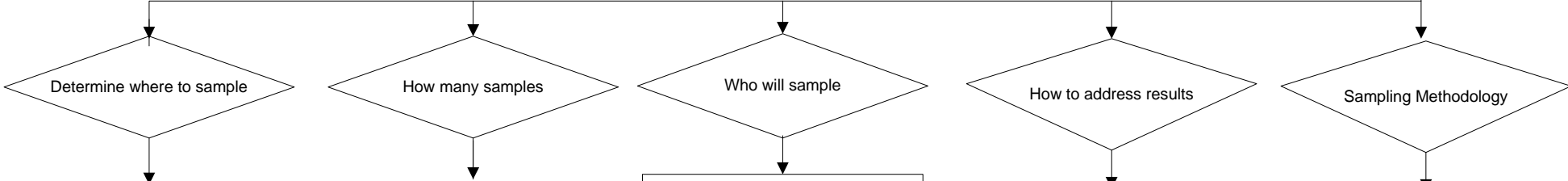


Decision-Making Regarding Air Sampling*

Air sampling indicated due to:
 -ICRA (construction/renovation)
 -ICRA (patient services guiding routine surveillance)
 -Clinical results (i.e., fungal infection identified in a patient)
 -Due to response of mold/pathogen identification

Decisions needed to be made prior to sampling (Decide how to manage results before the process begins)



Construction/renovation/routine surveillance:

- in the area
- in shared air space
- immediately adjacent (above or below)

In response to clinical results:

- in the patient care unit including other patient rooms, staff area(s), instrument/equipment room(s)
- Other areas sharing air space

- At least one outdoor comparator
- Multiple samples directly outside construction area
- At least one sample inside area(s) where high risk patients are located and construction impacts traffic and/or airflow into that area
- Other locations recommended by qualified personnel

- Company whose personnel are certified by the American Society for Healthcare Engineers
- Project guided by a certified industrial hygienist
- Samples evaluated by an accredited environmental lab
- Able to provide particle counts in conjunction with air quality sampling
- Able to provide preliminary results in the event unacceptable particle/fungal counts are identified
- Capability of saving isolates in the event further testing (i.e., PCR) is needed as part of a patient/epidemiologic investigation

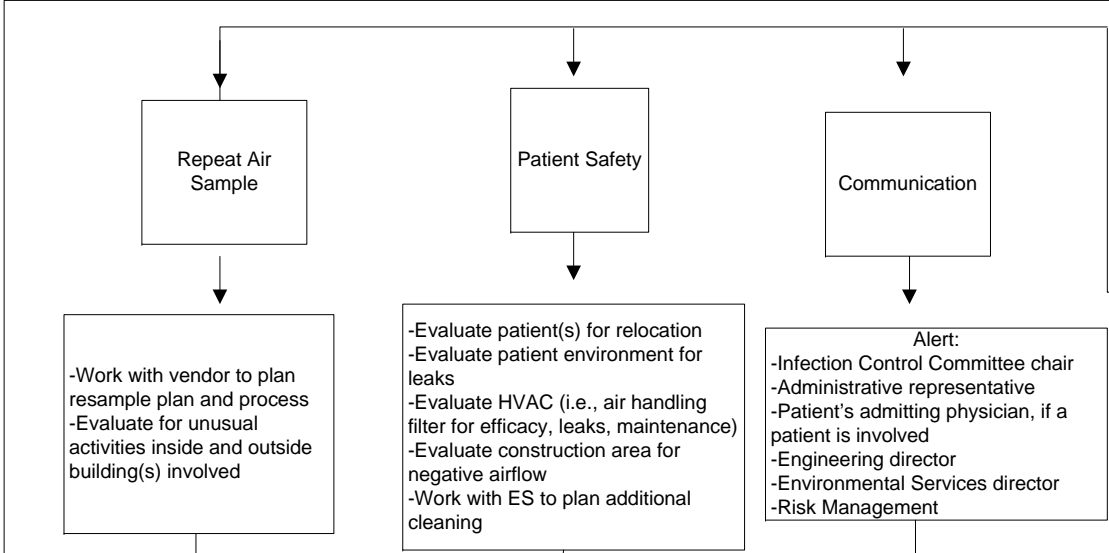
Acceptable air quality results

- No *A. fumigatus* >2 colony forming units/m³ in any patient care area
- No *A. fumigatus* identified in more than 1 room in high risk patient area
- No other *Aspergillus* species in ≥3 rooms with ≥3 colony forming units/m³
- No particle count is more than 10% elevated in those particles ≤5 microns in size compared to the prior particle count

In consultation with qualified personnel:

- determine what type of sampling will be done (i.e., viable air and surface sampling, particle counting)
- method for obtaining samples (i.e., Anderson air sampler, particle counter)
- Will isolates of significance be identified and speciated
- Reporting thresholds (i.e., CFU lower limit)

Acceptable Unacceptable



Complete documentation and reports as necessary

*** Please note that there are currently no standards regarding interpretation of air samples so the guidance suggested here should be considered as a suggested starting point. This algorithm should not take the place of professional consultation.**

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