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 E&O at 684-3232.**

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):
     - PAPRs are plugged into the charger when not in use.
     - PAPRs can be ordered through the Service Now Portal.
     - 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: 919-684-5457 (or 919-970-9721 after hours)**
   - 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.

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.