

# AIRBORNE PRECAUTIONS



**CLEAN YOUR  
HANDS WHEN  
ENTERING AND  
EXITING ROOM**



**STAFF AND VISITORS**

**PATIENTS  
UPON LEAVING ROOM**



**VISITORS:**

**PLEASE CHECK WITH  
NURSING STAFF BEFORE  
ENTERING ROOM.**



**(FOR ESSENTIAL PURPOSES ONLY)  
(PROCEDURE MASK, CLEAN GOWN/  
CLOTHES AND HANDS)**

**SINGLE ROOM WITH NEGATIVE AIR PRESSURE,  
DOOR CLOSED WITH DEDICATED EQUIPMENT**

# Airborne Precautions

## Acute Care Use in Addition to Routine Practices

### Additional Information

- Single room with negative pressure required! ENSURE ROOM PRESSURE IS SET TO NEGATIVE
- If negative pressure is activated using a switch, check and document every shift
- Door into anteroom and door into patient room must remain closed
- Anteroom is considered clean space, PPE can be doffed here
- Clean your hands before entering the room and after leaving the room
- Dedicate equipment to the isolated patient or clean and disinfect shared equipment after use
- Patient to leave room only for **essential** purposes. If patients are leaving their room they should be cognitively intact or supervised, have **clean** hands and clothing and any drainage and or body fluids **contained**.

#### If the patient is not currently in a single/Airborne isolation room:

- If possible remove the roommate from the room or mask the infected patient
- Close the door
- Place appropriate AIRBORNE signage
- Arrange for patient transfer to an AIRBORNE isolation room
- Please see Management of Patients Requiring Airborne Isolation Algorithm for more details

### Common Organisms Requiring AIRBORNE Precautions (not all inclusive)

- Suspected or confirmed active pulmonary, laryngeal or miliary Mycobacterium tuberculosis
- Extrapulmonary Mycobacterium tuberculosis until pulmonary disease ruled out
- Rubeola/ Measles/ Red Measles

### Remember!

**Always wear the N95 respirator you've been fit tested for when in the room.  
Remove N95 respirator when you have exited room and door to patient room is closed.**

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