

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Airborne Infection Isolation Room Requirements for BSOM Outpatient Clinics

Date Originated: 6/15/05

Date Reviewed: 2/21/07

Date Approved: 6/15/05

6/1/10; 12/2/14; 12/5/17

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Infection Control Nurse

Airborne Infection Isolation Requirements for Brody School of Medicine Outpatient Clinics

- I. A. All Brody School of Medicine outpatient clinics which evaluate and treat, on a regular basis, patients
 - 1. With infectious airborne diseases
 - 2. Are at high risk for TB or other potentially airborne infections
 - 3. Who are significantly immunosuppressedwill implement engineering controls for prevention of spread of infection. These engineering controls will comply with guidelines established by the Center for Disease Control, and enforced by OSHA for tuberculosis, e.g.
- B. This includes all primary care clinics such as General Internal Medicine, General Pediatrics, or Family Medicine; such as but not limited to Hematology-Oncology, Pediatric Hematology Oncology, Infectious Disease, Transplant Surgery and clinics that see high risk (immune suppressed patient).
- C. BSOM clinics not covered above will utilize other controls, such as administrative controls and use of personal protective equipment to protect their patients and staff from the spread of airborne infection.

II. Purpose:

- A. To provide an environment that will allow reduction of the concentration of airborne infectious agents
- B. To prevent the escape of airborne infectious agents from examination or treatment rooms into the corridor and other areas of the facility.
- C. To capture and remove airborne contaminants without exposing other persons in the area to infectious agents.
- D. To separate patients who are likely to have infectious airborne disease from other susceptible persons.

III. A. Conditions that require Airborne Infection Isolation under present Infection Control standards

- 1. Measles (Rubeola)
- 2. Varicella (chicken pox)
- 3. Disseminated Zoster (shingles) or localized Zoster in an immunocompromised host
- 4. MERS
- 5. Tuberculosis
- 6. SARS
- 7. Avian flu
- 8. Monkey Pox
- B. Other conditions associated with airborne transmission
 - 1. Aspergillosis
 - 2. Mucorales
 - 3. Pneumocystis carinii (under investigation)
- C. Clinical symptoms that may require Airborne Infection Isolation
 - 1. Rash or exanthems, generalized, etiology unknown

2. Vesicular lesions
 3. Maculopapular rash with coryza and fever
- D. Patients at high risk for TB or other infectious air borne disease include those with:
1. Immunologic disorders (HIV/AIDS, congenital immune deficiency syndrome)
 2. Chronic diseases (diabetes, cancer, emphysema, or cardiac failure)
 3. Immunosuppressive therapy (radiation, cytotoxic chemotherapy, antirejection drugs, or steroids)
- IV. Engineering Controls: Accepted modifications of the ventilation system to prevent the spread and reduce the concentration of airborne infectious disease include the following:
- A. Single pass, non-recirculating systems that exhaust air to the outside (negative pressure air borne infection isolation or AII room) with a minimum of 12 air changes per hour, a.k.a. negative pressure exam room.
 - B. Recirculation systems that pass air through HEPA filters before recirculating it to the general ventilation system
 - C. Room-air recirculation units with HEPA filters and ultra violet light germicidal irradiation (UVGI) systems
- V. See Tuberculosis policy for more details on airborne isolation/negative pressure exam rooms; use and monitoring.

<http://www.ecu.edu/cs-dhs/prospectivehealth/infectioncontrolpolicies.cfm>