

## Survey of Wisconsin Hospitals' Negative Pressure Airborne Isolation Capacity

- 1. Please indicate how many negative pressure airborne isolation rooms there are in your facility by area.**

“**Isolation rooms**” are defined as negative air pressure airborne isolation rooms (hereinafter, “NPAir”) with a minimum of 6-12 air exchanges per hour and direct exhaust to the outside, which is located more than 25 feet from an air intake and from areas where people may pass. If air cannot be exhausted directly to the outside more than 25 feet from an air intake and from areas where people may pass, then air should be filtered through an appropriately installed and maintained HEPA filter. These rooms should be tested monthly (and daily when in use) to verify negative airflow. ([Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee \(HICPAC\), Vol 52,06/06/2003](#))

Location of NPAir	How Many Rooms?
1. NPAir in Medical-Surgical Unit	
2. NPAir in Emergency Department	
3. NPAir in Intensive Care	
4. NPAir in Medical ICU	
5. NPAir in Surgical ICU	
6. NPAir in Pediatric ICU	
7. NPAir in Rehabilitation Unit	
8. NPAir in Nursing Home Unit	
9. NPAir in CBRF Unit	
10. NPAir in procedure room (please specify type of procedure room)	
11. NPAir in Autopsy Room	
12. NPAir in Pediatric Unit	
13. NPAir in Obstetrics Unit	
14. NPAir in ED Waiting Room	
15. NPAir in “Other” Unit (please specify below)	
<b>16. TOTAL NUMBER OF ROOMS (Sum of Lines 1 through 15)</b>	

- 1a. Specify type of procedure rooms (#10 above) that have NPAir:**

- 2a. Specify type of “other” (#15 above) rooms that have NPAir:**

2. **What type of NPAir system is in these rooms?**

**“Permanent”** means that NPAir was established in construction or the room was later retro-fitted, but both now have their own HVAC system.

**“Portable”** means that a unit may be brought into a room and used on a temporary basis.

**“Semi-Fixed”** means that a portable unit is used, but the room has been rebuilt on a permanent basis, using the portable unit, which cannot be moved without significant effort.

**“Switchable”** means that these rooms can be turned on to create negative pressure airborne isolation capacity and then turned off after use.

<b>Location of NPAir</b>	<b>a. Permanent</b>	<b>b. Portable</b>	<b>c. Semi-Fixed</b>	<b>d. Switchable</b>
1. NPAir in Medical-Surgical Unit				
2. NPAir in Emergency Department				
3. NPAir in Intensive Care				
4. NPAir in Medical ICU				
5. NPAir in Surgical ICU				
6. NPAir in Pediatric ICU				
7. NPAir in Rehabilitation Unit				
8. NPAir in Nursing Home Unit				
9. NPAir in CBRF Unit				
10. NPAir in procedure room				
11. NPAir in Autopsy Room				
12. NPAir in Pediatric Unit				
13. NPAir in Obstetrics Unit				
14. NPAir in ED Waiting Room				
15. NPAir in “Other” Unit				
16. <b>TOTALS</b> (Sum of Lines 1 through 15)				

Note: Sum of 16a + 16b + 16c should equal TOTAL on Line 16 of Matrix for Question 1.

**3. Is your facility planning on adding NPAir to any of the following areas:**

Location of NPAir	How Many Beds?	Approximately When?
1. NPAir in Medical-Surgical Unit		
2. NPAir in Emergency Department		
3. NPAir in Intensive Care		
4. NPAir in Medical ICU		
5. NPAir in Surgical ICU		
6. NPAir in Pediatric ICU		
7. NPAir in Rehabilitation Unit		
8. NPAir in Nursing Home Unit		
9. NPAir in CBRF Unit		
10. NPAir in procedure room		
11. NPAir in Autopsy Room		
12. NPAir in Pediatric Unit		
13. NPAir in Obstetrics Unit		
14. NPAir in ED Waiting Room		
15. NPAir in "Other" Unit		

**3a. Specify type of procedure rooms that are planned to have NPAir:**

**3b. Specify type of "other" rooms that are planned to have NPAir:**

**4. Does your facility have the capability of adapting your HVAC system in a room(s), wing(s) or other area(s) so as to convert that area or wing into NPAir?**

- Yes
- No

**5. If Yes, how many beds can then be set up in that wing(s) or area(s)? (even though presently there may not be staff for these beds)**

<b>Wing/Area</b>	<b>Type of Wing/Area</b>	<b>How Many Beds?</b>
Room/Wing/Area One		
Room/Wing/Area Two		
Room/Wing/Area Three		
Room/Wing/Area Four		
Room/Wing/Area Five		
Room/Wing/Area Six		
Room/Wing/Area Seven		

**6. Is your facility willing to increase its NPAir capacity through funding available through the FY 2003 HRSA Grant available through your Regional Hospital Preparedness Team? (This is not a commitment to do so. A “YES” answer indicates an interest in doing so.)**

- Yes
- No

**6a. If Yes, which of the following five scenarios for enhancing your NPAir capacity would best describe your proposed plans (Please check all that may apply):**

- Adding one or two NPAir to our Emergency Department, which presently has no NPAir, during remodeling or new construction.
- Adding NPAir to our medical-surgical floor(s), which presently has no NPAir, during remodeling or new construction.
- Adding additional NPAir to our Emergency Department during remodeling or new construction.
- Adding additional NPAir to our medical-surgical floor(s) during remodeling or new construction.
- Adding NPAir to other areas (e.g. autopsy room, procedure room, etc.) Please describe the type of room(s):

**Note:** It is not necessary to indicate whether these projects would be for permanent, portable or semi-fixed NPAir.

**6b. If Yes,**

**Please briefly describe the project to expand the NPAir capacity of your hospital:**

**Please provide an estimate of the Project Start and End Date:**

**Please provide an estimate of the costs associated with increasing NPAir capacity:**

- 6c. If Yes, who is the person that the Regional Hospital Preparedness Team should contact to provide further information about this project and funding for NPAir?**

Name	
Title	
Organization	
Address	
City, State, Zipcode	
Phone	
Email	

**7. Please describe the continuum of care your facility has available for a patient, requiring NPAir?**

*Example One: Patient is placed in NPAir in the Emergency Department and then admitted to NPAir in the Medical ICU and then can be transferred to NPAir in the Medical Unit.*

*Example Two: Patient admitted to NPAir on the Medical Unit is discharged to the Nursing Home, which has NPAir.*

**Our NPAir Continuum of Care Capabilities (please explain):**

**8. If you do not have NPAir in your hospital, to which hospital(s) do you usually refer these patients? Please list the hospitals to which you refer.**

<b>Hospital</b>	<b>City, State</b>

9. If you do have NPAir in your hospital and if you do refer patients in need of NPAir, to which hospital(s) do you refer and for what medical need?

Hospital	City, State	Medical Reason for Referral

10. Are there any non-hospital facilities such as nursing homes or others that have NPAir capacity in your area?

- Yes
- No

11. If Yes, please list all such non-hospital facilities in your area that may have NPAir capacity.

Non-Hospital Facility	City, State

**12. Contact information for the person completing this questionnaire, if different from the person in Number 7.**

Name	
Title	
Organization	
Address	
City, State, Zipcode	
Phone	
Email	