



SOUTH AUSTRALIA

**AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

12 July 2021

Hon Stephen Wade MLC
Minister for Health and Wellbeing
GPO Box 2555
ADELAIDE SA 5001

*Email: ministerforhealth@sa.gov.au
Jennifer.oates2@sa.gov.au*

Dear Minister Wade

Re: Negative pressure rooms in South Australia's public hospitals

I write on behalf of the Australian Medical Association SA (AMA(SA)) Council, in calling for an audit of negative pressure rooms within this state's hospitals, and particularly in the obstetrics and gynaecology (OBGYN) departments of the major metropolitan hospitals.

AMA(SA) Council members, including and particularly those who have relevant roles in maternal and fetal medicine, are concerned that the lack of negative pressure rooms is placing women, babies, visitors and hospital workforces at unnecessary risk in the COVID-19 pandemic.

As you are aware, negative pressure rooms have an important role in minimising the spread of airborne infectious particles and cross-infecting others within health and other high-risk environments.

It has been increasingly obvious that COVID-19 spreads through airborne transmission. As we see mounting evidence of the risk of airborne transmission, it is important that careful risk assessment and infection control measures are implemented to keep the workforce, patients and visitors as safe as possible. Many jurisdictions nationally and globally have now adopted infection control measures for the management of airborne transmission based on emerging evidence and pressure to strengthen infection control and protection policies. These measures include negative pressure rooms and, of course, clinically approved personal protective equipment for everyone working in health environments.

In line with Australian Government Department of Health recommendations,¹ and in light of the presence of the highly contagious Delta variant of COVID-19, AMA(SA) asks that, negative pressure rooms should be used for:

- Isolation of hospitalised patients with severe acute respiratory symptoms, and/or probable or confirmed COVID-19 infection
- Aerosol generating procedures with presenting patients (general practice, hospital, emergency department, clinic, or pathology collection centre) with acute respiratory symptoms, and/or suspected, probable, or confirmed COVID-19 infection.

¹ Asadi S, Bouvier N, Wexler AS, Ristenpart WD. The coronavirus pandemic and aerosols: Does COVID-19 transmit via expiratory particles? *Aerosol Science and Technology* 2020; 54(6): 635-8

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In addition, our advice is that there are insufficient negative pressure rooms to maximise the health and safety of women in maternity wards in the state's hospitals. It is not appropriate to use the negative pressure rooms that may exist elsewhere a hospital, such as intensive care units (ICUs), for women in labour who are otherwise well, as these facilities are not set up for this purpose and are likely to be needed for other unwell patients.

Advice from OBGYN members indicates that women in labour and their babies, and correspondingly the people working in the area, are at increased risk because:

- labour and delivery have high risks of droplet/aerosol transmission
- women in labour require constant, close contact care from their midwife or doctor and possibly other clinicians and health workers
- labour cannot always be planned, so a negative pressure room must be ready for OBGYN patients at all times
- there is increased demand on birthing units due to a rising birth rate.

We ask that the availability of such facilities be examined as a matter of urgency, and that steps are taken to ensure all hospitals have negative pressure rooms, with these facilities provided specifically for maternity patients in addition to any provided for other wards and patients. This pandemic requires the whole health service in South Australia to work together to minimise risk for patients and the workforce.

In Australia, negative pressure rooms should comply with the guidelines outlined by the Australasian Health Infrastructure Alliance. AMA(SA) would welcome the opportunity to assist in an audit and to support the implementation of additional facilities where they are needed.

Please contact me at any time to discuss this, via Executive Assistant Mrs Claudia Baccanello on 8361 0109 or at claudia@amasa.org.au.

Yours sincerely



Dr Michelle Atchison
President