AIRBORNE CONTACT PRECAUTIONS

Visitors, please ask for a Blue Information Sheet.

Before, entering, perform hand hygiene and follow instructions below.

Negative Pressure Isolation Room

Keep door closed

N95 Respirator (Mask) Fit-Tested, Fit-Checked

•Must be worn to enter this room

Gown and Gloves

•Must be worn to enter this room

Patient Transport *(Essential Purposes Only)*

•Patient must wear a surgical or procedure mask and wear a clean gown

•Patient must perform hand hygiene

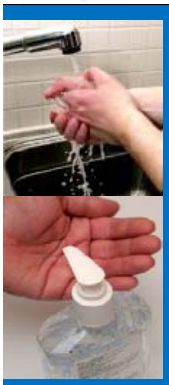
•For direct contact with patient wear a gown and gloves

•Notify receiving area

Equipment

•Use disposable when possible, dedicated to patient, discard after patient discharge

•Clean and disinfect all equipment before removing from this room



Before Leaving This Room

•Remove gloves and gown (not N95 mask)

•Perform hand hygiene

After Leaving This Room

•Shut Door

•Remove N95 mask

•Perform hand hygiene

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Microorganism	Infective material	Duration of Precautions	Comments
Measles (Rubeola)	Respiratory secretions	4 days after start of rash; duration of illness in immunocompromised patients	Only immune care providers should enter room.
Mycobacterium tuberculosis (TB) (confirmed or suspected pulmonary or laryngeal)	Respiratory secretions	Until patient has received 2 weeks for effective therapy and has 3 consecutive negative sputum smears (at least 24 hours apart).	Assess visiting family members for disease.
Chickenpox (Varicella-Zoster Virus)	Lesion drainage, respiratory secretions	Until all lesions have crusted and dried	Roommates and care providers should be immune to chickenpox. Susceptible high-risk contacts should contact Infection Prevention and Control. For susceptible contacts, isolations precautions should begin 8 days after first exposure and last until 21 days after last exposure (28 days if VZIG is given).
Herpes Zoster (Shingles) **Disseminated**	Respiratory secretions	Until all lesions have crusted and dried	Roommates and care providers should be immune to chickenpox. A susceptible person or person exposed to someone with disseminated herpes zoster should contact Infection Prevention and Control.

Clinical Presentation (suspected disease)	Infective Material	Duration of Precautions	Comments
Cough, fever, pulmonary infiltrates in a patient at risk for tuberculosis *(tuberculosis)*	Respiratory secretions	Until infectiousness is determined.	See *Mycobacterium tuberculosis* above.
Maculopapular rash with fever and coryza/cough/conjunctivitis *(measles)*	Respiratory secretions	Until infectiousness is determined.	See Measles above.
Vesicular rash compatible with varicella or disseminated zoster *(chickenpox or shingles)*	Respiratory secretions	Until varicella and zoster are ruled out	See Chickenpox or Herpes Zoster (disseminated) above.
Hemorrhagic fever with pneumonia, acquired in appropriate endemic area *(Lassa, Ebola, Marburg, Crimean-Congo, Bolivian or Venezuelan viral hemorrhagic fevers)*	Respiratory secretions	Until ruled out or for duration of illness.	

To Do:

1. Notify Infection Prevention and Control.
2. Patient requires a single bed, negative pressure room, door kept closed at all times.
3. Ensure supply of N95 respirators for all persons who enter the room.
4 Clean equipment (thermometers, stethoscope, BP cuff, oximeter probe) and wipe down with disinfectant allowing sufficient contact time between each patient use.
5. No special cleaning measures are required for housekeeping.
6. Observe negative pressure room clearance time(at least 1 hour).

Questions or concerns? Please contact Infection Prevention and Control.