

APPLY

Airborne PRECAUTIONS

in addition to the standard precautions

for patients with suspected or confirmed infections with increased risk for airborne transmission



- Airborne infections (pulmonary tuberculosis, measles and chickenpox).
- Infections that may be transmitted via fine particle aerosols when performing aerosol-generating procedures* (e.g. COVID-19, monkeypox, Middle East respiratory syndrome, seasonal influenza, etc.).

Ensure appropriate patient placement

- Place the patient in an airborne infection isolation room (negative pressure), or in a separate well-ventilated room
- Keep the door closed



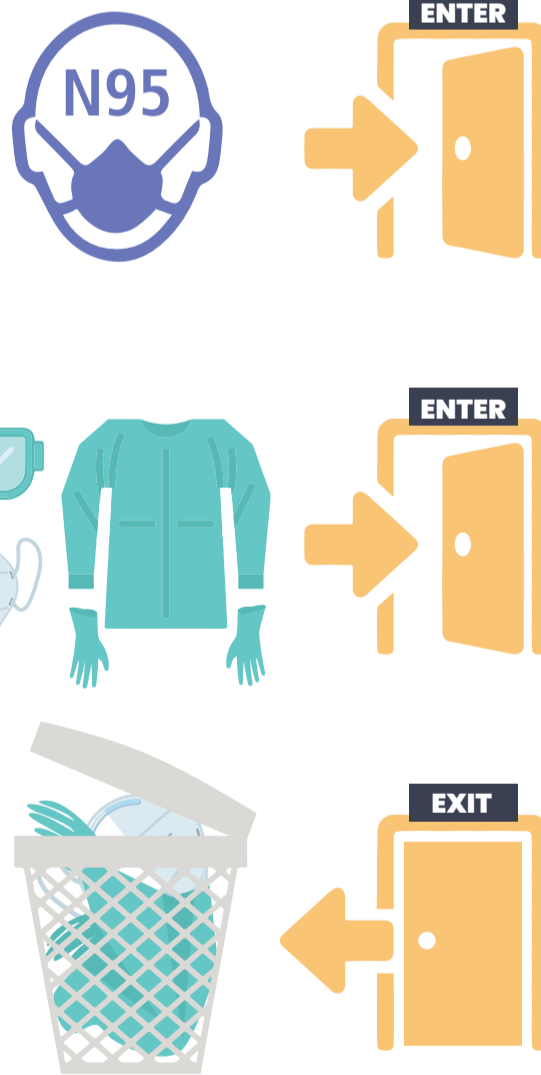
Perform hand hygiene

- Wash hands with soap and water or use an alcohol-based hand rub according to WHO's 5 Moments for Hand Hygiene



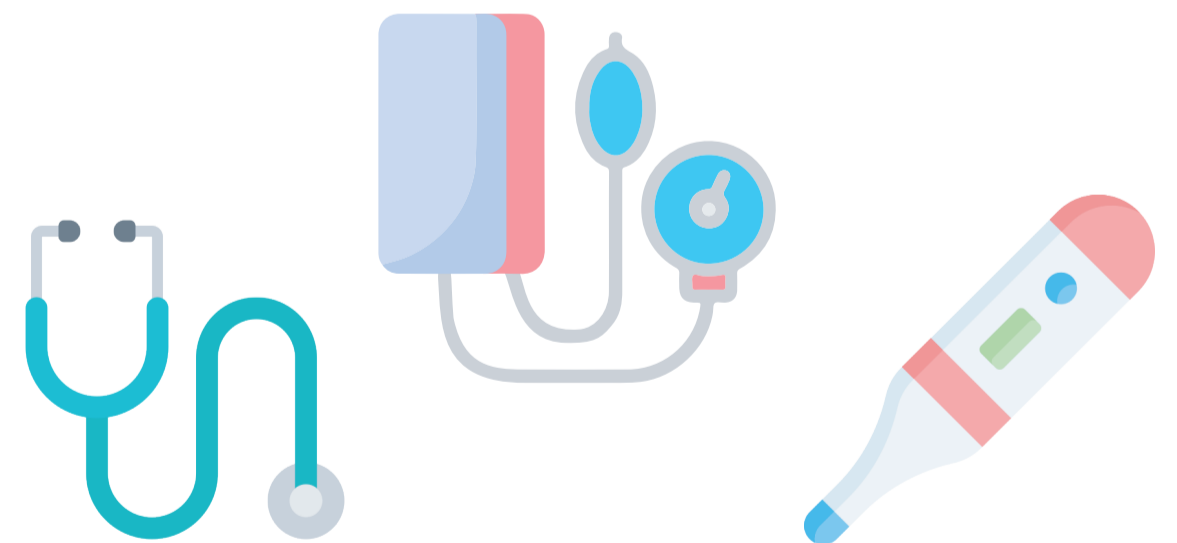
Use personal protective equipment (PPE) appropriately

- Put on a fit-tested N95 or equivalent respirator before entering a patient's room
- When performing aerosol-generating procedures wear gloves, long-sleeved gown, eye protection, in addition to a respirator
- Remove and safely dispose of contaminated PPE prior to exit except the respirator, remove it after leaving the room and perform hand hygiene



Use dedicated or disposable patient care equipment

- Clean and disinfect reusable and shared equipment before use on another patient



Limit transport of patient to medically necessary purposes

- When transport is necessary, instruct the patient to put on a medical mask (if tolerated) and follow respiratory and cough etiquette.



*Current WHO list of aerosol-generating procedures: tracheal intubation, non-invasive ventilation (e.g., BiLevel positive airway pressure, continuous positive airway pressure), tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, sputum induction by using nebulized hypertonic saline, dentistry and autopsy procedures.

