

3.0 Isolation Rooms

3.1 Class S – Standard Pressure

Recommended elements for Class S Isolation Rooms are as follows:

- A staff handbasin within the room
- An Ensuite Bathroom
- A self-closing door.

A pan sanitiser located near the room is an optional element for Class S Isolation Rooms.

3.2 Class N - Negative Pressure

Negative Pressure Rooms are for patients who require airborne droplet nuclei isolation. The aim of placing persons in Negative Pressure rooms is to reduce transmission of disease via the airborne route.

For elements and inclusions for Class N Negative Pressure Rooms, refer to Department of Human Services Isolation Room Guidelines.

3.3 Class P - Positive Pressure

For elements and inclusions for Class P Positive Pressure Rooms, refer to Department of Human Services Isolation Room Guidelines.

3.4 Class A - Alternating Pressure

Rooms with reversible airflow mechanisms, which enable the room to have either negative or positive pressure shall **NOT** be used.

3.5 Number of Isolation Rooms

A minimum of 20 % of the total bed complement in Inpatient Accommodation Units (across the whole facility) used for overnight stay shall be provided as Single Bedrooms (Type S).

All HPUs providing inpatient overnight accommodation shall provide at least one 'Class S - Standard' Isolation Room.

All facilities at Level Four and above shall provide at least one 'Class N - Negative Pressure' Isolation room per 100 overnight beds. Additional 'Class N - Negative Pressure' Isolation Rooms may be required to meet service profile and model of care for the HPU and the facility.

The provision of 'Class P - Positive Pressure' Isolation Rooms are only required to meet the requirements of the service profile and the model of care for the HPU and the facility.

3.6 Operating/ Procedure Rooms

When bronchoscopy is performed on persons who are known or suspected of having pulmonary tuberculosis, the Operating/ Procedures Room shall meet the Negative Pressure Isolation Room ventilation requirements.



3.7 Planning

The design of the premises is fundamental to infection control and implementation of 'Standard' and 'Additional' precautions. All new or renovated Health Care Facilities should incorporate in their design and layout the physical requirements that are essential for an infection control strategy.

The design of the premises should consider the movement of people and equipment in ways that minimise the risk of transmission of infection.

3.8 Air-Conditioning

Hospital air-conditioning systems should be monitored regularly and serviced by accredited service technicians. Maintenance schedules should be documented.

Air-conditioning or ventilation systems in critical areas such as Operating Rooms, Birthing Rooms, Tuberculosis isolation rooms, Burns Units, Intensive Care Units, Emergency Units, as well as in special treatment or procedural areas, should provide high quality air at all times.

Where the Sterile Supply /

Service Unit is attached to Operating Rooms, ventilation should be provided by a treated air supply and air-conditioning should comply with Part E of these Guidelines. Air-conditioning in separate Sterile Supply / Service Units should comply with the relevant Standards.

Where there is a risk of airborne transmission of pathogenic micro-organisms, there should be a sufficient number of single rooms (at least one per 100 Beds) with adequately filtered air-conditioning which should have external exhaust systems. No recirculation of air should be permitted. For tuberculosis isolation and treatment rooms, negative pressure ventilation should be made available, in accordance with nationally endorsed guidelines, and State and Territory tuberculosis guidelines. A minimum of twelve air changes per hour (ACH) are advised, including at least two outside air changes per hour, plus good air circulation within the room.

3.9 Cleaning Areas

Separate and clearly defined operating and cleaning areas are required to maintain adequate barriers for infection control. Delineation of these areas facilitates easy identification of surfaces that should be cleaned and disinfected between patients. Both areas should have adequate lighting, good ventilation to reduce the risk of cross-infection from aerosols, bins for the disposal of hazardous waste and smooth impervious surfaces without crevices.

The cleaning area should be divided into a contaminated section and a clean section.

The contaminated section shall comply with AS4187 and include:

- Adequate bench space for dismantling and working on equipment
- At least one deep sink or trough (stainless Steel) for manual cleaning of instruments and other equipment
- Cleaning and disinfecting materials
- Cleaning and disinfecting equipment including brushes
- Steriliser
- Mechanical disinfectant / washer.

Cleaning sinks must be located separately to clinical hand washing basins to avoid risk of contamination and must be used only for decontamination of equipment and instruments. Where filters are fitted to taps in place of antisplash devices, they should be cleaned regularly. In office practices where there are no surgical or dental procedures being carried out, for example, in acupuncture clinics, a stainless steel or smooth hard plastic bowl dedicated to use in the cleaning and decontamination of instruments and devices, may be used as an alternative to a sink for cleaning.



The processing area should be carefully defined and protected from all vapours, splashing or aerosols produced during operating, hand-washing, equipment washing, disinfection and ultrasonic cleaning. The area should have adequate storage space and be used only for the storage of effectively covered or packaged cleaned, disinfected and/or sterilized instruments and equipment.

3.10 Work Flows

Staff eating and recreation areas must be separate from work areas and patient treatment areas.



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