Interior Health

STANDARD OPERATING PROCEDURE

RELOCATION PROCEDURE FOR PATIENT AND EQUIPMENT MOVES INTO A NEW FACILITY POST RENOVATION

Capital Planning & Projects

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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.

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Contents

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Purpose

Purpose:	To implement risk mitigation strategies to limit the amount of contaminants including, but not limited to, microorganisms, dust and debris that are inadvertently carried into the new facilities.
Scope:	• Includes ALL Interior Health Staff including professional staff, volunteers, support services, healthcare providers, and contracted services participating in the planning, service commencement, and move execution from the existing healthcare facilities in the Interior Health region into the new facilities. • Applies to the packaging, transportation and/or movement of medical devices, furnishings, equipment, supplies, and personal items from the existing health care facilities to the new facilities as well as between off-site areas (warehouses) and the new facilities.
Outcomes:	• To reduce the risk of health care associated infections (HAI) in the new facilities due to cross contamination from potential pathogenic organisms associated with construction, design, commissioning, and relocation.

Procedure

1. Equipment

- Transportation vehicles for equipment, supplies and patients
- Carts, bins, totes for supplies and equipment
- Packaging materials to protect equipment and supplies during transport
- Cleaning supplies
- Hand hygiene supplies

2. Procedure

2.1. General Pre-Service

2.1.1. Adherence to best infection prevention and control practices should be followed at all times.

- Evaluate the risk of transmitting microorganisms. Criteria may include the level of client traffic (e.g., in waiting rooms and elevators, on mobile equipment), the type of activity performed (e.g., clinical versus administrative), the type of clients (e.g., clients with an infectious disease or a compromised immune system), and the probability of being exposed to body fluid (e.g., in an operating room or laboratory).
- Point of care risk assessment will be completed prior to implementing cleaning and disinfection processes and will include:
  - The degree of exposure expected during an encounter

  - Actions, additional precautions, and equipment necessary to interact safely with the patient, equipment and supplies to be moved and the associated environment
- Hand hygiene facilities and opportunities will be readily accessible and available at point of use. Hand hygiene is the single most important procedure for preventing cross infection from cross contamination of potentially infectious microorganisms.
- Routine practice will be implemented at all times. It is recommended gloves be used when handling soiled items.
- Additional Personal Protective Equipment (PPE) required will be determined for each specific task in order to protect staff from blood or body fluid contamination, and reduce likelihood of contamination and transferring of microorganisms to other patients/residents/clients, staff, visitors, and the environment

2.1.2. Construction and design:

- Follow the Infection Control (IC) Plan throughout the design and construction phases. It outlines best practice to mitigate risk of health care associated infections from construction cross contamination.
- The IC plan is the ongoing resource and reference with regards to the design and construction phases. Site inspections and reviews are conducted as identified in the plan.

2.2. **Service Commencement**

To mitigate the potential risk of transporting contaminants and potentially harmful microorganisms from the existing health care facilities to the new health care facilities, a purge campaign will begin 6 months before relocation and will include the following key areas:

2.2.1. Receiving and storage

- Designated receiving and cleaning stations will be identified in the new facilities.
- Equipment, supplies, medical devices will be directed to the appropriate receiving and cleaning station (Equipment depot)
- Decanting from corrugated cardboard boxes will be conducted off site if possible.
- Decanting from corrugated cardboard boxes within the new facilities will be in designated spaces isolated from the storage and work areas.
- Bulk waste containers shall be isolated from storage and work areas. Waste management will be within P3 partner service requirements.
- Waste containers and recycling containers shall be emptied and cleaned in accordance with P3 service requirements.
- Equipment to be transported to and deployed within the new facilities will be designated and will be cleaned and disinfected prior to transport.

- All equipment received to new site will be cleaned prior to deployment into clinical areas.

2.2.2. Single use sterile supplies

- The sterility of the medical devices will reviewed and designated as intact in accordance with CSA standards.
- The sterility of sterile packages and peel pouches is event related. Sterility can be maintained almost indefinitely unless the integrity of the package is compromised.
    - Clean and sterile product packages will be inspected to establish the integrity of product sterility and package cleanliness
    - Sterile medical devices/supplies considered at risk of contamination will not be transported to the new facilities and will be discarded appropriately. This may include items that:
        - have been frequently handled, transported and/or stored inappropriately (high humidity, temperature),
        - have been stored in proximity to soiled/dirty supplies and/or environments.
        - show signs of damage such as puncture, moisture or soiling.
        - are noted to be wet or damp
    - Packaged sterile supplies that have been exposed to potentially contaminated environments must be able to be cleaned prior to storage and transportation to the new facilities.
    - Once inspected and reviewed, clean and sterile supplies will be transported to designated, appropriate storage areas in labelled, cleanable, enclosed or covered carts, bins, and totes, or plastic bags.
    - Single use sterile supplies stored in patient rooms/care areas should be considered at high risk for contamination and be discarded.

2.2.3. Reusable sterile/high level disinfected medical devices

- Medical Device Reprocessing (MDR) staff will be consulted to identify and reprocess critical or semi-critical reusable medical devices
- Contaminated or potentially compromised medical devices will be reprocessed as per risk stratification of medical devices (high level disinfection or sterilization).
- Reprocessing will be completed in MDRD at the new facilities to mitigate risk of contamination during transportation.

2.2.4. Clean supplies

- All supplies that are identified to be moved will be cleaned and disinfected
- All packaging is to be Inspected and identified as being able to be cleaned:
    - It is nonporous
    - It is able to withstand cleaning and disinfection with product that is used

- Any product and/or packaging that is found to be compromised and potentially contaminated will be discarded
- Wet or damp medical devices/supplies will be discarded appropriately if they cannot be cleaned and dried appropriately.

2.2.5. Equipment – biomed, environmental services, FMO, IMIT, Food services

- Equipment to be moved to the new facilities will be identified.
- Non-critical patient and medical equipment that is within the patient's environment and used between patients (e.g., imaging equipment, electronic monitoring equipment, commode chairs) requires cleaning and disinfection before it is moved and prior to installation in new facility.
- Routine practice recommends gloves are used for all cleaning and disinfection of medical device or IMIT equipment.
- The service that will be responsible for the cleaning and maintenance of the equipment will provide appropriate personnel and space to ensure equipment is cleaned by properly trained staff in an appropriate environment for the task.
- Equipment must be demonstrated to have had cleaning and maintenance as per manufacturer's recommendations within the last 12–16 months.
- Larger more complex equipment used in high-risk areas such as operating rooms, procedure rooms, and isolation rooms require surface and internal cleaning and disinfection as per the manufacturer's recommendations
    - Should disassembling and cleaning be necessary it will be completed by the appropriate service as per manufacturer's recommendations within the last 12-16 months.
- Equipment will be tagged and covered in a designated clean storage area to ensure it is protected from further microbial contamination and damage prior to moving.

2.2.6. Furniture

- All furniture to be moved to the new facilities will be inspected and meet IPAC recommendations prior to moving to the new facilities.
    - Vinyl is required for furnishings in high-risk areas such as:
        - patients/residents' areas (patient rooms, waiting rooms),
        - healthcare providers/workers interaction areas (nursing station, staff lounge, report area, conference rooms, offices within patient care areas)
- Fabric must be durable, cleanable, impermeable to water, stain resistant and made of a material that does not promote the growth of microorganisms.
- All furniture used in high-risk areas must be easily cleaned and able to withstand cleaning with institutional cleaning/disinfecting solutions.
- Furniture with high contamination risk finishes will not be transported to the new facilities. These will include:
    - Porous finishes, unsealed seams and pleats, crevices, etc.
    - Existing wood furniture that is suspected or determined to have its finish compromised. It will be assessed by FM&O prior to transfer and will be cleaned and disinfected.

- Worn, stained or torn finishes and/or upholstery
- Upholstered furniture and other cloth or soft furnishings that cannot be cleaned and disinfected will not be moved to care areas.
- All remaining furniture, equipment, supplies left in the original room identified for redeployment within Interior Health will be cleaned and disinfected in preparation for transport. All other items will be discarded as is appropriate.

2.2.7. Linen management

- Linen will not be moved from the old facilities to the new facilities.
- All linen for the new facilities will be received directly from contracted laundry facilities for Interior Health into a designated area for storage until delivery to designated areas in the new facilities.
- Contracted laundry facilities will ensure clean laundry is packaged, transported and stored in a manner that will ensure that cleanliness is not compromised.
- Within the new facilities, soiled linens will be managed in accordance with the P3 service requirements.

2.2.8. Waste management within the new facilities will be managed in accordance with the P3 service requirements.

2.2.9. Transportation

- All reusable equipment being transported from the existing sites must be cleaned and/or disinfected prior to moving and on arrival at new sites.
- Transportation vehicles will be cleaned routinely and more frequently if soiled.
- Opportunities for hand hygiene will be available in transport vehicles
- Transportation vehicles will be cleaned and disinfected after transporting soiled medical devices and before transporting clean or sterile supplies.
- Clean and sterile medical devices will be transported and stored separately from soiled.
- Clean medical devices and supplies will be transported in clean bins, totes, covers, etc. in clean transport vehicles

2.3. **Moving Patients**

2.3.1. General Moving

- A Point of Care Risk Assessment (PCRA) will be performed by the moving team, IPAC and health care providers to assess the level of risk regarding the presence of infectious disease. Assessment will include:
  - The degree of exposure to potentially infectious organisms that is likely during an encounter based on the assumption that all blood and certain body fluids (urine, feces, wound drainage, sputum) contain infectious organisms (bacteria, viruses or fungi).

  - Determination of the actions to mitigate risk of transmission of microorganisms knowing that implementing routine practices reduces the exposure (both volume and frequency) of blood and body fluids.
  - Determination of IPAC best practice to mitigate the risk of cross contamination and to consider recommendation of additional precautions as is appropriate.
- Routine practices will be implemented and maintained throughout the moving process by all staff, volunteers, moving teams, patients and visitors to prevent the transmission of potentially infectious disease.
- Prior to moving the patient from their room, the health care provider and the moving team will implement the following procedure:
  - Identify and communicate with receiving team at the new facility the patient's new facility destination (room).
  - Clean and disinfect all accessory equipment needed for safe transport prior to leaving the room.
  - Ask and assist the patient to change into clean clothing with personal belongings placed in a new, clean belongings bag.
  - Patient will perform or be assisted to perform hand hygiene prior to leaving the room.
  - Patient will be placed in a clean wheelchair or on a clean stretcher.
  - For patients who are very sick or bedridden and unable to be moved from the bed, then the bed should be cleaned and disinfected as much as possible before being moved (side rails, headboard, etc.).
- At the receiving site prior to moving into the inpatient room, the patient will be moved onto a clean bed and transport equipment will be changed to clean equipment at the new site.
- The transport bed and equipment will then be taken to the Equipment depot to be cleaned and disinfected prior to being redeployed
- Transport Equipment (e.g., stretchers, wheelchairs, walkers) used for more than one patient will be cleaned and disinfected immediately after use and when visibly soiled.

2.3.2. Moving Patients on Additional Precautions

- Patients on additional precautions (Contact, Droplet or Airborne) will be identified on each unit prior to moving and presented as having a potential infection, be colonized or have an infection with potential pathogenic organism, including antibiotic resistant organisms, easily transmitted to others or within their environment.
- Patients on a designated unit requiring transportation on additional precautions will be transferred last.
- A Point of Care Risk Assessment (PCRA) will be performed by the moving team, IPAC and health care providers to assess the level of risk regarding the presence of infectious disease.
- Best practice for managing risk fora patient on additional precaution includes implementing routine practices plus appropriate additional PPE, signage as well as the following process:
  - Prior to moving the patient, the moving team will predetermine the assigned room for the patient at new facility.

- Communicate with moving team as to what additional risk mitigation measures need to be in place during transport.
- Clean and disinfect all accessory equipment needed for safe transport prior to leaving the room.
- Ask and assist the patient to change into clean clothing with personal belongings placed in a new, clean belongings bag.
- Have and/or assist the patient to perform hand hygiene prior to leaving the room.
- Assist the patient into a clean wheelchair or onto a clean stretcher.
- If a patient is unable to be moved from the bed, then the bed will be cleaned and disinfected as much as possible including headboard, side rails, frame, etc. Linens will be changed prior to moving out of the room.
- All remaining furniture, equipment, supplies will be left in the original room, to be cleaned and disinfected.
- The moving team/company will Implement appropriate additional precautions during transportation of the patient and their equipment to the new facility
- The receiving team will ensure the assigned inpatient room has been equipped to manage the specific IPAC risk including signage (contact, droplet, airborne), appropriate PPE, ante room and appropriate air quality.
- At the receiving site move the patient onto a clean bed and exchange the accessory equipment to cleaned and disinfected pieces prior moving patient to the unit.
- The transport bed and equipment will then be taken to the Equipment depot to be cleaned and disinfected prior to being redeployed

3. Expectations for Evaluation

Lessons learned

4. Definitions

Additional precautions: The use of extra measures for contact with a patient, equipment, supplies and/or environment known to or suspected to be infected or contaminated with certain micro-organisms and based on the potential for transmission of the micro-organism.

Bioburden: The number and types of viable microorganisms that contaminate the device.

Biofilm: Is a layer of bacteria encased in an extra-cellular substance. Biofilm and its bacteria can be subsequently released when disrupted. Biofilm development can also protect bacteria from subsequent disinfection or sterilization.

Biomedical waste: Is waste generated within a health care environment that requires special handling and disposal because it presents a particular risk of disease transmission. Biohazard and biomedical waste are often used interchangeably.

Cross Contamination: is the physical movement or transfer of harmful bacteria from one person, object or place to another.

Cleaning: The physical removal of foreign material (e.g. dust and soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action. Cleaning must be performed before disinfection or sterilization. Clearly define all terms used in this document

Clean medical device: A medical device that is free from soil but has not been sterilized.

Disinfection: A chemical agent that kills most disease-producing microorganisms, but not necessarily bacterial spores. Medical devices must be cleaned thoroughly before effective disinfection can take place. There are three levels of disinfection: High, Intermediate and Low.

Hand hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand Hygiene shall be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

Manufacturer's Instructions for Use: The written directions provided by the manufacturer or distributor of a product that contains the necessary information for the safe and effective use of the product.

Medical device: Any instrument, apparatus, appliance, material, or other article, whether used alone or in combination, intended by the manufacturer to be used by human beings for the purpose of diagnosis, prevention, monitoring, treatment or alleviation of disease, injury or handicap; investigation, replacement or modification of the anatomy or of a physiological process; or control of conception.

Medical electrical equipment: Is electrical equipment that has only one connection to a particular supply main, is intended to diagnose, treat, or monitor a patient under medical supervision; and comes into physical or electrical contact with a patient, and/or transfers energy to or from a patient.

Non-critical medical device: Devices that either touch only intact skin (but not mucous membranes) or do not directly touch the patient. Reprocessing of non-critical devices involves cleaning and may also require low-level disinfection (e.g. blood pressure cuffs, stethoscopes).

One-way workflow: Is the practice of ensuring that reprocessing workflows in one direction with minimal crossing of clean and soiled processes and equipment. Dirtiest to the cleanest.

Risk Assessment: The assessment process that is performed principally to rule out the presence of infectious disease and is completed where the patient, the healthcare worker and the environment interact. Its purpose is to assess the degree of likely exposure during an encounter and to determine the actions, additional precautions and equipment necessary to interact safely with the patient and their environment.

Routine Practice: are used at all times when handling soiled items to reduce exposure (both volume and frequency) of blood and body fluids to healthcare providers. It is based on the assumption that all blood and body fluids (urine, feces, wound drainage, sputum) contain infectious organisms (bacteria, viruses or fungi).

Sterile medical device: A device that is free from viable micro-organisms.

Transportation: The movement of medical devices, patients, and staff between health care facilities or between an off-site facility and a health care facility

Warehouse: A storage facility in which clean or sterile medical devices are received from within or outside the facility and stored for eventual use by one or more health care facilities.

5. References

- CSA Z317.13:22 Infection control during construction, renovation, and maintenance of health care facilities
- CSA Z8000:18 Canadian health care facilities
- CSA Z314.15:15-Warehousing, storage, and transportation of clean and sterile medical devices
- CSA Z314:18- Medical device reprocessing — General requirements
- CSA Z314.8:14 Decontamination of reusable medical devices
- BC Provincial Infection Control network (PICNet) Best Practices for Environmental Cleaning https://www.picnet.ca/guidelines/
- Sandy Dunford, Island Health

6. Resources

WorkSafeBC
PicNET
IPAC Canada