STOP
ALTO

AIRBORNE
PRECAUTIONS

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Check with the NURSE Before Entering Room

Visitantes tienan que reportarse en la estacion de enfermeras **antes de entrar** a este cuarto

In addition to "STANDARD PRECAUTIONS"

Hand Hygiene

Wear Gloves

Dedicate Patient Equipment

*PAPR Required

Negative Pressure Room

NEGATIVE PRESSURE ROOM | KEEP DOOR CLOSED

*** PAPR (or N95 Respirator w/ *Eye Protection)**

DISINFECT PATIENT CARE EQUIPMENT

*** Wear eye protection when anticipating blood or body fluid exposure to the eyes**

PRECAUCIONES EN EL AIRE

Los visitantes deben presentarse primero al puesto de enfermera antes de entrar.
Pongase PAPR al entrar al cuarto. Mantenga la puerta cerrada.
Desinfectar las manos antes de entrar y salir de la habitación del paciente.

**** SIGN STAYS UP UNTIL POST-DISCHARGE CLEAN ****

- Allow **30 minutes of air clearance** after patient discharge before another patient can occupy the room
- Staff entering the room before the 30-minute clearance **must wear appropriate PPE**.

AIRBORNE Common Examples

- Tuberculosis
- Measles
- *Influenza during AGP

PPE

TBP

PPE

- **Hand hygiene** must be performed **BEFORE** and **AFTER** removing PPE.
- Personnel entering the room of a patient on **AIRBORNE** precautions must don an approved **respirator** prior to entering.
- Personnel must **remove respirators after exiting** the patient's room.
- If there is an anteroom, doff the respirator in the anteroom. If there is no anteroom, ensure that the patient room door is closed prior to doffing.

TRANSPORT

- **NOTIFY RECEIVING DEPARTMENTS IN ADVANCE**
- **Limit transport** and movement of patients outside of the room for medically necessary purposes
- During transport, the **patient must wear a well-fitting medical mask** for the duration of the transport or until they are placed in another AIIR environment.
- Ensure that **infected** or **colonized areas** of the patient's body are **contained** and **covered**.
- For patients with skin lesions associated with varicella or draining skin lesions caused by MTB**, cover affected areas to prevent aerosolization** with the infectious agent in skin lesions.
- **Remove and dispose of contaminated PPE** and perform hand hygiene **before** transporting patients.
- **Don clean PPE** to handle the patient **at the transport destination**.
- While the patient is masked, personnel who transport patients are not required to wear a respirator or other PPE beyond that required by Standard Precautions.

VISITATION

- **Limit visitors** to those necessary for the patient's emotional well-being and care.
- **Instruct visitors to perform hand hygiene upon entering and exiting the room.**
- Educate visitors on proper **respiratory hygiene** and **cough etiquette** practices.
- Show visitors the correct way to **put on and remove PPE** (refer to the QR code above for reference).
- Provide visitors with a well-fitting **mask** and ensure it is worn for the **duration of their visit**.

ROOM

- Allow **30 minutes of air clearance** after patient discharge before another patient can occupy the room
- Staff entering the room before the 30-minute clearance **must wear appropriate PPE**.
- Use a standard hospital-supplied **disinfectant** and follow the required **contact time**
- **Do not remove the isolation sign** until after EVS has terminally cleaned and disinfected the room.

*AGP

- **The CDC recommends that Aerosol Generating Procedures (AGPs) on patients with INFLUENZA be conducted in a negative pressure room**
- If negative pressure rooms are unavailable, keep patient in standard patient room and ensure the DOOR REMAINS CLOSED during the AGP. Limit the number of people in the room and ensure staff are wearing respirators and visitors are wearing masks.
- AGPs are defined as medical procedures that generate aerosols that can be infectious and are of respirable size.
- Examples include: Open suctioning of airways, sputum induction, CPR, endotracheal intubation and extubation, non-invasive ventilation (BiPAP, CPAP), Bronchoscopy, manual ventilation.
- It is uncertain whether aerosols generated from some procedures may be infectious, such as nebulizer administration or high flow O2 delivery.