

COVID-19 Masking Directives in Nursing Homes

Table 3. How to implement IPC measures for patients with suspected or confirmed COVID-19

Instructions for patients

Give suspect patient a medical mask and direct patient to separate area; --aan isolation room if available. Keep at least 1 m distance between suspected patients and other patients. Instruct all patients to cover nose and mouth during coughing or sneezing with tissue or flexed elbow and perform hand hygiene after contact with respiratory secretions.

Apply droplet precautions

Droplet precautions prevent large droplet transmission of respiratory viruses. Use a medical mask if working within 1 m of the patient. Place patients in single rooms, or group together those with the same etiological diagnosis. If an etiological diagnosis is not possible, group patients with similar clinical diagnosis and based on epidemiological risk factors, with a spatial separation. When providing care in close contact with a patient with respiratory symptoms (e.g. coughing or sneezing), use eye protection (face mask or goggles), because sprays of secretions may occur. Limit patient movement within the institution and ensure that patients wear medical masks when outside their rooms.

Apply contact precautions

Contact precautions prevent direct or indirect transmission from contact with contaminated surfaces or equipment (i.e. contact with contaminated oxygen tubing/interfaces). Use PPE (medical mask, eye protection, gloves and gown) when entering room and remove PPE when leaving and practise hand hygiene after PPE removal. If possible, use either disposable or dedicated equipment (e.g. stethoscopes, blood pressure cuffs, pulse oximeters, and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use. Ensure that health care workers refrain from touching their eyes, nose, and mouth with potentially contaminated gloved or ungloved hands. Avoid contaminating environmental surfaces that are not directly related to patient care (e.g. door handles and light switches). Avoid medically unnecessary movement of patients or transport. Perform hand hygiene.

Apply airborne precautions when performing an aerosol-generating procedure

Ensure that health care workers performing aerosol-generating procedures (e.g. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation) use the appropriate PPE, including gloves, long-sleeved gowns, eye protection, and fit-tested particulate respirators (N95 or equivalent, or higher level of protection). A scheduled fit test should not be confused with a user's seal check before each use. Whenever possible, use adequately ventilated single rooms when performing aerosol-generating procedures, meaning negative pressure rooms with a minimum of 12 air changes per hour or at least 160 L/second/patient in facilities with natural ventilation. Avoid the presence of unnecessary persons individuals in the room. Care for the patient in the same type of room after mechanical ventilation begins. commences.