

Airborne precautions

Prompt: Poster colour is orange: use this explainer with the orange airborne precautions poster

Patient placement: in an airborne isolation room with controlled ventilation, where possible. In situations where this is not possible, use a single room with dedicated toilet/ ensuite facilities and ensure that the doors remain closed at all times except when necessary for entry/ exit of patient/ staff. Consider safety risks, risk assess patient placement in a single room with door closed, for example, by the person in charge (PIC).

Step 1

Before each patient interaction, a health and care worker must assess the patient/ and situation and complete a point of care risk assessment (PCRA)*

A point of care risk assessment (PCRA) is an integral part of standard practice which should be performed by every health and care worker **BEFORE** every patient interaction to allow them to accurately assess the risk **of exposing themselves and/ or others to infectious diseases/ agents/ transmissible microorganisms.**

A PCRA supports the selection of appropriate actions and personal protective equipment (PPE) in addition to any infection prevention and control (IPC) recommendations already in place, such as patient placement and occupational aspects, (including health and care worker vaccination) to further minimise any risk of exposure. Refer to the following link for details on health and care worker vaccination: [Chapter 04 - Immunisation and Health Information for Health-Care Workers and Others in At-Risk Occupations | HIQA](#)

This is a supporting tool, and risk assessments are likely to vary from person to person.

1. PATIENT

Consider:

- Has the patient recently had symptoms or contact with a person who is symptomatic with respiratory symptoms, pulmonary TB, measles, chickenpox etc.?
- Is the patient identified as a potential risk of infection, for example have they respiratory symptoms, a rash, recent travel?
- Has the patient a known history of carriage/ infection with multi-drug resistant organism/ s (MDROs)?
- Is the patient mobile/ ambulatory/ independent and are they capable and willing to perform hand hygiene and respiratory hygiene?
- Consider safety risks (risk assess patient placement in a single room).

Prompt - check surveillance system/ chart/ lab results, recent swabs/ screens

2. TASKS

Consider:

- What type of task am I about to perform? Is this a non-clinical interaction?
- Is this a clinical intervention?
- Am I about to perform a task for example, providing personal care, assisting with respiratory support/ procedures, chest physiotherapy or bathing, assisting with toileting, carrying out a procedure, such as wound care, catheter care (high contact/ low contact) with prolonged contact?
- Will the task increase the likelihood that my skin / clothing will become contaminated? (high contact/ low contact).

3. ENVIRONMENT

Consider:

- Is the person located in a single room? It is recommended for airborne precautions that a single room with controlled ventilation is used. Where this is not possible, use a single room with dedicated toilet / ensuite facilities and ensure that the doors remain closed at all times. If the patient becomes symptomatic while in a multi bedded room-move to a single room and assess other patients in that area. Monitor those patients for development of symptoms. Risk assess: if there is a risk to/ from other individuals (for example shared rooms, mobile patients with infectious symptoms).
- Think about equipment: is there dedicated equipment for the patient (blood pressure monitor, cuff, thermometer and hoist sling)?
- Is the equipment shared, for example commode, hoist, blood glucose monitor, blood pressure monitor? If yes, clean and disinfect reusable equipment between each use.
- Consider space for physical distancing/ items of equipment.

Step 2

Choose appropriate PPE and implement the required actions in line with standard precautions including the following:

- **Clean your hands in line with the WHO 5 moments.** Ensure access to hand hygiene products/ facilities & select as appropriate (alcohol based hand rub/ handwashing)
- **FFP2/ 3 respirator mask:** required for airborne precautions and follow procedure for fit checking as on poster **
- **Eye protection:** Required for airborne precautions
- **Gloves:** Risk assess glove requirement, consider in relation to tasks (such as contact with chemicals or if there is a risk of blood/ body fluid exposure*** (for example: urine, vomitus, faecal matter, respiratory secretions etc.)
- **Apron:** Low level contact/ interaction with the patient
- **Gown:** High level contact/ interaction with the patient
- **Disposal of PPE:** (inside the patient's room): risk assess disposal in healthcare risk waste/ non risk waste streams
- **Removal of FFP2/3 respirator mask:** outside the patient's room and perform hand hygiene



NOTE: Reassessment of PPE requirements should occur as the clinical scenario develops to reflect changes in transmission risk

Visitors do not routinely need to wear PPE. They should be encouraged to clean their hands before and after visiting the patient.

Advise and support visitors, regarding PPE, as appropriate

Visitors should not visit if they have any acute onset of respiratory or GI symptoms.

For further information, refer to. **Department of Health (2023). NCG, National Clinical Guideline No. 30 Infection Prevention and Control.**

Available at: <https://www.gov.ie/en/department-of-health/publications/infection-prevention-and-control-ipc/>

*PCRA poster

**FFP2/3 respirator poster

*** Gloves off poster

Footnote

The term patient refers to patients, service users, clients, residents, person, supported individual