



3. Community Settings

3.1 Implementation of Additional Precautions – Community Settings

- Try to obtain a private room or segregated area.
- Post precautions sign on the door if client is placed in a private room.
- Obtain Additional Precautions supplies required.
- Do not overstock supplies in the client's room or designated space/area.
- No special precautions for linen and waste.
- Discuss Additional Precautions with the client/family.
- Notify:
 - The physician, if required.
 - Family, if required.
 - Transportation and receiving facility of the Additional Precautions required, if transported to a facility.
- Document on the client's health record the type of Additional Precautions, and the date and time they were implemented.

3.2 Discontinuation of Additional Precautions – Community Settings

- Maintain the Additional Precautions until the room/area has been cleaned.
- Clean and disinfect reusable non-critical equipment with approved disinfectant cleaner.
- Discard all disposable supplies/equipment.
- Send semi-critical devices/equipment for reprocessing.
- Leave Additional Precautions sign on the door until room is cleaned.
- If client has been on Airborne Precautions, leave door closed until air deemed clear according to "Air Changes for Removal of Airborne Contaminants" in the Appendix.
- Document on the client's health record the date and time the Additional Precautions were discontinued.

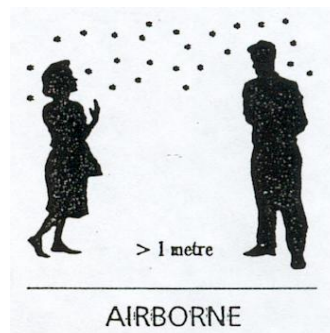
3.3 Airborne Precautions – Community Settings

3.3.1 Introduction:

Airborne Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne route.

It would be unusual to implement Airborne Precautions in a Community setting.

Airborne Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.





3.3.2 Indications for Airborne Precautions:

Airborne Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting on page 17.

3.3.3 Accommodation:

Clients diagnosed with infectious respiratory TB exhibiting respiratory symptoms should be provided with a surgical/procedure mask. Single room open window, if available in the room.

- The door shall remain closed whether or not the client is in the room.
- Room or designated space/area should have dedicated hand hygiene products/facilities.

The door shall remain closed for a minimum of one hour following the discontinuation of Airborne Precautions.

- The client shall be confined to the room.
- When exiting the room for medically essential purposes, the client shall wear a surgical/procedure mask.
- The client shall perform hand hygiene after removal of the mask.

Transfer from community settings should be promptly expedited to a facility with a properly ventilated (e.g. negative pressure) room. Receiving facility must be notified in advance. If client is going home, they and their family must be educated about proper precautions in the home. Refer to section 4.3 Airborne Precautions in the home.

3.3.4 Hand Hygiene:

Healthcare workers shall perform hand hygiene before leaving the room, and after removal of their N95 respirator.

3.3.5 Personal Protective Equipment (PPE):

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

N95 respirators: N95 respirators* shall be available for persons entering the room.

Individuals who are immune to the client’s infection (e.g. chickenpox) do not need to wear N95 respirators to go into the room. This should be documented in the Additional Instructions section of the Airborne Precautions sign.

Individuals who are not immune or are uncertain of their immunity shall not enter the room unless absolutely necessary. If it is absolutely necessary to enter the room, then they shall wear a N95 respirator.

N95 respirators shall be –

- Fit tested for healthcare workers, as directed by Occupational Environmental Safety & Health (OESH)
- Seal-checked by healthcare workers prior to each use.
- Perform seal-check according to manufacturer’s guidelines.



- Worn once
 - Changed:
 - When wet
 - If the front of the N95 respirator has been touched, and/or
 - When contaminated with client secretions.
 - Removed in a manner preventing contamination.
 - Removed after exit of the room.
- N95 respirators shall never dangle around the neck.

* N95 respirators shall be certified by the National Institute of Occupational Safety and Health (NIOSH) with an N95 efficiency rating or better.

3.3.6 Client Transport (Out of room, transport to alternate facility or home): Client transport out of the room is for essential purposes only.

Client should not use public transport. They should be transported in well ventilated vehicles (e.g. with the windows open) as much as possible.

In advance of transport, notify receiving department/facility regarding the need for Airborne Precautions.

If client is going home, they and their family must be educated about proper precautions in the home. Refer to section 4.3 Airborne Precautions in the home.

Maintain Airborne Precautions while the client is outside the room.

- The client wears a surgical/procedure mask and performs hand hygiene prior to leaving the room.
- The client with draining skin lesions or wounds caused by or suspected to be caused by varicella, smallpox, and M. tuberculosis shall have them securely covered.
- The client performs hand hygiene after removal of the surgical/procedure mask.

If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

3.3.7 Client/Family:

The client, and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette.

- When coughing or sneezing, cover his/her nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene
- Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website.



Instruct the client about the appropriate use and management of PPE.

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask without contaminating oneself.
- Know the procedure and the importance of hand hygiene prior to leaving the room and following removal of the surgical/procedure mask.

The family shall be instructed about the appropriate use and management of PPE.

- If required, instruct the family about assisting with application of the surgical/procedure mask for the client.
- Instruct the family about how to correctly apply a N95 respirator, including seal check.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

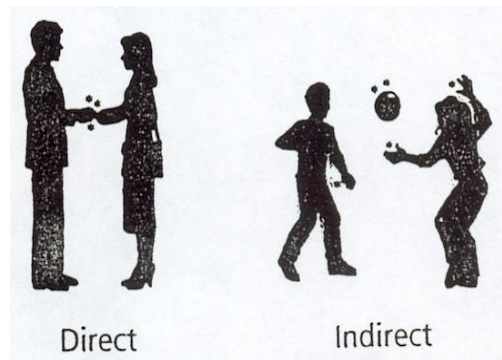
Instruct the client and family about the procedure, and importance of performing hand hygiene.

3.4 Contact Precautions – Community Settings

3.4.1 Introduction

Contact Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the contact route. It would be unusual to implement Contact Precautions in a Community setting.

Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



3.4.2 Indications for Contact Precautions

Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting on page 17.

The need to establish Contact Precautions in the presence of certain clinical findings and infections may vary for pediatric and adult clients.



3.4.3 Accommodation

Clients shall preferably be placed in a single room or designated space/area. No special air handling and ventilation are necessary.

- The door may remain open.
- Room or designated space/area should have dedicated hand hygiene products/facilities.

In instances where there are not a sufficient number of single rooms, or designated space/area, cohort clients with the same microorganism together.

If a single room is not available and cohorting is not possible:

- Maintain a separation of at least one metre between clients.

3.4.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the room or client's designated space/area. After hand hygiene, take care not to contaminate hands before leaving the room.

3.4.5 Personal Protective Equipment (PPE)

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

Gloves

- Are worn when entering the room or client's designated space in shared room/area.
- Are removed before leaving the room or the client's designated space/area.

Gowns

- Are worn if clothing or forearms will have direct contact with the client.
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects, and there is an increased risk of the environment being contaminated (e.g., incontinent client, diarrhea, or drainage from a wound, colostomy or ileostomy not contained by dressing).
- Remove gown before leaving the room or client's designated space/area.

3.4.6 Client Transport (Out of room, transport to alternate facility or home)

Client transport out of the room is for essential purposes only.

In advance of the transport, notify receiving department/facility regarding the need for Contact Precautions.

If client is going home, they and their family must be educated about proper precautions in the home. Refer to section 4.4 Contact Precautions in the home.

Maintain Contact Precautions while the client is outside the room.

The client performs hand hygiene prior to leaving the room or designated space/area.

Remove gown and gloves and perform hand hygiene before leaving the room or designated space/area.



3.4.7 Equipment and Environment

Client-care equipment (e.g., thermometers, blood pressure cuffs, wheelchair) should be dedicated to the use of the client and cleaned and disinfected before reuse with another client.

Disposable client care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other clients.

The client record and other papers shall not be taken into the room or designated space/area. If the client record is required to accompany the client for tests or treatments, it shall be placed in a protective cover to prevent contamination.

If personal documents are required to be taken into the room or designated space/area

- Wipe the table the document is to be signed on with facility-approved disinfectant.
- The client shall perform hand hygiene.
- Client should have a dedicated pen in the room. If not, after signing wipe pen with facility-approved disinfectant.

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation.

This will be determined in consultation with Infection Prevention and Control/Public Health.

3.4.8 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

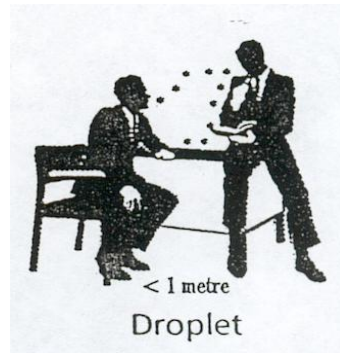
Instruct the client and family about the procedure, and importance of performing hand hygiene.

3.5 Droplet Precautions – Community Settings

3.5.1 Introduction

Droplet Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route. It would be unusual to implement Droplet Precautions in a Community setting.

Droplet Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



3.5.2 Indications for Droplet Precautions

Droplet Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Diseases Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting on page 17.

3.5.3 Accommodation

Clients shall preferably be placed in a single room or designated space/area. No special air handling and ventilation are necessary.

- The door may remain open
- Room should have dedicated hand hygiene products/facilities.

In instances where there are not a sufficient number of single rooms or designated space/area, cohort clients with the same microorganism together.

If a single room is not available and cohorting is not possible:

- Maintain a separation of at least one metre between clients.

3.5.4 Hand Hygiene

Healthcare workers shall perform hand hygiene before leaving the room or the client's designated space/area and after removal of the surgical/procedure mask. After hand hygiene, take care not to contaminate hands before leaving the room or client's designated space/area.

3.5.5 Personal Protective Equipment

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of client, and for procedures that may result in coughing, splashing, and aerosol production.

- For care of clients with Rubella or Mumps, immune persons do not need to mask. Non-immune persons shall enter the room only if absolutely necessary and shall wear a surgical/procedure mask.



Masks shall be

- Worn once
 - Changed
 - When wet
 - If the front of the mask has been touched, and/or
 - When contaminated with client secretions
 - Removed after leaving room or the client's designated space/area.
 - Masks shall be removed in a manner preventing contamination.
- Masks shall never dangle around the neck.

Eye Protection

Face shields or goggles are worn when within one metre of a coughing client with symptoms of respiratory infection, and for procedures that may result in coughing, splatter, and/or aerosols.

- Face shields or goggles shall be removed in a manner preventing contamination.

3.5.6 Client Transport (Out of room, transport to alternate facility or home) Client transport out of the room is for essential purposes only.

In advance of the transport, notify the receiving department/facility regarding the need for Droplet Precautions.

If the client is going home, they and their family must be educated about proper precautions in the home. Refer to Section 4.5 Droplet Precautions in the home.

Maintain Droplet Precautions while the client is outside the room.

- The client wears a surgical/procedure mask.
- The client performs hand hygiene prior to leaving the room or designated space/area.
- The client performs hand hygiene after removal of the surgical/procedure mask.

If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

3.5.7 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and,
- Perform hand hygiene.

Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website.



Instruct the client about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask to prevent contamination.
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask.

If required, instruct the family about assisting with application of the surgical/procedure mask for the client.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

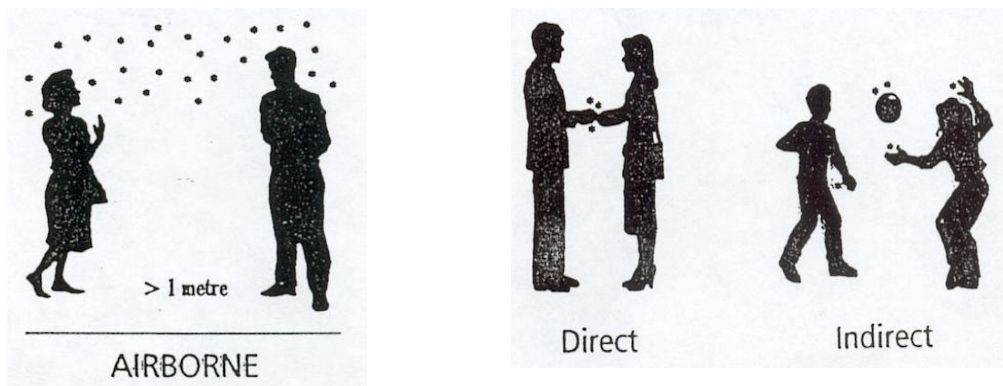
Instruct the client and family about the procedure, and importance of hand hygiene.

3.6 Airborne/Contact Precautions – Community Settings

3.6.1 Introduction

Airborne/Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne and contact routes. It would be unusual to implement Airborne/Contact Precautions in a Community setting.

Airborne/Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



3.6.2 Indication for Airborne/Contact Precautions

Airborne/Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting on page 17.

3.6.3 Accommodation

Single room, open window, if available in the room.

- The door shall remain closed whether or not the client is in the room. The door shall remain closed for a minimum of one hour following the discontinuation of Airborne Precautions.



- The client shall be confined to the room.
- When exiting the room, the client shall wear a surgical/procedure mask.
- The client shall perform hand hygiene after removal of the mask.

Transfer from community settings should be expedited promptly to a facility with a properly ventilated (e.g. negative pressure) room. Receiving facility must be notified in advance. If client is going home, they and their family must be educated about proper precautions in the home. Refer to section 4.3 Airborne Precautions in the home.

3.6.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the room. After hand hygiene, take care not to contaminate hands before leaving the room.

Healthcare workers shall perform hand hygiene after removal of their N95 respirator.

3.6.5 Personal Protective Equipment (PPE)

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

N95 respirators: N95 respirators* shall be available for persons entering the room.

Individuals who are immune to the client’s infection (e.g. chickenpox) do not need to wear N95 respirators to go into the room. This should be documented in the Additional Instructions section of the Airborne/Contact Precautions sign.

Individuals who are not immune or are uncertain of their immunity shall not enter the room unless absolutely necessary. If it is absolutely necessary to enter the room, then they shall wear a N95 respirator.

N95 respirators shall be:

- Fit-tested for healthcare workers, as directed by Occupational Environmental Safety & Health (OESH).
- Seal checked by healthcare workers prior to each use. Perform seal-check according to manufacturer’s guidelines.
- Worn once
 - Changed
 - When wet
 - If the front of the N95 respirator has been touched, and/or when contaminated with client secretions.
 - Removed in a manner preventing contamination.
 - Removed after exit of the room.
- N95 respirators shall never dangle around the neck.

*N95 respirators shall be certified by the National Institute of Occupational Safety and Health (NIOSH) with an N95 efficiency rating or better



Gloves

- Are worn when entering the room.
- Are removed before leaving the room.

Gowns

- Are worn if clothing or forearms will have direct contact with the client.
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects and there is an increased risk of the environment being contaminated (e.g., incontinent client, diarrhea, or drainage from a wound, colostomy or ileostomy not contained by dressing).
- Remove gown before leaving the room.

3.6.6 Client Transport (Out of room, transport to alternate facility or home) Client transport out of the room is for essential purposes only.

Client should not use public transport. They should be transported in well ventilated vehicles (e.g. with the windows open) as much as possible.

In advance of the transport, notify receiving department/facility regarding the need for Airborne/Contact Precautions.

If client is going home, they and their family must be educated about proper precautions in the home. Refer to Airborne/Contact Precautions in the home.

Maintain Airborne/Contact Precautions while the client is outside the room.

- The client wears a surgical/procedure mask and performs hand hygiene prior to leaving the room.
- The client with draining skin lesions or wounds caused by or suspected to be caused by varicella or smallpox shall have them securely covered.
- The client performs hand hygiene after removal of the surgical/procedure mask.
- Remove gown and gloves and perform hand hygiene before leaving the room.

If the client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

3.6.7 Equipment and Environment

Client-care equipment (e.g., thermometers, blood pressure cuffs, wheelchairs) should be dedicated to the use of the client and cleaned and disinfected before reuse with another client.

Disposable client care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other clients.

The client record and other papers shall not be taken into the room or designated space/area. If the client record is required to accompany the client for tests or treatment it shall be placed in a protective cover to prevent contamination.



If personal documents are required to be taken into the room or designated space/area.

- Wipe the table the document is to be signed on with facility-approved disinfectant.
- The client shall perform hand hygiene.
- Client should have a dedicated pen in the room. If not, after signing, wipe the pen with facility-approved disinfectant.

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention & Control/Public Health.

3.6.8 Client/Family

The client, and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover his/her nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene.
- Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website

Instruct the client about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask without contaminating oneself.
- Know the procedure and the importance of hand hygiene prior to leaving the room and following removal of the surgical/procedure mask.

The family shall be instructed about the appropriate use and management of PPE

- If required, instruct the family about assisting with application of the surgical/procedure mask for the client.
- Instruct the family about how to correctly apply a N95 respirator, including seal check.

Instruct the client and family on preventing transmission of the infectious disease to his/her family, and friends if they are going home.

Instruct the client, family about the procedure and importance of performing hand hygiene.

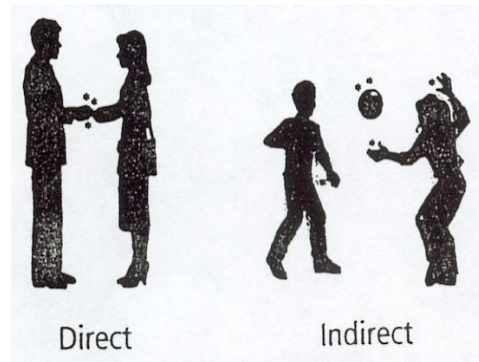
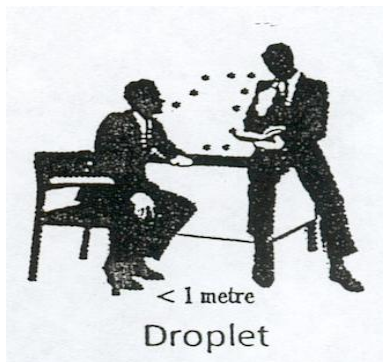
3.7 Droplet/Contact Precautions – Community Settings

3.7.1 Introduction

Droplet/Contact Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet and contact routes. It would be unusual to implement Droplet/Contact Precautions in a Community setting.



Droplet/Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



3.7.2 Indications for Droplet/Contact Precautions

Droplet/Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting on page 17.

The need to establish Droplet/Contact Precautions in the presence of certain clinical findings and infections may vary for pediatric and adult clients.

3.7.3 Accommodation

Clients shall preferably be placed in a single room or designated space/area. No special air handling and ventilation are necessary.

- The door may remain open
- Room should have dedicated hand hygiene products/facilities.

In instances where there are not a sufficient number of single rooms or designated space/area, cohort clients with the same microorganism together.

If a single room is not available and cohorting is not possible

- Maintain a separation of at least one metre between clients.

3.7.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the room or the client's designated space/area and after removal of surgical/procedure mask. After hand hygiene take care not to contaminate hands before leaving the room or the client's designated space/area.

3.7.5 Personal Protective Equipment

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of client, and for procedures that may result in coughing, splashing, and aerosol production



- For care of clients with Rubella, immune persons do not need to mask.

Non-immune persons shall enter the room or client's designated space/area only if absolutely necessary and shall wear a surgical/procedure mask

Masks shall be

- Worn once
 - Changed
 - When wet
 - If the front of the mask has been touched, and/or
 - When contaminated with client secretions
 - Removed in a manner preventing contamination.
 - Removed after leaving room or client's designated space/area.
- Masks shall never dangle around the neck.

Eye Protection

Face shields or goggles are worn when within one metre of a coughing client with symptoms of respiratory infection and for procedures that may result in coughing, splatter, and/or aerosols.

- Face shields or goggles shall be removed in a manner preventing contamination.

Gloves

- Are worn when entering the room or client's designated space in shared room.
- Are removed before leaving the room or the client's designated space or area.

Gowns

- Are worn if clothing or forearms will have direct contact with the client.
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects, and there is an increased risk of the environment being contaminated (e.g., incontinent client, diarrhea, or drainage from wound, colostomy or ileostomy not contained by dressing)
- Remove gown before leaving the room or client's designated space or area.

3.7.6 Client Transport (Out of room, transport to alternate facility or home) Client transport out of the room is for essential purposes only.

In advance of the procedure, notify the receiving department/facility regarding the need for Droplet/Contact Precautions.

If the client is going home, they and their family must be educated about proper precautions in the home. Refer to section 4.7 Droplet/Contact Precautions in the home.

Maintain Droplet/Contact Precautions while the client is outside the room.

- The client wears a surgical/procedure mask
- The client performs hand hygiene prior to leaving the room or designated space/area.
- The client performs hand hygiene after removal of the surgical/procedure mask
- Remove gown and gloves and perform hand hygiene before leaving the room or designated space/area.



If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

3.7.7 Equipment and Environment

Client-care equipment (e.g., thermometers, blood pressure cuffs, wheelchairs) should be dedicated to the use of the client and cleaned and disinfected before reuse with another client.

Disposable client care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other clients.

The client record and other papers shall not be taken into the room or designated space/area. If the client record is required to accompany the client for tests or treatments, it shall be placed in a protective cover to prevent contamination.

If personal documents are required to be taken into the room or designated space/area.

- Wipe the table the document is to be signed with facility-approved disinfectant.
- The client shall perform hand hygiene.
- Client should have a dedicated pen in the room. If not, after signing, wipe the pen with facility-approved disinfectant.

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control/Public Health.

3.7.8 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene

Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website.

Instruct the client about the appropriate use and management of PPE.

- How to correctly apply and wear a surgical/procedure mask
- How to remove the surgical/procedure mask to prevent contamination
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask



If required, instruct the family about assisting with application of the surgical/procedure mask for the client.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

Instruct the client and family about the procedure, and importance of performing hand hygiene.