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HSE West, Mid-Western Regional Hospitals, Limerick, Guideline for the Infection
Prevention & Control of Nosocomial Invasive Aspergillosis during Construction /
Renovation Activities, MGIP&C 09/10 Revision No 02, 09/12   Page 2 of 16
1.0 GUIDELINE STATEMENT
1.1 All reasonable precautions necessary will be taken to minimize the risk of transmission of invasive Aspergillosis during construction, demolition or renovation projects.

2.0 PURPOSE
2.1 The aim of the guideline is to reduce the risk of invasive Aspergillosis in at risk patients by minimizing dust generated during construction activity and prevent dust infiltration into adjacent patient care areas.
2.2 To ensure that levels of Aspergillus are monitored closely during all construction, demolition or renovation projects that are considered likely to incur Aspergillus risk.
2.3 To ensure that staff are aware of the precautions necessary to reduce the risk of Aspergillus infection.

3.0 SCOPE
3.1 This guideline applies to all staff working in the Mid-Western Regional Hospitals.

4.0 LEGISLATION/OTHER RELATED POLICIES

5.0 GLOSSARY OF TERMS / ABBREVIATIONS AND DEFINITIONS
5.1 Aspergilli are tiny fungi that cannot be seen by the eye but commonly occur in soil, water and decaying vegetation. Aspergilli can live in old buildings and areas such as ventilation shafts.

6.0 ROLES AND RESPONSIBILITIES
6.1 The Hospital Chief Executive Officer/Manager has overall responsibility for the health / safety of patients, staff and visitors (NDSC Guideline 2002).
6.2 Hospital Management should ensure recommendations, guidelines; procedures are implemented as outlined by Infection Prevention & Control (NDSC, Guideline 2002).
6.3 The Infection Prevention & Control Committee should ensure that a guideline/policy is in place outlining the necessary action for the prevention of invasive Aspergillosis.
6.4 It is the responsibility of all staff to ensure that they are aware of, and follow the guidelines.
6.5 It is the responsibility of managers to provide/facilitate staff awareness of the guideline.

6.6 **Infection Prevention & Control Services**: The Infection Prevention & Control team should educate relevant Health Care Staff, Project Managers, Technical Services, Contractors, Design Teams and Health and Safety Supervisors, Cleaning Attendant Staff Supervisors on preventative measures to control and reduce the risk of invasive Aspergillosis. Recommendations/preventative measures to prevent and control invasive Aspergillosis by Infection Prevention & Control should be implemented by relevant parties. (NDSC Guideline 2002)

6.7 **Aspergillus Committee Chairperson**: It is the responsibility of the chairperson of the Aspergillus Committee on the advice of the Infection Prevention & Control Committee in consultation with the Project Team to stop the construction project if Aspergillus counts are $\geq 10$ cfu/m$^3$ (Dr Fenelon (Chair) National Scientific Advisory Committee (Aspergillus)) or if there is a significant breach in the preventative measures. The Chairperson of the Infection Prevention & Control Aspergillus Committee should ensure that clinicians are aware of invasive Aspergillosis transmission to at risk patients under their care during construction/renovation activities. Clinicians should be aware of a high index of suspicion of invasive Aspergillosis during construction/renovation. Clinical expertise in the area of diagnosis and management should be readily available. Once a clinical suspicion exists appropriate investigations should be performed.

6.8 **Technical Services**: It is the responsibility of the Technical Services Department to consult with Infection Prevention & Control in advance (with adequate notice) on all minor or major construction or renovation activities and a risk assessment carried out. It is the responsibility of the Technical Services Manager / Supervisor to ensure Technical Staff attend training and education and attendance recorded.
It is the responsibility of the Project Managers to ensure Contractors, and Health & Safety Supervisors attend education and training, and attendance recorded.
The Project Manager/Contractors/Technical Services should ensure information is given to the construction workers and its significance understood in order to aid with compliance.
The Technical Services Manager / Supervisor should be aware of the risks posed by construction activity to at risk patients.
Technical services should monitor implementation of preventative practices and maintain records relating to fixed plant precautions and maintenance of Aspergillus protection systems.
The Technical Services Manager / Supervisor should ensure that portable air handling units (AHU) are readily available for installation in specific area / areas if required $>5$cfu/m$^3$.
It is the responsibility of the Technical Services Manager / Supervisors to ensure that the ventilation system/air filtration system is meticulously maintained before and during construction and recording of same.
It is the responsibility of Technical Services / Architect to ensure that the Clerk of works/or responsible person monitors and audits the Infection Prevention & Control preventative measures as outlined in the construction permit and reports same to Technical Services (if applicable).
Pedestrian traffic should be deterred away from the construction site.
6.9 General Service Manager / Cleaning / Housekeeping: General Services Manager / Cleaning Supervisors should attend training and ensure information is given to the Cleaning Attendants and its significance understood in order to aid with compliance. The General Services Manager should ensure the following is implemented i.e. hepa filtered vacuum cleaners, appropriately maintained to minimise dust dispersal. Regular changes of filters and record / log of changes. Twice daily cleaning of areas recommended by Infection Prevention & Control. 
Enhanced cleaning (thorough) of high risk areas and corridors as outlined by Infection Control. It is the responsibility of the General Services Manager to ensure Cleaning Attendant Supervisors and relevant Cleaning Attendants attend education and training, and attendance recorded. It is the responsibility of the General Services Manager to ensure Cleaning Attendant Supervisors monitor and audit cleaning standards on a regular basis and maintain documentation of cleaning procedures/audit. The General Services Manager should ensure cleaning recommendations by Infection Prevention & Control are implemented. Provide evidence of schedules, audits and change of current practice if not in line with best practice. It is the responsibility of the General Services Manager to ensure horizontal blinds are scheduled to be cleaned on a regular basis, sticky mats to be cleaned or changed daily and more often if required, outside door entrances and doors of high-risk areas.

6.10 Nurse Managers: Nurse Managers should ensure patients are not at risk of Invasive Aspergillosis by reporting evidence of dust (in relation to building) to General Services and Infection Prevention & Control.

6.11 Laboratory Services: It is the responsibility of the Microbiology Department (by agreement) to provide results and trends of Aspergillus counts.

7.0 GUIDELINE

7.1 Introduction: Host immunity plays a major role in determining who may be at risk of developing invasive Aspergillosis. When a patient with normal immunity is exposed to Aspergillus spp., macrophages kill the conidia while neutrophils are a defence against the mycelia. When the host is immunocompromised, an increased likelihood of invasion of tissue by Aspergillus spp can occur. The major risk factor for invasive Aspergillosis is prolonged and severe neutropenia, both disease- and therapy-induced. The duration of neutropenia is an independent risk factor for the development of invasive fungal infections. Bone-marrow transplant
recipients are the population at highest risk. However, other immunosuppressive conditions have frequently been reported as risk factors for construction related nosocomial fungal infections: graft versus host disease requiring treatment, prolonged neutropenia following cytotoxic chemotherapy, prolonged use of antibiotics and steroid therapy. The majority of the outbreaks reported related to contaminating of the hospital air as a result of the dust and dirt raised during construction, demolition or renovation projects within or adjacent to the health care facility.

Specific construction/maintenance activities included:
- general construction and renovation work,
- disturbance of soil resulting from earth works associated with building construction and site development,
- removal of suspended ceiling tiles,
  (i) removal of fibrous insulation material
  (ii) opening up of service distribution shafts.
Aspergillus outbreaks have also been associated with improper operation and poor maintenance of sophisticated air ventilation systems. Furthermore, any dust generating activities such as maintaining the ventilation system, cleaning, vacuuming and dry mopping can render Aspergillus spp. airborne.

Air samples should be reserved on a regular basis at least 4 times annually.

Two air samples should be taken (week apart) before construction and renovation activity commences and thereafter from designated areas of the hospital according to Infection Prevention & Control recommendations. Non specialist staff should be trained on the air sampling procedure. Samples should be reserved using an SAS air sampler and colony counts reviewed by the Infection Prevention & Control Team.

Significant increases in colony counts should be investigated and actions taken on the advise of the Consultant Microbiologist / Infection Prevention & Control Team in liaison with the Infection Prevention & Control Committee.

At risk patients should be identified and monitored for signs of Aspergillus infection.

*The Infection Prevention & Control team should be informed of any suspect cases or diagnosed Aspergillus infection to enable follow up and identification of the possible source.*

### 7.2 The Environmental Control Measures and Protective Measures for At-Risk Patients

The environmental control measures implemented will depend on
- Classification of at risk patients i.e. group 1, 2, 3, 4
- Proximity of the at risk patients to the site, based on the results of the risk assessment
- The type of construction/renovation being undertaken in the hospital i.e. types A, B, C

Preventative measures are recommended according to classification i.e. class I, II, III.
7.2.1 Categories Of At Risk Patients
At Risk patients of relevance are categorised as follows: (full details NDSC guideline)

7.2.2 Group 1 – No Evidence Of Risk
Staff and patients not listed below.

Patient Risk Reduction:
None required.

7.2.3 Group 2 – Increased Risk
Patients at increased risk (Group 2) are usually dispersed throughout the hospital and therefore physical protection may be impractical. Patients on prolonged courses of high dose steroids particularly those hospitalised for prolonged periods. Severely immunosuppressed AIDS patients. Patients undergoing mechanical ventilation. Patients having chemotherapy who are not neutropenic. Dialysis patients.

Patient Risk Reduction:
Move patients away from construction area where possible.
If not possible, erect an impermeable dust barrier around construction area and increase cleaning and damp dusting in patient area.

7.2.4 Group 3 – High Risk
Neutropenia for less than 14 days following chemotherapy. Adult acute lymphoblastic leukaemia (ALL) on high dose steroid therapy. Solid organ transplantation. Chronic Granulomatous Disease of Childhood (CGDC). Neonates in intensive care units (ICU).

Patient Risk Reduction:
Move patients away from construction area. Erect an impermeable dust barrier around construction area and increase cleaning and damp dusting in patient area. All windows and doors and air intake and exhaust vents should be sealed in areas of the hospital containing high risk (group 3-4 patients) if the works are likely to result in Aspergillus - contaminated air entering these areas. Infection Prevention & Control will advise on location/frequencies of air sampling, enhanced cleaning and hygiene dust audits.

7.2.5 Group 4 – Very High Risk
1. Allogeneic bone marrow transplantation
   (i) During the neutropenic period
   (ii) With graft versus host disease
2. Autologous bone marrow transplantation, i.e. during the neutropenic period
3. Peripheral stem cell transplantation, i.e. during the neutropenic period
4. Non-myeloablative transplantation
5. Children with severe combined immuno-deficiency syndrome (SCIDS)
6. Prolonged neutropenia for greater than 14 days following chemotherapy or immunosuppressive therapy
7. Aplastic anaemia patients
Patient Risk Reduction:
Patients at very high risk (Group 4) should receive maximum protection irrespective of the type/size of the building programme. All very high-risk patients should be nursed in HEPA filtered positive pressure rooms during the neutropenic period. If they are subsequently transferred to a ward the windows should be sealed and suitable air quality provided.

7.3 **Categories of Construction and Renovation Activity**
A number of measures may be implemented during building works depending on the scale of the project and the proximity of the project to at risk patients. For the purposes of the risk assessment, the project can be categorized as follows:

7.3.1 **Type A Minor Internal Containable Activities – Class I Measures**
Minimal Dust
Activities such as inspection, non-invasive small scale operations that create minimal dust. These include but are not limited to:
- Removal of ceiling tiles for inspection purposes
- Painting (no sanding)
- Wall covering
- Electrical trim work
- Minor plumbing
- Other maintenance activities that do not generate dust or require cutting walls or access to ceilings other than visible inspection

7.3.2 **Type B Major internal containable activities – class II measures**
Moderate Amount of Dust
Any work that generates a moderate level of dust, demolition or that requires removal of any fixed components such as counter tops, cupboards, sinks.
- Sanding of walls for painting, removal of floor covering.
- Removal of ceiling tiles, stud work and above ceiling work electrical that cannot be completed within a single work shift. New wall construction, minor duct work.
- Extensive plumbing or cabling work etc.
- Demolition or removal of a complete cable system or plumbing and new construction, within more than 1 shift.

7.3.3 **Type C Minor external non containable activities – class III measures**
External construction work that generates moderate levels of dust such as digging trial pits and minor foundations, trenching and landscaping.
Minor construction and demolition work.

7.3.4 **Type D Major external non containable activities – class III measures**
External activities that generate large levels of dust such as major soil excavation, demolition of buildings and any other construction not covered under type c.

7.3.5 **Type A (Class I) – Preventative Measures For Minor Internal Containable Construction Activities**
Dust Control
Immediately replace ceiling tiles displaced for visual inspection.
Carry out work in a manner that minimizes dust generation.
Provide active means to minimize dust generation and migration into the atmosphere.
Cleaning
Wet mop and vacuum area as needed and on completion of work. Wipe horizontal surfaces/vertical with hot detergent and water. Increase cleaning in consultation with Infection Prevention & Control if deemed necessary. Ensure construction zone remains sealed.

Infection Control
Approval to be given in collaboration with cleaners and technical services to ensure that the construction zone remains sealed and that the cleaning is adequate at all times.

Patient Risk Reduction
Move at risk category 2-4 patients away from construction zone. If not possible i.e. ICU patients, erect an impermeable dust barrier around construction area. Minimise dust and increase cleaning and damp dusting in patient area.

7.3.6 Type B (Class II & Class III) – Preventative Measures For Major Internal Containable And All External Non Containable Construction Activities
In addition to class I measures outlined above the following measures should be implemented.

Ventilation of construction zone
All windows, doors, vents etc. that are potential sources of air leaks should be sealed in the construction area where possible. Maintain negative pressure within construction zone by using a portable extract fan. Ensure air is exhausted directly to the outside and away from intake vents or filtered through a HEPA filter before being re-circulated. Ensure ventilation system is functioning properly and is cleaned if contaminated by soil or dust after construction or renovation project is complete.

Dust Control
Execute work by methods to minimise dust generation from construction or renovation activities. Erect an impermeable dust barrier. Ensure windows and doors are sealed. A separate entrance away from patient traffic should be created for use by construction workers. Protective clothing should be worn by construction workers and removed when leaving the construction site. Dust barrier should not be removed until the project is complete.

Debris Removal And Cleaning
Debris should be transported directly to the outside, for example, through window openings, external chute. Cover all debris, damping may be required in some instances before transportation for disposal. Vacuum work area with HEPA filtered vacuums daily or more frequently if required.

Infection Prevention & Control
As for Class I
Patient Risk Reduction
Move all patients away from the construction area.
If possible move at risk patients (group 2-4) who are adjacent or near the construction area.
All windows and doors and air intake and exhaust vents should be sealed in areas of the hospital containing high risk (group 3-4) if the works are likely to result in Aspergillus-contaminated air entering these areas.
Very high risk patients (Group 4) should be treated in HEPA – filtered, positive pressure rooms.

Traffic Control
Construction workers should avoid patient care areas. Staff, visitors and clean sterile suppliers equipment should be directed away from construction area.

7.3.7 Type C&D (Class III) – Preventative Measures For All External Non-Containable Construction Activities
In addition to class 1 and 11 outlined above, the following measures should also be implemented.

Ensure no increased dust within the hospital, increased cleaning may be necessary.
All windows, doors, air intake and exhaust vents should be sealed in areas of the hospital containing patients who are classified as high risk, if the construction or Aspergillus-contaminated air entering these areas.
Very high-risk patients (Group 4) should be treated in HEPA-filtered, positive pressure rooms.

7.3.8 Guidelines for Cleaning and Housekeeping During Building Works
Areas directly outside the construction area should be damp dusted and vacuumed at least twice daily to ensure the area is kept clean and dust free.

All areas of the hospital should be damp dusted and kept dust free.

Adjacent areas and areas where high risk patients are housed should be vacuumed with Hepa filters attached daily.

Filters are inspected and replaced as necessary based on manufacturer’s instructions.

7.3.9 Education of Staff
All health care workers should be educated on the risks of invasive Aspergillosis in the at risk groups and the Infection Prevention & Control guidelines to reduce its occurrence.

Technical Services Manager/Project Manager/Construction Manager should be educated on basic principles of Aspergillus preventative measures and their significance, and ensure staff compliance, in the hospital setting.

General Services Manager/Supervisors/Cleaning Attendant Staff should be educated on the basic principles of Aspergillus spore contamination and the role of cleaning measures to prevent environmental contamination.
8.0 IMPLEMENTATION PLAN

8.1 This guideline will be implemented by Technical Services Management, General Services Management, Nursing Support Services Management, Heads of Discipline, Heads of Departments, Infection and Prevention Control Team in the Mid-Western Regional Hospitals.

8.2 It is the responsibility of Heads of Discipline and Heads of Departments to ensure that this guideline is available/brought to the attention of staff who report to them in their areas of responsibility.

8.3 Staff have a responsibility to read this guideline and sign the Signature Sheet (Refer to Appendices).

8.4 The Infection Prevention and Control Team will provide education and training sessions to relevant staff as part of the implementation process of this guideline.

8.5 The receipt sheet should be returned to the infection Prevention and Control secretary.

8.6 The Infection Prevention & Control team will be responsible for maintaining guideline receipt sheets from all Wards/Departments. It is the responsibility of Heads of Disciplines and Heads of Departments to maintain records locally.

9.0 REVISION AND AUDIT.

9.1 The Guideline will be reviewed by the Infection Prevention and Control Team and updated as necessary and at least every 2 years.

9.2 An audit will be undertaken within one year of issue.
10.0 REFERENCES

HSE West, Mid-Western Regional Hospitals, Limerick (2010) Handhygiene Policy

HSE West Mid-Western Regional Hospitals Limerick (2010) Policy on Healthcare Risk Waste and its Segregation & Disposal within the HSE Mid West Area


National Disease Surveillance Centre (NDSC) 2009 Infection Prevention & Control Building Guidelines for Acute Hospitals in Ireland www.hpsc.ie

11.0 APPENDICES

APPENDIX I Signature Sheet:

I have read, understand and agree to adhere to the attached Guideline

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