

# **Australasian Health Facility Guidelines**

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*Part D:*  
**Infection Prevention  
and Control**

*Note:*

Part D continues to be NSW-specific and will undergo extensive review in 2007 for Australasian use. In the meantime, users should continue to reference their own Infection Control Guidelines.

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### General

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- 501929 820 .1.00 Infection prevention and control involves identification of transmissible agents and intervention to minimise the spread of these infections.
- 300606 820 .2.00 A number of strategies contribute to the control of infection, such as handwashing, careful aseptic technique and the observance of 'standard precautions'. Isolation rooms to separate immunocompromised or infectious patients from other patients are also a vital part of infection control. These rooms may be standard rooms or special rooms with positive or negative pressure.
- 300607 820 .3.00 Infection prevention and control requirements are critical to the planning of a Health Care Facility and need to be incorporated into plans and specifications.
- 501930 820 .4.00 All areas of the facility shall be designed, constructed, furnished and equipped in keeping with the principles of infection control.
- 300609 820 .5.00 By far the most important of the infection control strategies is effective handwashing. Handwashing facilities shall be installed in all patient care areas, and in all areas where careful attention to hygiene is essential, such as Kitchens, Laundries, Pharmacies, Laboratories, etc, and staff amenities areas, such as Bathrooms, Toilets and Change Rooms. Refer to detailed requirements for staff hand-basins, later in this document.
- 300610 820 .6.00 Facets of construction and fit-out that contribute to effective infection control are covered in various sections of these Guidelines. They include ventilation, floor coverings, waste management, provision for ease of cleaning, provision for sterilisation and disinfection of equipment and instruments, and provision for the isolation of infectious patients as required.

### Handwashing - Staff

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- 501931 820 .7.00 Staff should be encouraged to wash their hands before and after every patient contact. In all Health Care Facilities the following handwashing facilities should be available:
- + Hand basins with warm and cold water supplies;
  - + Taps with hands-free operation;
  - + Supplies of soap or detergent;
  - + Disposable paper towels or single use cloth towels.
- Handwashing facilities should comply with appropriate Australian Standards. Refer References and Further Reading.
- 501932 820 .8.00 Taps should be fitted with an anti-splash-back device, and should ideally be operated without hand contact, that is, by elbow, knee, foot or an infra-red or

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similar 'no-touch' mechanism. Where filters are fitted to taps in place of anti-splash devices, they should be cleaned REGULARLY - a cleaning regime shall be in place.

- 501933 820 . 9.00 Mirrors shall not be installed at handwashing facilities in food preparation areas, nurseries, clean and sterile supply areas, scrub sinks or other areas where aseptic control would be lessened by touching hair.
- 300097 820 . 10.00 Provision for 'hands off' liquid soap dispensing should be included at all handwashing facilities. All standard basins should be fitted with 'hand cleanser' liquid soap and all scrub-up basins (clinical handwashing) with 'antimicrobial' liquid soap. Soap dispensers are to be the non-refillable type.
- 300098 820 . 11.00 Provision for hand drying shall be included at all hand washing facilities, except Operating Unit scrub-up troughs.
- 300099 820 . 12.00 Hand drying facilities shall be single use, separate and individual linen/paper units enclosed in such a way as to provide protection against dust or soil and ensure single unit dispensing.
- 501934 820 . 13.00 Hot air hand dryers are not recommended in Class 9a buildings or in sterile stock areas and should not be installed in staff or visitor toilet areas.
- 501935 820 . 14.00 A disposable glove dispenser, sufficient to hold all glove sizes, should be located in close proximity to hand basins. The dispenser should allow re-stocking without the need to touch new gloves.

### Handwash Basin Types and Uses

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501936 820 . 15.00 TYPE A - CLINICAL SCRUB BASIN

This is used in areas requiring clinical handwashing for sterile procedures, for example ICU Rooms, Treatment Rooms and Cardiac Catheterisation areas, Clinics and Day Procedure Rooms.

The hand basin type is a large clinical type. The taps are wall mounted, hands-free operation (elbow, foot or electronic).

501937 820 . 16.00 TYPE B - GENERAL STAFF HAND BASIN

This is used in areas requiring general staff handwashing, for example inpatient unit corridors, and 1 Bed Rooms.

The basin type is a medium wall mounted basin. The taps are either wall mounted or basin mounted with hands-free operation (elbow or wrist).

501938 820 . 17.00 TYPE C - SMALL STAFF/PATIENT/VISITOR HAND BASIN

This is used in areas requiring general staff and patient handwashing, for

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example patient and staff Amenities and toilet areas.

The basin type is a small wall mounted basin. The taps are either wall mounted or basin mounted.

### 501939 820 .18.00 SCRUB SINK

Refers to a long sink that can accommodate one or more staff scrubbing for a sterile procedure at the one time. Refer to Part C, Ergonomics for the heights, width of space per person and type of taps.

### Handwash Basin Types - Schedule

501940 820 .19.00 The following indicates recommended basin and tap combinations for particular rooms. For rooms not listed refer to a similar area.

The waterspout should be positioned so that the water flow does not flow directly into the drain and cause a splashback to the hands of the user. It should be positioned in a way to ensure that the water flow hits the basin in/on the front (splashback) to avoid contamination from the down pipe on to the hands of the user.

Note that a domestic style one lever operation is considered an appropriate substitute for a wrist operated tap.

ROOM/SPACE	BASIN TYPE	WALL TAP	BASIN TAP	WRIST/ LEVER	ELBOW	INFRA-RED	NOTES
BIRTHING ROOMS, PROCEDURE ROOMS	A	yes			yes	optional	
INTENSIVE CARE - ENCL ROOMS/ OPEN BAYS	A	yes			yes	optional	
CLEAN UTILITY, EXAMINATION, POST MORTEM	B	yes	Optional		yes		
ACUTE INPATIENT BEDS INCL 1 BED RMS	B	yes			yes		
HANDWASH BAYS - CORRIDOR	B	yes			yes		
ISOLATION/ANTEROOM/AIRLOCK	B	yes			yes		
RECOVERY AREAS	B	yes			yes		
PATIENT BAYS - RESUC, TRAUMA IN EMERGENCY	B	yes			yes		
CONSULT, TREATMENT, FORMULA ROOMS	B	yes	optional	yes	optional		
BATHROOMS, CLEAN-UP ROOMS, DIRTY UTILITY	B		yes	yes			
PARENTING ROOMS, BABYCHANGE ROOMS	B		yes	yes			
BEVERAGE PANTRY, FOOD SERVERY, PATIENT DINING	B		yes				
ADL KITCHEN	B		yes				
STAFF TOILET, PUBLIC/VISITOR TOILET, PATIENT ENSUITES	C		yes				

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OPERATING ROOM, PROCEDURES, SCRUB-UP	Sink/trough	yes				yes	
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## Handwash Basins - Placement

501941 820 .20.00 Handwash Bays should be provided in the following ratios:

- + ICU - one per enclosed room, one per two open bays;
- + Emergency - one per four open bays;
- + Ambulatory Care - one per four open bays;
- + Inpatient Unit - as per the following tables;
- + Other patient treatment areas - generally staff should not be more than 10 - 12 metres from a Handwash Bay.

ROOM	PURPOSE	TYPE	LOCATION
<b>4 BED ROOM</b>	Patient ablutions	C	Ensuite bathroom
	Staff hand hygiene	B	Room Entry
	Surgical Scrub	Not required	Not required
<b>ISOLATION ROOMS (ALL TYPES), 2 BED ROOM</b>	Patient Ablutions	C	Ensuite or bathroom
	Staff hand hygiene	B	Room Entry
	Surgical Scrub	Not required	Not required
<b>CORRIDOR HANDWASH BASINS INTENSIVE CARE UNIT</b>	Staff hand hygiene	B	Within 5m of PPE Bay
	Staff hand hygiene	A	Adj pat bays, 1 per encl
<b>EMERGENCY &amp; AMBULATORY CARE</b>	Staff hand hygiene	B	Adj pat bays, 1 per encl
<b>OTHER PATIENT TREATMENT AREAS</b>	Staff hand hygiene	B	Staff should not be >10-

## Isolation Room/s

501942 820 .21.00 INTRODUCTION

This Guideline describes and identifies facility spatial requirements that are appropriate for the isolation of patients with known or suspected infectious conditions and to assist the project planning teams with the planning and design of Isolation Rooms. It does not however address Isolation Rooms for the care of patients with implanted isotopes.

It has been prepared with input from stakeholders experienced in Infection Control, Microbiology, Facility Planning, Disaster Planning, Tuberculosis and Paediatrics.

Isolation Rooms when not required for the care of infectious patients can have multipurpose functions once the room is vacated and cleaned as per the Infection Control Policy of the facility/organisation.

It is critical that Operational Policies and the Functional Relationships between the Isolation Room/s within the Health Planning Unit, and the Health Planning Units within the Health Care Facility support the planning of the Isolation Rooms.

Details of engineering requirements and services for Isolation Rooms will form part of TS11, Engineering and Sustainable Services. Details of Infection Control

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practices and education are available in the NSW Health Infection Control Policy (Circular 2002/45, NSW Health 2002) and are not contained within these Guidelines.

### 501943 820 .22.00 TYPES

Four types of Isolation Rooms are required:

Class S	Standard
Class N	Negative Pressure
Class P	Positive Pressure
Class Q	Quarantine

These types of room and their uses are described in more detail below.

### 501944 820 .23.00 CLASS S : STANDARD ISOLATION ROOMS

Class S or Standard Isolation Room is a single room with a shower/toilet ensuite that is not shared.

There are no specific requirements for airconditioning. A hand basin and self-closing door are recommended. A PPE Bay should be provided outside the door.

A Class S room can be used for patients who require contact or droplet isolation, to minimise the potential for such infections being transmitted to other patients and staff.

### 501945 820 .24.00 CLASS N : NEGATIVE PRESSURE ISOLATION ROOMS

Class N or Negative Pressure room is a single room with a shower/toilet ensuite that is not shared.

Sufficient and appropriate storage space should be provided for linen and waste inside the room, and for storage of gowns, gloves and masks outside in the alcove, Anteroom or Personal Protective Equipment Bay.

A Class N room can be used for patients who require airborne droplet nuclei isolation (eg varicella, measles, pulmonary or laryngeal tuberculosis) to reduce transmission of disease via the airborne route.

Negative pressure rooms operate at a lower pressure with respect to adjacent areas such as the corridor. Air in negative pressure rooms will be exhausted to the outside in accordance with AS 1668-1991 Part 2 6, to prevent air recirculation. The discharge points should be located as far as possible from air intakes, persons and animals. If external exhaust is not possible, air should be recirculated through high-efficiency particulate air (HEPA) filters. A separate exhaust system dedicated to each room must be provided. This must be separate to the building's common exhaust air system to reduce the risk of contamination.

A communication system should be provided so that staff can communicate with people outside the room without leaving the room.

Further detail is provided in Room Data Sheets and TS11.

### 501946 820 .25.00 CLASS P : POSITIVE PRESSURE ISOLATION ROOMS

Class P or Positive Pressure room is a single room with a shower/toilet ensuite that is not shared.

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Positive pressure rooms operate at a higher pressure with respect to adjacent areas. Air exhausted from these rooms is not infectious and therefore does not require filtration.

Patients with airborne transmitted infections such as varicella, measles, pulmonary or laryngeal tuberculosis are not to be accommodated in positive pressure rooms.

Class P rooms may be used to reduce the risk of airborne transmission of infection to susceptible patients such as allogenic bone marrow transplant recipients. These rooms will only be required for transplants and oncology patients.

Patients requiring precautions to prevent the transmission of pathogens by the airborne route will not be accommodated in Class P Isolation Rooms.

Evidence for a protective effect from positive pressure is largely limited to studies of patients at high risk of nosocomial aspergillosis, where laminar airflow at ultra-high airflow rates was used to create a positive pressure. Evidence for use of such rooms for other purposes is lacking. Further difficulties arise when the patient requiring protective isolation is also infectious to others, particularly with airborne-spread infections (eg renal transplant patient with varicella zoster). In these instances, consideration of placement in positive or negative pressure isolation rooms will depend on the patient's neutrophil count and should be made following consultation with infectious diseases, infection control and microbiology staff.

Further detail is provided in Room Data Sheets and TS11.

### 501947 820 .26.00 CLASS Q - QUARANTINE ISOLATION ROOMS

Class Q or Quarantine Isolation Room is a single room with an ensuite not to be shared and includes all design requirements as noted in the negative pressure rooms. In addition, the Quarantine Isolation Room will require an Anteroom designed to function as an airlock.

Consideration or incorporation of good electronic communication systems (intercoms) between the isolation room and outside may assist in eliminating or reducing unnecessary traffic into the room.

One hospital in each Australian capital city will have designated Class Q rooms. Westmead Hospital is designated with the quarantine status within New South Wales, and provides facilities for patients with highly infectious pathogens such as haemorrhagic fevers, Hantavirus pulmonary syndrome. These patients require a further level of containment over and above the standard negative pressure isolation room.

### 501948 820 .27.00 ANTEROOMS

Anterooms are required for staff and visitors to change and dispose of personal protective gear used on entering and leaving these rooms when caring for infectious patients.

Anterooms increase the effectiveness of the Isolation Room by minimising the potential escape of airborne nuclei into the corridor when the door is opened.

Anterooms should be provided for Class N rooms in ICU, Emergency Departments, Infectious Diseases Units, and for an agreed number of patient



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bedrooms within Inpatient Units accommodating Respiratory patients. The need for Anterooms for Class N rooms in other Health Planning Units should be considered on a case by case basis.

The Anteroom should not be shared between rooms. The Anteroom will not need to function as an airlock for Class N rooms with the exception of ICU.

The Class Q rooms will require an Anteroom to function as an airlock with interlocking doors (ie the two doors cannot be opened simultaneously). Anterooms in Class Q rooms will need to be large enough to incorporate additional disposal facilities as well as allowing bed movement with doors interlocked.

501949 820 .28.00 See attached table for the functional classification of Isolation Rooms

501950 820 .29.00 COMBINED ALTERNATING PRESSURE ISOLATION ROOMS

Combined alternating pressure rooms (enabling the room to have either negative or positive pressure) are NOT permitted due to the following concerns:

- + Difficulty in the configuration of appropriate airflow for two fundamentally different purposes;
- + Risk of operator error;
- + Need for complex engineering;
- + The absence of failsafe mechanisms.

501951 820 .30.00 CALCULATION OF NUMBERS OF ISOLATION ROOMS

GENERAL:

In the redevelopment of Health Care Facilities, Project Planning Teams should use available service planning and incidence data to determine the number and type of Isolation Rooms required. They will need to collect data from existing facilities progressively during the service planning phase to assess the actual demand for the use of facilities to isolate patients known or suspected to have an infection that requires a particular form of isolation.

Assessment of actual demand to isolate patients should include:

- + Number of patient admissions with infections known or suspected to require isolation;
- + The duration of isolation required;
- + Clustering of cases that may be influenced by seasonal and other trends;
- + Type of unit where patient isolation may be necessary;

Estimates of numbers and types of isolation rooms should consider the following:

- + Trends in disease in the general population and the particular population served by the facility;

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- + Demographic trends in the population served by the facility;
- + Specialties of the Health Care Facility, along with any projected changes in the facility's activities.

Data collected over one year or longer provide more reliable estimates and will assist in determining peak needs for diseases with marked seasonal variations.

Retrospective data (based on discharge) should be used with caution as the data may not include suspected but unconfirmed cases of certain infections requiring isolation, thereby causing an underestimation of requirements. For planned new facilities, data from comparable facilities serving comparable populations may be available in place of retrospective data.

### 501952 820 .31.00 CLASS N ROOMS:

When calculating requirements for persons known or suspected of having infections that require airborne precautions (such as chicken pox, measles, infectious pulmonary and laryngeal infections) it is also important to collect data on patients suspected of having tuberculosis. Patients will require isolation until confirmed as un-infected by clinicians or until the treatment renders the patient non-infectious.

### 501953 820 .32.00 CLASS P ROOMS:

Requirement for such rooms should be determined by collecting data on local threats from pathogens such as *Aspergillus*, as well as evidence (from within and beyond the facility) on the role of particular environments in protecting vulnerable patients.

The final assessment of the requirements for numbers and types of Isolation Rooms should be made in consultation with clinical specialists and the Infection Control Committee.

### 501954 820 .33.00 PERSONAL PROTECTIVE EQUIPMENT BAYS

Personal Protective Equipment (PPE) Bays shall be provided immediately outside all Isolation Rooms - including Class S.

A PPE storage unit should be provided in the purpose built bay for the storage of gloves, goggles, faceshield masks, gowns and waterless alcohol-based handrub dispensers.

A PPE Bay may be shared between two rooms.

See room data sheets and room layout sheets for more detail.

### 501955 820 .34.00 AREAS REQUIRING CLASS N ROOMS

Health Planning Units that require either one or more Class N rooms include:

- + Emergency Unit;
- + Intensive Care Unit;
- + Infectious Diseases Unit;

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+ Procedure areas such as bronchoscopy units or sputum induction rooms.

Paediatric areas may also have a need for Class N rooms.

### 501956 820 .35.00 DESIGN PRINCIPLES FOR ISOLATION ROOMS

The aim of environmental control in an isolation facility is to control the airflow so as to reduce the number of airborne infectious particles such that they are unlikely to infect another person within the environment of the Health Care Facility. This is achieved by controlling the quality and quantity of intake and exhaust air, diluting infectious particles in large volumes of air, maintaining differential air pressures between adjacent areas and designing patterns of airflow for particular clinical purposes.

The location and design of the Isolation Rooms within a Health Planning Unit (Department or Ward) should enable isolation of rooms from the rest of the Health Planning Unit. Where possible a different route could be provided for the transport of contaminated waste and linen away from the main traffic area.

Multiple Isolation Rooms should be clustered and located away from the main entrance of the department.

When Health Care Facilities are developed, consideration should be given to one whole floor level, or a defined section, of inpatient accommodation being designed with separate airconditioning and exhaust. This will enable Health Care Facilities to accommodate an infectious outbreak incident within the Area Health Service.

Planning should consider:

- + Sufficient and appropriate storage space for linen and waste containers inside the room and for gowns, gloves and masks inside or outside the room;
- + Use of an observation window will allow staff to observe patients without opening and closing the door of the Isolation Room, thus ensuring good visual observation for staff and privacy for patients;
- + For privacy, a blind within double glazing should be considered;
- + Provision of a communication system such as a phone or intercom to allow communication between staff, patients, interpreters, visitors, etc without leaving the room.
- + Should both Class N and P rooms be needed within the same facility they should be planned to minimise the likelihood of these patients using, or meeting in, the same corridors or circulation paths.

### 501957 820 .36.00 POSITIVE AND NEGATIVE PRESSURE IN OTHER AREAS

A number of other areas of a Health Care Facility may require either positive or negative pressure, these could include:

- + Operating theatres;
- + Procedure rooms;
- + Mortuary.

The airconditioning requirements for these areas are described in TS11.

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## FUNCTIONAL CLASSIFICATION OF ISOLATION ROOMS

	<b>CLASS S</b>	<b>CLASS N</b>	<b>CLASS P</b>	<b>CLASS Q</b>
<b>KEY VENTILATION CRITERIA</b>	No air pressure difference between room and the adjacent corridor	Lower air pressure in the room than in the adjacent corridor or anteroom	Greater air pressure in the room than in the corridor	Lower air pressure in the room than in the adjacent corridor
<b>TRANSMISSION-BASED PRECAUTIONS</b>	To prevent contact or droplet transmission	To prevent airborne transmission	To prevent transmission of pathogens from the outside environment to profoundly immunocompromised persons	To prevent airborne transmission
<b>EXAMPLES</b>	VRE, gastroenteritis, cutaneous anthrax, hepatitis A.	Measles, varicella, suspected or proven pulmonary or laryngeal tuberculosis, suspected contact of measles, varicella, SARS, etc.	Prevention of aspergillosis in bone-marrow transplant recipients	Highly infectious pathogens such as haemorrhagic fevers, Hantavirus pulmonary syndrome

### Airconditioning and Ventilation

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- 501958 860 .1.00 The control of infection risk in general and special areas of a hospital is greatly influenced by the design and efficacy of the airconditioning system. Considerable care and effort is required to ensure the appropriate results are achieved. TS11 provides detailed technical specifications on the airconditioning requirements.
- 501959 860 .2.00 Ventilation equipment should maintain the temperature, humidity and purity of the air, plus the inflow of fresh air, all within prescribed limits. Airconditioners and cooling towers should not be a source of contamination, particularly with respect to Legionella. Refer to the NHMRC - NSW Legislation, Australian Guidelines for the Control of Legionella Infection and to the NSW Code of Practice for the control of Legionnaire Disease for further information. Airconditioners and cooling towers should also comply with and be maintained in accordance with Federal/State/Territory guidelines on cooling towers and hot and cold water services and with relevant Australian Standards.
- 501960 860 .3.00 Retro fitting of split system airconditioners is a common way of resolving local cooling problems. Care should be taken when using this approach in Patient Care Areas. Issues to be considered include:
- + Routing of condensate drains;
  - + Air flow and turbulence effects;
  - + Maintenance and adequacy of filters.

### Environmentally Sustainable Design

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- 501961 860 .4.00 Provision of natural ventilation to Patient Care Areas should be approached with caution.
- The management of airflows and the creation of a stable environment is essential to the control of the spread of infection.
- Non airconditioned spaces rely on natural airflows to achieve comfort conditions. In many cases, when natural breezes are not available, supplementary ventilation in the form of ceiling fans or portable fans are used to achieve comfort conditions.
- Both the natural airflows required to achieve comfort conditions and the airflows generated by supplementary ventilation generate turbulence and unpredictable airflows. These have the potential to spread infection from patient to patient.

### Patient Accommodation

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- 501962 860 .5.00 In Acute Care situations it is essential that an adequate number of 1 Bed Rooms is available.
- 501963 860 .6.00 Patient Waiting Areas for non-inpatient units, including Ambulatory Care Services and Community Health, should have provision for separating patients who may be highly infectious, for example, patients diagnosed with or suspected to have communicable infectious disease.

### Gaps

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- 301282 880 . A gap is defined as a space where two materials do not meet leaving a space or opening that can harbour dust, germs, mould or vermin.

## PHYSICAL PLANNING

### General

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- 501964 880 .1.00 The nature and type of surfaces and finishes used in Health Care buildings are integral to the overall management of infection control risks.

This is covered in more detail in Part C of these Guidelines. Some basic issues are discussed below.

### Floors

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- 501965 880 .2.00 Floor coverings must be easy to clean and resistant to disinfection procedures. This applies to all items in patient care environments.

- 501966 880 .3.00 Treatment Areas should not be carpeted.

In both Patient and Treatment Areas, the flooring should be easily cleaned and in good repair.

- 300108 880 .4.00 Floors in areas used for food preparation or food assembly shall be water resistant and greaseproof to comply with the Food Hygiene Regulations. Floor surfaces, including joints in tiles in such areas, shall be resistant to food acids (epoxy grout). In all areas subject to frequent wet cleaning methods, floor materials shall not be physically affected by germicidal cleaning solutions.

### Skirtings

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- 501967 880 .5.00 Wall bases in Kitchens, Operating and Birthing Rooms, Clean and Dirty Utility Rooms, CSSU areas and other areas subject to frequent wet cleaning methods shall be made integral with the floor, tightly sealed against the wall, and constructed without voids.

### Walls

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- 300100 880 .6.00 Other than special treatments included as feature face work in public or staff relaxation areas, wall finishes shall be scrubbable, and in the immediate vicinity of plumbing fixtures, shall be smooth and water-resistant.

### Ceilings

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- 300101 880 .7.00 All exposed ceilings and ceiling structures in areas occupied by patients or staff, and in food preparation or food storage areas, shall be finished so as to be readily cleanable with equipment routinely used in daily housekeeping activities.

- 501968 880 .8.00 In food preparation and other areas where dust fallout would present a potential problem, there shall be a finished ceiling that covers all conduits, piping, duct

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work and open construction systems.

- 300103 880 .9.00 Ceilings in Operating and Delivery Rooms, Isolation Rooms, Nurseries, and Sterile Processing Rooms shall be monolithic from wall to wall without fissures, open joints, or crevices that may retain or permit passage of dirt particles. Light fittings shall also be recessed, flush fitting and sealed to prevent dust ingress.
- 501969 880 .10.00 Acoustic and/or lay-in ceilings shall not be used where particulate matter may interfere with hygienic environmental control.

### Gaps

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- 500293 880 .11.00 A gap is defined as a space where two materials do not meet leaving a space or opening that can harbour dust, microorganisms, moulds or vermin.
- 301283 880 .12.00 In construction of Health Care Facilities, gaps between surfaces are not permitted, and must be properly sealed. In particular gaps in the following area are not allowed.
- + Between skirting and floor;
  - + Between utility benches and walls;
  - + Between cupboards and floor or wall;
  - + Between fixtures attached to floors and walls.
- 501970 880 .13.00 Floor and wall construction, finishes and trims in dietary, food preparation areas, sterile stock areas and Pharmacy shall be free of spaces that can harbour rodents and insects. Details should comply with the relevant Public Health Regulations.
- 300115 880 .14.00 Floor and wall penetrations by pipes, ducts and conduits shall be tightly sealed to minimise entry by rodents and insects. Joints of structural elements shall be similarly sealed.

### Surface Materials

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- 206023 880 .15.00 Regular routine cleaning of the Health Care Facility can be carried out much more efficiently if the design of the building is adapted to its function. Unnecessary horizontal, textured, moisture retaining surfaces or inaccessible areas where moisture or soil will accumulate should, if possible, be avoided.
- 501971 880 .16.00 All fixtures and fittings should be designed to allow easy cleaning and to discourage the accumulation of dust. Blinds are preferable to curtains for this reason.
- 206025 880 .17.00 Where there is likely to be direct contact with patients, or with blood or body fluids, floors and walls should be surfaced with smooth, impermeable seamless materials, such as vinyl. In equipment processing areas, work surfaces should be non-porous, smooth and easily cleaned.

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501972 880 .18.00 In hospitals, all surfaces of patient care areas in high risk treatment areas, including the Operating Unit, Intensive Care Unit, Obstetrics Unit and Neonatal Special Care Nurseries, should be smooth and impervious and not liable to be damaged by disinfectants.



### General

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501973 900 .1.00 Infection control precautions during construction should be integrated into the design and documentation of the facility from the beginning of the design stage. It is important that the dust control and infection control principles developed during the pre-design stage are integrated at the initial stages of the design development. It is important that the pre-design team comprehensively brief the design team and submit the findings of the survey and risk profile.

501974 900 .2.00 Building, renovation and maintenance activities within a Health Care Facility impose risks upon the incumbent population unlike any other building site. Building practices therefore require a range of precautions appropriate to the risk. Identification of the 'at risk' population, a knowledge of the transmission route of a likely pathogen and location of the 'at risk' population in relation to the construction, all need to be taken into account in the planning stages.

### Risk Management

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208006 900 .3.00 A formal approach to risk management must be part of all building and renovation activities.

A process for assessing risk during construction projects, and adopting appropriate precautions is provided below.

208007 900 .4.00 A more detailed review of risk is beyond the scope of this document, but adherence to Australian Standard 4360 - Risk Management principles will provide the framework to assemble a relevant risk management strategy.

208014 900 .5.00 The risk profile should contain as a minimum:

- + Identify the location of high-risk patients in relation to the site;
- + Identify ventilation system types and potential impact;
- + Determine air monitoring requirements, methodology and frequency;
- + Take air quality samples to establish a baseline;
- + Identify possible contaminants and their locations (contaminants may be present in ceiling dust, service shafts (especially if dampness is present), sprayed on fire retardants and bird droppings).

208008 900 .6.00 Airborne sampling should be part of any risk management program. Cumulative data is used to establish indoor and outdoor background levels of filamentous fungi for a particular site. This will enable establishment of risk profiles for particular locations in and around the hospital.

501975 900 .7.00 It is important to consult with a Microbiologist experienced in environmental sampling to identify what outcomes are required of the sampling. Equally important it is necessary to have an approximate idea of the expected number of fungi that will be obtained. This will determine the appropriate sampling system.

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## Construction

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- 501977 900 .8.00 Infection control measures to consider during construction are:
- + Infection control site induction of building workers should be carried out as a major component of the OHS induction. This induction process should be documented and signed off by each person inducted.
  - + Worker compliance with procedures should be monitored and the results of this monitoring should be fed back to the workers routinely through the Builder. A system must be in place to manage major breaches.
  - + Ensure that adequate inspections by the nominated representatives take place during the construction of the barriers. These inspections should be monitored and reported on.
- 501979 900 .9.00 Movement in and out of the site shall be controlled by restricting access to only those who have undergone site induction. This will assist greatly in reducing the spread of contaminants.
- 208027 900 .10.00 All inspections should be documented including a non-conformance system for defaults, complete with a corrective and preventative action loop.
- 501978 900 .11.00 After handover it is the responsibility of the hospital to ensure the area complies with hospital standards for occupation.
- As a minimum the hospital should:
- + Thoroughly clean and decontaminate all the surfaces including walls, ceilings, windows and in high-risk areas ventilation systems, service cavities and ceiling spaces.
  - + Conduct air sampling and particle counts and implement a program of regular air sampling in high-risk areas, allowing time for culturing and results and repeat cleaning and testing prior to occupation.
  - + On completion, re-certify HEPA filters and laminar/clean flow systems where installed.
- Refer also to the Commissioning section of these Guidelines.

## Verification

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- 206035 900 .12.00 All infection control measures described in this section are required to be verified by inspection. There must be no barriers in place to prevent the checking and validating the measures described.

## Construction Risk Assessment and Action Plan

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- 501980 900 .13.00 The Construction Risk Assessment and Action Plan comprises four main steps.
- STEP 1 - SELECT CONSTRUCTION ACTIVITY TYPE FROM TABLE BELOW
- Definition of Construction Activity Type is defined by :
- + The amount of dust that is generated

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+ The duration of the involvement of the Heating Ventilation and Airconditioning systems (HVAC).

**501981 900 .14.00** STEP 2 - SELECT THE INFECTION CONTROL RISK GROUPS FROM TABLE BELOW

Definitions of Infection Control Risk Groups are defined based on the project location and the occupancy by patients. Contact the Infection Prevention & Control Unit if any type of location is not mentioned as examples in the guideline.

Where possible, as in outpatient facilities and day treatment centres etc work should be conducted after patient care hours, as these areas have limited times when patients are seen.

**501982 900 .15.00** STEP 3 - DETERMINE THE CONSTRUCTION CLASSIFICATION CLASS

Using the Construction Activity Type and the Infection Control Risk Group selected from the above tables, use the matrix below to determine the Construction Classification Class.

The Construction Classification Class determines the procedures to be followed during construction and renovation projects.

**501983 900 .16.00** STEP 4 - IMPLEMENT THE INFECTION CONTROL CONSTRUCTION GUIDELINES

Implement the appropriate Infection Control Construction Guidelines based on the Construction Activity Matrix (above) Step 3.

Infection Control Construction Guidelines are procedures to control releases of airborne contaminants resulting from construction demolition or renovation activities.

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## DEFINITIONS OF CONSTRUCTION ACTIVITY

<b>TYPE A:</b> <b>INSPECTIONS AND GENERAL UPKEEP ACTIVITIES</b>
Includes but is not limited to : removal of ceiling tiles for visual inspection (limited to 1 tile per 5 m2); painting (but not sanding); installation of wall covering; electrical trim work; minor plumbing; any activities that do not generate dust or require cutting into walls or access to ceiling other than for visual inspection.
<b>TYPE B:</b> <b>SMALL SCALE, SHORT DURATION ACTIVITIES, WHICH CREATE MINIMAL DUST</b>
Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting into walls or ceiling where dust migration can be controlled.
<b>TYPE C:</b> <b>ANY WORK THAT GENERATES A MODERATE TO HIGH LEVEL OF DUST</b>
Includes, but is not limited to, demolition or removal of built-in building components or assemblies, sanding of wall for painting or wall covering, removal of floor covering/wallpaper, ceiling tiles and casework, new wall construction, minor ductwork or electrical work above ceiling, major cabling activities.
<b>TYPE D:</b> <b>MAJOR DEMOLITION AND CONSTRUCTION PROJECTS</b>
Includes, but is not limited to heavy demolition, removal of a complete ceiling system, and new construction.

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## DEFINITION OF INFECTION CONTROL RISK AREA / LOCATION

GROUP 1 LOW	GROUP 2 MEDIUM	GROUP 3 MEDIUM HIGH	GROUP 4 HIGHEST
<ul style="list-style-type: none"> <li>Office areas</li> <li>Non-patient/ low risk areas not listed elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>Patient care &amp; other areas not covered under group 3 or 4</li> <li>Laundry</li> <li>Cafeteria</li> <li>Dietary</li> <li>Materials Management</li> <li>PT/OT/Speech</li> <li>Admission/ Discharge</li> <li>MRI</li> <li>Nuclear Medicine</li> <li>Echocardiography</li> <li>Laboratories not specified as Group 3</li> <li>Public Corridors (through which patients, supplies, and linen pass)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Rooms</li> <li>Radiology</li> <li>Recovery Rooms</li> <li>Delivery Wards</li> <li>High dependency Unit</li> <li>Newborn Nurseries</li> <li>Paediatrics (except those listed in Group 4)</li> <li>Microbiology lab</li> <li>Virology lab</li> <li>Long term/sub-acute Units</li> <li>Pharmacy</li> <li>Dialysis</li> <li>Endoscopy</li> <li>Bronchoscopy areas</li> </ul>	<ul style="list-style-type: none"> <li>Oncology Units</li> <li>Radiation Therapy</li> <li>Clinical areas</li> <li>Chemo Infusion</li> <li>Transplant</li> <li>Pharmacy Admixture – clean room</li> <li>Operating Rooms</li> <li>Sterilisation - processing Departments</li> <li>Cardiac Catheterisation</li> <li>Outpatient Invasive Procedure Rooms</li> <li>Anaesthesia and Pump areas</li> <li>Newborn Intensive Care Unit (NICU)</li> <li>All Intensive Care Units (except those listed in Group 4)</li> </ul>

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## CONSTRUCTION ACTIVITY MATRIX

CONSTRUCTION ACTIVITY RISK LEVEL	TYPE A	TYPE B	TYPE C	TYPE D
GROUP 1	Class I	Class II	Class II	Class III/IV
GROUP 2	Class I	Class II	Class III	Class IV
GROUP 3	Class I	Class III	Class III/IV	Class IV
GROUP 4	Class III	Class III/IV	Class III/IV	Class IV

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## INFECTION CONTROL CONSTRUCTION GUIDELINES

CLASS I	<ul style="list-style-type: none"> <li>Execute work by methods to minimise raising dust from construction operations.</li> <li>Replace any ceiling tile displaced for visual inspection as soon as possible.</li> </ul>
CLASS II	<ul style="list-style-type: none"> <li>Provide active means to prevent air-borne dust from dispersing into atmosphere.</li> <li>Seal unused doors with duct tape.</li> <li>Contain construction waste before transport in tightly covered containers.</li> <li>Wet mop and/or vacuum with HEPA filtered vacuum.</li> <li>Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.</li> <li>Isolate HVAC system in areas where work is being performed.</li> <li>Wipe casework and horizontal surfaces at completion of project.</li> </ul>
CLASS III	<ul style="list-style-type: none"> <li>Isolate HVAC system in area where work is being done to prevent contamination of the duct system.</li> <li>Complete all construction barriers before construction begins.</li> <li>Maintain negative air pressure within work site utilising HEPA filtered ventilation units or other methods of maintain negative pressure. Public safety will monitor air pressure.</li> <li>Do not remove barriers from work area until complete project is thoroughly cleaned.</li> <li>Wet mop or vacuum twice per 8 hour period of construction activity or as required in order to minimise tracking.</li> <li>Remove barrier materials carefully to minimise spreading of dirt and debris associated with construction. Barrier material should be wet wiped, HEPA vacuumed or water misted prior to removal.</li> <li>Contain construction waste before transport in tightly covered containers.</li> <li>Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.</li> <li>Wipe casework and horizontal surfaces at completion of project.</li> </ul>
CLASS IV	<ul style="list-style-type: none"> <li>Isolate HVAC system in area where work is being done to prevent contamination of duct system.</li> <li>Complete all construction barriers before construction begins.</li> <li>Maintain negative air pressure within work site utilising HEPA filtered ventilation units or other methods of maintain negative pressure. Public Safety will monitor air pressure.</li> <li>Seal holes, pipes, conduits, and punctures to prevent dust migration.</li> <li>Construct Anteroom and require all personnel to pass through the room. Wet mop or HEPA vacuum the Anteroom daily.</li> <li>During demolition, dust producing work or work in the ceiling, disposable shoes and coveralls are to be worn and removed in the Anteroom when leaving work area.</li> <li>Do not remove barriers from work area until completed project is thoroughly cleaned.</li> <li>Remove barrier materials carefully to minimise spreading of dirt and debris associated with construction.</li> <li>Barrier material should be wet wiped, HEPA vacuumed or water misted prior to removal.</li> <li>Contain construction waste before transport in tightly covered containers.</li> <li>Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.</li> <li>Keep work area broom clean and remove debris daily</li> <li>Wet mop hard surface areas with disinfectant at completion of project, HEPA vacuum carpeted surfaces at completion of project.</li> <li>Wipe casework and horizontal surfaces at completion of project.</li> </ul>

### References and Further Reading

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501984 E+03 .17.00 Morbidity and Mortality Weekly Report: Guidelines for Environmental Infection Control Health Care Facilities, Centres for Disease Control and Prevention, June 2003.

Guidelines for the Classification and Design of Isolation Rooms in Health Care Facilities, Department of Human Services, Victoria, July 1999.

Infection Control Policy - Circular 2002/45, NSW Health Department, 2002.

Technical Series 11 - Engineering and Sustainable Design, NSW Health Department, 2003.

AS1288 - 1994 Glass in Building - Selection and Installation, Standards Australia, 1994.

AS 1668-1991 Part 2, Standards Australia, 1991.

HB 260 - 2003. Handbook: Hospital acquired infections - Engineering down the risk, Standards Australia, 2003.

Capital Works Guidelines - Building and Refurbishment Infection Control Guidelines, Queensland Health., 2002.

The Epic Project: Developing National Evidence-based Guidelines for Preventing Healthcare Associated Infections. Part 1 Guidelines for Preventing Hospital Acquired Infection - Standard Practices for Hand Hygiene, Journal of Hospital Infection, 2001 - 47 (Supplement), Sections 3-4.



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### CHECKLIST

Name of HPU: \_\_\_\_\_ (Print and complete one per HPU)

Agreed Role Delineation Level: \_\_\_\_\_

No	Item	Yes	No
<b>1.0</b>	<b>Handwashing Facilities:</b>		
1.1	Are the handbasin types specified appropriate for the room usage?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Are sufficient numbers of handbasins provided?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.0</b>	<b>Isolation Rooms</b>		
2.1	Are sufficient numbers of Isolation Rooms of the appropriate type provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Do the Isolation Rooms meet the minimum requirements for the class specified?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.0</b>	<b>Physical Environment</b>		
3.1	Do operating areas sufficiently separate clean and contaminated areas?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Do cleaning and clean-up areas sufficiently separate clean and contaminated areas?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Are staff eating and recreational areas sufficiently separate from work areas and patient treatment areas?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.0</b>	<b>Surfaces and Finishes</b>		
4.1	Are the following finishes appropriate for the room usage? <ul style="list-style-type: none"> <li>• Floors</li> <li>• Skirtings</li> <li>• Walls</li> <li>• Ceilings</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Checked and certified by:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_