**Section 205.TABLE A General Pressure Relationships and Ventilation Rates of Ambulatory Surgery Area**

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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 | Recirculated Within Room Units |
|  |  |  |  |  |
| Procedure Room | + | 15 | Optional | No |
| Examination Room | 0 | 6 | Optional | Optional |
| Recovery Room | + | 6 | Optional | Optional |
| Medication Area | + | 4 | Optional | Optional |
| Medical Imaging Room | 0 | 6 | Optional | Optional |
| Soiled Workroom or Soiled Holding | - | 10 | Yes | No |
| Clean Workroom or Clean Holding | + | 4 | Optional | Optional |
| Darkroom | - | 10 | Yes | No |
| Toilet Room | - | 10 | Yes | No |
| Janitors' Closet | - | 10 | Yes | No |
| Sterilizer Equip. Rm. | - | 10 | Yes | No |
| Linen and Trash Rm. | - | 10 | Yes | No |
| Laboratory | - | 6 | Optional | Optional |
| Soiled Linen Storage | - | 10 | Yes | No |
| Clean Linen Storage | + | 2 | Optional | Optional |
| Anesthesia Storage | 0 | 8 | Yes | No |
| Central Services Area |  |  |  |  |
| Soiled Area | - | 6 | Yes | No |
| Clean Area | + | 4 | Optional | Optional |
| Equipment Storage | 0 | 2 | Optional | Optional |
| + = Positive | | | | |
| - = Negative | | | | |
| 0 = Equal | | | | |

(Source: Amended at 48 Ill. Reg. 13763, effective August 28, 2024)