

**Infection Prevention and Control Audit:
AIRBORNE PRECAUTIONS (AP) MONITORING TOOL IN LONG TERM CARE**

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|--------------------|--------------------------------|---------------------------|
| Facility: | Unit Bed Space/ Number: | Date (dd/mm/yyyy): |
| Start time: | End time: | Auditor (Print): |

| Healthcare Worker Category (Circle #): | | | |
|--|----------------------------|----------------------------------|----------------|
| 1 = Physician | 6 = IV Team/Lab | 11 = Radiology / DI Technician | 16 = Pharmacy |
| 2 = Nurse | 7 = Physiotherapy | 12 = Respiratory Therapy | 17 = Volunteer |
| 3 = Healthcare Aide | 8 = Occupational Therapy | 13 = Dietary | 18 = Other |
| 4 = Social Worker | 9 = Environmental Services | 14 = Speech Language / Audiology | |
| 5 = Spiritual Care | 10 = Patient Transport | 15 = Rec Therapy | |

Instructions: Select **"YES"** if activity was observed and completed appropriately.
 Select **"NO"** if activity was observed and not completed appropriately; please also comment.
 Select **"N/S"** if you were not able to observe the activity.
 Select **"N/A"** if not applicable and add comment.
 If more space required for comments, please use back of Tool or new paper.

| Legend | |
|---|---|
| AGMP = Aerosol Generating Medical Procedures | N/A =Not Applicable |
| AP = Airborne Precautions | N/S =Not seen |
| HCW = Healthcare Worker | PPE =Personal Protective Equipment |
| IP&C = Infection Prevention and Control | AIIR = Airborne Infection Isolation Room |

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

| 1.0 Source Control | COMPLIANCE | | | | COMMENTS |
|---|------------|----|-----|-----|----------|
| | YES | NO | N/S | N/A | |
| 1.1 Resident is placed directly into an AIIR or single room with the door closed | | | | | |
| 1.1.1 If placed in AIIR, the room meets engineering controls for Airborne Isolation, including exhaust vented to the outside or filtered through a high efficiency particulate filter if recirculated | | | | | |
| 1.1.2 In the event an AIIR is not readily available, the resident is placed in a single room with the door closed until transfer | | | | | |
| 1.2 Door remains closed whether the resident is in the room or not | | | | | |
| 1.3 Room has dedicated toilet, hand hygiene, and bathing facilities | | | | | |
| 1.4 Correct precautions signage is posted in a clearly visible location before entering room or bedspace | | | | | |
| 1.4.1 Signage lists the required precautions but does not indicate the diagnosis or clinical condition | | | | | |
| 1.5 Resident has been instructed to wear a mask at all times when out of AIIR for medically | | | | | |
| 1.6 Ventilated resident and those in incubators: | | | | | |
| 1.6.1 An appropriate bacterial filter (N100) is on the endotracheal tube to prevent contamination of the ventilator and ambient air | | | | | |
| 1.6.2 Endotracheal suctioning is performed using a closed suction apparatus | | | | | |

| 2.0 Initiation of Airborne Precautions (AP) | | COMPLIANCE | | | | COMMENTS |
|--|---|------------|----|-----|-----|----------|
| | | YES | NO | N/S | N/A | |
| 2.1 | When APs are initiated, the date and time are recorded on the resident record | | | | | |
| 2.2 | AP are appropriate to the infectious organism or process | | | | | |
| 2.3 | IP&C is notified of the implementation of AP | | | | | |
| 3.0 Accommodation for AGMP | | | | | | |
| 3.1 | AGMPs are performed in AIIRs whenever feasible | | | | | |
| 3.1.1 | When an AIIR is not available, a single room with the door closed and away from high risk residents if feasible, is used. | | | | | |
| 4.0 Personal Protective Equipment (PPE) | | | | | | |
| 4.1 | PPE is available outside the room/space entrance, that is appropriate for AP | | | | | |
| 4.2 | A variety of sizes of PPE are available to accommodate all HCWs entering room | | | | | |
| 4.3 | All those entering the room wear N95 respirators | | | | | |
| 4.4 | PPE is worn appropriately by staff and visitors entering the room | | | | | |
| 4.4.1 | Hand hygiene is performed prior to donning N95 | | | | | |
| 4.4.2 | N95 respirators are seal checked prior to entering the room | | | | | |
| 4.4.3 | PPE is doffed in a manner to prevent contamination | | | | | |
| 4.4.4 | Hand hygiene is performed after doffing N95 | | | | | |
| 5.0 Patient Transport | | | | | | |
| 5.1 | Patient Transport Services and the receiving department are notified in advance of the need for AP | | | | | |
| 5.2 | AP are maintained while the resident is outside the isolation room | | | | | |
| 5.2.1 | Healthcare workers wear N95 respirator when transporting residents | | | | | |
| 5.2.2 | Resident wears a procedure/surgical mask when outside the room | | | | | |
| 5.3 | Resident performs hand hygiene prior to leaving the room | | | | | |
| 5.4 | All skin lesions associated with varicella or smallpox, or draining wounds caused by <i>Mycobacterium tuberculosis</i> (MTB) are securely covered | | | | | |
| 5.5 | Respiratory Therapy is consulted if the resident has an artificial airway (e.g., ETT) | | | | | |
| 5.6 | If the resident has an artificial airway (e.g., ETT), he/she is transported in one of the following 4 options: | | | | | |
| 5.6.1 | Oral/nasal pharyngeal airway: resident wears a surgical/procedure mask over mouth and nose | | | | | |

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|---|---|--|--|--|--|
| 5.6.2 | Oral/nasal pharyngeal airway manually ventilated: N100 filter or N100 filter/Heat Moisture Exchanger (HME) between resuscitation bag and resident, or a N100 filter on exhalation port of resuscitation bag | | | | |
| 5.6.3 | Oral/nasal endotracheal tube: N100 filter/HME on ETT (if air leak present loosely cover mouth or nose around tube with facecloth or similar) | | | | |
| 5.6.4 | Tracheostomy Tube: N100 filter/HME on the tracheostomy tube (if air leak present loosely covering mouth or nose around tube with a facecloth or similar) | | | | |
| 5.7 | Resident performs hand hygiene after removal of the surgical/procedure mask and placing in garbage | | | | |
| 6.0 Equipment and Cleaning | | | | | |
| 6.1 | No unnecessary items or excess equipment/supplies are stored in the room | | | | |
| 6.2 | Equipment is dedicated to the resident | | | | |
| 6.2.1 | If dedicated equipment is not available, it is cleaned and disinfected appropriately prior to use with another resident | | | | |
| 6.3 | Isolation room terminal cleaning of the room and bathroom is performed when precautions are discontinued or the resident is discharged or moved | | | | |
| 6.3.1 | AP signage remains posted until the required amount of time having passed to ensure at least 99% air clearance has occurred | | | | |
| 7.0 Discontinuation of Airborne Precautions | | | | | |
| 7.1 | There is ongoing assessment of the need for, and the discontinuation of AP | | | | |
| 7.2 | When AP are discontinued, the date and time are recorded on the resident record | | | | |
| 8.0 Education of Patients, Residents, Clients, Families and Visitors | | | | | |
| 8.1 | Tuberculosis: Escorts wear a procedure/surgical mask at all times within the facility until assessed for symptoms (e.g., coughing) | | | | |
| 8.2 | Visitors receive instruction on hand hygiene and the correct use and disposal of PPE | | | | |
| 8.3 | There is documentation that the resident and their families are provided with verbal and/or written education on how to follow AP | | | | |

| | | | | |
|---|--|--|--|--------------------------|
| Compliance Score (see calculation below) | | | | |
| Total number of 'YES' | | | | COMPLIANCE SCORE: |
| Total number of 'NO' | | | | |
| Total number of items ('YES' and 'NO', exclude 'N/A') | | | | |
| TOTAL | | | | |

Scoring:

$$\text{COMPLIANCE RATE} = \frac{\# \text{ YES}}{\# \text{ YES} + \# \text{ NO}} \times 100$$

Airborne Precautions Monitoring Tool Instructions

The purpose of this Audit tool is to determine health care worker (HCW) compliance with PPE and Airborne Precautions.

Airborne Precautions includes hand hygiene plus the use of PPE and specific accommodation as per the Manitoba Health Routine Practices and Additional Precautions guidelines.

The observer records the occasions they observe where a staff member dons/doffs PPE:

1. Write the name of observed Unit/Department on the form, record the day, month and year, and write your name on the line indicated.
2. Refer to the key on the tool for HCW type and other abbreviations used on the monitoring form.
3. For each item, the observer records the following:
 - Date – Include month, day, and year
 - Health Care Worker (HCW) type Use the number that corresponds with the title of the person you are observing
 - The observer will place an **X** in the appropriate box labeled **YES, NO, N/S, N/A**
 - Identify in the tool what you observe, as well as what you did not observe (e.g., N/S). Compliance scores can be determined accordingly

This audit is to be conducted collaboratively between unit/area staff and the site Infection Control Associate. It is a *one time* “snapshot”, and is **not** an audit of Housekeeping practices. Audit results are intended to help determine areas for improvement.

In order to monitor compliance with IP & C policies, as per Accreditation Canada Standards, this audit should be performed quarterly, and as needed, to ensure appropriate actions towards improvement are taken.

***NOTE:** Please refer to the [Airborne Precautions](#) section for clarification re: use of PPE by Healthcare worker.

Site IP & C Instructions:

1. Total the score when the audit tool is completed.
2. Send completed audit tool to unit/area manager, highlighting areas of concern/deficit.
3. Assess audit reports after one year to determine the frequency of further audits.
4. Collaborate with area manager to resolve issues as required.

Additional Comments:
