



Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

Instructions: If there are any patients requiring Airborne Infection Isolation on unit, observe area outside of each isolation room. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total Observed
1	Is an Airborne Infection Isolation sign at the patient’s door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Is the door to the room closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Does a manometer or other measurement mechanism indicate negative pressure in the room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are appropriate respirators, (N-95) in multiple sizes and/or charged, powered air purifying respirators (PAPR), available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Are respirators stored outside the room or in an anteroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED						



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Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments: