

JAM Session 13:

Airborne Infection Isolation (Part 2):

What Staff Should Know

Why This Matters

Airborne Infection Isolation Rooms (AIIRs) are critical in preventing the spread of airborne infectious diseases such as tuberculosis (TB), measles, chickenpox (varicella), and COVID-19.

Required PPE:

- **N-95 Respirator:** Must be fit-tested. Don *before* entry; remove *after* exit.
- **Gown & Gloves:** Required for splashes or if combined with Contact Precautions.
- **Eye Protection:** Goggles or face shields for potential splash risks.

PATIENT PLACEMENT & MANAGEMENT

Room Controls (AIIR):

- **Airflow:** Negative Pressure; 6-12 air changes/hr
- **Exhaust:** Direct to outside or HEPA filtered.
- **Facilities:** Dedicated toilet and handwashing sink required.
- **Door: MUST REMAIN CLOSED AT ALL TIMES.**

Source Control & Movement:

- **Transport:** Patient must wear a **surgical mask** if leaving the room.
- **Restriction:** Limit movement to medically necessary purposes only.
- **Signage:** Post "Airborne Precautions" sign on door.

STAFF & VISITOR SAFETY

Staffing: Ideally use immune staff for patients that are isolated for vaccine preventable infections. Non-immune staff are restricted.

Visitors: Generally restricted. A household "watcher" is permitted only for safety/special needs and must follow PPE requirements. Nurses may restrict entry.

PROTOCOL & DOCUMENTATION

Orders: Initiation/Discontinuation requires a **Physician or Infection Preventionist** order.

Settle Time: After discharge, keep the system on and the door closed for **1 hour** before cleaning staff enter without respirators.

Documentation: Record initiation/maintenance of precautions, care plan, & patient/family education/understanding.

Policy 6201-240: TBP- Airborne Infection Isolation