



## Part D – Infection control

## Issue 1 Release Notes

This release represents the first public issue of the new Victorian Guidelines for Hospitals and Day Procedure Centres (DGHDP). All previous releases were marked DRAFT for review and comment only.

Every effort has been made to check the new guidelines for errors and inconsistencies. Many difference stakeholders, proof-readers and reviewers have participated in this process. Nevertheless, As may be expected of issue 1 of a comprehensive set of new guidelines, errors and inconsistencies may still be found. These will be progressively corrected in future editions of the guidelines

## Important Disclaimer

These Guidelines have been created as "Stand-alone" documents. Nothing in these Guidelines implies that compliance with them will automatically result in compliance with other Legislative or Statutory requirements. Similarly, nothing in these Guidelines implies compliance with the Australian Standards or the Building Code of Australia. Parts of these Guidelines such as Room Layout Sheets necessary show elements which may be subject of those Legislative or Statutory requirements. Every effort has been made to ensure such compliance, however no guarantees are made. It is the responsibility of each user to check and ensure compliance with other "Stand-alone" Legislative and Statutory requirements.

As the name suggests, the documents provided are "Guidelines". Users are advised to seek expert opinion on the important issue of Health Facility Design whilst considering these Guidelines. Many of the concepts covered by these Guidelines require a minimum level of knowledge of Health Facilities and Health Facility Design. Due to the generic nature of these Guidelines, all the individual circumstances can not be anticipated or covered. Furthermore, these Guidelines do not cover the operational policies of individual facilities. Delivery of excellence in health care as well as the provision of a safe working environment will depend on appropriate operational policies. The authors of these Guidelines as well as those involved in the checking or approval of these Guidelines accept no responsibility for any harm or damage, monetary or otherwise caused by the use or misuse of these Guidelines.

## What is New?

These guidelines were specifically prepared by Health Projects International for Victoria using a specially customised database of health design knowledge. Over the last few years, thanks to a framework of cooperation between different State Departments of Health, the guidelines have been offered as the core of the proposed future National Health Facility Design Guidelines. The same database system is used to deliver the new NSW Health Facility Guidelines over the next few years. The delivery system, the structure and content database are shared, whilst each State initially has its own version meeting legislative and policy requirements. Over time, various State variations of the guidelines are expected to reduce to pave the way towards the future unified Guidelines.

## Use of Other Guidelines

These Guidelines have been prepared after considering numerous other Guidelines available in Australia and overseas. Both words and concepts found in the other Guidelines have been used when appropriate, sometimes with changes to terminology or methods of measurement. Since very similar concepts and requirements are covered by many different guidelines, a clause by clause reference to other guidelines would be impractical. A short list of other Guidelines reviewed for the preparation of these Guidelines can be found under "References and Further Reading" in each section of the Guidelines. Nothing in these Guidelines implies or guarantees compliance with every requirement of those other Guidelines.

## Credits

These Design Guidelines as well as the Guidelines Web Site have been prepared by:  
Health Projects International Pty Limited (HPI) for the Department of Human Services, Victoria, (DHS).



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## Part A - Introduction and Instructions for Use

10	Introduction	6
20	Terms of Reference	10
30	How to Read	12
40	Administration	15
45	Role Delineation and Levels of Service	17
50	Abbreviations	18

## Part B - Health Facility Briefing and Planning

60	Site Development	20
70	Construction Standards	21
80	General Requirements	23
90	Standard Components	30
110	Acute Spinal Unit	74
120	Administration Unit	77
130	Admissions Unit	81
132	Adolescent/ Child & Family Acute Mental Health Inpatient Units	84
134	Adult Acute Psychiatric Inpatient Unit	93
135	Aged Persons Acute Psychiatric Unit	102
140	Allied Health Unit	113
150	Ambulance Unit	123
170	Cardiac Catheterisation Unit	126
180	Catering Unit	130
190	Central Sterile Supply Unit (CSSU)	139
220	Child Care Unit	146
230	Cleaning/ Housekeeping Unit	147
240	Clinical Information Unit	150
250	Community Mental Health	153
260	Coronary Care Unit	160
270	Day Procedure Unit	164

280	<b>Dental Unit</b>	<b>172</b>
290	<b>Education &amp; Training Unit</b>	<b>177</b>
300	<b>Emergency Unit</b>	<b>181</b>
310	<b>Engineering &amp; Maintenance Unit</b>	<b>195</b>
320	<b>Geriatric Evaluation &amp; Management</b>	<b>199</b>
340	<b>Inpatient Accommodation Unit</b>	<b>200</b>
350	<b>Integrated Health Care Centres</b>	<b>207</b>
360	<b>Intensive Care - General</b>	<b>215</b>
370	<b>Intensive Care - Coronary</b>	<b>224</b>
390	<b>Intensive Care - Neonatal / Special Care Nursery</b>	<b>226</b>
400	<b>Intensive Care - Paediatric</b>	<b>231</b>
410	<b>Laundry / Linen Handling Unit</b>	<b>234</b>
430	<b>Main Entrance Unit</b>	<b>237</b>
440	<b>Medical Imaging - General</b>	<b>240</b>
450	<b>Medical Imaging - Angiography</b>	<b>246</b>
460	<b>Medical Imaging - CT Scanning</b>	<b>250</b>
470	<b>Medical Imaging - MRI</b>	<b>253</b>
480	<b>Medical Imaging - PET</b>	<b>258</b>
490	<b>Mortuary Unit</b>	<b>265</b>
500	<b>Nuclear Medicine Unit</b>	<b>268</b>
510	<b>Obstetric Unit</b>	<b>274</b>
520	<b>Operating Unit</b>	<b>280</b>
530	<b>Orthotics Unit</b>	<b>290</b>
540	<b>Paediatric/ Adolescent Unit</b>	<b>298</b>
545	<b>Palliative Care Unit</b>	<b>304</b>
550	<b>Pathology Unit</b>	<b>311</b>
560	<b>Pharmacy Unit</b>	<b>315</b>
590	<b>Public Amenities Unit</b>	<b>321</b>
600	<b>Radiotherapy Unit</b>	<b>324</b>
610	<b>Rehabilitation Unit</b>	<b>330</b>

620	<b>Renal Dialysis Unit</b>	<b>336</b>
630	<b>Secure Extended Care Unit</b>	<b>341</b>
635	<b>Spiritual/ Meditation Unit</b>	<b>350</b>
640	<b>Staff Amenities Unit</b>	<b>351</b>
650	<b>Sub-acute Care Unit</b>	<b>354</b>
660	<b>Supply Unit</b>	<b>362</b>
670	<b>Waste Management Unit</b>	<b>365</b>
680	<b>Furniture &amp; Equipment</b>	<b>369</b>
690	<b>Traffic and Car Parking</b>	<b>371</b>
700	<b>Services Briefing</b>	<b>374</b>

## **Part C - Access, Mobility, OH & S**

710	<b>Space Standards &amp; Dimensions</b>	<b>378</b>
720	<b>Ergonomics</b>	<b>383</b>
730	<b>Human Engineering</b>	<b>389</b>
750	<b>Signage</b>	<b>391</b>
760	<b>Doors</b>	<b>394</b>
765	<b>Grab Rails &amp; Hand Rails</b>	<b>399</b>
770	<b>Windows and Glazing</b>	<b>400</b>
780	<b>Floors</b>	<b>403</b>
785	<b>Acoustics</b>	<b>407</b>
800	<b>Security</b>	<b>410</b>

## **Part D - Infection Control**

820	<b>General Requirements</b>	<b>416</b>
825	<b>Handwashing Facilities</b>	<b>417</b>
830	<b>Isolation Rooms</b>	<b>419</b>
860	<b>Physical Environment</b>	<b>420</b>
880	<b>Surfaces &amp; Finishes</b>	<b>422</b>
900	<b>Construction &amp; Renovation</b>	<b>424</b>
910	<b>Verification</b>	<b>426</b>

### 820 GENERAL REQUIREMENTS

#### General

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- 820 .1.00 Infection Control requirements are critical to the planning of a Health Care Facility and need to be incorporated into plans and specifications.
- 820 .2.00 All areas of the facility shall be designed, constructed, furnished and equipped in keeping with the principles of infection control.
- 820 .3.00 Infection control involves the prevention of possible spread of infection by minimising the transfer of micro-organisms from person to person. Consider sufficient space to allow enough room for storage of Personal Protective Equipment (PPE) i.e. gowns and gloves for protective isolation.
- 820 .4.00 A number of strategies contribute to the control of infection, such as hand-washing, careful aseptic technique and the observance of 'standard precautions'.
- 820 .5.00 By far the most important of the infection control strategies is effective hand-washing. Hand-washing facilities shall be installed in all Patient Care Areas, and also in all areas where careful attention to hygiene is essential, such as Kitchens, Laundries, Pharmacies and Laboratories. Staff Amenities Areas, such as Bathrooms, Toilets and Change Rooms shall also be equipped with hand-washing facilities. Refer to the heading 'Handwashing Facilities' for detailed requirements for staff hand-basins.
- 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.

## 825 HANDWASHING FACILITIES

### General

- 825 .1.00 The Guidelines refer to several categories of handbasins including Type A, B, C and troughs along with various configurations for types and placement of tapware. These are addressed in the section and tables that follow.

### Handbasin Types

- 825 .2.00 Type A handbasin refers to a clinical scrub basin. The handbasin type is a large 'Medicex' type. The taps are wall mounted, hands-free operation (elbow, foot or electronic). This basin is used in areas requiring clinical hand-washing for sterile procedures, for example ICU Rooms, Treatment Rooms and Cardiac Catheterisation areas.
- 825 .3.00 Type B basin refers to a general staff handbasin. 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). This basin is used in areas requiring general staff hand-washing, for example ward corridors.
- 825 .4.00 Type C basin refers to a small staff handbasin. The basin type is a small wall mounted basin. The taps are either wall mounted or basin mounted with hands-free operation (elbow or wrist). This basin is used in areas requiring general staff hand-washing, for example Staff Amenities and Toilet Areas.
- 825 .5.00 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 Ergonomics for the heights, width of space per person and type of taps.

### Handwash Basins - Placement

- 825 .6.00 Handwash Bays should be provided in the following ratios:
- Intensive/ Critical Care Units - one per enclosed room, one per two open bays
  - Emergency Unit - one per four open bays
  - Ambulatory Care Areas - one per four open bays
  - Other patient treatment areas - generally staff should not be more than 10 - 12 metres from a Handwash Bay.

### Handwash Basin Types - Schedule

- 825 .7.00 Schedule of basin and tap types:

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

ROOM / SPACE	BASIN TYPE	WALL TAP	BASIN TAP	WRIST ACTION	ELBOW ACTION	INFRA-RED	REMARKS
BAY - HANDWASHING	B	yes	optional		yes		In corridors
BATHROOM	B		yes	yes			
BIRTHING ROOM	A	yes			yes	optional	
CLEAN UTILITY	B	yes	optional		yes		

## Part D - Infection Control

CLEAN-UP ROOMS	B		yes	yes			
CONSULT ROOM	B	yes	optional	yes	yes		Also includes Examination Rooms
DIRTY UTILITY	B		yes	yes			
ENSUITES	B		yes				
HIGH DEPENDENCY UNIT	A	yes			yes		
INPATIENT BEDS	B	yes			yes		
INTENSIVE CARE UNIT	A	yes			yes		Also includes Coronary Care Units, Neonatal ICU
ISOLATION ROOM - AIRLOCK / ANTEROOM	B	yes			yes		Class N
ISOLATION ROOM/ S	B	yes			yes		All Classes
PANTRY	B		yes				Includes Kitchenettes, Beverage Pantry
POST MORTEM	B	yes	optional		yes		
RECOVERY	B	yes			yes		
SCRUB-UP / GOWNING	SINK	yes				yes	Operating Unit, Day Procedures Unit, Procedure Rooms including Imaging
TOILET - PATIENT	B		yes				
TOILET - PUBLIC	C		yes				
TOILET - STAFF	C		yes				
TREATMENT ROOM	A	yes			yes	optional	

### Work & Treatment Areas

- 825 .8.00 Sinks should not be provided in Clean Utility areas to avoid the risk of contamination of sterile stock stored in this area. The clinical handbasin should be located external to the room. Basin Type B is recommended for this area.



### 830 ISOLATION ROOMS

#### Class S - Standard Pressure

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- 830 .1.00 Standard Pressure Rooms are for patients who require contact or droplet isolation. A standard room with normal air-conditioning is appropriate.
- 830 .2.00 Recommended elements for Class S Isolation Rooms are as follows:
- A staff handbasin within the room
  - An Ensuite Bathroom
  - A self-closing door.
- 830 .3.00 A pan sanitiser located near the room is an optional element for Class S Isolation Rooms.

#### Class N - Negative Pressure

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- 830 .4.00 Negative Pressure Rooms are for patients who require airborne droplet nuclei isolation. The aim of placing persons in Negative Pressure rooms is to reduce transmission of disease via the airborne route.
- 830 .5.00 For elements and inclusions for Class N Negative Pressure Rooms refer to Department of Human Services Isolation Room Guidelines.

#### Class P - Positive Pressure

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- 830 .6.00 For elements and inclusions for Class P Positive Pressure Rooms refer to Department of Human Services Isolation Room Guidelines.

#### Class A - Alternating Pressure

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- 830 .7.00 Rooms with reversible airflow mechanisms, which enable the room to have either negative or positive pressure shall not be used.

#### Number of Isolation Rooms

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- 830 .8.00 A minimum of 20 % of the total bed complement in Inpatient Accommodation Units (across the whole facility) used for overnight stay shall be provided as Single Bedrooms (Type S).
- 830 .9.00 All HPUs providing inpatient overnight accommodation shall provide at least one 'Class S - Standard' Isolation Room.

All facilities at Level Four and above shall provide at least one 'Class N - Negative Pressure' Isolation room per 100 overnight beds. Additional 'Class N - Negative Pressure' Isolation Rooms may be required to meet service profile and model of care for the HPU and the facility.

The provision of 'Class P - Positive Pressure' Isolation Rooms are only required to meet the requirements of the service profile and the model of care for the HPU and the facility.

#### Operating/ Procedures Rooms

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- 830 .10.00 When bronchoscopy is performed on persons who are known or suspected of having pulmonary tuberculosis, the Operating/ Procedures Room shall meet the Negative Pressure Isolation Room ventilation requirements.

### 860 PHYSICAL ENVIRONMENT

#### Planning

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- 860 .1.00 The design of the premises is fundamental to infection control and implementation of 'Standard' and 'Additional' precautions. All new or renovated Health Care Facilities should incorporate in their design and layout the physical requirements that are essential for an infection control strategy.
- 860 .2.00 The room/ ward size should be limited.
- 860 .3.00 The design of the premises should consider the movement of people and equipment in ways that minimise the risk of transmission of infection.

#### Air-Conditioning

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- 860 .4.00 Hospital air-conditioning systems should be monitored regularly and serviced by accredited service technicians. Maintenance schedules should be documented.
- 860 .5.00 Air-conditioning or ventilation systems in critical areas such as Operating Rooms, Birthing Rooms, Tuberculosis isolation rooms, Burns Units, Intensive Care Units, Emergency Units, as well as in special treatment or procedural areas, should provide high quality air at all times. Where the Sterile Supply / Service Unit is attached to Operating Rooms, ventilation should be provided by a treated air supply and air-conditioning should comply with Part E of these Guidelines. Air-conditioning in separate Sterile Supply / Service Units should comply with the relevant Australian Standards particularly AS 4187.
- 860 .6.00 Where there is a risk of airborne transmission of pathogenic micro-organisms, there should be a sufficient number of single rooms (at least one per 100 Beds) with adequately filtered air-conditioning which should have external exhaust systems. No recirculation of air should be permitted. For tuberculosis isolation and treatment rooms, negative pressure ventilation should be made available, in accordance with nationally endorsed guidelines, and State and Territory tuberculosis guidelines. A minimum of twelve air changes per hour (ACH) are advised, including at least two outside air changes per hour, plus good air circulation within the room.

#### Cleaning Areas

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- 860 .7.00 Separate and clearly defined operating and cleaning areas are required to maintain adequate barriers for infection control. Delineation of these areas facilitates easy identification of surfaces that should be cleaned and disinfected between patients. Both areas should have adequate lighting, good ventilation to reduce the risk of cross-infection from aerosols, bins for the disposal of hazardous waste and smooth impervious surfaces without crevices.
- 860 .8.00 The cleaning area should be divided into a contaminated section and a clean section.
- 860 .9.00 The contaminated section shall comply with AS4187 and include:
- Adequate bench space for dismantling and working on equipment
  - At least one deep sink or trough (stainless Steel) for manual cleaning of instruments and other equipment

## Part D - Infection Control

- Cleaning and disinfecting materials
- Cleaning and disinfecting equipment including brushes
- Steriliser
- Mechanical disinfectant / washer.

Cleaning sinks must be located separately to clinical hand washing basins to avoid risk of contamination and must be used only for decontamination of equipment and instruments. Where filters are fitted to taps in place of anti-splash devices, they should be cleaned regularly. In office practices where there are no surgical or dental procedures being carried out, for example, in acupuncture clinics, a stainless steel or smooth hard plastic bowl dedicated to use in the cleaning and decontamination of instruments and devices, may be used as an alternative to a sink for cleaning.

- 860 .10.00 The processing area should be carefully defined and protected from all vapours, splashing or aerosols produced during operating, hand-washing, equipment washing, disinfection and ultrasonic cleaning. The area should have adequate storage space and be used only for the storage of effectively covered or packaged cleaned, disinfected and/or sterilized instruments and equipment.

### Work Flows

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- 860 .11.00 Staff eating and recreation areas must be separate from work areas and patient treatment areas.

#### Floors

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- 880 .1.00 Treatment Areas should not be carpeted. Vinyl is to be located under all hand wash basins. The flooring should be easily cleaned and in good repair.
- 880 .2.00 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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- 880 .3.00 Wall bases in Kitchens and all clinical 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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- 880 .4.00 Other than special treatments included as feature face work in public or staff relaxation areas, wall finishes in clinical areas shall be scrubbable with smooth surfaces, and in the immediate vicinity of plumbing fixtures, shall be smooth and water-resistant.

#### Ceilings

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- 880 .5.00 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.
- 880 .6.00 In food preparation and other areas where dust fallout would present a potential problem such as clinical areas, supply and storage areas and sterile stock storage, there shall be a finished ceiling that covers all conduits, piping, duct work and open construction systems.
- 880 .7.00 Ceilings in Operating and Birthing Rooms, Isolation Rooms, Nurseries, Sterile Processing Rooms, Bone Marrow Transplant Units and Oncology Units 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 and flush fitting and sealed to prevent dust ingress.
- 880 .8.00 Acoustic and/or lay-in ceilings shall not be used where particulate matter may interfere with infection control.

#### Gaps

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- 880 .9.00 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.
- 880 .10.00 In the 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 walls
  - Between fixtures attached to floors and walls.

880 .11.00 Floor and wall construction, finishes and trims in dietary and food preparation areas shall be free of spaces that can harbour rodents and insects. Details to comply with the relevant Public Health regulations.

880 .12.00 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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880 .13.00 Regular routine cleaning of the Health Care Facilities premises 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.

880 .14.00 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.

880 .15.00 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.

880 .16.00 All surfaces in high risk clinical areas, including the Operating Unit, Intensive Care Unit, Obstetrics Unit and Neonatal Special Care Nurseries, should be smooth and impervious.

### 900 CONSTRUCTION & RENOVATION

#### Planning

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- 900 .1.00 Infection control precautions during construction should be integrated into the design and documented from the beginning of the design stage. It is important that the dust and infection control principals 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.

#### Risk Management

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- 900 .2.00 A formal approach to risk management must be part of all building and renovation activities. Risk management should include specific assessment of infection control risks.
- 900 .3.00 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.
- 900 .4.00 Airborne sampling may be part of a 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.
- 900 .5.00 The risk profile should 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, sprayed on fire retardants and bird droppings).

#### Construction

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- 900 .6.00 Current construction practices can impact on patient well being by the dissemination of bacteria and fungi that can cause health care associated infections.
- 900 .7.00 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.
- 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 OH&S 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.

### Construction

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- 900 .9.00 Negative pressurisation of the construction zone is recommended to maintain correct airflow direction. The exhaust/extraction systems specified in the contract documentation must be constantly monitored and maintained to ensure no failures occur. These inspections should be documented and reported on.
- 900 .10.00 If HEPA filtration is required a person must be nominated as the responsible person for that duty. The filters should have differential pressure monitoring with alarms. Spare filter elements must be kept on hand. These inspections should be documented and reported on.
- 900 .11.00 Routine inspections of barriers should be conducted by the hospitals nominated representative from the contractor. These inspections should be documented and reported on.
- 900 .12.00 Routine air sampling should be employed by the hospital to monitor the effectiveness of the barriers, pressurisation and housekeeping procedures. The routine air sampling should be documented and reported on.
- 900 .13.00 A high level of site cleanliness is essential. It is recommended that tools with efficient dust extraction systems connected to HEPA filters are to be used. Tasks such as sanding plasterboard present a high level of potential risk: therefore it is recommended that mechanical sanding should be used. Demolition and jack hammering of concrete should be undertaken with a filter unit in close proximity.
- 900 .14.00 HEPA vacuuming, not sweeping, should be used to clean up. Conventional vacuum cleaners disseminate huge quantities of dust and fungal spores and should not be used.
- 900 .15.00 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.
- 900 .16.00 All inspections should be documented including a non-conformance system for defaults complete with a corrective and preventative action loop.

### Air Sampling Methodology

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- 900 .17.00 There are two distinct sampling methodologies for the detection of viable airborne fungal spores. These are high air volume sampling and low air volume sampling. Sampling for viable fungal spores in Australia almost universally is via low air volume sampling. Low volume sampling is used to measure high spore concentrations. High volume sampling is used to measure low spore concentrations
- 900 .18.00 Along with airborne sampling, routine surface sampling should be used. A combination of settle plates and surface swabbing can be employed to augment airborne sampling. Airborne sampling has limitations due to the burst nature of fungi and the transience of bacilli.
- 900 .19.00 It is important to have a clear idea of 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.

### 910 VERIFICATION

#### General

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- 910 .1.00 All infection control measures described in this section are required to be capable of verification by inspection. There must be no barriers in place to prevent the checking and validating the measures described.



## Part D - Infection Control

### COMPLIANCE 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: \_\_\_\_\_

