dedicated equip-		
ment will be decontami-		
nated appropriately on		
discharge of patient /		
discontinuation of pre-		
cautions and prior to		
removing from patient		
 room Diagnostic procedures 		
• Diagnostic procedures will not be postponed,		
inform receiving depart-		
ment of necessary pre-		
cautions (either on the		
requisition or advising		
by telephone). Attempt		
should be made to book		
infectious cases at the		
end of the day		
Linen will be placed in		
regular bags and closed		
securely prior to re-		
moval from room		
Garbage will be placed		
in regular bags and		
closed securely prior to		
removal from room		
Dietary staff do not de-		
liver or remove food		
trays from rooms with		
pa-		
tients/residents/clients		
on airborne precautions		