



# clinell rediroom<sup>®</sup>

instant patient isolation

deployed in  
less than  
5 minutes

[www.rediroom.com.au](http://www.rediroom.com.au)

## Instant, disposable patient isolation, wherever you need it

### Isolation on demand

A unique solution to combat healthcare-associated infections. Provides effective contact and droplet isolation.

### Additional single occupancy room

Magnetic door closure, sealed wall to floor and a unique double layered rear wall allowing sealed access to wall services.

### HEPA & carbon filtration

12 air changes per hour filters air as well as providing temperature control and odour elimination.

### Hands-free door opening mechanism

Reduces risk of hand contamination during entry and exit.

### Built in PPE station

Alcohol hand rub and PPE placed at point of use to promote compliance.

### Lightweight, durable and easy to move

Create a single room on demand. Easily deployed by one person in less than 5 minutes.

### Conforms to infection prevention guidelines

Conforms to multinational guidelines including Australia<sup>1</sup> and the UK<sup>2</sup>.



# CLINELL REDIROOM

---

Patients suffering a hospital-acquired infection often result in a prolonged hospital stay that is 18.1 days longer, on average, than patients without this hospital-acquired complication<sup>3</sup>.

---

There is a worldwide shortage of isolation spaces in healthcare.

Healthcare associated infections (HAIs) are one of the most common, significant and preventable patient safety issues today. Each year in Australia 180,000 patients suffer HAIs that prolong hospital stay and consume 2 million hospital bed days<sup>4</sup>. Not only is this a huge cause of morbidity and mortality, it places a huge strain on hospital resources<sup>5</sup>. Prevention of pathogen transmission is becoming more challenging due to increasing prevalence of multi-drug resistant organisms (MROs).

Infected patients shed harmful microorganisms into the environment which can be transferred to other patients, visitors and staff<sup>6</sup>. Physical separation of patients is an important step in reducing transmission of key hospital pathogens. Conversion of multi-bed rooms to single-occupancy rooms improves patient outcomes and reduces the burden of HAIs<sup>7,8</sup> – including MRSA and *C. difficile*<sup>8-10</sup>. However, since single rooms are in short supply (particularly in departments such as emergency rooms), alternative solutions are needed to help reduce the prevalence of HAIs.

## **SINGLE ROOMS VS. MULTI-OCCUPANCY BAYS**

Both single rooms and multi-occupancy bays provide benefits for patient care.

Multi-occupancy bays provide more social interaction for patients and make staffing more efficient – reducing costs and improving observation, facilitating early detection of patients who fall ill or whose condition deteriorates. Single patient rooms provide more privacy, better containment of pathogens and improved hand hygiene compliance<sup>10</sup>.

Rediroom can be deployed to create a temporary, disposable isolation room within an existing multi-occupancy bay. This provides the benefits of both single occupancy rooms (more privacy and better containment of pathogens) and multi-occupancy bays (patient visibility, enabling staff to monitor patients) wherever it is needed. All whilst freeing up hard-walled isolation rooms for airborne precautions or other priority patients.

Converting a multi-occupancy ward into single rooms reduces infection or colonisation rates<sup>8-10</sup>.



Easy to work in: Rediroom has similar functional performance to performing patient care in an open plan area<sup>11</sup>.

---

Designed to combat the spread of HAIs in healthcare environments, Clinell Rediroom is a cost and time effective method of safe and efficient patient isolation.

---

Specifically designed as an alternative to hospitals needing to build permanent, expensive and space-consuming isolation facilities that may only be used occasionally – the Clinell Rediroom enables hospital pathogens and outbreaks to be safely controlled, to reduce the spread of infection.

Designed to assist in isolating infectious patients under contact or droplet precautions.

COMMON DROPLET PRECAUTION PATHOGENS INCLUDE:	COMMON CONTACT PRECAUTION PATHOGENS INCLUDE:
<input checked="" type="checkbox"/> Influenza	<input checked="" type="checkbox"/> MRSA
<input checked="" type="checkbox"/> Diphtheria	<input checked="" type="checkbox"/> <i>C. difficile</i>
<input checked="" type="checkbox"/> Mumps	<input checked="" type="checkbox"/> CPE
<input checked="" type="checkbox"/> Pertussis	<input checked="" type="checkbox"/> Other MDR Gram-negative organisms
<input checked="" type="checkbox"/> Meningococcus	

Suitable for various temporary isolation settings

**HOSPITAL SETTINGS**  
Multi-bed wards, emergency departments, dialysis departments, ambulatory day care units, recovery units, triage areas.

**OTHER EXAMPLES**  
Suitable for multiple other facilities, including aged care facilities, outbreak situations, airports and military bases.

“The problem is that there is no easy isolation... So with the Rediroom you can create an effective isolation area for contact spread bacteria and retain the flexibility to move it around anywhere, that’s the advantage. It’s not a fixed structure, so you retain the bed flexibility, which is a huge thing. There’s no other product on the market that can do that.”

Dr. David Cooksley – Senior Emergency and Retrieval Physician, Royal Brisbane & Woman’s Hospital (RBWH)

# CLINELL REDIROOM

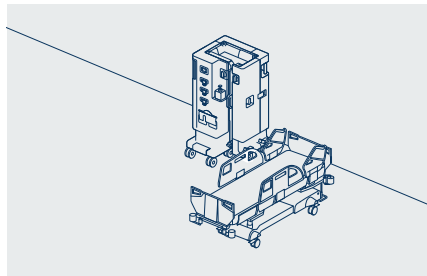
## 5 minutes 5 easy steps

Flexible patient isolation to meet  
changing clinical and patient priorities.

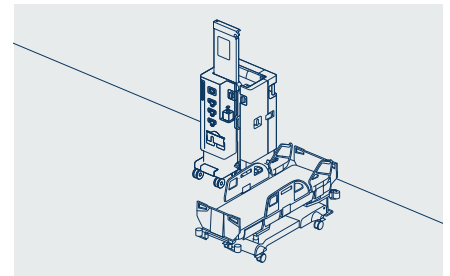


Deployed and fully operational  
in less than 5 minutes.

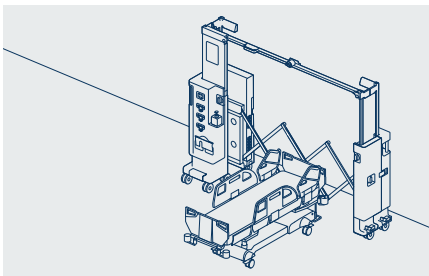
### 1. Position cart and load canopy



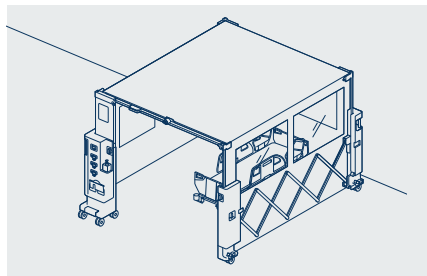
### 2. Raise frame, canopy deploys automatically



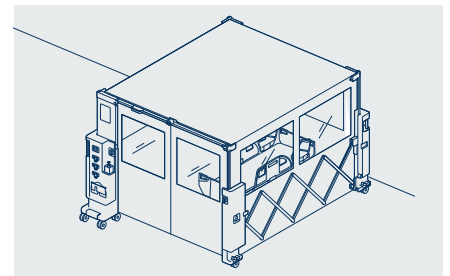
### 3. Extend behind bed and over patient



### 4. Fix tape to floor and filter unit



### 5. Fold out curtains and attach to runners



#### REFERENCES

1. NHMRC. Australian Guidelines for the Prevention and Control of Infection in Healthcare. In: Commonwealth of Australia, editor. 2010.
2. Mitchell BG, Williams A, Wong Z, O'Connor J. Assessing a temporary isolation room from an infection control perspective: A discussion paper. Infection, Disease & Health. 2017;22(3):129-35.
3. Activity Based Funding Admitted Patient Care 2015-16, acute admitted episodes, excluding same day quotes
4. Australian safety and quality goals for health care - healthcare associated infection, action guide. Australian Commission on Safety and Quality in Health care
5. Zimlichman E, Henderson D, Tamir O, Franz C, Song P, Yamin CK, et al. Health care-associated infections: a meta-analysis of costs and financial impact on the US health care system. JAMA Intern Med. 2013; 133(22):2039-46.
6. Kleypas Y, McCubbin D, Curnow E. The Role of Environmental Cleaning in Healthcare-Associated Infections. 2011. Crit Care Nurs Q 34(1):11-17.
7. Wigglesworth N, Wilcox M. Prospective evaluation of hospital isolation room capacity. J Hosp Infect 2006; 73:15-23.
8. Teltsch DY, Hanley J, Loo V, Goldberg P, Gursahaney A, Buckneridge DL. Infection acquisition following intensive care unit room privatization. Arch Intern Med 2011; 17:32-8.
9. Halaby T, al Neimi N, Besihuizen B, Verkooijen R, Ferreira JA, Klont R, vandenbroucke-Grauls C. Impact of single room design on the spread of multi-drug resistant bacteria in an intensive care unit. Antimicrobial Resistance and Infection Control 2017; 6:117.
10. Levin PD, Golovanovski M, Moses AE, Sprung CL, Benenson S. Improved ICU design reduces acquisition of antibiotic-resistant bacteria: a quasi-experimental observational study. Critical Care 2011; 15:R211.
11. Mitchell BG, Williams A, Wong BN. Assessing the functionality of temporary isolation rooms. AM J Infect Control. 45(11):1231-7.

The trademark and logo design are registered trademarks of CARE Strategic and are used under licence by GAMA Healthcare Ltd. in the UK.

GHA200265

GAMA Healthcare Australia Pty Ltd.,  
Suite 1, 33-37 Duerdin Street, Notting Hill, VIC 3168, Australia.  
T: +61 (0)3 9769 6600 E: [info@gamahealthcare.com.au](mailto:info@gamahealthcare.com.au) [www.gamahealthcare.com.au](http://www.gamahealthcare.com.au)

**gama**  
healthcare