TB Recognition & Airborne Isolation Decision Guide

Signs/Symptoms of TBD	Risk Factors for Exposure to MTB	Risk Factors for Development of TBD
☐ **Cough lasting 3 weeks or longer**	☐ Current or prior residence/work in correctional facilities	☐ **HIV / AIDS**
☐ **Hemoptysis**	☐ Current or prior residence in homeless shelters or other congregate settings	☐ **Diabetes mellitus**
☐ **Night sweats**	☐ Contact with persons known to have TB disease (lived with or spent time with)	☐ **Chronic renal failure**
☐ **Unintentional weight loss**	☐ Non-US born	☐ **Immunosuppressive condition or receiving immunosuppressive therapy**
☐ **Imaging suggestive of TB**	☐ Frequent travel to countries where TB disease is common	☐ **Silicosis**
☐ Fever and/or chills	**Social Determinant Risk Factors**	☐ **Recently infected** (within the past 2 years)
☐ Chest pain	☐ Medically underserved	☐ **History of untreated or inadequately treated TB disease**
☐ Dyspnea	☐ Low-income populations	☐ Abusing drugs or alcohol
☐ Fatigue	☐ Homelessness	☐ Cancer of the neck, head, or lungs
☐ Anorexia		☐ Cancer of the blood or lymph system
Contact Infection Prevention with questions		☐ Cigarette use
		☐ Certain intestinal conditions
Name:		☐ Low body weight (<90% ideal body weight)
Phone:		☐ Medically underserved
After Hours:		☐ Low-income populations

TB Awareness Triggers: Pause and Review

- Newly diagnosed or untreated **HIV** → *Has TB been considered?*
- **QuantiFERON/TB** blood test → *Why was it ordered?*
- Respiratory **AFB smear/culture** or **MTB NAAT** ordered → *Why was it ordered?*
- Imaging concerning for TB: **cavities, cavitary lesions, upper lobe disease, miliary pattern, or radiology report stating findings concerning/suspicious for TB** → *Review clinical context*

** When Airborne Precautions are initiated, follow the steps below when **placing a patient in an Airborne Infection Isolation Room (AIIR)**, also called a *negative pressure room*. Examples of infections requiring Airborne Precautions include TB, measles, chickenpox, disseminated shingles, or shingles in an immunocompromised host.

☐ Place a surgical/procedure mask on the patient for source control until the patient is in an AIIR. Once in an AIIR, the mask may be removed; the patient should wear a mask again for medically necessary transport outside the room.
☐ Notify the charge nurse/unit leadership and arrange placement in an Airborne Infection Isolation Room (AIIR).
☐ Confirm the AIIR is functioning under negative pressure relative to the surrounding area.
☐ Ensure required respiratory protection is available: fit-tested NIOSH-approved N95 or higher-level respirator (PAPR).
☐ Place appropriate Airborne Precautions signage at the door.
☐ Move the patient to the AIIR as soon as possible and keep the door closed.
☐ Notify Infection Prevention per facility policy.

Airborne Precautions

Airborne Precautions

Airborne Precautions are used to prevent transmission of infectious organisms that can remain suspended in the air and travel over distances. They are used **in addition to Standard Precautions** for patients known or suspected to have an infection transmitted by the airborne route.

Because these organisms can remain infectious over longer distances, **special air handling and ventilation are required**. Patients requiring Airborne Precautions should be placed in an **Airborne Infection Isolation Room (AIIR)**, also known as a negative-pressure room.

Patient Placement

☐ Place patients requiring **Airborne** or **Airborne Contact** Precautions in an AIIR.

Personal Protective Equipment

☐ Wear a **fit-tested, NIOSH-approved N95 respirator or PAPR** before entering the room.
☐ Add gown and gloves when indicated to protect clothing and skin.
☐ Do not reuse disposable gowns, gloves, or N95 respirators unless permitted by facility policy.

Personnel Restrictions

☐ Personnel who are susceptible or lack evidence of immunity should not enter the room of a patient with **measles, varicella (chickenpox), disseminated zoster** when immune personnel are available.
☐ Healthcare personnel should have documented immunity or other appropriate evidence of protection when required.

Patient Transport

☐ Limit transport outside the room to **medically necessary purposes**.
☐ Place a surgical/procedure mask on the patient, when tolerated, and reinforce respiratory hygiene/cough etiquette.
☐ For patients with **varicella or draining skin lesions caused by *M. tuberculosis***, cover affected areas when possible to reduce aerosolization or contact with infectious material.
☐ Follow facility respiratory-protection requirements for healthcare personnel accompanying the patient.

Patient-Care Equipment

☐ Handle equipment according to **Standard Precautions**.
☐ Use disposable or patient-dedicated equipment whenever possible.
☐ If shared equipment must be used, clean and disinfect it before use with another patient.

Visitors

☐ Instruct visitors to follow the required Airborne Precautions and respiratory-protection practices before entering the room.

Dishes and Eating Utensils

☐ No special precautions are required beyond **Standard Precautions**.
☐ Routine dishes and utensils may be used.
☐ Disposable dishes and utensils are not routinely required.

Duration of Airborne Precautions

A patient should **not be removed from Airborne Precautions until the appropriate discontinuation criteria have been met** and removal has been approved according to facility policy.

Refer to the applicable disease-specific guidance or facility policy.

- TB
- Measles
- Varicella
- Novel influenza viruses
- Other airborne infections

After the Patient Leaves the Room

☐ Keep the AIIR door closed for the required air-clearance period before allowing unprotected entry.
☐ Keep Airborne Precautions signage posted during the clearance period.
☐ Personnel entering before adequate air clearance has occurred should use the required respiratory protection.
☐ After the required clearance period, the room may be entered according to facility policy.