**Section 250.TABLE F General Pressure Relationships and Ventilation of Certain Hospital Areas**

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| Area Designation | Pressure Relationship To Adjacent Areas | Minimum Total Air Changes Per Hour Supplied To Room | All Air Exhausted Directly To Outdoors | Recirculation Within Room Units |
|  |  |  |  |  |
| Operating Room | + | 12 | Optional | No |
| Emergency Operating Room | + | 12 | Optional | No |
| Delivery Room | + | 12 | Optional | No |
| \*Soiled Workroom or  \*Soiled Holding Room | - | 10 | Yes | No |
| \*Clean Workroom or  \*Clean Holding Room | + | 4 | Optional | Optional |
| \*Autopsy | - | 10 | Yes | No |
| \*Toilet Room | - | 10 | Yes | No |
| \*Bedpan Room | - | 10 | Yes | No |
| \*Bathroom | - | 10 | Yes | No |
| \*Janitors' Closet | - | 10 | Yes | No |
| \*Sterilizer Equipment Room | - | 10 | Yes | No |
| \*Food Preparation Centers | 0 | 10 | Yes | No |
| \*Dietary Day Storage | 0 | 2 | Optional | No |
| \*Laundry, General | 0 | 10 | Yes | No |
| \*Soiled Linen Sorting and  \*Storage Rooms | - | 10 | Yes | No |
| \*Anesthesia Storage | 0 | 8 | Yes | No |

Symbol Key: + = Positive - = Negative O= Equal \* = Recommended

(Source: Amended at 11 Ill. Reg. 10642, effective July 1, 1987)