

### C. Airborne Precautions in All Care Settings and Modifications for Specific Healthcare Settings

Airborne precautions should be used for the conditions/clinical presentations and specific etiologies listed in Table 8. In addition to routine practices for the care of all patients in all settings, the recommendations that follow Table 8 apply to the care of patients on airborne precautions in all care settings. Modifications for specific healthcare settings follow. Certain diseases require public health notification; check local regulations.

**Table 8: Conditions/clinical presentations and specific etiologies requiring airborne precautions**

Conditions/clinical presentation (See Table 9 for details)	Specific etiologies (See Table 10 for details)
Cough, fever, pulmonary infiltrate in person at risk for TB (pleuropulmonary or laryngeal TB) Rash, maculopapular with fever and one of coryza, conjunctivitis or cough Rash, vesicular with fever	Measles (rubeola) Monkeypox Tuberculosis (pleuropulmonary or laryngeal) <ul style="list-style-type: none"><li>■ nonpulmonary lesions, during procedures that may aerosolize tuberculi bacilli</li></ul> Smallpox Varicella zoster virus <ul style="list-style-type: none"><li>■ varicella (chicken pox)</li><li>■ zoster, disseminated</li><li>■ zoster in immunocompromised patient</li><li>■ zoster in immunocompetent patient that cannot be contained</li></ul>

Table 8 Conditions/clinical presentations and specific etiologies requiring contact precautions. from Public Health Agency of Canada (2013) *Routine Practices and additional precautions for preventing the transmission of infection in healthcare settings*. Retrieved from: [http://www.ipac-canada.org/pdf/2013\\_PHAC\\_RPAP-EN.pdf](http://www.ipac-canada.org/pdf/2013_PHAC_RPAP-EN.pdf) p.81.