

AIRBORNE PRECAUTIONS

In addition to Standard Precautions

Visitors - Report to Nurses' Station Before Entering Room

BEFORE CARE

1. Private airborne infection isolation room (AIIR) and closed door with negative air pressure monitored daily.



2. Perform hand hygiene.



3. Wear respiratory protection appropriate for disease. Gloves, gown and goggles/ faceshield should be worn if spraying of respiratory fluids is anticipated.



DURING CARE

1. Limit transport of patient/resident to essential purposes only. Patient/resident should wear a mask whenever outside the room. Respiratory hygiene/cough etiquette should be practiced. Close contact with other patients/residents should be avoided.



1. Discard linen in a container in the room until it can be taken to soiled utility room, laundry or other designated area.



2. Discard trash in the room until it can be taken to soiled utility room or other designated area.



3. Perform hand hygiene.



Infections or Conditions Requiring Airborne Precautions

Anthrax, environmental: aerosolizable spore-containing powder or other substance (airborne and contact precautions until decontamination of environment complete)

Herpes zoster (varicella-zoster) (shingles), disseminated disease in any patient, localized disease in immunocompromised patient until disseminated infection ruled out (airborne and contact precautions)

Measles (rubeola)

Monkeypox (airborne and contact precautions)

Severe acute respiratory syndrome (SARS) (airborne, contact and droplet precautions)

Smallpox (Variola; see vaccinia for management of vaccinated persons) (airborne and contact precautions)

Tuberculosis (M. tuberculosis)

Extrapulmonary, draining lesion (airborne and contact precautions)

Pulmonary or laryngeal disease, confirmed

Pulmonary or laryngeal disease, suspected

Varicella (airborne and contact precautions)