Dr Mark Veitch

Director of Public Health, Tasmania.

Dear Sir,

Re COVID, Airborne transmission and Ventilation.

Over 20 years ago I set up a simple negative pressure room in one of the wards at NE Soldiers Memorial Hospital. Of course it wasn’t to do with COVID-19 but as a general infection control strategy.

This was achieved by installing a window extraction fan of greater air movement than the total combined supply air. An air balance was performed and to make sure there was no air spill from this ward into the passageway and other wards.

I always had one reservation (cost) that a biological filter was not installed on the extraction fan, i.e. because where it was venting, it was claimed, was not used by the public or patients.

Originally, supply air to the wards spilled out into the passageways and was vented through the ceiling. Doors to rooms were mostly left open.

Later on I believe changes were made by others to use the passageways as ducts to return used air to the plant room. This was an energy saving initiative.

Maybe things have changed since then but I am just wondering if you can update me on what the situation is currently in Tas. when it comes to addressing ventilation methods in our hospitals/medical facilities/quarantine hotels particularly in relation to COVID-19 and factoring in the latest thoughts on airborne transmission?

Thank you.

Kind regards,

Clive Stott