Australasian Health Facility Guidelines

Part D - Infection Prevention and Control

800 - INTRODUCTION

Uncontrolled when printed

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Australasian Health Facility Guidelines

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INTRODUCTION

Scope

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Part D of the Australasian Health Facility Guidelines (AusHFG), Infection Prevention and Control, (Part D) Has been written to assist project teams in the planning, design and construction or refurbishing of healthcare facilities. It was drafted from a comprehensive review of infection prevention and control literature and with input from experts in the field of infection prevention and control.

Infection prevention and control is influenced by environmental factors, building services and human activity. Part D addresses environmental and building services factors relating to infection prevention and control.

Part D is intentionally general in scope and does not address infection prevention and control policy or specific service requirements. Further details may be found in:

- the infection prevention and control policies of individual jurisdictions; and
- service-specific Health Planning Units (HPU) provided in Part B of the Australasian Health Facility Guidelines (e.g. HPU 190 - Sterile Supply Unit).

This document should be read in conjunction with relevant policies and Australian Standards relating to infection prevention and control, occupational health and safety and environmental health. Many of these are listed in the References and Further Reading section of this Guideline.

Also refer to the Glossary of Terms for explanation of many key terms as well as:

- NHMRC, 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010); and
- Standards Australia, 2003, Handbook 260: Hospital acquired infections - Engineering down the risk.

Contributing Factors

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Healthcare associated infection (HAI) is the most common complication affecting patients in Australian hospitals. The Australian Commission on Safety and Quality in Health Care estimates that at least half of all HAIs are preventable (Factsheet: Preventing and Controlling Healthcare Associated Infections, Standard 3).

The design of healthcare facilities can influence the transmission of HAIs. Key design features that minimise transmission include:

- surface finishes that are easy to clean and maintain;
- ventilation, air conditioning, cooling towers and water systems that meet prescribed standards;
- the ability to isolate patients who are infectious or immunocompromised; andworkplace design.

Workplace design features include:

- separation of clean and dirty work flows;ready access to hand hygiene facilities and personal protective equipment (PPE);adequate storage; andadequate systems and procedures for waste management, cleaning and linen handling (Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010), page 231).

For more information refer to:

- Australian Commission on Safety and Quality in Health Care, 2012, Controlling Healthcare Associated Infections (Factsheet on Standard 3); and
- NHMRC, 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010).

Consultation Process

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The documentation and implementation of infection prevention and control principles is critical to the planning, design and construction or refurbishment process of healthcare facilities. Building services should comply with the relevant national standards, legislative and regulatory requirements and relevant guidelines issued by each jurisdiction.

Infection prevention and control staff have a fundamental role at each stage of a redevelopment project. Their involvement will ensure implementation of infection prevention and control guidelines and standards and that changes to design are cognisant of infection prevention and control implications.

Risk Management

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Risk identification and management strategies throughout the life of the project are critical and are addressed in Section 900 (Construction and Renovation) of Part D.

Occupational health and safety (OHS) legislation requires the design team to consult with stakeholders and identify, assess and control risks in order to provide an optimal design outcome.

By adopting a risk management approach, many safety and security related hazards can be eliminated or minimised at the planning stage, reducing the likelihood of adverse incidents occurring.

For further information refer to:

- ACSQHC, 2012, Preventing and Controlling Healthcare Associated Infections: Safety and Quality Improvement Guide for Standard 3;
- AHIA, 2010, AusHFG Part C: Section 790, Safety and Security Precautions;
- NHMRC, 2010, Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010); and
- Standards Australia, 2009, AS/NZS ISO 31000:2009 Risk management - Principles and guidelines (SAI Global).

Pandemic Preparedness

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When considering infection prevention and control requirements, contingency plans should be identified for the bio-preparedness of each facility/service from initial planning and design phase through to completion. These may include fever clinic locations, isolation rooms, access, flow and logistics of an infectious disease outbreak, air conditioning supply and controls, water and waste management.

References

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