

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**  
**Infection Prevention and Control**

<b>SUBJECT: Engineering and Work Practice Controls and Personal Protective Equipment</b>	<b>Policy No.: IC700B</b> <b>Revision Date: 06/2017</b> <b>Reviewed: 05/2022</b> <b>Page: Page 1 of 5</b>
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**I. Engineering and Work Practice Controls and Personal Protective Equipment: 5199 ATD (e)**

- A. Work practices shall be implemented following transmission-based precautions to prevent or minimize healthcare worker exposures to airborne, droplet, and contact transmission of aerosol transmissible pathogens (ATP).

Droplet and contact precautions shall be in accordance with Center for Disease Control and Prevention (CDC) Guideline for Isolation Precautions. Airborne precautions shall be in accordance with CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.

- B. These work practices and source controls may include, but are not limited to; hand washing and gloving procedures; the use of anterooms; the use of respiratory protection; the use of personal protective equipment such as eye and face protection, surgical masks, gowns and other protective apparel; and cleaning and disinfecting contaminated surfaces and articles.

Refer to Infection Prevention and Control Manual Isolation Precautions for policies and procedures on isolation practices. For cleaning policies see the Environmental Services Manual.

C. Respiratory Protection: 5199 ATD (g)

1. Droplet Transmissible Diseases

- a. A standard hospital mask is the mask of choice for employees caring for suspected or confirmed patients placed in Droplet Precautions. See our facility policies for droplet precautions.
- b. Patients must wear a surgical mask for any transport or treatment outside of their room

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2. Airborne Transmissible Diseases
  - a. A NIOSH approved Particulate Respirator Type N95 is the mask of choice for employees caring for suspected or confirmed patients placed in All and/or when a patient with suspected or confirmed AirID is receiving a high hazard procedure. See Appendix B and G and see our facility policies for airborne precautions.
  - b. All employees required to wear the N95 must receive health screening from Employee Health Services and be fit tested.
  - c. A disposable N95 is worn by all healthcare workers entering the patient's room.
  - d. Patients must wear a surgical mask for any transport or treatment outside of their room.
3. Procedure for particulate respirator use:
  - a. An approved NIOSH N95 particulate respirator is used by all employees entering a suspected or confirmed All patient's room
  - b. In case of extreme shortage of N95 respirators, see Infection Prevention and Control Policy for N95 shortage (IC 700E)
4. High Hazard Procedures, environmental controls, and respiratory protection for ATD requiring airborne isolation applies only to known or suspected AirIDs. PAPRs should be used when performing high hazard procedures on cadavers with ATPs (both droplet and airborne diseases).
  - a. High Hazard Procedures
    - i. Sputum Induction
    - ii. Bronchoscopy
    - iii. Aerosolized administration of medications

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- iv. Pulmonary Function Tests (unless pt in a booth)
- v. Autopsy
- vi. Clinical, Surgical, and Laboratory procedures that may aerosolize pathogens
- vii. Intubation
- viii. Open circuit suctioning

**b. Environmental Controls for High Hazard Procedures**

High-hazard procedures shall be conducted in ALL rooms or areas such as a ventilated booth, tent, or a single/private room with a HEPA filter. Persons not performing the procedures shall be excluded from the area unless they use respiratory and personal protective equipment required for employees performing these procedures.

Where no Airborne Isolation room or area is available and the treating physician determines that it would be detrimental to the patient's condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employees working in the room or area where the procedure is performed shall use respiratory protection as well as all necessary personal protective equipment.

- c. Respiratory protection when performing a High Hazard procedure includes the use of an N95 respirator or PAPR for the healthcare worker(s) performing the procedure as well as and all other healthcare workers in the room.

**Note:** Effective September 1, 2010 the employer shall provide a powered air purifying respirator (PAPR) with a High Efficiency Particulate Air (HEPA) filter or a respirator providing equivalent or greater protection to employees who perform high hazard procedures on AirID

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cases or suspected cases and to employees who perform high hazard procedures on cadavers potentially infected with ATPs.

D. In the event of an influx of infectious patients, refer to Rancho’s policy for “Influx Infectious Patients” or Emergency Management Manual for surge capacity management.

E. Specific requirements for All rooms and areas.

1. Hospital isolation rooms constructed in conformance with Title 24, California Code of Regulations, Section 417, et seq., and which are maintained to meet those requirements shall be considered to be in compliance with the CalOSHA Title 8 guidelines.
2. Negative pressure shall be maintained in All rooms or areas. The ventilation rate shall be 12 or more air changes per hour (ACH). The required ventilation rate may be achieved in part by using in-room high efficiency particulate air (HEPA) filtration or other air cleaning technologies, but in no case shall the outdoor air supply ventilation rate be less than six ACH. Hoods, booths, tents and other local exhaust control measures shall comply with CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings.
3. Engineering controls shall be maintained, inspected and performance monitored for filter loading and leakage at least annually, whenever filters are changed, and more often if necessary to maintain effectiveness. Problems found shall be corrected in a reasonable period of time. If the problem(s) prevent the room from providing effective All, then the room shall not be used for that purpose until the condition is corrected.
4. An isolation precaution sign will be placed on the door as a source control measure to alert any person prior to entering the room of infection prevention precautions. See Rancho’s policies.

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5. The door is kept closed except when patients or personnel are entering or exiting. Negative pressure monitoring is performed by the facility plant management department of the hospital daily while the room is occupied by an AirID patient.
  
6. When a case or suspected case vacates an All room or area, the room or area shall be ventilated according to the CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings for a removal efficiency of 99.9% before permitting employees to enter without respiratory protection.