

## Airborne Precautions

### Key Points

#### Notes on Transmission Based Precautions

**Transmission Based Precautions** are designed for patients who are known (or suspected) to be infected or colonised with highly transmissible or epidemiologically important pathogens. For these cases further measures are needed in addition to standard precautions to prevent transmission of infection. The three categories of transmission - based precautions are Contact, Droplet and Airborne. They may be combined for diseases that have multiple routes of transmission. Whether used singularly or in combination, they are always used IN ADDITION to Standard Precautions.

Refer to Isolation Guidelines to identify those precautions which are required for specific organisms or infections.

**In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the inhalation of respiratory particles.**

### Guidance

#### 1. Patient Placement / Accommodation

- An Isolation room with negative pressure ventilation is needed.
- This is a single room that has monitored negative air pressure in relation to the surrounding areas.
- The door and window must be kept closed and the patient must remain in the room.

#### 2. Door / Bed Signs

- An Isolation notice should be displayed on the room door.
- Advise all members of the healthcare team (e.g., therapists, domestic assistants, porters, ambulance personnel) of the required precautions.

### 3. Masks

- FFP3 respirator masks must be worn on all contact with patients with confirmed or suspected MDR or XDR-TB and during aerosol generating procedures on patients with drug sensitive open pulmonary tuberculosis. Read more in the NICE TB Guidelines, Or in our own TB guidance.
- Susceptible persons should not enter the room of patients known to have measles or varicella (chicken pox) if other immune health care workers (HCWs) are available. If susceptible HCW's must enter the room of a patient known or suspected to have measles or chicken pox, they should wear a FFP3 respirator mask. HCW's immune to measles or chicken pox need not wear respiratory protection.

### 4. Plastic Aprons

- Disposable plastic aprons should be worn when in direct contact with the patient, their secretions and handling infected items, dressings etc. or working around the patient's bed.

### 5. Gloves

- Disposable non-sterile gloves should be worn for all contact with blood, body fluids, excretions, secretions or when handling contaminated items such as tissues, sputum cartons etc.

### 6. Hands

- Hands should be decontaminated before and after patient contact, following removal of gloves and before leaving the room.
- Use soap and water.
- Hand sanitising agent may only be used on socially clean hands.

### 7. Respiratory Etiquette

- Limit movement of patient from the room to essential purposes only.
- If transfer/movement is necessary, minimise the risk of droplet nuclei dispersal by placing a surgical fluid shield mask on the patient if possible.
- Notify the Department in advance, so that appropriate arrangements can be made to prevent the spread of infection.

### 8. Cutlery / Crockery

- Separate or disposable cutlery or crockery is not indicated. Wash in dishwasher in usual way.