Airborne Precautions

NOTE THIS IS NOT INTENDED FOR NOVEL RESPIRATORY DISEASES

Hand Hygiene

Clean hands when entering room and when leaving the room.

PPE

- Wear a fit-tested respirator (N-95 or higher). **Note that for visitors without fit-tested respirators available, provide respirators on-hand with seal checks.**
- Dispose of all PPE before leaving the resident care area. Dispose of mask in the room. PPE is single use.

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 nurses' station.

Room Assignment

• Door must be closed at all times, including when the resident is out of room.

Visitors

- Visitors shall follow Airborne Precautions as outlined above.
- for visitors without fit-tested respirators available, provide respirators on-hand with seal checks.

Resident Transport

- If transport is necessary, place a medical-grade mask on the resident.
- Notify the receiving department that Airborne Precautions are required.
- Practice hand hygiene before and after transporting the resident.

Room Cleaning

- Use standard practices.
- **DISCHARGE CLEANING:** 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.

Ambulation

- Resident should only leave room for necessary treatment, e.g., radiology or surgery.
- Resident shall wear a medical-grade mask for the entire duration they are outside the room.

Please scan the QR code on the right to view the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings



