

## Appendix D: Patient Care Airborne Infection Isolation Room Instructions

1. NURSING PERFORMS THE TISSUE TEST EACH DAY that airborne precautions are in place. Local protocols may require more frequent testing. Hold a small piece of tissue in front of the door ~1” above the floor outside of the room. Slightly crack glass sliding doors. The tissue should be pulled towards the room at *all* doors including the anteroom door/s.
  - ◆ If there is a key switch above the main patient door, it should be set to negative (-).
  - ◆ If there is an air-ball indicator make sure the ball is pulled into the room (unable to see from outside the room).
  - ◆ Document the tissue test result on the “Tissue Test Log for Negative Air Pressure”, below. A notebook of these completed forms must be kept in the area or unit.
2. **If the room is not operating correctly or you need assistance call your local Engineering:**
  - ◆ **DUH: E&O at 919-684-3232**
  - ◆ **DRH: 919- 470-4159**
  - ◆ **DRaH: 919-954-3390**
3. CLOSE ALL DOORS AND KEEP THEM CLOSED WHEN ROOM IS IN USE FOR AIRBORNE ISOLATION:  
This is necessary to maintain negative airflow .
4. PLACE AIRBORNE INFECTION ISOLATION SIGNS ON THE DOORS TO THE PATIENT ROOM AND ANTEROOM. Additional signs can be ordered through the SAP system.
5. STOCK RESPIRATORY PROTECTION IN THE ANTEROOM FOR USE BY EMPLOYEES AND VISITORS:
  - ◆ N95 Respirators
  - ◆ Powered Air Purifying Respirators (PAPRs) for those who are not fit-tested for an N95 (Note: PAPRs cannot be used inside a sterile field or in MRI):
    - PAPRs are plugged into the charger when not in use.
    - DUH: PAPRs can be ordered through the Service Now Portal.  
✓ *(For immediate needs or emergent situations call the Equipment Distribution Hotline at 919-681-6097, 24/7).*
    - DRH: PAPRs are found on the patient units
    - DRaH: PAPRs are ordered through Facilities 919-953-3390
    - Use only appropriate PAPR Head Covers (Remove film before first time use.)
6. EMPLOYEES WEAR APPROVED RESPIRATORY PROTECTION TO ENTER AIRBORNE ISOLATION ROOM
  - ◆ An annual fit-test by EOHW/OESO is required to use an N95 respirator, otherwise use a PAPR.
  - ◆ Perform a user “seal-check” each time you wear an N95 respirator.
  - ◆ In an emergency with an unmasked patient an N95 respirator is acceptable temporary protection whether the employee is fit-tested or not (and employee performs and passes user seal check).
7. THE PATIENT SHOULD WEAR A SURGICAL MASK IF TRANSPORT OUTSIDE OF THE ROOM IS ESSENTIAL
  - ◆ Inpatients on airborne isolation are not to leave their room unless medically necessary or Infection Prevention has given approval.
  - ◆ Transporters are not fitted for the N95 respirator. Bring the patient out of the airborne isolation room to them.
8. VISITORS SHOULD WEAR N95 RESPIRATORS (WITHOUT FIT-TESTING)
  - ◆ Nursing should provide instruction to visitors on how to perform the N95 user seal-check and how to properly wear and discard the N95 respirator.
9. NOTIFY INFECTION PREVENTION:
  - ◆ Infection Prevention can provide guidance on all types of isolation precautions and ensure that the patient location is the best place for the patient.
  - ◆ Infection Prevention will assist with coordinating with the health department in the patient’s county of residence as needed.
  - ◆ DUH: 919-684-5457 (or 919-970-9721 after hours)
  - ◆ DRH: 919-470-7171 (0800-1700)
  - ◆ DRAH: 919-954-3166 (or pager 919-206-3311 after hours)
10. KEEP DOORS CLOSED FOR AT LEAST 30 MINUTES AFTER AN AIRBORNE INFECTION ISOLATION PATIENT LEAVES THE ROOM:
  - ◆ If the patient is discharged while still on isolation or the patient is having a procedure performed elsewhere in the hospital or clinic.
  - ◆ Respiratory protection must be worn to enter the room before this time is up and all the doors must remain closed.