



AIRBORNE CONTACT PRECAUTIONS

Visitors check in with Nursing before entering.

RESTRICTED VISITATION

ALL PPE REQUIRED REGARDLESS OF VACCINATION STATUS OR NATURAL IMMUNITY

PRIOR TO ENTERING:



Wash or gel hands



Wear gown and gloves



Use a NIOSH respirator
(N95/PAPR/CAPR)

OTHER REQUIREMENTS:



High priority for Airborne-Infection Isolation Room if available, keep door closed.



Wear eye protection, face shield or goggles if contact with secretions are likely.



Use patient-dedicated or disposable equipment.
Clean and disinfect shared equipment.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.

**Display outside door. Leave sign posted and door closed for one hour to allow room air to circulate.
Environmental Services personnel removes sign AFTER room is terminally cleaned.**

AIRBORNE CONTACT PRECAUTIONS

RESTRICTED VISITATION DEPENDING ON CONDITION: Staff must provide visitors with appropriate education and PPE per facility policy.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Steps below are reflective for all PPE, gather only PPE as listed on first page, in addition to other PPE per Standard Precautions.

Putting on PPE (Donning)

- Perform hand hygiene.
- Put on isolation gown, secure ties/straps.
- Put on a respirator or face mask. Ensure it is appropriate and well fitting.
- Put on a face shield or goggles.
- Put on gloves.

Taking off PPE (Doffing)

If wearing a CAPR/PAPR, follow manufacturer's instructions for use to remove correctly.

1. While in the patient's room, remove gloves without contaminating hands.
2. Remove gown - Untie/unsnap ties, break ties if applicable for disposable gowns. Remove by grabbing one shoulder at a time to remove each arm, continue to pull gown down and away from the body. Roll gown as it is removed and place in the proper receptacle. You may now exit the room.
3. Upon exit, perform hand hygiene (use soap & water if visibly soiled or if you encountered stool or were in Contact Enteric Precautions).
4. Remove face shield/goggles - avoid touching the front of eye protection that may be contaminated.
5. Remove and properly handle respirator/face mask - avoid touching the front that may be contaminated and dispose or decontaminate as appropriate.
6. Repeat hand hygiene.

FOR USE WITH CONDITIONS SUCH AS

(Refer to facility policy):

- Emerging diseases or as directed by Infection Prevention.
- Conditions include SARS, MERS, Novel Highly Pathogenic Avian Influenza, Chickenpox, disseminated Zosters.
- Chickenpox disseminated Zosters may require HCW immunity. Staff may contact Employee Health if unsure.

PATIENT PLACEMENT

- Place patient in private room. Preferably an Airborne Infection Isolation Room (AIIR). If not available, follow facility guidelines.

DISHES & UTENSILS

- No special precautions. Kitchenware sanitized in dishwasher.

LINEN & WASTE MANAGEMENT

- Bag linen in patient's room. Avoid excessive handling and do not shake linen. For biohazard waste, follow Category B Medical Waste guidelines.

ROOM CLEANING

- After patient is discharged keep door closed for one hour or *as per facility guidelines for AIIRs*.
- After one hour, routine cleaning procedures with addition of privacy curtain changes per hospital procedure.

EQUIPMENT & SUPPLIES

- Only essential equipment and supplies in room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment/patient's room with disinfectant per facility policy.

TRANSPORT

- Alert receiving department regarding patient's isolation precaution status.
- Patient should clean hands. Have patient wear a surgical mask.
- Transporter removes PPE and cleans hands prior to exiting patient room. If direct contact is anticipated during transport, wear appropriate PPE.
- Clean and disinfect transport vehicle.

Discontinue precautions per Facility Policy.

Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.