



Infection Prevention and Control during Construction and Renovation Activities Policy

1. Purpose

Building construction, renovation and maintenance activities undertaken within a healthcare facility can impose risks in relation to acquisition of healthcare associated infections (HCAIs), as they can disturb and disseminate reservoirs of dust, debris and organisms into the environment. This policy provides guidance intended to minimise these health risks and ensure a formal approach to risk management of building construction, renovation and relevant maintenance activities within WA Country Health Service (WACHS) facilities and related services.

2. Policy

Health Service construction, renovation and maintenance activities have been linked with outbreaks caused by common environmental organisms, including but not limited to *Aspergillus*, *Legionella* and *Listeria*, and implementation of appropriate infection prevention and control (IPC) related strategies can reduce the risk of healthcare associated transmission of these organisms, and the potential for outbreaks to occur.

A formal approach to IPC risk management should be undertaken when planning or designing a new facility, during construction and renovation activities or when undertaking relevant maintenance activities, within WACHS health services, with reference to the guidance provided in the:

- [Australasian Health Facility Guidelines \(AusHFG\) Part D: Infection Prevention and Control](#)
- [Western Australia Health Facility Guidelines for Engineering Services](#)
- relevant [Australian Standards](#).

Additional risk controls may be recommended by IPC team members in accordance with evidence based best practice standards and guidelines. All staff involved in construction, renovation and relevant maintenance activities must comply with relevant IPC policies and guidelines. Construction, renovation and relevant maintenance activities require planning and coordination to minimise the risk of patients, residents, clients, healthcare workers (HCWs), contractors and visitors acquiring a HAI. NB: for the purposes of this policy the term patient refers to patients, residents or clients and building works refers to construction, renovation and relevant maintenance activities.

Planning should include involvement of a multidisciplinary team, inclusive of infrastructure staff (facilities maintenance and engineering), support service staff, IPC staff, work health and safety (WHS) staff, external project staff and relevant department managers / supervisors.

In all WACHS health services, a range of systems and precautions are to be put in place to support building works. The broad tasks include development of organisational governance arrangements and policies and the identification of both the population at risk and the preventative measures needed to control risk.

2.1 IPC related considerations

During building works, IPC measures can include:

- a site induction for building workers / contractors with emphasis on the requirements for IPC being a major component that is documented and signed off by participating workers
- monitoring of worker compliance with IPC related processes with results communicated to the workers via the builder / construction manager
- installation of barriers to contain the impact of construction activities including dust migration
- inspections to assess breaches of any barriers / hoarding and / or dust migration prevention strategies utilised during the activities, by nominated representatives
- monitoring and reporting processes for inspections / audits undertaken.

IPC staff should be consulted to ensure there is consideration of design features that minimise the risk of transmission of communicable diseases, including:

- surface finishes that are easy to clean, disinfect and maintain such as:
 - floor coverings that facilitate easy cleaning and can withstand hospital grade disinfectants. NB: As per the AusHFG Part D, the use of carpets is not supported in clinical areas for IPC and maintenance reasons. Potential risks also include patient falls from uneven surfaces and staff manual handling risks from shear force when pushing / pulling beds
 - fixtures and furnishings that facilitate easy cleaning and disinfection
 - avoiding soft fabric furnishings for clinical and patient care areas, shared patient areas and treatment areas
- heating, ventilation, and air conditioning (HVAC) systems that meet relevant Australian standards and guidelines
- water management systems that meet relevant Australian standards and guidelines
- ability to isolate patients with a suspected or confirmed communicable disease or those who are immunocompromised
- adequate storage facilities in all relevant areas of the health service to facilitate appropriate storage of all equipment and consumables
- adequate storage facilities to support appropriate storage of all sterile stock – both commercial and reprocessed reusable medical devices (RMDs) where relevant
- separation of clean and dirty workflows where relevant
- adequate systems and procedures to support appropriate waste management, linen handling practices and environmental cleaning
- access to appropriate hand hygiene facilities
- access to personal protective equipment (PPE).

2.2 Risk mitigation strategies

Projects are to be risk assessed, and relevant control measures identified that reduce communicable disease transmission risks to patients, HCWs and visitors.

The risk identification strategy should address at a minimum:

- the extent of construction work
- the identification of the patient population at risk
- the location of the patient population in relation to the site and construction
- traffic and supply routes
- ventilation system types and potential impact

- determination of air and water monitoring requirements, methodology and frequency
- requirements for air and water quality samples to be taken to establish a baseline
- the identification of possible contaminants and their locations.

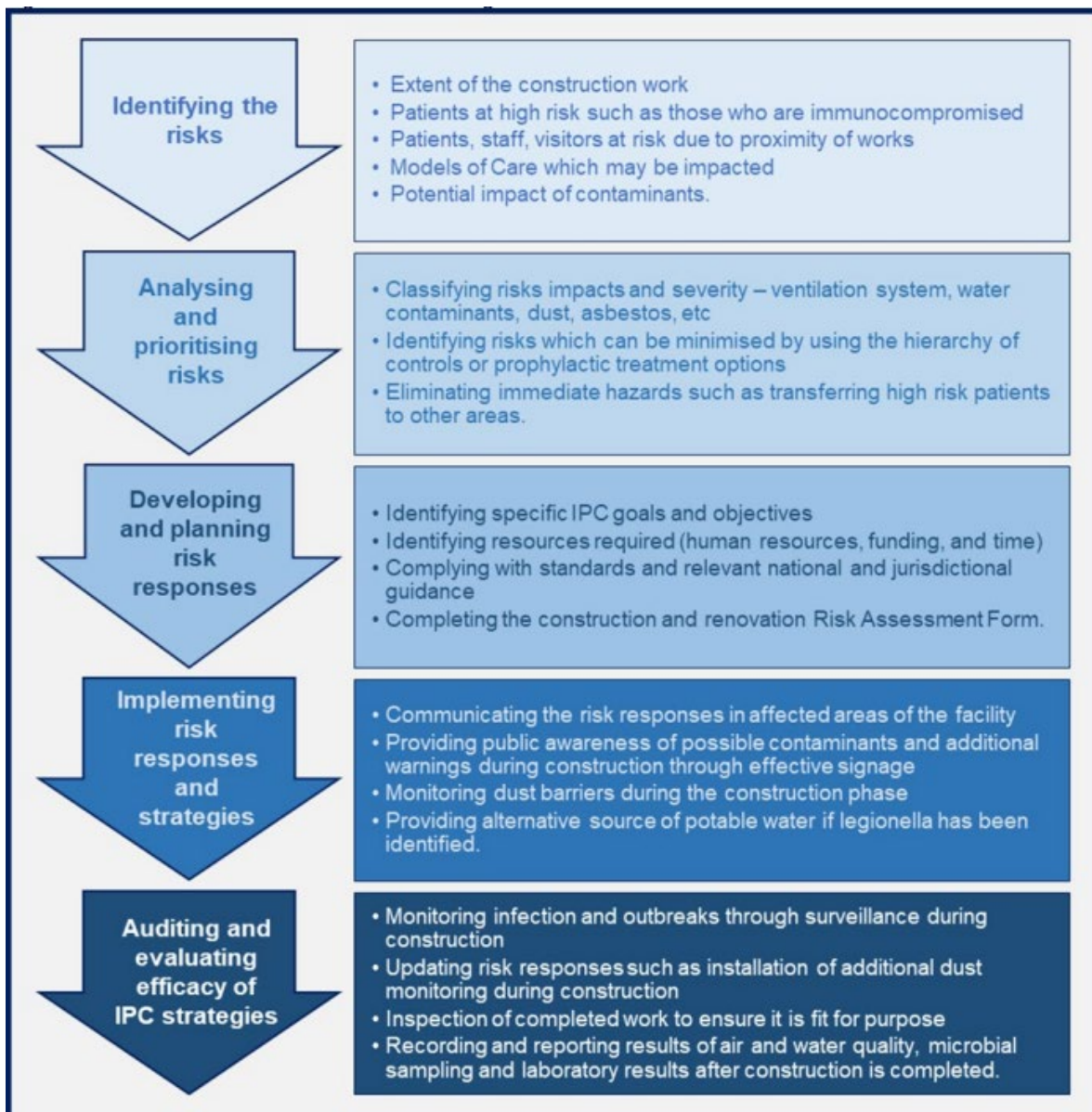
Where possible, in areas where services are not provided on a 24-hour, 7-day basis, such as outpatient clinics and day therapy services, consideration should be given to undertaking the work after patient care hours.

2.3 IPC risk mitigation strategies

Risk mitigation strategies must be planned and endorsed prior to the commencement of any works.

The risk assessment process will include:

- identification of the type of construction activity
- determination of the IPC risk group
- identification of the construction classification matrix
- identification of the IPC construction guidelines to be implemented for the project.



Reference: [AHFG Guidelines Part D: Infection Prevention and Control](#)

A risk assessment should be undertaken utilising the [IPC - Risk assessment matrix for construction and renovation related activities](#) and then documented and recorded on the [IPC - Risk assessment for construction and renovation activities](#).

Refer to the following WACHS monitoring and reporting tools for use during the construction, renovation and relevant maintenance activities:

- [IPC - Construction and Renovation - Daily Monitoring Checklist](#)
- [IPC - Construction and Renovation - Weekly Monitoring Checklist](#)
- [IPC - Construction and Renovation - Sink Splash Zone audit](#).

A project handover checklist must be completed by an IPC team member or delegate prior to the final clinical clean and occupation of the area.

Refer to [IPC - Construction and Renovation - Operational Commissioning Checklist](#).

2.4 Clinical care and individual patient controls

Following completion of the risk assessment referred to in [section 2.3](#), the following clinical considerations are to be reviewed as relevant:

- identification of 'at risk' populations and relocation of high-risk patients to unaffected areas based on determination of clinical health risks and degree of immunosuppression status (e.g., chemotherapy, dialysis, neutropenia)
- concerns identified with any patients located near the construction zone
- facilitation of treating clinician assessment of relevant patients for any preventative measures to be considered / implemented. i.e., commencement of prophylactic (e.g., antifungal) treatments / consultation with infectious disease specialists
- utilisation of appropriate PPE as necessary.

2.5 Environmental controls

Environmental controls are to be implemented as relevant including:

- cleaning pre, during and post activities incorporating increased cleaning frequency in adjacent area/s as required
- appropriate dust proof barriers / physical barriers between patient care areas and any building work e.g., floor to ceiling hoarding where required and timely repair of any breaches in hoarding barriers
- airtight seals i.e., sealing and taping all joint edges including top and bottom and sealing temporary doors / hoarding / air locks connecting the construction zone to the adjacent area
- consideration for occluding air ducts and other openings if applicable within the construction / building work area, such as air conditioning outlets and extraction fans, in consultation with facilities maintenance
- review of air exhausted to outside the building from the construction site to ensure this is undertaken in a safe manner
- increased frequency of filter changes in high-risk departments that may be at risk of exposure during periods of work activities
- appropriate containment strategies for transportation of debris e.g., ensuring all waste material is removed with minimal creation of dust, e.g. bagging of waste, covering of skips / waste bins
- appropriate dust containment strategies e.g., utilisation of dust mats (e.g., adhesive / tacky style mats that contain dust) at the exit and entrance to an internal construction zone that are single use and replaced regularly

- additional dust containment measures such as use of water sprays where appropriate
- identification of possible contaminants and their locations - ceiling dust, service shafts (especially in damp conditions), bird droppings, presence of environmental organisms
- access restrictions to the affected areas as required for HCWs, patients and visitors
- installing more robust barriers as indicated for longer-term projects
- regular observation and monitoring of construction work noting breaches in the barrier precautions, and implementing additional controls as required
- air monitoring requirements and/or air sampling where applicable
- vacuuming / cleaning of areas above false ceilings
- implementing pre-barrier and post barrier cleaning
- ensuring line managers are notified of any complications related to the construction work as soon as possible.

Refer to the [IPC - Construction and Renovation - Breach Notification Report](#).

2.6 Microbiological air sampling

There is no national or international consensus on the methods, frequency, types of sampling or acceptable levels of microbial contamination in the perioperative environment. However, there is evidence to support microbiological air sampling as part of the commissioning process of a new facility or following major refurbishment, as an adjunct to other HVAC quality assurance controls. The purpose of microbiological air sampling is to gauge the efficacy of the HVAC systems, including HEPA filters following installation or after major structural refurbishment.

Following microbiological air sampling the facilities should not be utilised until acceptable results have been confirmed. HCFs need to ensure they have adequate turnaround time and plan accordingly as microbiological air sampling results can take between 3-7 days to be finalised.

There is no evidence to support additional microbiological sampling e.g. passive sampling such as the use of settle plates or collection of environmental surface samples, and therefore this is not recommended.

Refer to WA Health Guideline: [Microbiological Air Sampling of Operating Rooms in Western Australian Healthcare Facilities](#) and the [ACIPC Toolkit - Air Sampling](#).

3. Roles and Responsibilities

The **District Director** for the health service is responsible to review / support approvals for construction, renovation and maintenance activities and to oversee the following actions, roles and responsibilities.

Infrastructure Managers and Capital Project Officers are to:

- provide detailed planning and information on impending building works to IPC and department managers / supervisors as relevant
- liaise with and undertake risk assessment/s with IPC representative/s
- inform department and support service managers of impending building works
- ensure employees and contractors are familiar with and adhere to IPC requirements
- ensure employees and contractors have received relevant written information regarding their responsibilities and orientation to department/s as applicable.

IPC staff are to:

- undertake a risk assessment in conjunction with facilities maintenance / engineering staff
- determine frequency of cleaning until building works completed
- liaise with support service staff to ensure appropriate environmental cleaning and / or disinfection procedure/s are planned for and implemented
- establish or delegate daily auditing requirements of building works as deemed necessary
- determine if microbiological air testing is required and liaise with infrastructure to facilitate.

Department Managers / Supervisors are to:

- review and/or undertake risk assessment/s with IPC staff, and facilities maintenance and engineering staff
- identify high-risk patients and arrange as necessary for relocation of these patients to unaffected areas prior to commencement of building works
- liaise daily with IPC and report any breaches or concerns
facilitate liaison with IPC team members to ensure patients are not admitted or returned to the area until final environmental auditing results meet acceptable quality standards according to that area's risk category and all additional tasks have been appropriately completed i.e., microbiological air sampling.

Support Service Management are to:

- collaborate with maintenance / engineering staff and IPC team members to identify areas that need additional building work related cleaning and ensure these tasks are undertaken as scheduled
- ensure thorough cleaning of areas upon completion of construction, renovation and relevant maintenance activities when contractors have deemed this safe to do so
- coordinate inspection / environmental auditing of final cleaning processes in conjunction with IPC prior to opening / re-opening the relevant area.

All hospital employees are to:

- ensure a safe and hygienic environment is maintained during construction, renovation and maintenance activities according to WACHS [Work Health and Safety Policy](#) and the WACHS [Environmental Cleaning Policy](#)
- report any breaches in IPC measures and / or incidents related to construction, renovation and maintenance activities to appropriate department manager / site manager as applicable to ensure appropriate measures are put in place to address current concerns and prevent future incidents.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS, and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring requirements incorporate:

- audit results of adherence to the risk mitigation strategies outlined in [section 2.3](#) undertaken utilising monitoring and auditing tools for construction and renovation related activities
- outcome indicators for HAIs are to be assessed for any relevant links to construction, renovation or relevant maintenance activities. Reporting of identified concerns is to be managed via regional reporting processes
- compliance against this policy is to be assessed with routine incident reporting processes, IPC surveillance and WHS reporting
- infrastructure and support service teams as relevant are to maintain copies of the IPC risk assessment, daily checklist and related auditing.

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

Evaluation is to be measured by incident reports and IPC surveillance reporting at Regional IPC and WHS committees as appropriate.

5. References

Australian Health Facility Guidelines (2023). Australasian Health Infrastructure Alliance. [Australasian Health Facility Guidelines Part D: Infection Prevention and Control](#). [Accessed 13 March 2026]

Australian Government [Internet] Canberra, ACT. National Health and Medical Research Council (NHMRC) [NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#) [Accessed 13 March 2026]

Western Australia Department of Health. [Western Australia Health Facility Guidelines for Engineering Services](#). 2025 [Accessed 13 March 2026]

Australasian College for Infection Prevention and Control (ACIPC) [Members Only - IPC Templates, Tool kits and Guidelines](#). [Accessed 13 March 2026]

6. Definitions

Term	Definition
Dust	The suspension of particles of solid materials in air. Can include microorganisms, spores and fungi.
Healthcare Facility	Any facility that delivers healthcare services. Can include inpatient, outpatient and community settings. For example: hospitals, haemodialysis centres, dentistry practices ¹⁵
Healthcare Worker	Any person involved in the delivery of healthcare services. Can include permanent, contract, students and volunteers ¹⁵ .
Immunosuppression	Reduced immune response of an individual resulting in higher susceptibility to disease. Examples include but not limited to persons undergoing chemotherapy, transplant, renal dialysis patients, neutropenia and HIV/AIDS patients.

Minor Refurbishment	Type A and B construction activity types as defined by the Australasian Health Care Facility Guidelines Part D.0005 – Construction and Renovation .
Major Refurbishment	Type C and D construction activity types as defined by the Australasian Health Care Facility Guidelines Part D.0005 – Construction and Renovation
Operating Room	The room in which a surgical procedure is performed, with or without administration of an anaesthetic and there is use of microbiologically controlled air supply.

7. Document Summary

Coverage	WACHS wide
Audience	All WACHS health services, which include WACHS hospitals, smaller health centres, Nursing posts, Aboriginal Health, Population Health, Community Health, Mental Health and Aged Care services.
Records Management	Non-Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	<ul style="list-style-type: none"> • Work Health and Safety Act 2020 • Work Health and Safety Regulations 2022
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • Infrastructure (Asset Management) Framework • Public Health Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Clinical Product Evaluation Policy • Employee Development Policy • Environmental Cleaning Policy • Hand Hygiene Policy • Infection Prevention and Control Policy • Infection Prevention and Control - Patient management and healthcare worker exclusion periods Policy • Linen Management Procedure • Managing Risks of Hazardous Chemicals and Dangerous Goods Procedure • Mandatory and Role Essential Training Policy • New Staff Induction policy • Personal Protective Equipment (PPE) Procedure • Waste Management Policy • Water Risk Management and Control Policy • Water Risk Management Facility Plan Guideline • Water Risk Management Procedure • Work Health and Safety Policy
Other Related Documents	<ul style="list-style-type: none"> • Australian Guidelines for the Prevention and Control of Infection in Healthcare • Australasian Healthcare Facility Guidelines (Part D) • Building Guidelines Western Australia Health Facility Guidelines for Engineering Services • Microbiological Air Sampling of the Perioperative Environment in Western Australian Healthcare Facilities • ACIPC IPC templates, tool kits and guides
Related Forms	<ul style="list-style-type: none"> • Safety Risk Report Form (SRRF) • IPC - Risk assessment matrix for construction and renovation related activities • IPC - Risk assessment for construction and renovation activities • IPC - Construction and Renovation - Daily Monitoring Checklist • IPC - Construction and Renovation - Weekly Monitoring Checklist

	<ul style="list-style-type: none"> • IPC - Construction and Renovation - Sink Splash Zone audit. • IPC - Construction and Renovation - Operational Commissioning Checklist. • IPC - Construction and Renovation - Breach Notification Report
Related Training Packages	Available from MyLearning : <ul style="list-style-type: none"> • Contractor Induction Package • Basics of IPC e-learning
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5476
National Safety and Quality Health Service (NSQHS) Standards	3.01 – 3.19
Aged Care Quality Standards	3(2), 3(3), 5(1), 5(2), 5(3),
National Standards for Mental Health Services	2.1, 2.2, 2.6, 2.7, 2.9, 2.12, 2.13.
Other Standards	Standards Australia - WACHS Library at Western Australia Department of Health: <ul style="list-style-type: none"> • Australian Standard AS 4260-1997. High efficiency particulate air (HEPA) filters- classification, construction and performance. Standards Australia

8. Document Control

Version	Published date	Current from	Summary of changes
2.00	05 June 2026	05 June 2026	<ul style="list-style-type: none"> • Review of linked ACIPC documents that are now member only accessible. • Document content transferred to WACHS templates and linked in Content Manager for ease of access with acknowledgement to ACIPC. • Update to relevant role titles i.e., Operations Manager to District Director. • General review of references and language throughout document to maintain contemporaneous content. • Added Capital Project Officers to 3. Roles and Responsibilities section

9. Approval

Policy Owner	Executive Director Nursing and Midwifery
Co-approver	Executive Director Infrastructure and Environment Executive Director Clinical Excellence
Contact	Clinical Nurse Consultant, Infection Prevention and Control
Business Unit	Nursing and Midwifery
EDRMS #	ED-CO-23-147569
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