

IC6: 0300 Airborne Precautions

1.0 STANDARD

All residents known or suspected of being infected with a communicable disease transmissible by the airborne route will be cared for using Airborne Precautions. Requirements for maintaining residents on airborne precautions include engineering controls not available in Residential Facilities. Residents will need to be moved to a facility with the required engineering control during the period of infectivity

Examples of communicable diseases requiring Airborne Precautions include:

- Mycobacterium tuberculosis (pulmonary and laryngeal)
- Chicken Pox (Varicella)
- Measles (Rubeola or Red Measles)
- Herpes Zoster (disseminated)

2.0 DEFINITION

Airborne transmission refers to dissemination of respiratory illnesses via microscopic particles which remain suspended in the air for long periods of time.

Negative Pressure room: direction of air flows from the hallway into the room then is exhausted directly outdoors or filtered before recirculation.

3.0 PROCEDURE

Room	Negative Pressure Room As there are no negative pressure rooms in residential care maintain the resident in single room with the door closed until arrangements can be made to transfer resident to a facility with negative pressure
Door	The door must remain closed except to enter and exit the room. The door should remain closed for at least 1 hour after the discharge of a resident requiring airborne precautions (depending on number of air exchanges the room has per hour)

Infection Control Manual – Residential Care

Part 3 – Infection Control Standards

IC6: Infection Control Requirements

Signage	Airborne Precaution signage at the entrance to the room and at the bed space in a multi-bed room.
Mask	Respirator protection is required for all who enter the room. Powered Air Purifying Respirators (PAPRs) or N 95 Respirator must be used Staff must be fit tested if using N 95 respirator.
Eye Protection	Follow Routine Practice
Gloves	Follow Routine Practice
Long sleeved Gowns	Follow Routine Practice
Hand Hygiene	Before and after contact with resident and their environment before aseptic procedure, after contact with body fluids
Resident Equipment	Dedicate to the resident, or clean and disinfect after use
Resident Transfers	Resident must wear procedure mask during transport. If resident non-compliant to wearing the procedure mask the transporting staff to wear an N 95 respirator or a PAPR. Notify receiving health care facility and ambulance service
Resident Hand Hygiene	Resident should perform hand hygiene and be assisted as necessary before leaving their rooms after toileting and before meals
Housekeeping	Refer to Environmental Hygiene: Housekeeping, to wear N95 respirator if in room following transport of resident and the appropriate number of air exchanges have not been met.

4.0 Aerosol Generating Medical Procedures (AGMP's)

AGMP's are procedures that stimulate coughing and promote generation of high volumes of aerosols that may increase risk of transmission of organisms.

Examples include:

- Intubation and related procedures, manual ventilation, open endotracheal suctioning
- Cardio-pulmonary resuscitation (CPR)
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Non-invasive positive pressure ventilation (CPAP, BiPAP)

Equipment

Whenever possible, equipment shall be dedicated to the resident's exclusive use such as

- BP cuff
- Stethoscope
- Thermometer
- Wheelchair
- Sling for the lifting device (preferably the whole device)
- Transfer belt

Non-dedicated Equipment

Equipment which cannot be dedicated for individual use must be appropriately cleaned and disinfected before being removed from the room and used by another resident.

Supplies

- Avoid overstocking items in resident rooms
- At entrance to the room have the following supplies:
 - Hospital-grade disinfectant wipes (store away from access by the resident)
- Personal Protective Equipment such as disposable gloves and long-sleeved gowns. The following items should be supplied in the resident's room:
 - Dedicated personal care supplies such as periwash, periwipes, mouth wash, shampoo, creams lotions etc.
 - Garbage can with plastic liners
 - Laundry hamper, double bagging is not required
 - Alcohol based hand rub (ABHR) or liquid hand soap and paper towels at the hand washing sink

Waste, Laundry, Dishes and Cutlery:

- No special precautions are required; routine practices are sufficient

5.0 Duration of Precautions

- Airborne precautions can be discontinued after signs and symptoms of the infection have resolved or as per the pathogen specific recommendations per pathogen specific recommendations in Appendix I
- Notify housekeeping to do an isolation terminal/discharge cleaning of the room or bed space including bathroom prior to discontinuation of precautions ensuring that respiratory protection is used if the required time air exchanges has not been met

6.0 IC6:0310 APPENDIX I AIRBORNE PRECUATIONS CARD

7.0 REFERENCES

Public Health Agency of Canada (PHAC). Routine practices and additional precautions for preventing the transmission of infection in health care settings. 2012

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine practices and additional precautions in all health care settings, 3rd edition. 2012

British Columbia Center for Disease Control (March 2010). TB Manual.
http://www.bccdc.ca/NR/rdonlyres/B17BA4E2-605D-47D7-9B23-053791D9BA7A/0/BCC_TB_Manual_FinalJune2010.pdf

Canadian Tuberculosis Standards 7th Edition, 2013.
<http://www.respiratoryguidelines.ca/tb-standards-2013>

Ontario Lung Association (2009). Tuberculosis Information for Health Care Providers, 4th Edition.
www.on.lung.ca