

Approval: \_\_\_\_\_  
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## PROTOCOL

TITLE: EMERGENCY DEPARTMENT NEGATIVE AIRFLOW PROTOCOL

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PURPOSE: Outline the steps required to initiate negative airflow in ED patient rooms.

LEVEL: \_\_\_ Dependent \_\_\_ Independent \_\_\_ Interdependent

SUPPORTIVE  
DATA:

Negative airflow minimizes and contains the spread of airborne biological and chemical contaminants. Examples include, but are not limited to possible chicken pox, TB, recent return from foreign country with signs of respiratory infection, contamination with chemical or biological substance.

Decision to activate may be initiated by Nursing, Physicians, Infection Control and Respiratory.

CONTENT:

1. Locate switches in ED nursing station on column with pneumatic tube.
2. Activate correct switch. Switch 1 control in Rooms 1, 2, 11, 12 and Triage Room. Switch 2 controls Rooms 3-9. **Note: Room 10** negative airflow is on another system and is always **ON**. The separate control is located next to the Room 10 door and the alarm is turned on and off by maintenance.
3. Confirm activation by illumination of red light above corresponding switch.
4. Close exam room door where potential contamination is located.
5. Post "Negative Airflow: Keep Door Closed" sign on door.
6. Confirm negative air flow by noting position of flutter strip on each exhaust vent. Flutter strip is held against vent by air flow when system is operating; hangs down when system is not operating.
7. Contact Maintenance if red light fails or if flutter strip indicates system is not operating.

ADDITIONAL:

1. Maintenance coordinates annual system check by outside company.
2. In ED Waiting Area, negative air flow is kept **ON**. Verify function by noting flutter strips. Switch is located on column behind registration desk.

Reference: <http://www.cdc.gov/ncidod/eid/vol10no7/03-0728.htm>  
<http://www.cdc.gov/niosh/hhe/reports>