

## Appendix C: Airborne Infection Isolation Room (AIIR) Prioritization

Formerly known as a negative pressure isolation room, an AIIR is a single-occupancy patient care room used to isolate those with suspected or confirmed airborne infectious diseases. The control of environmental factors minimizes the transmission of infectious agents transmitted via the airborne route. AIIRs provide negative pressure in the room and direct exhaust of air from the room to the outside of the building or recirculation of the air through a HEPA filter before returning to circulation.

Diseases known to be transmitted person to person by the airborne route are tuberculosis (TB), rubeola (measles), and varicella (chickenpox). Most respiratory infections are spread via Droplet/Contact transmission and do not require use of an AIIR. However, a precautionary approach for novel respiratory agents combines Airborne Precautions and Droplet/Contact Precautions until the epidemiology of the novel agent is established. <sup>[1]</sup>

Admission or continued admission to an AIIR will occur with ongoing assessment of factors such as, but not limited to: the immune status of patients and staff; stage of convalescence; and presence of communicable symptoms. The following is a hierarchy describing the likely degree of infectious risk imposed by the diagnoses/queried diagnoses associated with the patient, and is intended to be used as a guideline along with clinical judgment/ risk benefit analysis. The highest to lowest recommended priority for a patient to be admitted or remain in the AIIR is as follows:

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|----------------|--|
| <b>Highest</b> | 1. Novel Pathogens i.e., <a href="#">Severe Respiratory Illness (SARI)</a>   |
|                | 2. Laboratory Confirmed Multi-drug Resistant or Extensive Drug resistant (MDR/XDR) Respiratory TB  |
|                | 3. Measles   |
|                | 4. Laboratory Confirmed Active Respiratory TB (sputum smear positive for AFB or culture positive for MTB) or clinically-confirmed (committed to TB treatment) with priority to most infectious |
|                | 5. TB under investigation  |
|                | 6. Varicella   |
| <b>Lowest</b>  | 7. When an Aerosol Generating Medical Procedure (AGMP) is anticipated and Respiratory TB or other pathogens spread by the airborne route are suspected or confirmed.                           |

When requests for patient prioritization do not follow the suggested list, Infection Prevention and Control/designate shall determine the priority for use of the AIIR.

Upon discovery of a patient with suspect or confirmed infection requiring Airborne Precautions/AIIR, the patient shall have a procedure or surgical mask applied until transfer into appropriate accommodation. Refer to the [Airborne Precautions Protocol](#) for accommodation of patients who require Airborne Precautions.

## References (Appendix C):

1. Best Practices for prevention, surveillance and infection control management of novel respiratory infections in all health care settings. (2015, September). Provincial Infectious Diseases Advisory Committee (PIDAC). Available at: [https://www.publichealthontario.ca/en/eRepository/Best\\_Practices\\_Novel\\_Respiratory\\_Infections.pdf](https://www.publichealthontario.ca/en/eRepository/Best_Practices_Novel_Respiratory_Infections.pdf).
2. Guidelines for environmental infection control in health-care facilities. Infection-Control and Ventilation Requirements for Operating Rooms. Morbidity and Mortality Weekly Report (MMWR) /52 (RR10): 1-42 section V. (2003, June 6). Centre for Disease Control (CDC) and Healthcare Infection Control Practices Advisory Committee (HICPAC). Available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>.
3. Guidelines for preventing the transmission of mycobacterium tuberculosis in health-care settings, Morbidity and Mortality Weekly Report (MMWR). (2005). Centre for Disease Control (CDC). Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.
4. Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care. (2012 April). Manitoba Health. Available at: <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.