

IP02

Preventing Infection Associated with the Built Environment

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1.0 Policy Statement (Purpose / Objectives of the policy)

The prevention of health care associated infection arising from the demolition, ground preparation, and movement of soil, building or maintenance of building stock is an essential role of Estates, Hotel Services, Facilities and Infection Prevention Teams. Pathogens spread through dust, ground or sewer excavation range from the common, such as MRSA and *Clostridioides difficile* to rare and opportunistic infections of the immunocompromised, potentially resulting in severe harm or death. Most of these infections occur through inhalation of fungal spores but contact with broken skin or mucous membranes has also been described as a risk factor.

The two principle means of preventing the spread of these spores is either via mechanical ventilation e.g. HEPA filtration in higher risk areas or most importantly through environmental controls as all patients will be exposed to the outside environment at some point during their hospital visit.

Therefore, effective communication is necessary at all stages of building and maintenance work in order that all projects are appropriately risk assessed in relation to the work being undertaken and the patients and clinical and other areas affected by the work to ensure the highest standard of patient safety.

Compliance with this policy forms a key part of the Trust's compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.

The objectives of this policy are:

- 1.1 To ensure a risk assessment is undertaken for bespoke and routine Estates maintenance works across the organisation.
- 1.2 To ensure that the risk assessment is reviewed at regular intervals, as indicated in [Appendix 1](#), with infection prevention and project managers to ensure continued compliance and highlight any further risks.
- 1.3 For robust project management of infection prevention issues in relation to demolitions, excavations, new builds and refurbishments.
- 1.4 To adequately investigate any infections which are suspected to have arisen from Estates or development work across the organisation.
- 1.5 To ensure building work adjacent to or in close proximity to the Trust sites are discussed with local authority in relation to probable risk to the safety of patients.

NB Cleaning of the environment is explained in the Cleaning Strategy and Operational Cleaning Policy and is therefore not covered in this policy.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

2.1 Immunocompromised: the state in which the immune system's ability to cope with infection is reduced

2.2 Pathogen: disease causing agent e.g. bacteria, virus or mould

2.3 Spore: a metabolically inactive form of bacterial or fungal cells that are highly resistant to routine methods of decontamination. They may remain viable for many years but in favourable environmental conditions they can germinate and produce disease in susceptible hosts.

3.0 Accountabilities

3.1 Head of Nursing Corporate Support Services/Senior Matron – Infection Prevention

3.1.1 Provide a named Infection Prevention Team representative for all Development projects and large Estates projects on notification of the works for onwards consultation, site visits, project meetings and review.

3.1.2 Timely completion of risk assessments and inspections so as not to delay works.

3.1.3 Agreeing the educational content of induction and other educational materials to support this policy.

3.1.4 Final review of the environment following the domestic clean.

3.1.5 Alert surrounding areas considered at risk of necessary actions to limit dust/spores from entering their areas.

3.1.6 Undertake at least monthly site visits and audit actions arising from risk assessment.

3.2 Head of Capital Delivery

3.2.1 To provide the Infection Prevention Team with details of the Capital Plan and provide tracker updates as required following CRG.

3.2.2 To provide the Infection Prevention Team with details of any new projects not listed on the Capital Plan, as they are approved and provide updates as required following CRG. Any new projects will be picked up in the Tracker monthly updates

3.2.3 Ensure Infection Prevention and Control Team are informed of planned projects in a timely manner and invited to discuss the proposal on a project-by-project basis.

3.2.4 If informed, communicate details of planning applications received for nearby/adjacent projects to the Trust sites to the Infection Prevention Team via email as soon as possible.

3.2.5 To provide assurance that all Estates Development project managers are informed of this policy and rigorously follow it.

3.2.6 To ensure all building contractors have sufficient information in their induction processes relating to the infection risk as associated with dust and ground disturbance.

3.3 Head of Estates Development

3.3.1 To provide the Infection Prevention Team with the Capital Plan each year on completion and provide tracker updates as required following CRG.

3.3.2 To provide the Infection Prevention Team with any new projects not listed on the Capital Plan as they are approved and provide updates as required following CRG. Any new projects will be picked up in the Tracker monthly updates.

3.3.3 To communicate all known planning applications received for nearby/adjacent projects to the Trust sites to the Infection Prevention team via email

3.3.4 Estates Development must obtain a sign off for all projects from Infection Prevention Team at design and commissioning stage.

3.3.5 Inform infection prevention of any derogations than may effect infection prevention and control

3.3.6 Must risk assess all works of type B1, B2, C1 or C2 as outlined in [Appendix 1](#) and follow the actions outlined.

3.3.7 Must communicate any works of B3, C3, D1, D2, D3 to the Infection Prevention Team as early as possible prior to commencement.

3.3.8 To ensure Capital representation on the Estates Safety Groups in particular Water Safety Group (WSG) and Ventilation Safety Group (VSG)

3.3.9 To provide assurance that all Estates Development project managers are informed of this policy and rigorously follow it.

3.3.10 To ensure all building contractors have sufficient information in their induction processes relating to the infection risk associated with dust and ground disturbance.

3.4 Estates Managers

3.4.1 Must Inform the Infection Prevention Team immediately if urgent works have been undertaken and the actions in the risk assessment have not been able to be carried out or have not occurred for another reason. This will involve contacting the on-call Microbiologist out of hours for advice if the patient environment is significantly damaged/ contaminated, for example.

A revised risk assessment and Datix incident report will be required at the earliest opportunity to evaluate further risk and identify actions required to maintain safety.

3.4.2 Major sewerage leak/flood in inpatient area where patient may have contact or need to be evacuated.

3.4.3 Building/ceiling collapse (uncontrolled building dust).

3.4.4 Facilitate site visits as required by Infection Prevention Team members.

3.5 Estates Development Project Managers

3.5.1 Include a member of the Infection Prevention Team in project planning meetings from the outset.

3.5.2 Must ensure that actions arising from the risk assessment are discussed with the named Infection Prevention Lead prior to the works proceeding for practicality and likelihood of delivery. Where this is not possible, undertaking a separate risk assessment explaining how the risk will be reduced.

3.6 Group Managers

3.6.1 Must discuss any potential business cases for renovation / excavation / demolition / building and change of use with a member of the Infection Prevention Team during the business planning process.

3.7 All clinical staff

3.7.1 Must maintain a high degree of suspicion of fungal infections in immunocompromised patients whilst excavation, demolition and building works are underway and in the period following the completion of such works.

3.7.2 Must follow any specific instructions provided by the Infection Prevention Team to limit spores/dust arising from building/demolition works in their area.

3.7.3 Must discuss clinically unwell patients where fungal infections are suspected promptly with a Microbiologist and must complete a Datix entry to identify potential harm

3.7.4 Must alert the Infection Prevention Team or a Microbiologist to any patients who have suspected or proven fungal infections potentially linked to building works.

4.0 Policy Detail

4.1 Work arising from Estates maintenance

Estate maintenance works may be repetitive, with short notice and out of hours. They can, however, still pose a risk to vulnerable patient groups.

4.1.1 The risk assessment in [Appendix 1](#) must be applied to all jobs assessed as Class 2 or above. This will be undertaken using agreed, generic risk assessments wherever possible.

4.1.2 The Infection Prevention Team will agree standard approaches to high frequency jobs to prevent delays.

4.1.3 For jobs assessed as class 3 on the risk assessment [Appendix 1](#), an Infection Prevention Team member must be consulted before the job wherever possible and retrospectively sign the job off if undertaken urgently out of hours.

4.2 Trust developments of the built environment

The Infection Prevention Team must be communicated with at all stages of the design, demolition, excavation or renovation of the physical area. This applies to projects internal and external to builds and includes all Trust sites e.g. hospitals, health centres and dental surgeries. This will be done through the following:

4.2.1 Business Case Process for proposed Development Works to the estate.

Where proposals include renovation/demolition/excavation/change of use that an Infection Prevention Nurse is linked to all clinical areas to the Trust and must be contacted as part of the outline business case

An Infection Prevention Nurse is linked to all clinical areas of the Trust and must be contacted as part of the outline business planning process.

4.2.2 Project design brief stage of planned renovation / demolition / excavation / building

Consultation with the Infection Prevention Nurse commences as and when initial sketch plans are developed, Infection Prevention must be contacted at this stage to advise on specific issues arising from any design proposals.

4.2.3 Following Capital Review Group approval to the project works

4.2.3.1 The identified project lead, Estates Project Manager (developments) or Estates Manager must complete the risk assessment in [Appendix 1](#) and formally inform the Infection Prevention Team as per Health Building Note 00-99.

4.2.3.2 Where any suggested actions cannot be carried out due to practicality then an additional risk assessment using the Trust's standard risk assessment must be completed outlining alternative ways to address the risk. Any deviations from this must be documented on the original risk assessment.

4.2.3.3 Following receipt of the completed risk assessment ([Appendix 1](#)), the Infection Prevention Team will complete part A of the standard checklist completed by the representative. This checklist can also be used as a prompt by other members of the Divisions/Departments/Estates Development/Estates Management. see [Appendix 2](#)

4.2.4 Construction stage

4.2.4.1 During construction an Infection Prevention Team representative will undertake a minimum of a monthly site visit to audit the actions agreed in the risk assessment and address any previously raised concerns. These will be facilitated by the Project Manager for the scheme.

4.2.4.2 Any unaddressed concerns will be notified to the Head of Estates/Estates Development as appropriate.

4.2.4.3 Should a construction scheme significantly change from the agreed plan, Infection Prevention team must be informed.

4.2.5 Commissioning stage

A suitable member of the Infection Prevention Team will attend the final site visit to identify any final snags, discuss decommissioning of previous facility (if appropriate) and inspect final fixtures and fittings. (See [Appendix 2](#) part C). This must be done with sufficient time for a repeat clean should any issues require addressing.

4.3 Clinical Actions

Clinical areas identified as high risk or at risk of contamination with building dust or spores generated from ground works must strictly observe the following.

NB Several of these actions may instigate further risk assessment if for prolonged periods and these must be coordinated by the local area.

4.3.1 Example actions advised by the Infection Prevention Team for the duration of the works may include some or all the below. This list is not exhaustive:

4.3.1.1 Closure of windows

4.3.1.2 Discontinuation of use of fans

4.3.1.3 Replacement of filters

4.3.1.4 Additional cleaning

4.3.1.5 Change in cleaning methods

4.3.1.6 Move to single use porous items such as gauze, tape and bandages.

4.3.1.7 Reducing thoroughfare of staff/vehicles

4.3.1.8 Use of HEPA filtered vacuum cleaners

4.3.1.9 Sealing air intakes

4.3.1.10 Increased change of filters

4.3.1.11 Changing access to avoid building waste being taken through patient areas

4.3.1.12 Limit removal of building waste materials to agreed timescales and ensure adequately enclosed to limit dust distribution.

4.3.1.13 Reducing access to areas affected by building works.

4.3.1.14 Delay/divert admissions to the area

4.3.2. Identify specific patients at risk and assess the necessity of their treatment in the area near to the works.

4.3.3 Discuss with Microbiologists any necessary changes in fungal prophylaxis protocols.

4.3.4 Discuss patients suspected to have fungal infections with a Microbiologist without delay.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

Completed

7.0 Maintenance

The Infection Prevention Team will be responsible for the maintenance and review of this Policy in accordance with national guideline and best practice at least every three years.

8.0 Communication and Training

8.1 Training in this Policy will be provided by the Infection Prevention Team to Estates staff as required to ensure relevant current staff members are aware of the policy and new staff members receive the information on induction.

8.2 Changes to the Policy will be notified via Developments, Estates and Infection Prevention Governance meetings.

8.3 The Policy will be available on the Trust Intranet.

8.4 Infection Prevention Nurses and practitioners will have the processes outlined in this policy as part of their competency assessment and local induction.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Each project will be audited monthly based on the recommendations of the risk assessment	Senior Matron Infection Prevention	RWT Environment Group standard agenda item. Infection Prevention Team Meetings Infection Prevention Surveillance Meetings	Monthly during works	Infection Prevention and Control Group (IPCG)
Each project will be monitored for exception or deviation from the risk assessment by the Project Manager	Head of Estates / Head of Developments	RWT Environment Group standard agenda item.	Monthly during works	Infection Prevention and Control Group (IPCG)

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.

Department of Health; 2013; Health Building Note 00-09 Infection control in the built environment; DH; London

Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance Updated 2011; London

[RWT OP10 Risk Management and patient safety reporting policy](#)

Part A - Document Control

Policy number and Policy version: IP02 4.0	Policy Title Preventing Infection Associated with the Built Environment	Status: Final		Author: Senior Matron, Infection Director Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1	06/10/14	Vanessa Whatley, Head of Nursing – Infection Prevention	Replaces Estates Standard Operating Procedure and Risk assessment
	2	October 2018	Vanessa Whatley, Head of Nursing – Infection Prevention	Review
	3	30/04/2021	Sue Harper Senior IPN	Policy review as 3 years since last revision
	3.1	October 2021	Sue Harper Senior IPN	Minor updates to Implementation Plan
4	August 2024	Emma Spooner Matron	Policy review as 3 years since last revision	
Intended Recipients: Estates and Developments teams are required to refer to this policy when planning refurbishment and building projects				
Consultation Group / Role Titles and Date: Date: August 2024 Infection Prevention Team and Consultant Microbiologists, Infection Prevention and Control Group members (IPCG)				
Name and date of Trust level group where reviewed		Reviewed by IPCG August 2024 Trust Policy Group – November 2024		
Name and date of final approval committee		Trust Management Committee – November 2024		
Date of Policy issue		December 2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		Standard frequency of 3 yearly unless new Health regulation guidance needs to be reflected in policy.		

<p>Training and Dissemination: Policy currently present within Infection Prevention policies on RWT intranet. Training for the policy is coordinated by Estates and Developments teams and within development role for IPNs who undertake risk assessments.</p>	
<p>Publishing Requirements: Can this document be published on the Trust's public page:</p> <p>Yes</p> <p>If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.</p>	
<p>To be read in conjunction with:</p>	
<p>Initial Equality Impact Assessment (all policies): Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904</p>	
<p>Monitoring arrangements and Committee</p>	<p>Infection Prevention & Control Group IPCG</p>
<p>Document summary/key issues covered. Content reviewed from existing policy and minor modifications included concerning sharing project plans between Estates and IP teams. Policy includes a risk assessment to be completed where building work and refurbishment takes place within RWT. Risk assessment directs the level of precautionary measures required to limit exposure to dust generated by building works depending upon the vulnerability of the patient group within an area.</p>	
<p>Key words for intranet searching purposes</p>	<p>Built Environment</p>

Appendix 1

INFECTION PREVENTION RISK ASSESSMENT FOR CONSTRUCTION, DEMOLITION, EXCAVATION, REFURBISHMENT, MAINTENANCE AND MINOR WORKS

Location of Construction / Works:	Project/Works Start Date:
	Estimated Duration:
Description of Works: RWT works / External Works in close proximity to site (if so alert Public Health)	
Project Co-ordinator:	Ext:
Principal Designer:	Ext:
Building Manager	Ext:

SECTION 1

CONSTRUCTION, DEMOLITION, EXCAVATION OR REFURBISHMENT

	TYPE A: Inspection, non-invasive activity
	TYPE B: Small scale, short duration, minimal dust generating activity
	TYPE C: Activity that generates moderate to high levels of dust, requires greater than one week of non-consecutive shifts for completion
	TYPE D: Major duration and construction activities requiring consecutive work shifts

SECTION 2

INFECTION CONTROL RISK OF AREA

	GROUP 1: Lowest
	GROUP 2: Medium
	GROUP 3: Highest

TABLE 1

Group 1 Lowest	Group 2 Medium	Group 3 Highest
- Non-patient areas that are not in proximity to any clinical or non-clinical high risk areas	- All other areas e.g. general wards and clean/treatment room and food preparation area	- Cardiology - All operating suites - All cardiac catheterisation and angiography areas - Dialysis and transport units - Oncology/Radiotherapy - Clinical Haematology Unit - Pharmacy Clean Room - Radiopharmacy Clean Room - Pathology Laboratory - CCU, HDU and SCBU/NNU - CSSD - Respiratory centre - Paediatric department - Areas adjacent to any of the above or near to air intakes for any of the above

SECTION 3

Now identify the “risk class” by correlating “construction type” with “risk group” (from 1 and 2 above) in the matrix below.

RISK ASSESSMENT MATRIX

Construction activity type				
Risk Group	Type A	Type B	Type C	Type D
Group 1	Class 1	Class 2	Class 2	Class 3
Group 2	Class 1	Class 2	Class 3	Class 3
Group 3	Class 2	Class 3	Class 3	Class 4

SECTION 4

After identifying the risk class from Section 3 above, identify which of the risk-reduction measures are appropriate from those recommended for that class. Obtain agreement with infection prevention lead for the project.

Class 1	1. Execute work by methods to minimise dust from construction 2. Immediately replace any ceiling tile displaced for visual inspection Review monthly
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Class 2	<ol style="list-style-type: none"> 1. Close windows 2. Where appropriate, isolate HVAC (heating, ventilating, and air conditioning) system in areas where work is being performed 3. Provide active means to prevent airborne dust from dispersing into atmosphere if practicable, i.e. dust bag to machine 4. Water-mist work surfaces to control dust while cutting 5. Avoid pooling of water which may be prolonged 6. Seal unused doors with duct-tape 7. Block off and seal air-vents 8. Wipe work surfaces with detergent 9. Contain construction waste before transport in tightly covered containers 10. Wet –mop and vacuum with filtered vacuum cleaner before leaving work area 11. Place dust-attracting mat at entrance and exit of work area (tacky mat) 12. Remove isolation of HVAC system 13. Liaise with Domestic Services for spillages and leaks <p>Review every 2 weeks</p>
Class 3	<ol style="list-style-type: none"> 1. Close windows 2. Where appropriate, isolate HVAC system in area where work is being done to prevent contamination of duct system 3. Complete all critical barriers and implement dust control methods before construction begins 4. Maintain negative air pressure within work site. Use HEPA (high efficiency particulate air) – equipped air filtration unit if there be a risk that air will enter building 5. Do not remove barriers from work area until complete project is clinically clean 6. Vacuum with filtered vacuum cleaner during works 7. Wet-mop area during works 8. Remove barrier material carefully to minimise spreading of dust and debris associated with construction 9. Contain construction waste before transport in tightly covered containers 10. Remove isolation of HVAC system in areas where work has been done and appropriate checks performed 11. Liaise with Domestic Services for spillages and leaks <p>Review weekly</p>
Class 4	<ol style="list-style-type: none"> 1. Close windows 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system 3. Complete all critical barriers and implement dust control methods before construction begins 4. Maintain negative air pressure within work site using HEPA-equipped air filtration unit 5. Seal holes, pipes, conduits and punctures appropriately 6. Construct airlock and require all personnel to remove dirty apparel and clean down before leaving the work site. The use of cloth/paper disposable overall/shoes, etc., may be required 7. Do not remove barriers from work area until completed project is thoroughly cleaned (as before) and repeat clinical clean after barrier removed 8. Vacuum work area with detergent during works 9. Remove barrier materials carefully to minimise spreading of dust and debris associated with construction 10. Contain construction waste before transport in tightly covered and sealed containers 11. Remove isolation of HVAC system in areas where work has been done and appropriate checks performed 12. Liaise with Domestic Services for spillages and leaks <p>Review weekly</p>

SECTION 5

FORWARD TO INFECTION PREVENTION TEAM

Requested By (Estates Project /Building Manager):	Authorised By (Infection Prevention Nurse):
Date:	Date:

SECTION 6

INFECTION PREVENTION TEAM TO COMPLETE

Date Received by Infection Prevention Team	Action to be taken and review dates	Link to other Files/Documents/Risk Assessments including RAMS	Signature

Authorised:

Date:

SECTION 7

Please return completed form to Project Co-ordinator/Building Manager, Directorate of Estate Management

Name:	Position:	Date received:	Signature:
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Appendix 2 Checklist for use by infection Prevention Staff risk assessing developments

	Point for consideration Part A (concept/feasibility stage)	Comment	Completed (signature)
A1	The effect the number of additional beds will have on current policy and practice including domestic services, catering, sterile services		
A2	Arrangements have been made for any additional cleaning		
A3	Any specialist IP/laboratory requirements		
A4	Location and relationships with adjacent departments, any impact on these (cleaning, access, equipment sharing etc.)		
A5	Decontamination facilities required in addition to sluice and domestic room		
A6	Impact of proposed design on water system/ventilation		
A7	Work/Bed space area proposed is sufficient		
A7	Specific patient group considerations		
A8	Future maintenance requirements, how will area be deep cleaned, nearest decant facility,		

	Point for consideration Part B (through planning stages)	Issue	Completed (signature)
B1	Confirm operational procedures (patient group/any exclusions)	Potential for cross infection	
B2	Establish baseline and future staffing profiles	Decontamination	
B3	Establish baseline and future revenue budgets (equipment replacement/maintenance)	Decontamination	
B4	Establish Equipment (& decontamination) requirements	Decontamination	
B5	Procurement and selection of furnishings (in line with trust agreed furnishings?) and equipment	Decontamination	
B6	Missing rooms/facilities (number of isolation rooms appropriate & en-suite has been discussed)	Decontamination/isolation	
B7	Appropriate placing/accessing hand hygiene products	Hand Hygiene	
B8	Single bed room/Ventilation examined	Isolation	
B9	Water supply heating and plumbing	Water borne infections	
B10	Hand washing sinks comply to HBN 04-01 (for community see	Water borne infections	

	also HBN 00-03)		
B11	Storage for: PPE Movable equipment (including hoists,/Pat slides) Clean patient items Clean linen Sterile services (IV fluids/sterile equipment) Commodes Bedpans Healthcare waste Specimen collection	Potential for contamination	
B12	Surfaces walls/ceilings/work surfaces/floor coverings/furnishings intact and impervious to fluids.	Decontamination/Potential for contamination	
B13	Utility rooms/sluite/Hotel services room (with decontamination sink /janitorial unit and/or separate hand wash basin)	Decontamination	
B14	Changing rooms/staff toilet facilities and hand hygiene	Decontamination	
B15	Water/Plumbing risk assessment has been undertaken as per RWT Water safety plan	Water safety	

B16	Actions identified in risk assessment in part A are being followed.	Potential for Contamination	
B17	Light fittings are easy to clean and unlikely to accumulate dust	Potential for Contamination	
B18	Radiators are accessible and cleanable and designed to accumulate minimum amounts of dust. Covers are removable to aid cleaning	Potential for contamination	
B19	Curtains/blinds will withstand cleaning and laundering.	Decontamination/Potential for contamination	
B20	Arrangements are in place for the segregation of waste/used linen storage and minimal handling prior to leaving the ward	Potential for Contamination	
	Point for consideration Part C (commissioning build/refurbishment)	Comment	Completed (signature)
C1	IP Training requirements are completed/planned		
C2	Hand gels/Soap dispensers/Hand cream/Paper towel holders/and toilet paper dispensers are appropriately placed		
C3	Waste bins/glove *& apron dispensers and sharps bins are placed correctly		

C4	Water safety RA actions are in place		
C5	Surfaces are smooth and impermeable to liquids		
C6	Environment is visibly clean dust free		
C7	HPV clean is completed		
C8	Specific cleaning requirements have been addressed		
C9	Specific Decontamination requirements have been addressed		
C10	Specific ventilation details are available for inspection and training arranged		
C11	Decommissioning of redundant area is planned		
C12	Date agreed for occupancy: Date _____		

Appendix 3 Relevant Building Publications to Infection Prevention Services

Health Building Notes

Health Building Note 04-01 Adult inpatient accommodation

Health Building Note 00-02 Sanitary Spaces

Health Building Note 00-03 Clinical, clinical support and specialist spaces

Health Building Note 00-10 Part A flooring

Health Building Note 00-10 Part B Walls and Ceilings

Health Building Note 00-10 Part C Sanitary assemblies

Health building Note 00-04 Supplement 1 Isolation facilities for infection patient sin acute settings

Health Building Note 04-02 Critical Care Areas

Health Building Note 15-01 Accident and Emergency Departments

Health Building Note 11-01 Facilities for primary and community care areas

Health Technical Memoranda

Health Technical Memorandum 02-01 Part A. Medical gas pipeline systems: design, installation, validation and verification.

Health Technical Memorandum 02-01 Part B Medical gas pipeline systems: operational management.

Health Technical Memorandum 03-01 Part A. Specialised ventilation for healthcare premises: design and validation.

Health Technical Memorandum 03-01 Part B. Specialised ventilation for healthcare premises: operational management.

Health Technical Memorandum 04-01 Part A. The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems: design, installation and testing.

Health Technical Memorandum 04-01 Part B. The control of Legionella, hygiene, “safe” hot water, cold water and drinking water systems: operational management.

Health Technical Memorandum 04-01. Addendum: Pseudomonas aeruginosa – advice for augmented care units.

Health Technical Memorandum 07-01. Safe management of healthcare waste.

Health Technical Memorandum 08-03. Bed head services.

Health Technical Memorandum 2009. Pneumatic air tube transport systems.