UCSF Health

STANDARD PRECAUTIONS+

AIRBORNE + CONTACT + DROPLET ISOLATION

Prior to entering the room*:

*Visitors – see Nurse before entering

CLEAN HANDS

GOWN

N95 + EYE PROTECTION OR PAPR

GLOVES

AIRBORNE + CONTACT +DROPLET

PATIENTS in AIRBORNE + CONTACT+ DROPLET ISOLATION

- Place in a private Airborne Infection Isolation Room (AIIR)/Negative Pressure Isolation Room (NPIR) with DOOR CLOSED
  - Create work order for Facilities to change and monitor room pressurization daily—see ATD Standard (EOC Policy 3.1.2)
- Must REMAIN IN THE ROOM except for essential purposes (off-unit testing, surgical procedures, etc.)
- Must wear MASK (Not N95) over mouth and nose when outside the negative pressure environment

STAFF Caring for Patients in AIRBORNE + CONTACT+ DROPLET ISOLATION

ISOLATION CADDY	Place caddy outside patient room containing: • THIS SIGN • GOGGLES/FACE SHIELDS • N95 RESPIRATORS (various sizes) • POWERED AIR PURIFYING RESPIRATORS (PAPR) • GOWNS • GLOVES
WORKFLOW	• Use dedicated disposable equipment (e.g. stethoscope, blood pressure cuff, thermometer) when possible • Clean non-disposable equipment with hospital-approved disinfecting wipe after each use • Clean hands prior to donning personal protective equipment (PPE) • Wear a gown, a fit-tested N95 and eye protection (safety goggles, fluid shield) or PAPR, and gloves upon entry and while inside patient room or care area. Note: Eyeglasses are not a substitute for eye protection • Must wear PAPR when entering room during and 1 hour after High-Risk Aerosol Generating Procedures (HRAGP) *See "Guidance for Use of Personal Protective Equipment for High Risk Aerosol Generating Procedures"* https://ehs.ucsf.edu/respiratory-protection-program-0 • PPE Removal- Exiting patient room or care area, remove gown and gloves *inside*, N95 and eye protection or PAPR *outside* - Grasp PPE in a manner that avoids contamination (Outside of PPE is contaminated) - Clean hands prior to removing N95 and eye protection or PAPR - Remove and discard disposable PPE (clean goggles or PAPR helmet with hospital-approved disinfecting wipe) - Clean hands again after removal of PPE
TRANSPORT	• Notify receiving department of isolation status prior to transport • Patient wears mask (Not N95; pediatric patients unable to mask- cover crib with clean sheet), a clean hospital gown, covers affected area as applicable (e.g. wound), covers body with clean sheet, and cleans hands prior to exiting patient room or care area • Transporter removes PPE and cleans hands (per above workflow) prior to exiting patient room or care area; if direct contact is anticipated, may wear N95 and eye protection or PAPR, gown, and gloves
ROOM CLEANING	• For occupied Airborne Isolation rooms, don and doff PPE as above and clean per standard cleaning procedures • Avoid room cleaning during and 1 hour after HRAGP • On discharge, keep room closed and vacant for appropriate duration to allow complete air exchange (1 hour if air exchange rate unknown), then enter using standard precautions- no need for N95 or PAPR. *Note: If room entry required before specified time has elapsed, N95 or PAPR must be worn.* • On discharge, *Hospitality* removes isolation sign when cleaning complete • On discontinuation of isolation or patient discharge, *Nursing* removes and cleans isolation caddy
VISITORS	• Limit visitors to household members • Offer mask or N95 and eye protection with instructions; gown and gloves not required unless visiting other patients • Instruct visitors to clean hands before entering and exiting patient room or care area

For additional information, indications for, and discontinuation of isolation, refer to "Standard and Transmission-based Isolation Policy" and "Isolation Table" at http://infectioncontrol.ucsfmedicalcenter.org or contact Infection Prevention at 415-353-4343.

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