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Hospital Airflow Verification Checklist (CSA Z317.2)

A quick screening guide to flag rooms that may no longer behave as originally intended. Use it to decide where **formal airflow verification** should be focused.

Critical rooms only | ORs | Isolation rooms | Pharmacies / clean rooms | Clean & soiled cores

1. CONFIRM WHAT THE ROOM IS MEANT TO BE

Room intent

Before you can say a room is "wrong", you need a simple, shared definition of "right".

- [ ] **Room type**
  OR / procedure, airborne isolation (negative), protective environment (positive), pharmacy, clean / soiled utility.
- [ ] **Pressure relationship**
  Should this room be positive, neutral, or negative to the corridor under normal use?
- [ ] **Door / anteroom policy**
  Doors normally closed? Is there an anteroom and how is it supposed to be used?

2. SIMPLE IN-ROOM CHECKS (NO INSTRUMENTS)

Physical and comfort cues

Walk the room with someone who uses it daily. Capture what you can see and feel.

- [ ] **Doors & boundaries**
  Door closes fully without force; undercut or transfer path is present; no obvious holes or missing covers to the corridor or ceiling void.
- [ ] **Comfort**
  Room is not consistently known as the "too hot / too cold / stuffy" space compared with similar rooms.
- [ ] **Odours**
  No regular reports of odours escaping into the corridor or migrating into the room from outside.
- [ ] **Workarounds**
  Staff are not informally avoiding this room for certain procedures or patients.

3. INDICATORS & HISTORY

Pressure indication (where installed)

If there is a simple positive/negative indicator or monitor on the wall:

- [ ] **Direction**
  Does it show the intended positive/negative relationship most of the time when the room is in use?
- [ ] **Alarms**
  Are alarms rare and investigated, or frequent enough that staff routinely silence or ignore them?

Recent change

Rooms change over time; airflow rarely gets re-checked unless someone asks.

- [ ] **Construction**
  Renovations, new doors, ceiling work, or wall changes near the room.
- [ ] **Use**
  Different procedures or patient types than the room was originally set up for.
- [ ] **Persistent concerns**
  IPAC / clinical / facilities comments that keep resurfacing without a clear resolution.

When this checklist says "do not ignore"

If a critical room is clearly uncomfortable, often in alarm, behaves opposite to its intended pressure direction, or has been significantly modified without retesting, there is enough evidence to justify a focused airflow investigation.

Next step: AWPB can perform targeted TAB to measure actual airflows and pressures, align them with CSA Z317.2 and design intent, and provide a prioritized action plan.