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58 and the inner and outer end wall portions of the provision compartment are provided with a slide fastener assembly 61 and 62 which are preferably of the type illustrated in FIG. 5. This arrangement permits access from one end of each compartment either from interiorly of the patient enclosure member or from the room while the other end is sealed. Each end wall portion is attached along its upper edge with the track extending along the side and bottom edge to permit its pivoting to a position on the top wall portion of the pass receptacle as shown in dotted lines in FIG. 7.

In the waste disposal compartment 53 there is provided an upstanding annular flange 63 encompassing an aperture 64 formed in the floor portion 47a. The upper end of the waste disposal container 9 extends through this floor aperture and is disposed over the outer surfaces of the flange 63 and held there in sealed relation by a band 65 which fits around the top portion of the disposal container holding it firmly against the flange.

Inlet and discharge ports 67 and 68 are provided in the side wall portions of the provision compartment 54 and inlet and discharge ports 69 and 70 are provided in the side wall portions of the waste disposal compartment 53 for selective connection in sealed relation to the decontaminating lines 22 and 23 (FIG. 1) in a manner similar to the arrangement shown in FIG. 4 and previously described. After either of the inner end wall portions are opened to the interior of the compartment and an object placed within the compartment, the inner surfaces of the compartment and object therein are decontaminated by the decontaminating source 21 and lines 22 and 23 before the associated outer end wall portion is opened to the room.

Referring now to the ambulatory arrangement shown in FIGS. 8-10, the patient 3 and hospital bed 4 with corner apertures 32 in the head boards and foot boards 33 and 34 are the same as that illustrated in FIG. 1.

The sealed enclosure member 72 of the ambulatory arrangement surrounds the entire bed and is disposed on the floor and extends a substantial distance from one side of the patient above the bed and beyond the foot end of the bed to permit the patient to stand up erect and walk around the enclosure and to adjust the bed as desired. The enclosure member 72 is also formed of an integral or continuous body of sheet or skin-like material inclusive of a bottom portion 72a, upright side and end wall portions 72b and 72c and a top portion 72d interconnected at their ends in a box-like configuration. While the same material as described with reference to FIG. 1 may be used for the enclosure member wall portions 72a, 72b, 72c and 72d of FIG. 8, an alternate arrangement may be provided wherein a less expensive material may be utilized. As shown in FIG. 8, only portions indicated by letter C need be of clear plastic for patient observation and outlook while the remainder of the material with the exception of the bottom portion 72a may be an opaque material which is gas impervious, such as surgical drape. A durable plastic material is preferred for the bottom 72a so as to permit rolling of the bed thereon and walking of the patient without puncture of the enclosure member. Similar glove members 7 are provided in one of the side walls 72b adjoining the patient and a slide fastener assembly 73 is provided in the opposite side wall for entry and exit of the bed and patient.

The support assembly 75 for the enclosure member of FIG. 8 is entirely within the wall portions of the enclosure member and in general include upper and lower side rod members 76 and 77 disposed at each corner of the enclosure with additional top rod members 78 disposed in spaced relation across the top to prevent sagging in the top portion 72d. Upper and lower end rod members 79 and 80 are provided at each end. These support rod members are preferably separably interconnected at the adjoining ends in a manner similar to the dowel ar-

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angement shown in FIGS. 2 and 3. An additional upright support rod member 82 is disposed in at least one of the apertures in the head and foot boards and extends to an aperture in the upper end rod 79 to support the intermediate portion thereof from the bed as is shown specifically in apertures 32 at the foot of the bed in FIGS. 9 and 10. The support assembly 75 will be assembled to support the wall portions of the enclosure as shown prior to disposing the bed therein. The leg rollers or casters in the bed legs are disposed in cup members 83 to prevent the bed from moving with respect to the enclosure during use.

The pass receptacle 8 and the waste disposal container 9 are similar in construction and operation to that shown in FIG. 1 with the waste disposal container extending outside the enclosure member and secured at its top to the floor of the pass receptacle 8. Similar intake and discharge ports are provided in the ends of the enclosure member and the provision and waste disposal compartments of the pass receptacle 8 for use with an oxygen source, decontaminating container, and decontaminating source in the same manner as described in FIG. 1.

All of the material comprising the enclosures of both arrangements of the support assemblies and pass receptacle are made of a material which is easily disposed of after use by burning, thus making the isolation apparatus as described easily disposable.

The waste disposal container will be removed by first tying off the upper portion below the receptacle floor and then decontaminating the inner surfaces of the waste disposal compartment through ports 69 and 70. The decontaminating containers 13, 16 and 18 are preferably of a plastic material and may easily be disposed of after usage. In a preferred arrangement, container 13 will contain water or an antiseptic solution such as hexylresorcinol rising to a substantial level therein with the input line 12 extending downwardly into the substantial depth and the output line 14 above the fluid level so as to prevent backflow of the contaminants from the enclosure member. The container 16 will be provided with an antiseptic solution such as phenol rising to a substantial level therein with the flow line 15 extending to a substantial depth therein and the flow line 17 above the liquid level. Container 18 will be provided with a solution such as water with the flow line 17 extending to a substantial depth therein and an output line above the fluid level. In this manner, the gaseous discharge from the enclosure member may be bubbled up in containers 16 and 18 and thereby decontaminated prior to passage to the room air.

From the foregoing description, it is apparent that the patient isolation assembly may easily be transported from one area of the hospital or nursing home to another, or by train, plane or ambulance to more remote locations while the patient remains isolated and the surrounding air protected. This isolation assembly may be used to protect non-contaminated patients from atmospheric and other sources of contamination following vascular, cardiac, thoracic and neurological surgery. While particular materials have been referred to in the specification, it is understood that the isolation assembly may be constructed of various types of more durable materials as required which are suitable for decontamination and reuse.

I claim:

1. An isolation system for bed-confined patients comprising a box-like enclosure formed by an integral body of gas-impervious material having a bottom portion on which the bed mattress is disposed, upright wall portions extending from the bottom portion and forming the ends and sides of the enclosure, and a top portion interconnecting the wall portions, at least portions of said top and upright portions being transparent for patient observation and outlook, support members from which said upright wall portions depend, means defining at least one access passage in an upright wall extending into the enclosure