

AIRBORNE ISOLATION

Visitors ~ See Nurse before entering



Clean Hands ~ N-95 or PAPR ~ Negative Pressure / Door Closed

PAPR High-Hazard Medical Procedures (See other side)

UCSF Medical Center

UCSF Benioff Children's Hospitals

PATIENTS in AIRBORNE ISOLATION

- Place in a private Airborne Infection Isolation Room (AIIR) (aka Negative Pressure Isolation Room [NPIR]). Room pressurization monitored daily by Facilities—see ATD Standard, EOC Manual (<https://ucsfpolicies.ucsf.edu/Environmental%20Safety%20Manual/3%201%202%202014EC-ATDECP.pdf>)
- Keep the door closed
- Remain in the room except for essential purposes (off-unit testing, surgical procedures, etc.)
- Wear a regular mask (surgical or paper, NOT an N-95 respirator) over mouth and nose when outside the negative pressure environment

STAFF Caring for Patients in AIRBORNE ISOLATION

PROCEDURES

- Wear a fit tested N-95 respirator or Powered Air Purifying Respiratory (PAPR or CAPR) upon room entry **even if immune to the patient's condition**; do not remove the respirator/CAPR/PAPR until outside the room
- Remove and discard respirator after each patient encounter; for CAPR/PAPR cleaning, refer to instructions in the Airborne Isolation cart

WORKFLOW

- Place the following outside patient room: N-95 RESPIRATORS (VARIOUS SIZES), CAPRs / PAPRS, THIS SIGN

VISITORS

- Limit visitors to household members; offer a surgical mask or N-95 respirator and instructions on use
- Instruct visitors to clean their hands before entering and exiting the patient's room

GENERAL INDICATIONS for AIRBORNE ISOLATION

- Vesicular (fluid-filled) rash
- Chest radiograph consistent with pulmonary tuberculosis
- Symptoms consistent with pulmonary tuberculosis (i.e. cough, night sweats, hemoptysis, unexplained weight loss)
- AFB culture ordered on a respiratory specimen when pulmonary tuberculosis is being ruled out

COMMON SPECIFIC INDICATIONS for AIRBORNE ISOLATION

- Measles
- Varicella (chickenpox)
- *Mycobacterium tuberculosis*
- Zoster, disseminated **OR** localized zoster (shingles) in an immunocompromised patient

For additional information, refer to “Standard and Transmission-based Precautions Policy” and “Isolation Precautions Table” at <http://infectioncontrol.ucsfmedicalcenter.org> or page the Infection Control Practitioner on call at 415.806.0269.

High-Hazard Medical Procedures (HHMP, aka Aerosol-Generating Procedures)

CAPR/PAPR is required for HHMP in airborne infectious disease cases. HHMP include:

- aerosolized administration of medications
- sputum induction
- planned intubation/extubation
- autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens (e.g. tracheotomy, thoracotomy or open lung biopsy)
- bronchoscopy and pulmonary function testing
- cardiopulmonary resuscitation
- open suctioning of ETT or tracheostomy