# Ambulatory

# **UCSF** Health

### STANDARD PRECAUTIONS+

# AIRBORNE ISOLATION

Patients:

Staff, prior to entering room:

After discharge:







CLEAN HANDS



N95 OR PAPR FIT TESTING AND TRAINING REQUIRED



KEEP ROOM CLOSED + VACANT\*



DISINFECT USED SURFACES

\*DURATION ROOM MUST STAY CLOSED + VACANT TO ALLOW AIR EXCHANGE:

Keep room closed for one (1) hour if Air Exchange Rate is unknown

TIME OF PATIENT DISCHARGE:

TIME ROOM IS SAFE TO ENTER FOR ROOM CLEANING:

#### **Ambulatory – AIRBORNE ISOLATION**

Use for patients exhibiting rash with fever, symptoms of tuberculosis (e.g. cough, night sweats, hemoptysis, unexplained weight loss), or other conditions per ISOLATION TABLE: <a href="https://infectioncontrol.ucsfmedicalcenter.org/isolation-table">https://infectioncontrol.ucsfmedicalcenter.org/isolation-table</a>

#### **PROCEDURE**

## SUPPLIES NEEDED

- THIS SIGN- hang at entryway to patient care area
- MASK
- N95 RESPIRATOR or POWERED AIR PURIFYING RESPIRATOR (PAPR)

#### **PATIENT**

- Wear mask (Not N95) over mouth and nose at all times while in clinic or patient care area (unless instructed to remove by provider)
- Place in exam room with DOOR CLOSED for length of visit
- Family members/caregivers accompanying patients may choose to wear mask or N95
- Clean hands prior to donning personal protective equipment (PPE)
- Wear N95 or PAPR upon entry and while inside patient care area even if immune to patient's condition
- PPE Removal- Remove PPE outside patient care area

#### **STAFF**

- Clean hands prior to removing N95 or PAPR
- Grasp PPE in a manner that avoids contamination, remove and discard disposable PPE (Clean PAPR helmet with facility-approved disinfecting wipe)
- Clean hands again after removal of PPE

Must wear N95 or PAPR when entering room during and 1 hour after AGP

### Aerosol-Generating Procedures (AGP)

AGPs include: Non-invasive ventilation (BIPAP/CPAP) **Nebulized medications PFTs** Laryngoscopy Bronchoscopy/BAL High Flow Nasal Cannula Chest physiotherapy Tracheostomy CPR Manual ventilation High frequency ventilation Intubation/Extubation Open suction Autopsy **NOT an AGP:** Non-rebreather mask, Oropharyngeal or In-line suctioning, NG/OG placement, Coughing patient

See "Guidance for Use of Personal Protective Equipment for Aerosol Generating Procedures" <a href="https://ehs.ucsf.edu/respiratory-protection-program-0">https://ehs.ucsf.edu/respiratory-protection-program-0</a>

### ROOM CLEANING

- On discharge, keep room closed and vacant for appropriate duration to allow complete air exchange (1 hour if air exchange rate unknown), then follow standard precautions- no need for N95 or PAPR. *Note: If room entry required before specified time has elapsed, N95 or PAPR must be worn.*
- Clean used surfaces and equipment with facility-approved disinfectant per standard cleaning procedures
- · Change curtains when visibly soiled
- "High Clean" not required
- Remove isolation sign when cleaning complete, after discharge

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

