

TITLE: AIRBORNE PRECAUTIONS POLICY	DATE OF ISSUE:
APPROVED BY:	REVIEW/REVISED DATE:

Airborne Precautions Policies and Procedures

This document will illustrate how to properly create Airborne Precautions policy for your facility.

What needs to be included in an Airborne Precautions policy:

1. **Purpose:** This section should describe why the Airborne Precautions policy exists. For example, how to transfer patients with Airborne Precautions to a higher level of care, or hospital with negative pressure room (AIIR).
2. **Goal:** This section should describe the goals of having this policy. The goal of this policy is to provide SNF staff with a safe and healthy work environment, both for working with residents and for staff protection.
3. **Scope:** The scope is to whom this policy applies to. For example, staff, visitors, and residents.
4. **Definitions:** This section should define any terms in the following policy that may not be commonly known or that the facility administration feels are important to have explicitly defined.
5. **Procedure:** This section describes the roles and responsibilities of SNF administration and staff, the actions needed to be taken by SNF staff to be in compliance with this policy, and resources for further questions and education.

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PURPOSE:

- This policy serves to implement airborne precautions in order to curtail the transmission of organisms spread through the airborne route within a Skilled Nursing facility.

DEFINITIONS:

- Airborne transmission –occurs by dissemination of airborne droplet nuclei, usually less than five (5) microns, which contain infectious pathogens and are suspended in the air for long periods of time. These microorganisms can be widely dispersed by ordinary air currents and may be inhaled by susceptible hosts over a long distance from the host when the air supply is shared. Therefore, special air handling and ventilation must be provided in the form of a negative airflow room.
- Personal Protective Equipment (PPE) – used to prevent or minimize exposure and to protect from potential transmission of biological agents that can be transferred from person to person by direct and indirect contact.
- N95 Filtering facepiece respirator (N95)–a particulate-filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health (NIOSH) classification of air filtration, meaning it filters at least 95% of airborne particles. Staff must complete a fit test for the specific make and model of N95 they are expected to wear.
- Standard Precautions (SP) –used for all resident care. They’re based on a risk assessment and use of personal protective equipment (PPE) that protect healthcare providers from infection and prevent the spread of infection from resident to resident. The use of PPE is based on the “anticipated exposure” to blood, body fluids, secretions, or excretions.
- Airborne Infection Isolation Room (AIIR) –a single-occupancy patient care room used to isolate persons with a suspected or confirmed airborne infectious disease. Also known as a negative pressure isolation room.

INFECTIONS REQUIRING AIRBORNE PRECAUTIONS

- Active Tuberculosis
- Measles
- Disseminated Herpes Zoster
- Varicella Zoster Virus (Chickenpox)

For more examples, see Type and Duration of Precautions Recommended for Selected Infections and Conditions ([CDC Appendix A](#))

POLICY STATEMENT:

- How to comply with Cal-OSHA Aerosol Transmissible Disease (ATD) standard.
- How to comply with Cal-OSHA requirements for fit testing for N95 respirators.
- Identify special staffing considerations for immune or non—immune staff.

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- To determine the need for Airborne Isolation Precautions by healthcare providers while caring for residents who are suspected or confirmed of having an airborne transmissible disease.
- Use of PPE for specific care activities, based on the resident's characteristics associated with a high risk of MDRO colonization and transmission.
- To identify what PPE is needed by healthcare providers that are expected to enter an Airborne Isolation room.

CAL-OSHA ATD STANDARD REQUIREMENTS

1. Facilities must isolate residents with an airborne transmissible disease in an AIIR per Cal-OSHA ATD Standards.
2. If the facility does not have a functioning AIIR, transfer to a suitable facility must be expedited within a five-hour time frame.
3. The facility must adhere to airborne precautions and the display of proper signage during the interim period before transfer.

CAL-OSHA REQUIREMENTS FOR FIT TESTING FOR N-95 RESPIRATORS

1. Healthcare personnel required to wear N95 respirator must undergo fit testing prior to usage.
2. Fit tests will be conducted following the guidelines set forth by OSHA and NIOSH.
3. The fit test will ensure that each staff member using an N95 respirator achieves the proper fit and seal to minimize exposure to airborne particles.
4. Fit testing will be performed by trained personnel proficient in conducting qualitative or quantitative fit tests.
5. A variety of N95 respirator models and sizes will be available to accommodate diverse facial shapes and sizes.
6. Personnel will follow the manufacturers guidelines and regulatory standards for the specific make and model of the N95 respirator used in the fit test.
7. Fit testing will occur initially, and at minimum annually thereafter, following regulatory requirements.
8. Repeated fit testing is mandatory in scenarios such as significant weight change, facial surgeries, or alterations affecting the respirator fit.
9. Prior to N95 respirator use, healthcare personnel will also undergo medical evaluation.
10. The medical evaluation will assess the individual's ability to wear an N95 respirator without compromising their health, especially considering any preexisting respiratory or cardiac conditions.
11. Medical clearance will be sought from occupational health services or healthcare providers with expertise in respiratory health.
12. Records of fit testing results and medical clearances will be maintained in individual healthcare personnel files.
13. Compliance with fit testing and medical clearance requirements will be periodically reviewed and updated as necessary.

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SPECIAL CONSIDERATIONS

1. For Varicella (chickenpox), disseminated zoster, or measles (rubeola): if you are immune to varicella or measles, you do not need to wear respiratory protection. If you are susceptible (i.e. non-immune, or unaware of your status, report to your supervisor or nurse's station.

PROCEDURE FOR AIRBORNE PRECAUTIONS:

1. Assess resident for airborne transmission risk. This is to be performed upon admission or when there is a change in condition associated with suspected or confirmed airborne pathogen.
2. If suspected or confirmed, immediately notify IP and DON, and place airborne precautions signage on the door.
3. Perform hand hygiene prior to entering room.
4. Don PPE outside of the resident's room or upon entry (re: N95, must be fit-tested).
5. Remove (doff) and discard all PPE upon exit. N95 respirator must be discarded prior to exiting the room.

PROCEDURE FOR ROOM PLACEMENT:

1. Must be single occupancy room.
2. Door must be closed at all times, including when the resident is out of the room.

PROCEDURE ON TRANSFER WITHIN THE FACILITY:

1. Resident should only leave room for necessary treatment.
2. Resident shall wear medical-grade mask for entire duration they are outside of room.
3. Practice hand hygiene before and after transporting the resident.

PROCEDURE ON INTER-FACILITY TRANSFERS:

1. If transport is necessary, place medical-grade mask on the resident.
2. Notify the receiving facility that Airborne Precautions are required.
3. Use the Los Angeles County Department of Public Health (LACDPH) Infectious Organism Transfer [form](#).
4. Practice hand hygiene before and after transporting the resident.

TERMINAL/DISCHARGE CLEANING:

1. Use standard precautions.
2. The room should remain unoccupied for enough time to allow for complete air exchange to occur. There should be at least 6 to 12 air exchanges per hour, and air should be directly exhausted to the outside. In most facilities, this time is usually 2-3 hours, depending on the air handling capacity of the facility.

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RESOURCES:

1. *Airborne Signage for Isolation LACDPH:*
<http://publichealth.lacounty.gov/acd/docs/IPAirbornePrecautions.pdf>
2. *Infectious Organism Transfer form:*
<http://publichealth.lacounty.gov/acd/docs/FacilityTransferForm.pdf>
3. *List of NIOSH approved N95s:*
https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
4. *CDC Appendix A for Isolation Precautions by Disease:*
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
5. *CDC TBP Page:* <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
6. *Cal-OSHA ATD Information:* https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf
7. *Cal-OSHA N95 Fit testing requirement:* <https://www.dir.ca.gov/title8/5144a.html>