

**From:** Powrie, Ian [Ian.Powrie@ggc.scot.nhs.uk]  
**Sent:** 10 July 2017 15:30  
**To:** Henderson, Ronnie  
**Subject:** RE: More Issues

Hi Ronnie,

I will need to search for that, the person who could pull it relatively quickly is on A\L, can you hold on till she returns?

Regards

ian

*I. Powrie*

**Deputy General Manager (Estates)**

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**From:** Henderson, Ronnie [mailto:Ronnie.Henderson@nhslothian.scot.nhs.uk]  
**Sent:** 10 July 2017 15:25  
**To:** Powrie, Ian  
**Subject:** RE: More Issues

Hi Ian,

No chilled beams thankfully but worse pressure issues, our 4 beds are positive to both corridor and en suite so a major issue when cohorting patients. Air change rates are same as you at 4 with openable windows, they are claiming this complies with a mixed mode system as described in the SHTM, not sure about that but it's the least of our worries compared to infecting the ward. By the way they used the 'General Ward' description from appendix 1 Table A1 to design the pressure regime for the 4 beds!!

If it's not too much trouble do you have an extract from your environmental matrix for 4 bedded rooms that you could send us by any chance?

Regards

Ronnie

Ronnie Henderson  
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**From:** Powrie, Ian [<mailto:Ian.Powrie@ggc.scot.nhs.uk>]  
**Sent:** 10 July 2017 15:12  
**To:** Henderson, Ronnie  
**Subject:** RE: More Issues

Hi Ronnie,

We also have an ICT concern on this, en-suite to room slightly negative.  
Room to corridor neutral

Room ACR 3-4 Ach (not 6 as defined in SHTM 03-01, this is due to the use of chilled beam units and the reduced air flow.

Are you adopting chilled beams? If so be careful if the dew point control issues.

Call me if you would like to discuss.

Regards

Ian

*I. Powrie*

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**From:** Henderson, Ronnie [<mailto:Ronnie.Henderson@nhslothian.scot.nhs.uk>]  
**Sent:** 10 July 2017 14:57  
**To:** Powrie, Ian  
**Subject:** More Issues

Hi Ian,

Many thanks again for your help with the HV info. We are now looking into issues with ventilation, specifically 4 bedded rooms. I understand that there are some in the Childrens area of the QEUE and for comparison we would like to know what airflow/pressure regime has been applied:

1. Corridor to room to en-suite to outside (Balanced or slightly negative) or
2. Room to corridor and Room to en-suite (Positive)

Clinical staff are worried about the infection control risk if the rooms are used to cohort patients.

Appreciate any info you can give

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