

STANDARD PRECAUTIONS+

AIRBORNE + DROPLET ISOLATION

Prior to entering the room*:

*Visitors – see Nurse before entering



CLEAN HANDS



N95 + EYE PROTECTION
OR PAPR

PATIENTS in AIRBORNE + 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 + DROPLET ISOLATION

ISOLATION CADDY	Place caddy outside patient room containing:	• N95 RESPIRATORS (various sizes) • GOGGLES/FACE SHIELDS • POWERED AIR PURIFYING RESPIRATORS (PAPR) • THIS SIGN
WORKFLOW	• Clean hands prior to donning personal protective equipment (PPE) • Wear fit-tested N95 and eye protection (safety goggles, fluid shield) or PAPR 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) <i>See "Guidance for Use of Personal Protective Equipment for High Risk Aerosol Generating Procedures" https://ehs.ucsf.edu/respiratory-protection-program-0</i> • PPE Removal- PPE should be removed <i>outside</i> patient room or care area - Clean hands prior to removing N95 and eye protection or PAPR - Grasp PPE in a manner that avoids contamination, 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, and clean 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	
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. <i>Note: If room entry required before specified time has elapsed, N95 or PAPR must be worn.</i> • On discharge, <i>Hospitality</i> removes isolation sign when cleaning complete • On discontinuation of isolation or patient discharge, <i>Nursing</i> removes and cleans isolation caddy	
VISITORS	• Limit visitors to household members • Offer mask or N95 and eye protection with instructions • 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.