

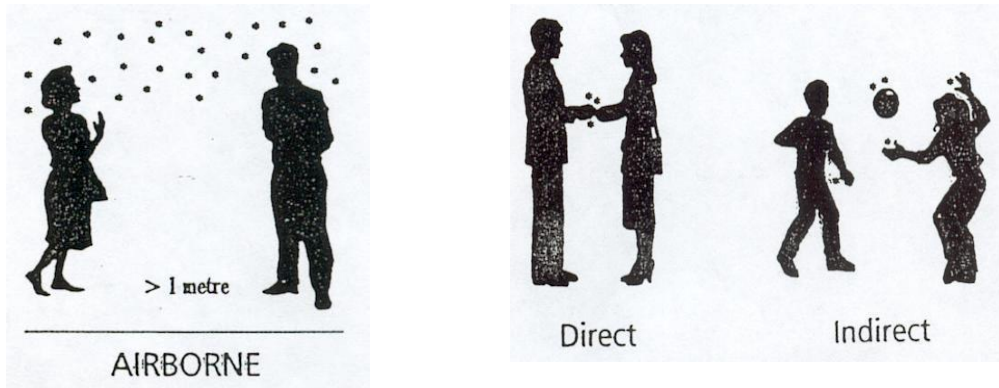


1.1 Airborne/Contact Precautions – Clinic Settings

1.1.1 Introduction

Airborne/Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne and contact routes.

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



1.1.2 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 – Clinic Setting.

1.1.3 Accommodation

Single room with negative pressure ventilation in relation to surrounding areas ideal. If single room not available, open window, if possible.

- 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 for medically essential purposes, the client shall wear a surgical/procedure mask.
- The client shall perform hand hygiene after removal of the mask.

Clinics should expedite transfer 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 must be educated about proper precautions in the home. Refer to section 4.3 Airborne Precautions in the home.

1.1.4 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.



1.1.5 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 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.
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1.1.6 Client Transport

Client transport out of the room is for medically 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.

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.

1.1.7 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. 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

- 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.

1.1.8 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.

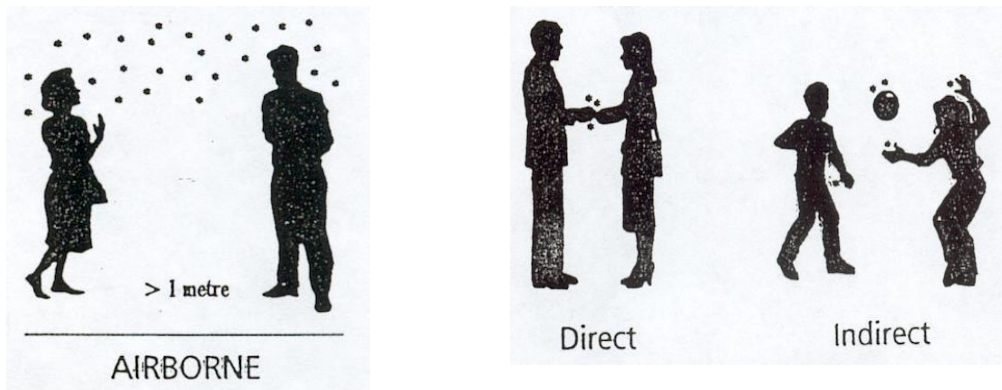
Instruct the client, family about the procedure and importance of performing hand hygiene.

2.1 Airborne/Contact Precautions – Community Settings

2.1.1 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.



2.1.2 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.

2.1.3 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.

2.1.4 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.

2.1.5 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.



2.1.6 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.

2.1.7 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.

2.1.8 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.

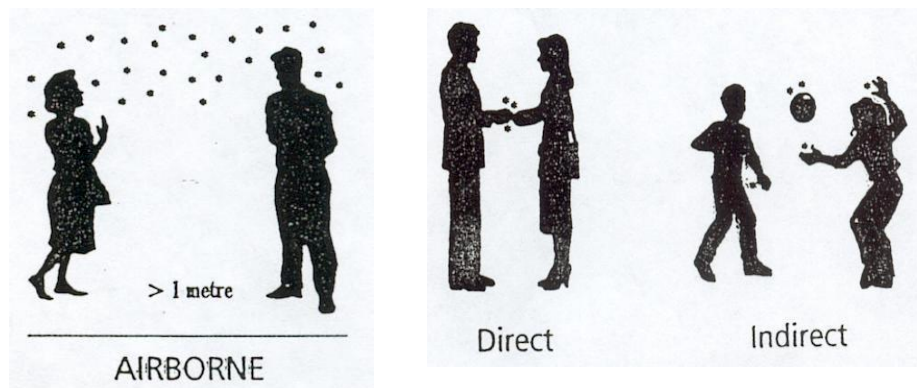
Instruct the client, family about the procedure and importance of performing hand hygiene.

3.1 Airborne/Contact Precautions – Home Settings

3.1.1 Introduction

Airborne/Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne and contact routes.

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



3.1.2 Indications 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 – Home Setting.

3.1.3 Accommodation

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

- When exiting the home for medically essential purposes, the client shall wear a surgical/procedure mask.
- Dedicated hand hygiene products shall be available for hand hygiene. The client shall perform hand hygiene after removal of the mask.

Transfer from home settings should be expedited promptly to a facility with a properly ventilated (e.g. negative pressure) room. Receiving facility must be notified in advance. Client/family must be educated about proper precautions in the home.

3.1.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene after care of the client and when leaving the home.

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

3.1.5 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 home.

Individuals who are immune to the client’s infection (e.g. chickenpox) do not need to wear N95 respirators to go into the home. This should be discussed with a supervisor before going into the home.

Individuals who are not immune or are uncertain of their immunity shall not enter the home unless absolutely necessary. If it is absolutely necessary to enter the home, 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 home.
- 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 caring for the client. Are
- removed after care of the client.

Gowns

- Are worn if clothing or forearms will have direct contact with the client. Remove
- gown after care of the client.

3.1.6 Client Transport

Client transport out of the home is for medically 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.

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

- The client wears a surgical/procedure mask and performs hand hygiene prior to leaving the home.
- 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 home.

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 and discarded in the garbage.

3.1.7 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.

All horizontal and frequently touched surfaces shall be cleaned when soiled and when Additional Precautions are discontinued.

Other special cleaning procedures may be required when Additional Precautions are discontinued or in an outbreak situation. This will be determined in consultation with Infection Prevention & Control/Public Health.

3.1.8 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.

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