

Limiting the Spread of Coronavirus in a Positive Airflow Room

As facilities are scrambling to create isolation units for COVID-19 patients, they are also preparing for other likely scenarios, such as how they perform surgery on an infectious patient.

By code, operating rooms are required to be positive airflow. There are no exceptions to this rule. How does a hospital limit the spread of coronavirus if they have to put a patient in a room that is required to be positive, which is contrary to the current infection control measures?

The following is a list of considerations:

1. Do the procedure when no other surgeries are occurring in other operating rooms that are served by the same air handling unit (AHU).
2. Use an operating room at the end of the OR suite corridor to contain the virus as much as possible.
3. Put the AHU into 100% outdoor air mode if possible. If the unit does not stay on due to low limit temperature safeties, allow only as much return air as required to keep the AHU running. Operating room air handlers must have HEPA air filters. The CDC recommends not recirculating air unless it is HEPA filtered.
4. If possible, put one of the temporary construction enclosures around the operating room door to the corridor and put a portable HEPA filter unit inside this enclosure.
5. After the surgery is over, flush the air in the area served by the OR AHU for 60 minutes.



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