AEROSOL PRECAUTIONS

VISITOR RESTRICTIONS MAY APPLY

Visitors check in with Nursing before entering.

For source control, ask patient to wear mask, if tolerated, when others are present.

PRIOR TO ENTERING:

Wash or gel hands

Use a NIOSH respirator

N95/PAPR/CAPR

Wear eye protection

Face shield/goggles/eye protection

Use an Airborne-Infection Isolation Room (AIIR) per facility guidelines.

Door should remain closed during patient stay unless it impacts patient care (e.g., fall risk). Follow appropriate air exchanges times per facility after Aerosol Generating Procedures (AGP).

Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

Display outside door. At patient discharge, remove sign AFTER room is terminally cleaned.
Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.

Washington State Department of HEALTH

Washington State Hospital Association

DOH 420-671 August 2026

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AEROSOL PRECAUTIONS

RESTRICTED VISITATION DEPENDING ON CONDITION:

Staff should provide visitors with appropriate education and PPE per facility policy.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Steps below are reflective for all PPE, gather only PPE as listed on first page, in addition to other PPE per Standard Precautions.

Putting on PPE (Donning)

1. Perform hand hygiene.
2. Put on an isolation gown, secure ties/straps.
3. Put on respirator or face mask, ensure appropriate and well fitting.
4. Put on a face shield or goggles.
5. Put on gloves.

Taking off PPE (Doffing)

If wearing a CAPR/PAPR, follow manufacturer's instructions for use to remove correctly.

1. While in the patient's room, remove gloves without contaminating hands.
2. Remove gown - Untie/unsnap ties, break ties if applicable for disposable gowns. Remove by grabbing one shoulder at a time to remove each arm, continue to pull gown down and away from the body. Roll gown as it is removed and place in the proper receptacle. You may now exit the room.
3. Upon exit, perform hand hygiene (use soap & water if visibly soiled, encountered stool or were in Contact Enteric Precautions).
4. Remove face shield/goggles - avoid touching the front of eye protection that may be contaminated.
5. Remove and properly handle respirator/face mask – avoid touching the front that may be contaminated and dispose or decontaminate as appropriate.
6. Repeat hand hygiene.

FOR USE WITH CONDITIONS SUCH AS

(refer to facility policy):

- COVID-19

PATIENT PLACEMENT

- Place patient in private room. If not available, follow facility guidelines for cohorting.

DISHES & UTENSILS

- No special precautions. Kitchenware sanitized in dishwasher.

LINEN & WASTE MANAGEMENT

- Bag linen in patient's room. Avoid excessive handling and do not shake linen. For biohazard waste, follow Category B Medical Waste guidelines.

EQUIPMENT & SUPPLIES

- Use only essential equipment and supplies in the room.
- Use dedicated or disposable equipment when available.
- Clean and disinfect reusable equipment/patient's room with disinfectant per facility policy.

ROOM CLEANING

- After the patient is discharged keep the door closed for appropriate air exchanges as per facility guidelines for AIIRs.
- After appropriate air exchanges, routine cleaning procedures may occur with addition of privacy curtain change per hospital procedure.

TRANSPORT

- Alert receiving department regarding patient's isolation precaution status.
- Patient should clean hands. Have patient wear a surgical mask if tolerated.
- Transporter removes PPE and cleans hands prior to exiting patient room. If direct contact is anticipated during transport, wear appropriate PPE.
- Clean and disinfect transport vehicle.

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Discontinue isolation per Facility Policy. Sign to be removed by Environmental Services after precaution discontinuation and room cleaned.