Interior Health
INFECTION PREVENTION & CONTROL

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Healthcare Facilities Recommissioning Guidance

Purpose

Interior Health (IH) Infection Prevention and Control (IPAC) developed this document for use by Infection Control Professionals (ICPs), Environmental Health Officers (EHOs), Facilities Management & Operations (FMO), and Public-Private Partnership (P3) Operations. It includes information about post disaster management and includes a checklist of key elements/criteria to consider during healthcare facility recommissioning. IPAC requirements are integral to recommissioning healthcare facilities post disaster (flood, fire, etc.), and following site vacancies.

Additionally, IPAC must be engaged in the commissioning of temporary health service delivery areas and structures used during the disaster and the post-disaster periods. The *Post Disaster Infection Prevention and Control Checklist by Area,* located on page four, shall be used for recommissioning of all healthcare facilities.

Overview

Health services are an integral component of every community. In the event of a disaster availability of, and accessibility to health services becomes increasingly important to support first responders and/or those who have been impacted by the disaster.

IH Health Emergency Management System (HEM) organizational structure is based on the Incident Command System (ICS), which enables rapid integration and connectivity between sites, services, and external partners. It defines the roles and responsibilities of personnel and the operating procedures to be used in the management and direction of emergencies and disasters.

As experts in infection risk assessments, Infection Control Professionals (ICPs) assist with:

- Decisions regarding retaining/disposing or reprocessing of clean/sterile supplies, pharmaceuticals or food items in patient care areas
- Planning for adequate waste/medical waste management
- Assessment of the space for temporary relocation of departments
- All remediation/construction/renovation activities including design, preventive measures, inspections and post construction sign-off prior to occupancy

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tŝilhqot'in Nations where we live, learn, collaborate, and work together.

Best Practices

General Information for Infection Control Professionals (ICPs)

Once the decision is made to proceed with recovery and remediation, building and life safety inspections will be completed before any restoration work is initiated. Companies with expertise in remediation may be contracted to complete this work.

Site Assessment and Abatement

Before access is granted to the building, experts will complete a safety evaluation, including assessment of:

- Structural integrity
- Water leaks, standing water, and hidden moisture
- Electrical system damage, including high voltage, insulation, and power integrity
- Water distribution system damage, loss of water situation: refer to How to Use Water Safely in Acute Health Care Sites during a Boil Water Advisory
- Sewer system damage
- Fire emergency systems damage
- Air handling system damage
- Biomedical waste and sharps disposal system
- Hazardous chemicals and materials/radioactive storage and removal
- Hazardous infectious materials in laboratory

Water damage - consider the following remediation requirements:

- Remove water as soon as possible after the safety of the structure has been verified:
    - Pump out standing water
    - Wet vacuum residual wetness from floors, carpets, and hard surfaces. Note: Clean wet vacuums after use and allow to dry.
- Initiate preventative measures based on Infection Control Measures Permit. Determine if structural materials and equipment will be dry within 48 hours (moisture detection devices should be used).
- Before dehumidifiers are activated, move salvageable supplies and equipment out of the area. Consider hoarding if area cannot be contained.
- Discard porous items that remain wet after 48 hours and/or have visible mold growth or damage.
    - Wrap contaminated material with clean plastic sheeting or seal in an enclosed container for disposal as construction waste to minimize dispersion of mold spores.
- Clean and disinfect hard surfaces, equipment, and other cleanable, non-porous materials prior to removal from the impacted space.

Facility Infrastructure and Remediation Considerations

- Inspect, clean and disinfect, repair and/or replace HVAC system (motors, duct work, filters, insulation, chillers, and duct humidifiers). Consult experts for recommissioning of HVAC and other system components as needed.
- Treat, flush and test potable water systems (potable water supply, potable water distribution systems, and distilled, demineralized, steam and condensate).
- Treat and test steam sources (e.g. medical device reprocessing steam source).
- Inspect, repair and/or replace electrical system (wiring, lighting, paging and patient call systems, emergency generators, fire alarms, etc.).
- Inspect, repair and/or replace electronic communication systems (telephones, paging and patient call systems, computers, etc.).
- Inspect, repair and/or replace medical gas system.
- Inspect, repair and/or replace the OR Plume Scavenging System (PSS) (e.g., clean lines, verify position of intake, verify flow settings, filter replacement, and confirm that the PSS is performing to the manufacturer's specifications).
- Inspect and assess biological safety cabinets. Power failures may result in puff back through the HEPA filters into the cabinet openings/room, don PPE (N95), clean and disinfect.

General Inventory of Damaged Areas and Materials

Furniture

- Discard all porous furniture and materials that cannot be dried within 48 hours. Dispose of particle board furniture with visible mould growth, contamination.
- Follow incident command post guidance for assessment/cleaning/disposal of porous furniture in the case of fire/smoke damage.
- Clean and disinfect furniture with non-porous surfaces using IH provided products.

Supplies

- Consider event-related sterility when assessing supplies for disposal.
- Discard items if the integrity has been compromised due to exposure to extremes in temperature, humidity, water, or mould.
- An inventory list of discarded supplies may be required for insurance.
- Salvage undamaged, prepackaged supplies, clean and disinfect accordingly.
- Launder salvaged linens and curtains.
- Dry essential paper files and records. If contaminated, contact Health Information Management (HIM) and professional conservators if needed.

Electrical Medical Equipment

- Check motors, wiring, fans and insulation for damage.
- Inspect equipment for moisture damage.
- Clean and disinfect equipment following manufacturers' instructions.
- Consult Biomed to perform regular preventative maintenance prior to reuse.

All Structures

Inspect, repair, or replace wallboard, ceiling tiles, and flooring.
Repair, replace, and clean damaged structures.

Health Service Reactivation Considerations

IPAC, as part of the ICS, shall assist in determining the level and sequence of health services reactivation:

- Reactivation of facility may be required to occur prior to completion of all remediation, so safety and level of remediation will be assessed prior to returning a facility partially or fully back into service.
- Heating Ventilation Air Conditioning (HVAC) functionality and level of cleaning required.
- Availability of potable water.
- Support services can safely function and provide services.
- Some departments may still function in temporary locations, or contracted services may also be considered.

Prior to any reactivation of health care services, IPAC shall complete Post Disaster Infection Prevention and Control Checklist by Area to assess for:

Healthcare Facilities Recommissioning Checklist

- Potable water.
- Adequate sewage disposal.
- Adequate general waste and biomedical waste management.
- All areas have been thoroughly dried, repaired cleaned and disinfected.
- HVAC system fully functioning according to recommended standards, including airborne infection isolation rooms (AIIR).
- HEPA filters have been validated or replaced.

Post Reoccupation Surveillance

Review surveillance for patients who occupy spaces affected by the disaster for acquisition of healthcare-acquired infections.

Note: Additional building infrastructure improvement projects may be undertaken while the facility is vacant of healthcare workers and patients. For example: department upgrade projects, flooring projects, IT infrastructure cabling, etc. All construction/renovation projects must meet minimum design guidelines. The ICP is involved in these projects by assessing risk, determining appropriate preventative measures, participating in inspections, and signing off upon completion.

References

1. Construction-related nosocomial infections in patients in health care facilities: decreasing the risk of aspergillus, legionella and other infections [Electronic version]
2. CSA Group. 2317.13-17. *Infection control during construction, renovation, and maintenance of health care facilities*

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