



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Procedure for Prevention of
Nosocomial Invasive Aspergillosis
during construction of the
Radiotherapy Unit, MWRH**

Procedure No. 210

	Print Name	Title	Date
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INTRODUCTION

Certain types of construction activities can result in increased incidence of invasive aspergillosis among immunosuppressed patients. Because of the high mortality rate associated with invasive aspergillosis in these patients, it is essential to minimise these risks. While construction activities are taking place it is necessary that immunosuppressed patients be protected over that period.

The purpose of this document is to outline the procedures to be followed to prevent Nosocomial Invasive Aspergillus during construction works at the Mid-Western Regional Hospital.

Scope

Each hospital, which provides service to high-risk patients, should have procedures and policies in place to ensure that all relevant personnel are aware of the risks of invasive aspergillosis in these patients and the preventative measures required to minimise that risk; and should develop and adopt risk management and infection control policies in this regard that are regularly monitored for compliance and effectiveness.

Responsibility

It is the responsibility of all those listed below to ensure the prevention of Nosocomial Invasive Aspergillus during construction works at the Radiotherapy Unit in the Mid-Western Regional Hospital.

PROCEDURE

Responsibilities:

1.0 Hospital Management

1.2 It is the responsibility of the Health Service Executive, Mid-Western Area to ensure the Health / Safety of patients, staff and visitors (NSDC Guideline).

1.3 It is the responsibility of the Health Service Executive, Mid-Western Area to ensure recommendations, guidelines, procedures are implemented as outlined by Infection Control (NDSC Guideline 2002).

2.0 Infection Control Services

2.1 It is the responsibility of the Infection Control team to educate relevant Health Care Staff, Project Managers, Technical Services, Contractors, Design Teams and Health and Safety Supervisors on the risks of Invasive Aspergillosis and steps that should be taken to reduce this risk.

2.2 It is the responsibility of the Infection Control Team to monitor Aspergillus levels and report to the Infection Control Committee or the Infection Control Aspergillus Sub-Committee.

2.3 It is the responsibility of the Infection Control to audit the building project according to the construction permit.

2.4 It is the responsibility of the Infection Control Team to update this guideline according to best practice.

3.0 Laboratory Services

3.1 It is the responsibility of the Microbiology Department to provide results and trends of Aspergillus counts (by agreement).

4.0 Chairperson

4.1 It is the responsibility of the chairperson on the advice of the Infection Control Committee in consultation with the Project Team to stop the construction project if Aspergillus counts are ≥ 10 CFU m/3 (Dr. Fenelon, Chair, National Scientific Advisory Committee Aspergillus) or if there is a significant breach in the preventive measures.

4.2 It is the responsibility of the Chairperson of the Infection Control Aspergillus Sub-Committee to ensure that clinicians with at risk patients under their care are aware of the additional risk that occurs during construction / renovation activities, that a high index of suspicion is maintained and clinical expertise in the area of diagnosis and management is readily available. Once a clinical suspicion exists appropriate investigations can be performed.

5.0 General Service Manager / Cleaning / Housekeeping

It is the responsibility of the General Services Manager to ensure the following is implemented, Hepa filtered vacuum cleaners, appropriately maintained to minimise dust dispersal. There should be a regular change of filters and record / log of changes.

Twice daily cleaning of the following areas (at least) or deemed necessary:

- **Oncology Day Unit**
- **Ward 4B**
- **Renal Unit**
- **Paediatric Unit (Sunshine, Rainbow, Caterpillar, Butterfly)**
- **I.C.U.**
- **Theatre**

5.1 S.S.D. (Separate schedule)

5.2 Enhanced Cleaning (thorough) of low risk areas and corridors.

5.3 It is the responsibility of the General Services Manager to ensure Supervisors and relevant Cleaning Attendants attend education and training, and attendance recorded.

5.4 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 / audits.

5.5 It is the responsibility of the General Services Manager to ensure cleaning recommendations by Infection Control (and changes made if current practice is not inline with best practice) are implemented. There should be evidence of schedules and audits of cleaning standards.

5.6 It is the responsibility of the General Services Manager to ensure horizontal blinds are free from dust / visible soiling and scheduled to be cleaned on a regular basis (until replaced). Disposable sticky mats should be replaced at least daily and more frequently when visibly soiled, outside entrance doors and high risk areas.

6.0 Technical Services

6.1 It is the responsibility of Technical Services Officer / Supervisor to be aware of the risks posed by construction activity to at risk patients. Technical Services should monitor the implementation of preventative practices and maintain records relating to fixed plant precautions and maintenance of Aspergillus protection systems.

6.2 It is the responsibility of Technical Services Officer / Supervisor to liaise with Infection Control and advise of any deviation to agreed plans for approval by Infection Control.

6.3 It is the responsibility of the Technical Services Officer / Supervisor to ensure the ventilation system is meticulously maintained before and during construction and recording of same.

6.4 It is the responsibility of the Technical Services Officer / Supervisor that portable AHU are readily available for installation for Ward 4B if required > 5CFU/m³.

6.5 It is the responsibility of the Technical Services Officer / Supervisor to ensure Technical Services Staff attend training and education and attendance recorded.

7.0 Nurse Managers

It is the responsibility of Nurse Managers to ensure patients are not at risk of Invasive Aspergillosis by reporting evidence of dust (in relation to building) to General Services and Infection Control.

8.0 Project Team

8.1 It is the responsibility of the MWRH Liaison Person to issue the permit of work to the Contractor for signature.

8.2 It is the responsibility of the Architect to require the Clerk of Works to inspect the Infection Control preventative measures to ascertain that they are being implemented by the main Contractor as outlined in the Construction Permit, and to issue reports of his inspections to the Architect and to the Liaison Person in the MWRH.

8.3 It is the responsibility of the Project Manager to ensure that Senior Management of the Contracting Companies attend education and training in relation to Aspergillus risks and to record attendance.

8.4 It is the responsibility of the Contractors to ensure information regarding aspergillus risks is given to the construction workers and its significance understood in order to aid with compliance.

The above recommendations will be reviewed and changes made if necessary.