Construction Management and Infection Control



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Objectives for Infection Control during Construction in Healthcare Facilities

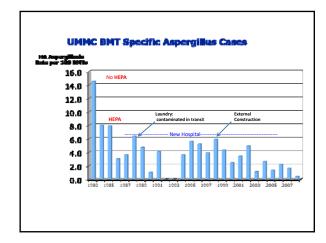
- •Respectful of patients
- Control aerosols
- •Maintain a clean environment
- Prevent water damage
- •Respond to emergencies
- Provide documentation
- •Be trained & communicate

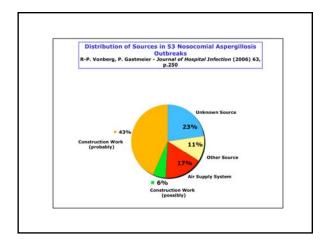
Levels of Risk

- Healthy person
 Chronic obstructive pulmonary disease
- Diabetes
- Steroids
- Cancer solid tumor
- HIV infection-end stage of spectrum
- Organ transplant

 Kidney/heart

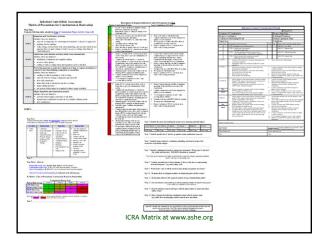
 Lung/liver
- Malignancy leukemia/lymphoma Bone marrow transplant (BMT) allograft Greatest Risk

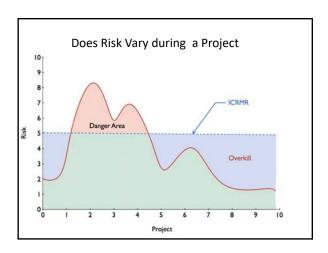


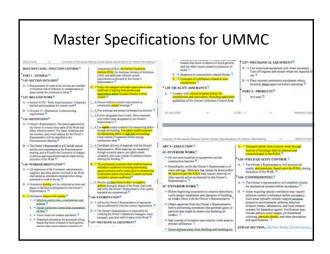


Nosocomial Aspergillosis Prevention Measures

- Minimize non-emergent infections patient admissions during heavy construction.
- Locate high-risk patients as far away as possible from construction/demolition.
- Seal off patient care areas with impermeable barriers.
- Keep doors and windows closed.
- Verify HEPA filtration and air exchange rates.
- Assure proper air pressure relationships:
 - Positive pressure in patient protective environment
- Negative pressure in adjoining construction areas
 Provide treatment in patient's room when possible:
 - If patient transport is necessary, schedule for periods of minimal construction activity
 - Use appropriate patient face masks when transporting through potential contamination
- Wet-clean wards thoroughly without raising dust.
- Surveillance of infections in high-risk patients should be regularly performed.







- ALL BALANCING REPORTS WILL BE MADE AVAILABLE TO UMMC INFECTION CONTROL PERSONNEL ON REQUEST. SUBMIT THESE REPORTS DIRECTLY AFTER BEING REVIEWED BY THE ENGINEER OF RECORD.
- SOBMIT INTEREST REPORTS DIRECTLE AFTER BRIND REVIEWED BY FIRE FRAMER OF RECOVER.

 ALL CONTRACTORS AND SUBCONTRACTORS SHALL FOLLOW THE FUMCH INFECTION CONTROL RISK ASSESSMENT

 (BICA) AND AGUIDELINES THROUGHOUT THE CONSTRUCTION PROCESS. ALL CONTRACTED WORKERS MUST

 RECEIVE INFORMATION/TRAINING ON INFECTION CONTROL RISKS AND PRACTICES PRIOR TO STRATING ANY ON
- SHE WORK.

 ALL WORK OUTSIDE THE PROTECTED PROJECT BOUNDARIES ABOVE EXISTING CEILING SHALL BE COMPLETED WITH CEILING REPLACED IN THE SAME DAY UNLESS FULLY COORDINATED THROUGH INFECTION CONTROL. CEILING TILES WITH VISIBLE WATER DAMAGE SHALL BE SPRAYED TO DISINFECT AND ENCAPSULATE POTENTIAL MOLD PRIOR TO REMOVAL.
- CONTRACTOR TO INSTALL TEMPORARY BARRIERS FOR EACH PROJECT PHASE AND/OR AREA. THESE BARRIERS SHALL BE FULLY COORDINATED WITH JUMIC AND IN MOST CASES CONTAIN SOME FORM OF AIRLOCK VESTIBULE PRIOR TO ENTERING THE CONSTRUCTION AREA.
- NEGATIVE PRESSURIZATION AS THEY ENTER/EXIT THE CONSTRUCTION AREA. DAILY LOGS SHALL BE KEPT BY THE MECHANICAL CONTRACTOR TO INSURE CONSTANT PRESSURIZATION HAS BEEN MAINTAINED.
- MECHANICAL COUNTACTOR TO INDUCE CONSTITUTE PRESSURED TO PRESSURE OF THE METAL PROPERTY PROPERTY OF THE PROPERT
- REGATIVE RESUREZION SHALL BE MAINTAINED IN EACH CONSTRUCTION AREA. IF LOCATED ON AN
 EXTERIOR WALL, FANS SHOULD BE UTILIZED TO EXHAUST AIR DIRECTLY OUT A NEARBY WINDOW, TAKING
 PRECAUTIONS TO NOT INTERSERE WITH EXISTING BUILDING AIR INTAKES, PUBLIC AREA, ETC. IF NO EXTERIOR
 WALL IS AVAILABLE THEN NEGATIVE AIR MACHINES WITH INTERNAL FILTRATION SHALL BE PROVIDED AND
 CONNECTION TO THE NEARSET SHAULSTOR RETURN DUCT AVAILABLE (CONTACT ENGINEER TO VERIFY
 EXISTING DUCTWORK CAPACITY PRIOR TO CONNECTION).
- COORDINATE DEBRIS REMOVAL WITH UMMC. IF AN ACCEPTABLE EXIT PATH IS NOT AVAILABLE FROM THE PROJECT SITE THEN AFTER HOURS REMOVAL OF DEMOLISHED MATERIAL WILL BE PERFORMED. COVER ALL CARTS WITH SEALED COVERS TO MAINTAIN DUST CONTROL.





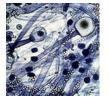


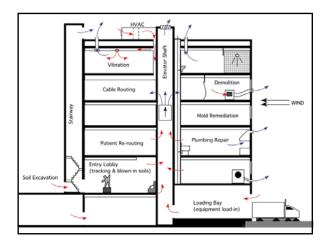
Aerodynamic spore

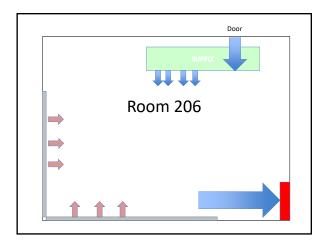
Aspergillus fumigatus prolific spore production

Changing fungal agents.

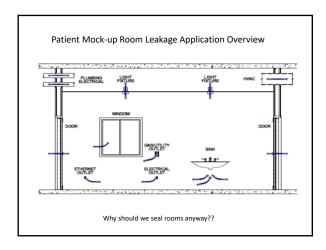
Mucor & Rhizopus can reproduce with mycelial fragments as well as with spores.











	Positive pressure areas (e.g., protective environments [PE])	Negative pressure areas (e.g., airborne infection isolation [AII]	
Pressure differentials	> +2.5 Pa§ (0.01" water gauge)	> -2.5 Pa (0.01" water gauge)	
Air changes per hour (ACH)	>12	≥12 (for renovation or new construction)	
Filtration efficiency	Supply: 99.97% @ 0.3 µm DOP¶ Return: none required**	Supply: 90% (dust spot test) Return: 99.97% @ 0.3 µm DOP¶ ⊥	
Room airflow direction	Out to the adjacent area	In to the room	
Clean-to-dirty airflow in room	Away from the patient (high-risk patient, immunosuppressed patient)	Towards the patient (airborne disease patient)	
Ideal pressure differential	>+8 Pa	> - 2.5 Pa	
 Material in this table was compiled f 	rom references 35 and 120. Table adapted from	and used with permission of the publisher of	
reference 35 (Lippincott Williams and Wilki § Pa is the abbreviation for Pascal, a m gauge. ¶ DOP is the abbreviation for dioctylp ** If the patient requires both PE and.	ns). etric unit of measurement for pressure based or	air velocity; 250 Pa equals 1.0 inch water	

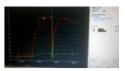


Finding leakage points in rooms helps assure consistent pressure management









A sealed room has two advantages:
-controlled sound movement
-ventilation control for infectious disease management

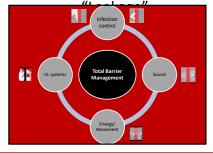
Room Seal Necessary for Special Ventilation Management

- Cracks can result in room air leakage.
- Supply air volume differential allows for airflow direction control.
- Low pressure differential can result in airflow reversal.
- Substantial room pressure design should provide a sealed "vessel".
- Design criteria are necessary for control.



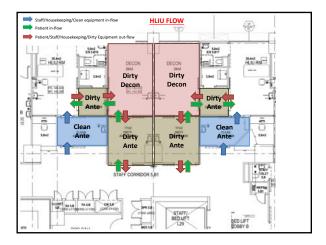


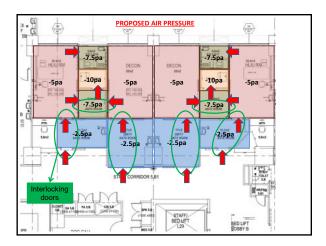
Case Study-Barrier Management

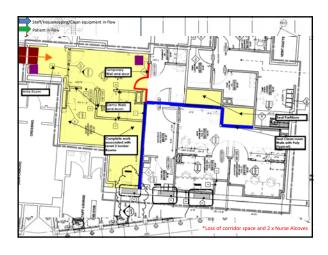


Total Barrier Management practices increase build integrity beyond UL systems with additional secondary attributes

DISCLOSURE HILTI SPONSORED STUDY













PRECAUTIONS DURING CONSTRUCTION

INDOOR PROJECTS (RENOVATION)

OUTDOOR PROJECTS (NEW)

Barrier management
Water damage
Demolition precautions
Dust migration and control
Debris and material transport
Access routes to work area
Outages (electrical and plumbing)
Portable filter usage
Noise and vibration
Sanitation and break areas
Commissioning air & water
munication
Emergency response
Water damage reporting
Changing work phases

ICRA precautions during occupancy

Water Quality
Stagnant water flushing
Testing water requirements
Punch list
Critical sinks drinking water

Employee training

Dust control
Noise and vibration
Pest control
Building material storage
Water damage management
Sanitation and break areas
Tie in building issues
Commissioning-air & water
Shell spaced-build out

Communication
Emergency response
Water damage reporting
Material crane location

Changing ICRA precautions pre occupancy

Water Quality
Stagnant water flushing
Testing water requirements
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Critical sinks drinking water

Minifece II HEPA Air Filtration Sys

- replaces.

 Due to differing work environments, the need to clean und/or change the pre-fiber and HEPA fi-will be determined by the frienms and/or employees involved with the operation.

This procedure is paid for by as part of the project for the mechanical contactor to properly maintain the portable filters during the interface of a tie in project.



Control Airborne-Projects

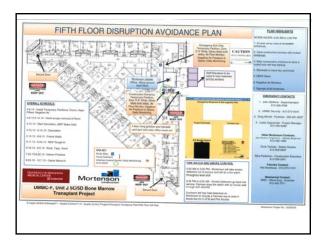
- Pressure management
 - Barrier airflow control
 - > 0.01"wg (>2.5 Pascals) - Ideal (btwn 5 - 8 Pascals)
- Transport
 - Personnel and materials
 - Track dirt
- · Water damage protocols
 - Water resistant materials
 - Early detection
- Training
 - Supervisors and workers
 - Area tenants

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Routine cleaning helps maintain aerosol control necessary for safe patient care during construction.

HOW SHOULD A HOSPITAL MANAGE MOLD?

Managing aerosol presents challenges for construction in hospitals.



New York City Guidelines for levels of mold management and PPE requirements

Level	Area type	Example	PPE requirements
1	Small isolated areas, 10 sq.ft. or less	Ceiling tiles,small areas on walls	N95 respirator, gloves, eye protection
2	Midsize isolated areas, 10-30 sq.ft.	Individual wallboard panels	N95 respirator, gloves, eye protection
3	Large isolated areas, 30-100 sq.ft.	Several wallboard panels	N95 respirator, gloves, eye protection
4	Extensive contamination, greater than 100 contiguous sq.ft. in an area	Faulty building designs, improper building material installation, condensation from high humidity environments, buildings affected by natural disaster	Full-face respirator with HEPA cartridges for mold, disposable protective clothing covering head, hands, and shoes

Portable containment on BMT unit





Portable HEPA unit





PORTABLE FILTERS CAN BE FUN?1?!!

Employee training & understanding important to avoid exposure to airborne opportunistic microbes.

HOW NOT TO USE THE PORTABLE HEPA MACHINE



Criteria for Portable Filter Certification

- •Policies and Procedures for usage
 - -discharge of air modes

outside, inside adjacent & recirculate in room

- $\bullet \hbox{portable filters should be routinely evaluated} \\$
 - -volume output should be determined

Q=VA

- -leak check for filter
- 16 locations over output area
- -criteria for filter change

pressure differential or volume of filter output

-maintenance

storage, pre filter change & cleaning

