



# AIRBORNE CONTACT PRECAUTIONS

**Visitors** check in with staff before entering.

## RESTRICTED VISITATION

**ALL PPE REQUIRED REGARDLESS OF VACCINATION STATUS OR NATURAL IMMUNITY**

### PRIOR TO ENTERING:



Wash or gel hands



Wear gown and gloves



Use a NIOSH respirator  
(N95/PAPR/CAPR)

### OTHER REQUIREMENTS:



High priority for Airborne-Infection Isolation Room if available. If not available, use a private room. Keep door closed.



Wear eye protection (e.g. face shield or goggles) if contact with secretions is likely.



Use resident-dedicated or disposable equipment. Clean and disinfect shared equipment.

*Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.*

# AIRBORNE CONTACT PRECAUTIONS

**RESTRICTED VISITATION DEPENDING ON CONDITION:** Staff must provide visitors with appropriate education and PPE per facility policy.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Steps below are reflective for all PPE, gather only PPE as listed on first page, in addition to other PPE per Standard Precautions.

If wearing a CAPR(Controlled Air Purifying Respirator) or PAPR(Powered Air Purifying Respirator) follow manufacturer's instructions to don and doff correctly.

### Putting on PPE (Donning)

- Perform hand hygiene.
- Put on isolation gown, secure ties/straps.
- Put on a respirator or face mask. Ensure it is appropriate and well-fitting.
- Put on a face shield or goggles.
- Put on gloves.

### Taking off PPE (Doffing)

1. While in the resident's room, remove gloves without contaminating hands.
2. Remove gown - Untie/unsnap ties, break ties if applicable for disposable gowns. Remove by grabbing one shoulder at a time to remove each arm, continue to pull gown down and away from the body. Roll gown as it is removed and place in the proper receptacle. You may now exit the room.
3. Upon exit, perform hand hygiene (use soap & water if visibly soiled or if you encountered stool or were in Contact Enteric Precautions).
4. Remove face shield/goggles - avoid touching the front of eye protection that may be contaminated.
5. Remove and properly handle respirator/face mask – avoid touching the front that may be contaminated and dispose or decontaminate as appropriate.
6. Repeat hand hygiene.

## FOR USE WITH CONDITIONS SUCH AS (Refer to facility policy):

- Emerging diseases or as directed by Infection Prevention.
- Conditions include SARS, MERS, Novel Highly Pathogenic Avian Influenza, Chickenpox and Shingles.
- Chickenpox and Shingles may require staff immunity. Refer to facility policy or contact Employee Health for more information.

### RESIDENT PLACEMENT

- Place resident in private room. Preferably an Airborne Infection Isolation Room (AIIR). If not available, follow facility guidelines.

### DISHES & UTENSILS

- No special precautions. Kitchenware sanitized in dishwasher.

### LINEN & WASTE MANAGEMENT

- Bag linen in resident's room. Avoid excessive handling and do not shake linen. For biohazard waste, follow Category B Medical Waste guidelines.

## ROOM CLEANING

- Before cleaning resident's room, keep door closed for two hours or *as per facility guidelines for AIIRs*.
- Use routine cleaning procedures with addition of privacy curtain changes per facility procedure.

## EQUIPMENT & SUPPLIES

- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment/resident's room with disinfectant per facility policy.

## TRANSPORT

- Alert receiving unit, medical transport or hospital regarding resident's isolation precaution status.
- Resident's hands, clothes and equipment should be clean.
- Have resident wear a surgical mask.
- Transporter: Remove PPE and clean hands prior to exiting resident's room during transport. If direct contact is likely during transport, wear appropriate PPE.
- Clean and disinfect transport vehicle per policy.

**Discontinue precautions per Facility Policy.**