

4658.4520 VENTILATION PRESSURE RELATIONSHIPS AND VENTILATION FOR CERTAIN AREAS IN NURSING HOMES; EXISTING AND NEW CONSTRUCTION.

Area Designation	Pressure ¹ Relationship to Adjacent Areas	All Supply Air From Outdoors	Minimum Air Changes of Outdoor Air Per Hour	Minimum Total Air Changes Per Hour	All Exhaust Directly To Outdoors	Recirculated Within Room
Resident Bedroom	0	-	2	2	-	-
Dayroom, Activity Area	0	-	2	2	-	-
Resident Corridor	0	-	2	4	-	-
Dining Room, Therapy	-	-	2	6	-	-
Medication Room	+	-	2	4	-	-
Clean Utility Room	+	-	2	4	-	-
Soiled Utility Room	-	-	-	10	YES	NO
Toilet Room	-	-	-	10	YES	NO
Bathing Area	-	-	-	10	YES	NO
Barber and Beauty Room	-	-	-	10	YES	NO
Janitor's Closet	-	-	-	10	YES	NO
Sterilizer Equip. Room	-	-	-	10	YES	NO
Garbage Room, Can Washing	-	-	-	10	YES	NO

Trash Collection Room	-	-	-	10	YES	NO
Food Preparation, Nourishment	0	-	2	10	YES	NO
Dishwashing, Food Cart Cleaning Area	-	-	-	10	YES	NO
Dietary Storage	0	-	-	2	-	NO
Laundry Processing Room	0	-	2	10	YES	NO
Soiled Linen Collection Room	-	-	-	10	YES	NO
Clean Linen Storage Room	+	-	2	2	-	-
Isolation Room	-	-	2	6	YES	NO
Smoking Room	-	-	2	10	YES	NO

Symbols:

Air Pressure Relationships:

+ = Positive;

- = Negative;

0 = Neutral

Air Changes, Supply, Exhaust:

- = Optional

¹Areas with equal or positive pressure relationships to adjacent areas must be provided with tempered make-up air.

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