Airborne Precautions



Transmission-based precautions help prevent the spread of certain infections. Airborne precautions are one type of transmission-based precaution. Always use airborne precautions in addition to standard precautions. Some diseases that require airborne precautions may also require contact precautions or droplet precautions.

WHEN TO USE AIRBORNE PRECAUTIONS

Some germs can float through the air on tiny particles. They can stay in the air for a long time and travel long distances. Use airborne precautions with patients known or suspected to have certain infections as outlined by your facility, including:

- Tuberculosis (TB)
- Rubeola (measles)
- Varicella (chickenpox or disseminated zoster)
- SARS (definitely requires contact, droplet, and airborne precautions)

HOW TO USE AIRBORNE PRECAUTIONS

- A patient who requires airborne precautions should be placed in an airborne infection isolation room (AIIR) that meets current guidelines. These rooms are provided with a minimum of 12 air changes per hour (six are permitted for some older facilities) and are negatively pressured to surrounding areas (among other specifications).
- If an AIIR is not available, transfer the patient to a facility that has an available AIIR.
- Doors to AIIRs must be kept closed when not required for entrance or exit. Windows should not be opened unless that is part of the designed ventilation of the area.
- Keep susceptible personnel from entering the rooms of patients known or suspected to have rubeola, varicella, disseminated zoster or smallpox if immune personnel are available.
- Don a fit-tested N-95 filtering facepiece or a powered air- purifying respirator before entry into a patient’s room that requires airborne precautions.
- Transport the patient only when you must. Alert the receiving department. Instruct the patient to wear an N-95 mask and follow respiratory

hygiene/cough etiquette (see standard precautions).

Make sure any skin lesions are covered. Surfaces of transportation vehicles, such as wheelchairs and stretchers, should be protected by use of a barrier, such as a sheet, to prevent direct contact with the patient's skin. Transport the patient to the destination as quickly as possible. Upon arrival, the patient should be escorted to the treatment room immediately and not wait in the hallway or in other common areas. Arrangements should be made for the procedure to be performed as soon as the patient arrives in order to minimize the time that the patient spends away from the isolation room.

- An additional N-95 respirator should accompany the patient during transport. An extra gown, clean sheet, and waterproof, disposable pads should also be sent with the patient if their use may be anticipated. However, if the patient is unlikely to contaminate the transportation vehicle or his/her isolation attire with blood or body substances, no special precautions are needed other than hand washing and an extra N-95 respirator.
- In the event of an outbreak or exposure involving large numbers of patients who require airborne precautions, consult your facility's infection control department for further instructions.
- Engineering controls, such as filters on exhaust from ventilators, should be used. Where possible, patients should wear an N-95 respirator at all times when outside of the isolation room.
- Upon leaving the isolation room, the staff (nurses, transporters, and other personnel) should remove and discard their own masks and barrier attire and wash their hands per the procedures required by facility's infection control department.

PROTECTING YOURSELF WITH A RESPIRATOR

A respirator is your best protection against airborne germs. But a respirator can't protect you if it doesn't fit right or isn't used properly. Follow these guidelines:

- Wear at least an N-95 filtering facepiece respirator. A powered air-purifying respirator (PAPR) will provide better protection.
- Your employer must provide you with a medical evaluation before assigning you to work that requires a respirator.
- You must be trained to use the respirator, and the respirator must be fit tested before you first wear it. Your facility will arrange training and fit testing for you.
- You should not wear the respirator over anything, including facial hair that may interfere with the respirator's seal with your face. Respirator straps should be placed directly against the head.
- Do a seal check on the respirator every time you put it on. You will be shown how to do a seal check.
- Put the respirator on before entering a restricted room. Take it off only after leaving the room.