

## RESPIRATORY PRECAUTIONS/ISOLATION

### I. PURPOSE

To decrease the transmission of respiratory (airborne) diseases from patient to patient, and from patient to healthcare providers or others.

### II. POLICY

Respiratory Precautions/Isolation is used when a patient is suspected or diagnosed with a disease that is transmitted by the respiratory (airborne) route.

### III. DEFINITIONS

#### A. Transmission

Transmission of respiratory diseases occurs when droplet nuclei (5 microns or less in size) containing infectious microorganisms are carried over long distances and remain suspended in the air, and are then inhaled by a susceptible host.

#### B. Microorganisms

Microorganisms carried in this manner can be dispensed widely by air currents and may be inhaled by susceptible hosts within the same room or over a longer distance from the source patient, and when the air simply is shared. Thus, special air handling and ventilation are required.

#### C. Respiratory (Airborne) Diseases

1. Chickenpox\*
2. Hemorrhagic Fevers
  - a. Lassa Fever
  - b. Ebola-Marburg Virus
3. Herpes-Zoster (Varicella- Zoster), disseminated or pneumonia\* (plus Contact Precautions)
4. Measles (Rubeola)\*
5. Pandemic (Avian) influenza
6. Severe Acute Respiratory Syndrome (SARS)
7. Smallpox
8. Tuberculosis, pulmonary

\* Healthcare workers immune to these diseases do not need to wear an N95 mask

#### D. Room Placement

1. **Place patient with suspected or confirmed highly communicable airborne disease in a private room with negative pressure ventilation and an anteroom.**

2. The following rooms meet these requirements:  
C211  
D023 D042  
D132 D142  
D223  
D323 D342  
E023 E042  
E139  
E223  
E323 E342  
F342  
G114  
North ICU 221  
Emergency Department Rooms 6 and 7 (Peds), and Room 14
3. The door must remain closed.
4. If a negative airflow room is not available, a portable HEPA filtration unit can be used until a negative airflow room becomes available.
  - a. The HEPA filter “scrubs” the air, but it does not exhaust outside of the building.
  - b. Call General Services Response Center (GSRC) at 8-4400 to notify Engineering and Maintenance to set up the HEPA filtration unit. Contact Infection Control and Epidemiology at 5-1106 or Pager 16167 for any assistance needed.

#### **IV. IMPLEMENTATION**

- A. Refer to the table titled Quick Reference Guide for Infectious Diseases, Conditions and Required Precautions in policy 5.10 of the *Infection Control Manual*.
- B. Ensure that Respiratory Precautions/Isolation has been ordered. The Infection Control and Epidemiology Department (ICED) is notified via Physician Order in EPIC. The Physician order populates the Respiratory Isolation List in the Infection Control system folder in EPIC.
- C. Place a Respiratory Precautions/Isolation sign (blue) on the door (ESI #11-901).
- D. The ICED contacts the General Services Response Center (GSRC) at 8-4400 to notify Engineering and Maintenance that a specific room is occupied and requests that daily negative airflow checks be performed. A ticket number is provided by the GSRC for the activity. When isolation is discontinued, the ICED notifies the GSRC of the ticket number to be canceled.

- E. Masks
  - 1. Healthcare workers must wear an N-95 mask every time they enter the room. *SEE BELOW FOR EXCEPTIONS.*
    - a. No N95 mask needs to be worn when taking care of a patient with Chickenpox or Herpes Zoster if the healthcare worker is immune to Chickenpox.
    - b. No N95 mask needs to be worn when taking care of a patient with measles (Rubeola) if the healthcare worker is immune to measles.
  - 2. Visitors should wear a surgical-style mask every time they enter the room.
- F. Use good hand hygiene techniques and practice Standard Precautions, in addition to Respiratory Precautions/Isolation.
- G. Instruct the patient to cover his/her nose and mouth with a tissue when coughing or sneezing. Also, instruct patients to perform hand hygiene frequently and to remain in the isolation room.
- H. Perform procedures within the room whenever possible.
- I. When the patient absolutely must leave room for a procedure:
  - 1. Inform the diagnostic/treatment departments of the patient's condition so that appropriate personnel can be assigned to perform the procedure and so the Respiratory Precautions/Isolation can be maintained while the patient is in another department.
  - 2. Complete the Precautions/Isolation section on the Nursing Off-Unit Transport Continuity of Care Report.
  - 3. The patient wears a surgical-style mask when he/she is out of the isolation room or is transported to other departments.
- J. The ICED (extension 5-1106 or pager 16167) must approve discontinuation of isolation/precautions.
- K. Cleaning the Room (including OR rooms and negative air flow rooms in other areas of the hospital and clinics) when the Patient is Discharged
  - 1. Routine housekeeping procedures should be followed.
  - 2. Continue Respiratory Precautions/Isolation for 1 hour with the door closed after the patient is discharged.
  - 3. Personnel cleaning the room must wear an N-95 mask if they are in the room during this 1 hour period.
- L. Signage is to be removed by Nursing after notification by Housekeeping that the room has been cleaned.
- M. Patients who are neutropenic and who also have a highly communicable airborne disease are placed in a negative air pressure room with an anteroom while on Respiratory Precautions/Isolation.

- N. Refer to Infection Control Policy 5.10, Quick Reference Guide for Infectious Diseases/Conditions and Required Precautions, Appendix B for placement of neutropenic patients

**References:**

1. CDC. Guidelines for Preventing the Transmission of *Mycobacterium Tuberculosis* in Healthcare Settings. (2005).
2. MMWR. CDC Recommendations and Reports. (1994). Vol 43, RR-13; 1 – 132.
3. CDC. *Draft*. Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.
4. Recommendations of the HICPAC. (2004). 1 – 198.

**Appendices:**

- Appendix A: Respiratory Precautions (English) (blue sign)  
Appendix B: Respiratory Precautions (Spanish) (blue sign)  
Appendix C: Which Mask Should I Use?

Approved by: Infection Control Committee, 7/09  
Quality Improvement and Patient Safety Committee, 8/09  
Stanford Hospital and Clinics Medical Executive Committee, 9/09  
Stanford Hospital and Clinics Board Credentials, Policies and Procedures Committee, 9/09

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**Appendix A**

# RESPIRATORY PRECAUTIONS

**YOU MUST:**

1. USE ALCOHOL GEL OR WASH YOUR HANDS FOR 10 SECONDS UPON ENTERING AND LEAVING THE ROOM
2. WEAR AN N95 RESPIRATOR MASK WHEN ENTERING THE ROOM  
YES \_\_\_\_ NO \_\_\_\_
3. ONLY IMMUNE PERSONS SHOULD ENTER THE ROOM  
YES \_\_\_\_ NO \_\_\_\_
4. ADDITIONAL INSTRUCTIONS:

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PATIENT IS CARED FOR IN A PRIVATE ROOM

PATIENT IS TO WEAR A SURGICAL STYLE MASK  
WHEN LEAVING THE ROOM

**PLEASE KEEP THE DOOR CLOSED**

*IF YOU HAVE ANY QUESTIONS, PLEASE SEE THE NURSE*

**Appendix B**

# PRECAUCIONES RESPIRATORIAS

**USTED DEBE:**

1. USAR LOCIÓN CON ALCOHOL PARA MANOS O LAVARSE LAS MANOS POR 10 SEGUNDOS ANTES Y DESPÚES DE ENTRAR EN LA HABITACIÓN.
2. LLEVAR UNA MÁSCARA RESPIRATORIA N95 AL ENTRAR EN LA HABITACIÓN.

SÍ \_\_\_\_\_ NO \_\_\_\_\_

3. SOLO LAS PERSONAS IMMUNES DEBEN ENTRAR A LA HABITACIÓN

SÍ \_\_\_\_\_ NO \_\_\_\_\_

4. INSTRUCCIONES ADICIONALES:

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EL PACIENTE RECIBE LOS CUIDADOS EN UNA HABITACIÓN PRIVADA.

EL PACIENTE DEBE LLEVAR UNA MÁSCARA DEL TIPO PARA CIRUGÍA AL SALIR DE LA HABITACIÓN

**POR FAVOR MANTENGA LA PUERTA CERRADA.**

*SI TIENE CUALQUIER PREGUNTA, POR FAVOR HABLE CON LA ENFERMERA.*

## Which Mask Should I Use?

### N95 Respirator (must be fit-tested\*)



### Standard Surgical Mask (no fit-test required)



Use for R/O Tuberculosis, R/O SARS, Aerosolized Ribavirin

Use for R/O Meningococcal

**Remember: ONLY use a standard surgical mask on the patient!**

\*Call OHS for fit-testing 3-5922

\*\*Call Infection Control for questions 5-1106