Prevention of Infection During Construction, Renovation, Maintenance Repair in Health Care Facilities

Infection Prevention & Control October 2019



Goals

- Overview of Southern Health Santé Sud (SH-SS) Infection Prevention During Construction, Renovation and Maintenance policy
- Identify infections linked to construction, renovation, maintenance and repair activities in health care facilities
- Discuss how project activity risks are determined using the infection control risk assessment (ICRA)
- Review required risk mitigation strategies as per CSA Z317.13 Infection Control During Construction, Renovation, Maintenance and Repair of Health Care Facilities.



Client

- Patients in hospital
- Residents in personal care home
- Clients accessing care from the community



Construction

- Construction
- Renovation
- Maintenance
- Repair

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Disturb or change facility structures and/or systems





Infection Prevention and Control (IP&C)

Infection Control Practitioner (ICP)

- Scientific approach
- Practical solution
- To prevent harm caused by infection to clients and health care workers

Expert in the prevention and control of healthcare associated infection



Multidisciplinary Team (MDT)

- Group of representatives from various disciplines in the health care facility
- Work with the project management team and others
- Ensure that the appropriate IP&C measures are followed during construction activities.



Preventive Measures (PM)

System to decrease the spread of contaminants during construction activities involving:

- Precautionary actions
- Equipment
- Barriers

and



Inspections at each phase of a project

Client Safety





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Policy

Projects abides by the precautionary and remedial measures

Preventing exposure to infectious agents during health care facility construction work

Compliance with current CSA Standard CAN/CSA <u>Z317.13</u>.



Policy

Infection prevention and control measures are:

Documented

Santé Sud • Outlined in construction documentation

Employed, before project is started

Maintained for the duration of project

Policy

Any member of the project's MDT:

has the <u>authority to stop</u> any construction work,

if client, health care workers or visitors are deemed to be at <u>risk of</u> <u>expo</u>sure to potentially pathogenic dust or substances.





Why is IP&C Important?





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Causes of Contamination

Inadequate

- Planning
- Ventilation
- Containment
- Storage
- Cleanup

Disturbance

- Contaminants
- Dust

Water
PenetrationStagnantContamination



Contamination Activities



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What Are The Contaminants?

Harmful organisms can be found in soil, water & dust





Aspergillus

a mould





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Aspergillus

• Found in soil, water, and damp, moist, wet, decaying materials

• **Dormant** until disturbed or exposed to moisture

When disturbed, can become airborne

• Mortality rate 65% - 100%





Construction-associated Fungal Infections

Children's Medical Center in Dallas, TX – 2006-2007 (published in 2013)

Excavation next to facility

50 children infected

10 children died





Construction-related Illnesses

2008 – Cancer clients – 6 infected, 2 died (aspergillosis infections coincided with major hospital construction)

2006 – Pediatric cancer clients – 14 infected, 9 died (high fungal air contamination due to adjacent building construction work)

2003 – Kidney transplant clients – 4 infected, all died (California Hospital with ongoing construction)

Clinical Infectious Diseases, Volume 61, Issue 3, 1 August 2015, Pages 433–444

What Do You Do If You Find Mould?



Mould on walls

Mould on ceilings





The Critical 48 Hours



Stop The Work!!

Mould Remediation

Mould Abatement

- Work must stop to prevent mould spread
- Mould abatement plan





Bacteria ⇒ Legionella

- Causes: Legionnaire's Disease
- **Results in:** Pneumonia and/or respiratory failure
- **Route:** Aspiration and/or inhalation of contaminated aerosols
- Found in: Stagnant water, cooling towers, showers, faucets and room air humidifiers



Legionnella



pathogens like Legionella...



biofilm



then travel



and disperse

Mortality Rate 24% - 80%



Construction Associated Legionella Outbreaks

May 2019

Legionella outbreak in Mount Carmel Grove City Hospital, Ohio Source: Water supply Outcome: 7 confirmed cases

October 2005

Legionella outbreak in a Toronto area nursing home Source: Cooling tower Outcome: 135 persons became ill

23 residents died



Infection Control Measures During Construction Activities



CLI.8011.PL.010.SD.03 Infection Control Construction Barrier Sign English February 4, 2019

Southern

4 Required Steps for Every Project

#1 - Complete the <u>ICRA</u>

#2 – Identify the <u>Preventive Measures</u>

#3 – Develop the Infection Control Plan

#4 – Implement Preventive Measures and Proceed





Infection Control Risk Assessment (ICRA)

• **PART** A: Project Activity Type

Туре А	Туре В	Туре С	Type D
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PART B: Population Risk Groups and Geographical Areas

<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>
Lowest M	ledium risk	Medium to High risk	Highest risk

PART C: Construction Activity and Risk Group Matrix

	Risk	Project Activity				
	Group	Туре А	Туре В	Туре С	Type D	
	Group 1	I	II	III	III/IV	
	Group 2	I	II	III	IV	
	Group 3	I	III		IV	
anté ud	Group 4	1-111	III/IV		IV	
	Contact IC to ensure appropriate classification III/IV					



PART A: Project Activity Type

Type A	Type B	Type C	Type D
Inspection	Small scale,	Activities that	Activities that
and non-	short duration	generate moderate	generate high
invasive	(e.g., less	to high level of dust,	levels of dust,
activities.	than 2 hrs.)	cause a moderate	activities that
	activities that	service disruption,	necessitate
	create	require demolition,	significant
	minimal dust.	require removal of a	service
		fixed facility	disruptions, and
		component (e.g.,	major demolition
		sink) or assembly	and construction
		(e.g., countertop or	activities
		cupboard), or cannot	requiring
		be completed in a	consecutive
Southorn Sud		single work shift.	work shifts to
Health			complete.

ICRA

ICRA

PART B: Population Risk Groups and Geographical Areas

Group 1 - Lowest	Group 2 - Medium	Group 3 - Medium to High risk	Group 4 - Highest risk
risk	risk	Emergency rooms (except trauma	ICUs (ICU, PICU, NICU, etc.)
Office areas	Patient care areas	rooms)	ORs (including prep, induction, post-anaesthetic care
Unoccupied	unless listed in	Diagnostic imaging	units, and scrub areas)
patient care units	Group 3 or Group 4	Labour and birthing rooms (non-	Anaesthesia storage areas and workrooms
Public areas not	Outpatient clinics	operating)	Oncology units and outpatient clinics
intersecting a		Nurseries for healthy newborns	Transplant units and outpatient clinics
patient care area	Admission and	Nuclear medicine	Inpatient units and outpatient clinics for clients with
Solled linen or	discharge units	Hydrotherapy	AIDS or other immunodeficiency diseases
Storaye areas	Waiting rooms	Echocardiography	Dialysis units
workshops	Autopsy and morque	Laboratories	Critical care nurseries
Housekeening		General medical and surgical wards or	Labour and delivery operating rooms
rooms and closets	areas remote from	units (includes all soiled and clean utility	Interventional or high-risk diagnostic imaging, e.g.,
	patient care areas	rooms)	Cardiac catheterization and angiography,
	Physical therapy	Pediatric units	Interventional radiology, Endoscopy, Bronchoscopy,
	areas remote from	Geriatric units	Cystoscopy
	patient care areas	Long-term care units	Cardiovascular and cardiology patient areas
		Food preparation, serving, and dining	Pharmacy admixture rooms
		areas	Medical device reprocessing areas
		Respiratory therapy	Central sterile supply
		Clean linen handling and storage areas	Clean and sterile storage
			Burn care units
			Animal rooms
			Trauma rooms
	inté		Protective isolation rooms
Southern Su	id		Tissue culture laboratories
Health //			Pacemaker insertion rooms
			Dental procedure rooms

ICRA

PART A: Project Activity Type

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		Туре А	Type B	Туре С	Type D
B: Po	pula	tion Risk Gro	ups and Geogra	aphical Areas	
		<u>Group 1</u>	<u>Group 2</u>	<u>Group 3</u>	<u>Group 4</u>
		Lowest risk	Medium risk	Medium to	Highest risk
				High risk	

PART C: Construction Activity and Risk Group Matrix

	Risk	sk Project Activity			
	Group	Туре А	Type B	Туре С	Type D
	Group 1	-	II	III	III/IV
	Group 2	-	II	III	IV
	Group 3	-		III/IV	IV
Santé	Group 4	1-111	III/IV	III/IV	IV
Health	Conta	Contact IC to ensure appropriate classification III/IV			





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- Clients, Equipment, Supplies protect or remove
- Work during low activity
- Materials clean and dry
- Dust keep to a minimum



- Southern Health
- Ceiling tile visual inspection only

- Water and ventilation identify impact, report discoloration
 - Plumbing according to CSA
 - Clean HEPA vacuum &/or wet mop





PM I plus

- Dust minimize dispersion
- Doors and openings sealed



HVAC – supply and return air ducts sealed





- Walk-off/sticky mats
 - Outside and inside construction zone
 - Large enough for 2 footsteps
 - Change when no longer sticky





- Clean/sterile supplies safe route
- Construction traffic pattern identified
 - Debris removed in clean covered cart





- Cleaning daily
- Before occupancy
 - Water lines flushed X 10 minutes
 - Terminal cleaning by facility staff



Higher risk

ICP involvement

Infection Control Plan



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Infection Control Plan



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PM I + II plus

Before Project Begins

- MDT –set up
- Services disruption identified
- Construction staff educated





Before Project Begins

- Infection Control Plan reviewed & approved with ICP
- Plumbing & Water disruption schedule, potable H₂O
- Dust barrier floor to true ceiling poly, hard hoarding or 2 layers of 6 mil poly





Before Project Begins

• All seams/penetrations – sealed







Before Project Begins

- **Construction** Air Handling Unit (CAHU)
 - HEPA filtration certified
 - Filters checked and changed as needed

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Logged daily

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Before Project Begins

- Negative air maintained
 - Minus 7.5 Pascals (- 0.03 inWC)
 - Alarmed monitoring device
 - Log at least daily
- Anteroom may be required Southern Health



PM I + II plus

During Project

- Hoarding frequent checks & immediate and repair
- Minimize dust production and spread priority



PM I + II plus

During Project

HEPA vacuum

- Equipment
- Inside wall cavities
- Construction clothing





PM I + II plus

During Project

HVAC ducting

- protect from dust and moisture
 - store in clean area
- sealed until installation





PM I + II plus

During Project

- Dead leg water pipes removed
- Excavation
 - Windows, doors closed/sealed
 - Frequent air intake filter changes
 - Water down soil
 - In-house cleaning increase frequency



PM I + II plus

During Project

• MDT & ICP

- Site visits

- Air sampling - baseline, periodic, act on results

Corrective measures: describe what and by whom:					
Date:					
Deficiencies reported to:					
on exiting workspace					
Workers clothing clean					
Protective clothing required in work space					
Required to leave					
Required to enter					
Appropriate for the area (i.e. OR, CSR, L&D, etc.)					
Dress Code					
of debris					
necessary staff only					
construction workers and					
Traffic Control			-		
covered					
work capped/drains					
on job site					

Infection Control Construction Site Monitoring Tool

Comments

Renovation Maintenance

N/A =Not applicable

N/O = Not observed

Project Type: Construction

Project Name: Project Location

Compliance

Construction signs posted for the area Doors properly closed and sealed Floor area clean, no dust tracked Walk off mats moist/sticky Tape adhering to surface Hoarding intact Air Handling

egative air machine nning and current aintenance label visible EPA filter and preters are clean. Record ate of last filter change

ect Area

covered container daily Designated route used or debris removal Trash in appropriate container

Date

Barriers

Preventive Measures: I I II II II II IV

Regional IP&C Coordinator or Infection Control Practition

Yes No



PM I + II plus

End of Project

- Water lines flushed or disinfected
- Air filters changed or cleaned
- Work space and dust barrier <u>inside</u> hoarding

 construction cleaned & removed
- Terminal cleaning done by housekeeping



Final inspection – by ICP before perimeter hoarding dismantle

PM I + II + III plus

Anteroom – Required

Barrier – sealed

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- Large enough materials move through without both doors open
- Entry doors gasket frames and closers
- Walk-off sticky mats at entry and inside Santé





Policy, Forms and Supporting Documents

On HPS

- Infection Prevention During Construction Renovation and Maintenance Policy
- Preventive Measures Quick Reference List
- Infection Control Preventive Measures Plan
- Infection Control construction Barrier Sign English & French



Policy, Forms and Supporting Documents

On HPS

- Infection Control Risk Assessment (ICRA) For Health Care Facility Construction, Renovation and Maintenance
- Infection Control Construction Site Monitoring Tool
- Infection Control Post Construction Checklist
- Construction Air Handling Unit (CAHU) Daily Checklist
- Pressure Differential Daily Checklist





Conclusion

- SH-SS policy applies to all construction, renovation, maintenance and repair projects – big or small
- Aspergillus and Legionella infections are linked to construction, renovation, maintenance and repair activities in health care facilities
- Every project requires an ICRA to determine the preventive measures required.
- Preventive measure must be followed by all.



Thank You

Prevention of Infection During Construction, Renovation, Maintenance and Repair in Health Care Facilities

> For more infomation contact: ICP

> > **Construction Officer**

Physical Plant Manager



References

Canadian Standards Association Z317.13-17. Infection Control During Construction, Renovation, and Maintenance of Health Care Facilities, 2017

Canadian Standards Association Z8000-18. *Canadian Health Care Facilities, 2018*

Southern Health-Santé Sud. CLI.8011.PL.010. Infection Prevention During Construction, Renovation and Maintenance

Pictures accessed through Southern Health-Santé Sud Construction Office & Google.com

