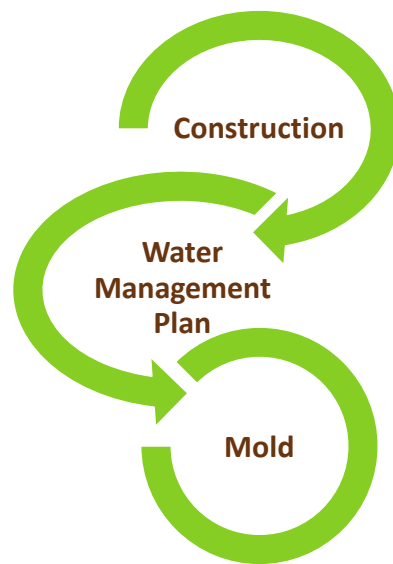




CONSTRUCTION/RENOVATION WATER MANAGEMENT & MOLD REMEDIATION

Marty Cooney DrPH, MPH, ME, BSN, RN, CIC.
Associate Director
Statewide Program for Infection Control and Epidemiology
(SPICE)
UNC School of Medicine

1



2

It is estimated that there are at least 5000 construction-related infections that occur every year in healthcare facilities.

5000



Bartley J. *Engineered Systems* (2007) July:1-7



3



4

JOINT COMMISSION

EC.02.06.05 – Requires the organization to have a pre-construction risk assessment process in place, ready to be applied at any time if planned or unplanned demolition, construction or renovation occurs.

- ▶ EP 1 – When planning for new, altered or renovated space, use one of the following design criteria
 - ▶ *State rules and regulations*
 - ▶ 2018 *Guidelines for Design and Construction of Health Care Facilities* (2018 edition), administered by the Facility Guidelines Institute (FGI) and published by the American Society for Healthcare Engineering (ASHE) includes ANSI/ASHRAE/ASHE Standard 170-2017 – Ventilation of Healthcare Facilities



5

NORTH CAROLINA STATE RULES

MEMORANDUM

DATE: September 1, 2017
TO: Interested Parties
FROM: Nadine Pfeiffer, Rule Review Manager *NP*
RE: Proposed Repeal of Hospital Construction Rules
 10A NCAC 13B Licensing of Hospitals

GS 150B-21.2 requires a rule-making body to notify certain individuals of its intent to adopt a permanent rule. It also requires notification of the date, time and location of the public hearing on the rule and any fiscal note that has been prepared in connection with the proposed rule.

The North Carolina Medical Care Commission has submitted form OAH 0300 to the Codifier of Rules, Office of Administrative Hearings, indicating its intent to repeal the following 29 rules:

10A NCAC 13B .6001, .6002, .6104, .6201-.6206 and .6208-6227.

The enactment of Session Law 2017-174, Senate Bill 42, known as “*An Act Directing the Medical Care Commission to Adopt the Recommendations of the American Society of Healthcare Engineering’s Facility Guidelines Institute*” that became effective July 21, 2017 requires the N.C. Medical Care Commission to repeal rules to implement the provisions of the Act. In accordance with G.S. 150B-21.4(d), a fiscal note is not required for a repeal of a rule.



6

FGI GUIDELINES



The FGI Guidelines for Design and Construction documents are the most widely recognized standard for planning, designing, and constructing health and residential care facilities. The Guidelines documents consolidate minimum program, space, risk assessment, infection prevention, architectural detail, surface, built-in furnishing, and building system requirements in one convenient place. States and federal agencies use the Guidelines to regulate new construction and major renovations of health and residential care facilities.

[Guidelines](#)



7

JOINT COMMISSION

EC.02.06.05 – Requires the organization to have a pre-construction risk assessment process in place, ready to be applied at any time if planned or unplanned demolition, construction or renovation occurs.

► **EP 2 – Preconstruction Risk Assessment (PCRA)**

When planning for **demolition, construction, renovation, or general maintenance**, the hospital conducts a PCRA that addresses: Air quality, Infection control, ... and other hazards that affect care, treatment, and services.

The hospital must **mitigate identified risks** during the project!



8

JOINT COMMISSION

EC.02.06.05 – Requires the organization to have a pre-construction risk assessment process in place, ready to be applied at any time if planned or unplanned demolition, construction or renovation occurs.

▶ EP 3 – Implementation and Monitoring

The Organization implements protective measures identified in the PCRA. Staff and contractors must have working knowledge of these measures. The organization monitors the project to ensure compliance and adjusts for unforeseen conditions.



9

FGI 2022 GUIDELINES

1.2-4 Safety Risk Assessment Components

- ▶ **Infection control risk assessment (1.2-4.2)**
- ▶ Patient handling and movement assessment (1.2-4.3)
- ▶ Fall prevention assessment (1.2-4.4)
- ▶ Medication safety assessment (1.2-4.5)
- ▶ Behavioral and mental health risk assessment (1.2-4.6)
- ▶ Patient immobility assessment (1.2-4.7)
- ▶ Security risk assessment (1.2-4.8)
- ▶ Disaster, emergency, and vulnerability (1.2-4.9)

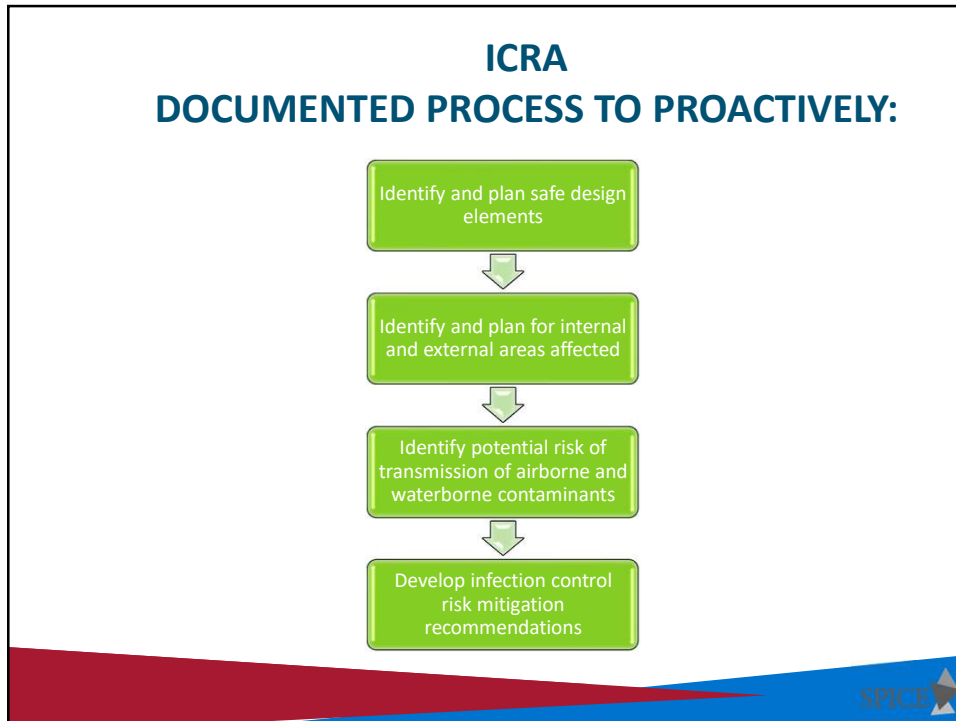
Interdisciplinary

Documentation

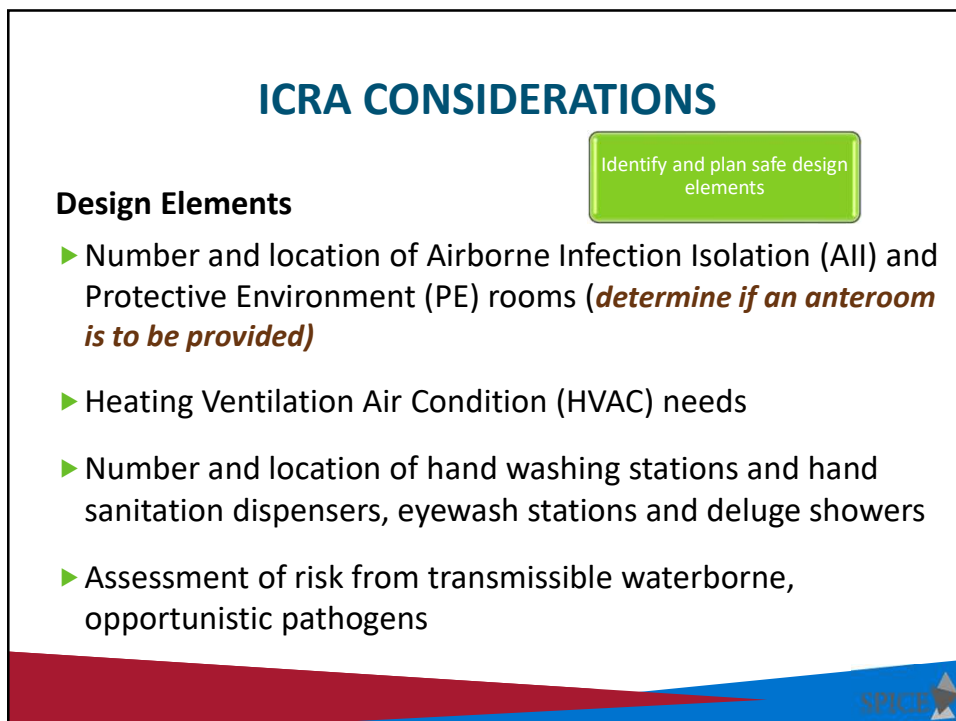
Proactive



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12



13



14

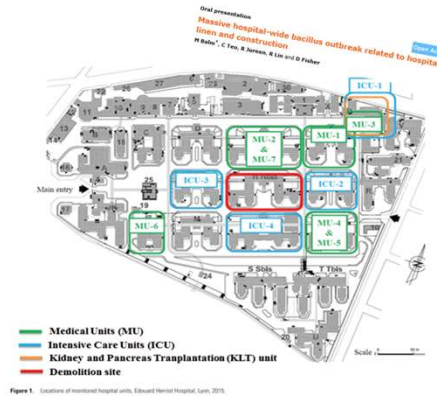
OTHER ICRA CONSIDERATIONS

Identify and plan for internal and external areas affected

Identify potential risk of transmission of airborne and waterborne contaminants

Construction Elements

- ▶ Disrupting essential services
- ▶ Specific hazards and protection levels
- ▶ Location of patients
- ▶ Impact of moving debris, traffic flow, and spill clean-up
- ▶ Assessment of construction activities
- ▶ Location of known hazards



15

RISK MITIGATION

Develop infection control risk mitigation recommendations

- ▶ Patient placement/location
- ▶ Barriers and other protective measures
- ▶ Temporary phasing of HVAC/water
- ▶ Protection from demolition
- ▶ Training
- ▶ Impact of utility outages
- ▶ Movement of debris, traffic flow, cleanup and elevator control
- ▶ Provision of bathroom and food for construction workers
- ▶ Protection of building material

16

RISK MITIGATION

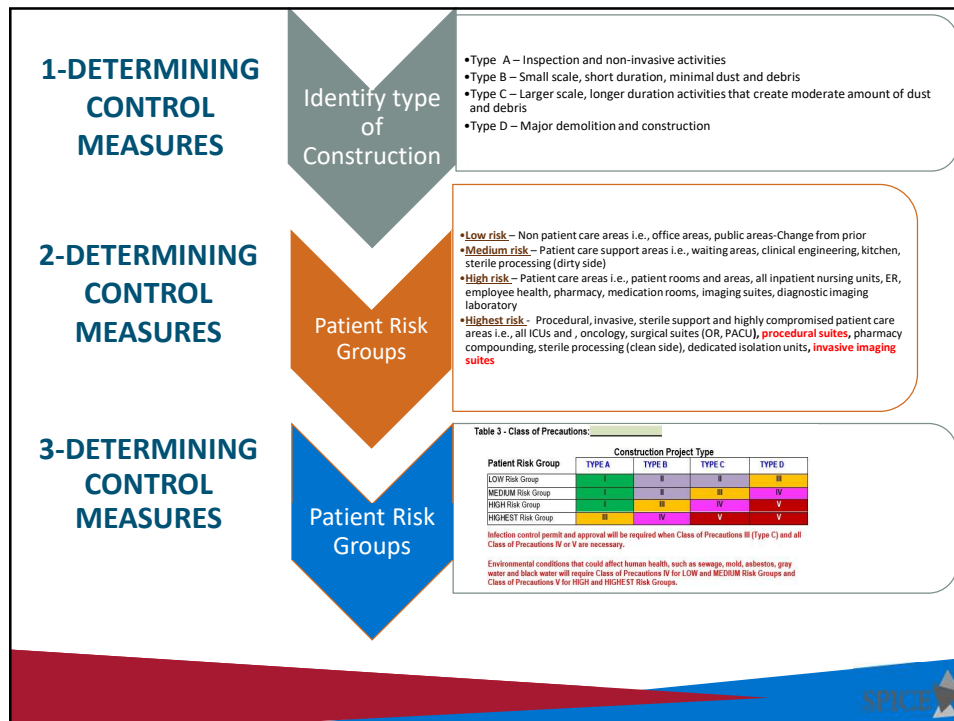


Monitoring plan and procedures

- ▶ Determined by the governing body
- ▶ Conducted by IP, epidemiologist, construction coordinators, safety staff or an outside consultant
- ▶ Have written procedures for emergency suspension of work
- ▶ Procedures indicating the responsibilities of each party (governing body, contractor, designer, and monitor)



17



STEP 4

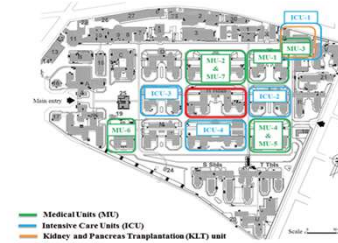
Area Assessments

▶ Surrounding area assessment

- ▶ Unit below
- ▶ Unit above
- ▶ Unit lateral
- ▶ Unit behind
- ▶ Unit in front

▶ Additional controls

- ▶ Noise, vibration, dust control ventilation, pressurization, Impact to other systems (i.e., data, mechanical, medical gasses)



https://www.ashe.org/system/files/media/file/2023/01/ASHE_ICRA_2_TM_form_0.pdf




19


Before and During Construction



20

INFECTION CONTROL PRECAUTIONS BY CLASS

	<p>Class I</p> <ol style="list-style-type: none"> 1. Perform noninvasive work activity as to not block or interrupt patient care. 2. Perform noninvasive work activities in areas that are not directly occupied with patients. 3. Perform noninvasive work activity in a manner that does not create dust. 4. Immediately replace any displaced ceiling tile before leaving the area and/or at end of noninvasive work activity.
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	<p>Class II</p> <ol style="list-style-type: none"> 1. Perform only limited dust work and/or activities designed for basic facilities and engineering work. 2. Perform limited dust and invasive work following standing precautions procedures approved by the organization. 3. This Class of Precautions must never be used for construction or renovation activities.
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INFECTION CONTROL PRECAUTIONS BY CLASS



	<p>Class III</p> <ol style="list-style-type: none"> 1. Provide active means to prevent airborne dust dispersion into the occupied areas. 2. Means for controlling minimal dust dispersion may include hand-held HEPA vacuum devices, polyethylene plastic containment, or isolation of work area by closing room door. 3. Remove or isolate return air diffusers to avoid dust from entering the HVAC system. 4. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 5. If work area is contained, then it must be neutrally to negatively pressurized at all times. 6. Seal all doors with tape that will not leave residue. 7. Contain all trash and debris in the work area. 8. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 9. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled. 10. Maintain clean surroundings when area is not contained by damp mopping or HEPA vacuuming surfaces.
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INFECTION CONTROL PRECAUTIONS BY CLASS

- Class IV**
1. Construct and complete critical barriers meeting NFPA 241 requirements. Barriers must extend to the ceiling or if ceiling tile is removed, to the deck above.
 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor.
 3. Seal all penetrations in containment barriers, including floors and ceiling, using approved materials (UL schedule firestop if applicable for barrier type).
 4. Containment units or environmental containment units (ECUs) approved for Class IV precautions in small areas totally contained by the unit and that has HEPA-filtered exhaust air.
 5. Remove or isolate return air diffusers to avoid dust entering the HVAC system.
 6. Remove or isolate the supply air diffusers to avoid positive pressurization of the space.
 7. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized.
 8. Maintain negative pressurization of the entire workspace by use of HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air.
 9. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas.
 10. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (e.g., bathroom exhaust) is not acceptable.
 11. Install device (e.g., magnehelic, manometer, or digital monitoring) on exterior of work containment to continually monitor negative pressurization. The "ball in the wall" or similar apparatus are not acceptable.

IV



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INFECTION CONTROL PRECAUTIONS BY CLASS

12. Contain all trash and debris in the work area.
13. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area.
14. Worker clothing must be clean and free of visible dust before leaving the work area. HEPA vacuuming of clothing or use of cover suits is acceptable.
15. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed.
16. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled.
17. Consider collection of particulate data during work to monitor and ensure that contaminants do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.

IV

Continued.....




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INFECTION CONTROL PRECAUTIONS BY CLASS

Class V	
<p>→</p> <p>→</p> <p>→</p>	<ol style="list-style-type: none"> 1. Construct and complete critical barriers meeting NFPA 241 requirements. Barriers must extend to the ceiling or if ceiling tile is removed, to the deck above. 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor. 3. Seal all penetrations in containment barriers, anteroom barriers, including floors and ceiling using approved materials (UL schedule firestop if applicable for barrier type). 4. Construct anteroom large enough for equipment staging, cart cleaning, workers. The anteroom must be constructed adjacent to entrance of construction work area. 5. Personnel will be required to wear coveralls at all times during Class V work activities. Coveralls must be removed before leaving the anteroom. 6. Remove or isolate return air diffusers to avoid dust entering the HVAC system. 7. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 8. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized. 9. Maintain negative pressurization of the entire workspace using HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air. 10. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas. 11. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (bathroom exhaust) is not acceptable. 12. Install device (e.g., magnehelic, manometer, or digital monitoring) on exterior of work containment to continually monitor negative pressurization. The "ball in the wall" or similar apparatus are not acceptable. 13. Contain all trash and debris in the work area. 14. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 15. Worker clothing must be clean and free of visible dust before leaving the work area anteroom. 16. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed. 17. Install a sticky (dust collection) mat at entrance of contained work area based on facility policy. Sticky mats must be changed routinely and when visibly soiled. 18. Consider collection of particulate data during work to monitor and ensure that contaminants do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.


V



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Performed Upon Completion Of Work Activity




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Classes I, II and III	<p>Cleaning:</p> <ol style="list-style-type: none"> 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. <p>HVAC Systems:</p> <ol style="list-style-type: none"> 1. Remove isolation of HVAC system in areas where work is being performed. Verify that HVAC systems are clean and operational. 2. Verify the HVAC systems meet original airflow and air exchange design specifications.
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Classes III, IV and V	<p>Class III (Type C Activities only), IV, and V precautions require inspection and documentation for downgraded ICRA precautions.</p> <p style="border: 2px dashed red; padding: 2px;">Construction areas must be inspected by an infection preventionist or designee and engineering representative for discontinuation or downgrading of ICRA precautions.</p> <p>Work Area Cleaning:</p> <ol style="list-style-type: none"> 1. Clean work areas including all environmental surfaces, high horizontal surfaces and flooring materials. 2. Check all supply and return air registers for dust accumulation on upper surfaces as well as air diffuser surfaces. <p>Removal of Critical Barriers:</p> <ol style="list-style-type: none"> 1. Critical barriers must remain in place during all work involving drywall removal, creation of dust and activities beyond simple touch-up work. The barrier may NOT be removed until a work area cleaning has been performed. 2. All (plastic or hard) barrier removal activities must be completed in a manner that prevents dust release. Use the following precautions when removing hard barriers: <ol style="list-style-type: none"> i. Carefully remove screws and painter tape. ii. If dust will be generated during screw removal, use hand-held HEPA vacuum. iii. Drywall cutting is prohibited during removal process. iv. Clean all stud tracks with HEPA vacuum before removing outer hard barrier. v. Use a plastic barrier to enclose area if dust could be generated. <p>Negative Air Requirements:</p> <ol style="list-style-type: none"> 1. The use of negative air must be designed to remove contaminants from the work area. 2. Negative air devices must remain operational at all times and in place for a period after completion of dust creating activities to remove contaminants from the work area and before removal of critical barriers. <p>HVAC systems:</p> <ol style="list-style-type: none"> 1. Upon removal of critical barriers, remove isolation of HVAC system in areas where work is being performed. 2. Verify that HVAC systems are clean and operational. 3. Verify the HVAC systems meets original airflow and air exchange design specifications.
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||| Type C only

IV

V



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31



32



33



34

EDUCATION AND TRAINING

Five groups for whom training is important

1. Construction company supervisory personnel
2. Construction workers
3. Hospital staff impacted by construction projects
4. Healthcare facility maintenance and engineering personnel
5. Healthcare project manager



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EDUCATION

► Construction Workers:

- Adverse effects of construction dust on patients
- The ICRA process
- Specific facility rules, such as entry and exit from buildings
- Worksite containment
- Dust control measures
- Containment and transport of construction materials and debris (this would include use of elevator(s))



► Facility staff impacted by project:

- A review of the ICRA plan
- Appropriate signage at the worksite
- What proper barriers look like
- Proper above-ceiling dust control measures
- The importance of negative pressure
- Proper debris removal procedure
- Whom to notify about possible deficiencies.

APIC Infection Prevention Manual for Construction and Renovation



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IMPORTANT!

The IP should be involved in all construction projects from planning to completion

Common challenge – Lack of engagement or support from administration and getting support for IP involvement in construction activities

- ▶ Need to comply with regulatory agencies (State, FGI, CMS and TJC)
- ▶ Demonstrate value of the program and how IP input results in preventing adverse outcomes



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WATER MANAGEMENT PLAN

DATE: June 02, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)

Memorandum Summary


- **Legionella Infections:** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- **Facility Requirements to Prevent Legionella Infections:** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *legionella* and other opportunistic pathogens in water.



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cdc.gov/healthcare-associated-infections/php/toolkit/water-management.html

Healthcare Facility Water Management Program Checklist



Healthcare Facility Water Management Program Checklist

Available from: <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/water-management.html>

This checklist is intended to assist in the development of an all-microbial hazards approach to water management in a healthcare facility, and can:

- Evaluate a comprehensive water management program.
- Identify individuals to participate in the water management program.
- Assist with assessments, including hazard analyses, environmental risk assessments, and infection control risk assessments.
- Inform water monitoring practices guided by the management program.

Depending on complexity of the building plumbing systems, a comprehensive program may include some water management plans. These plans should include identifying areas within the system where control points are and monitoring methods and procedures (see [ASHRAE 188-2021](#), [ASHRAE Guideline 12-2023](#), and ASHRAE 514-2023)


Establish a Water Management Program Team (the Designated Team)

For all facility types, establish clear lines of communication with representatives such as the water utility provider and the local health department on an as needed basis.

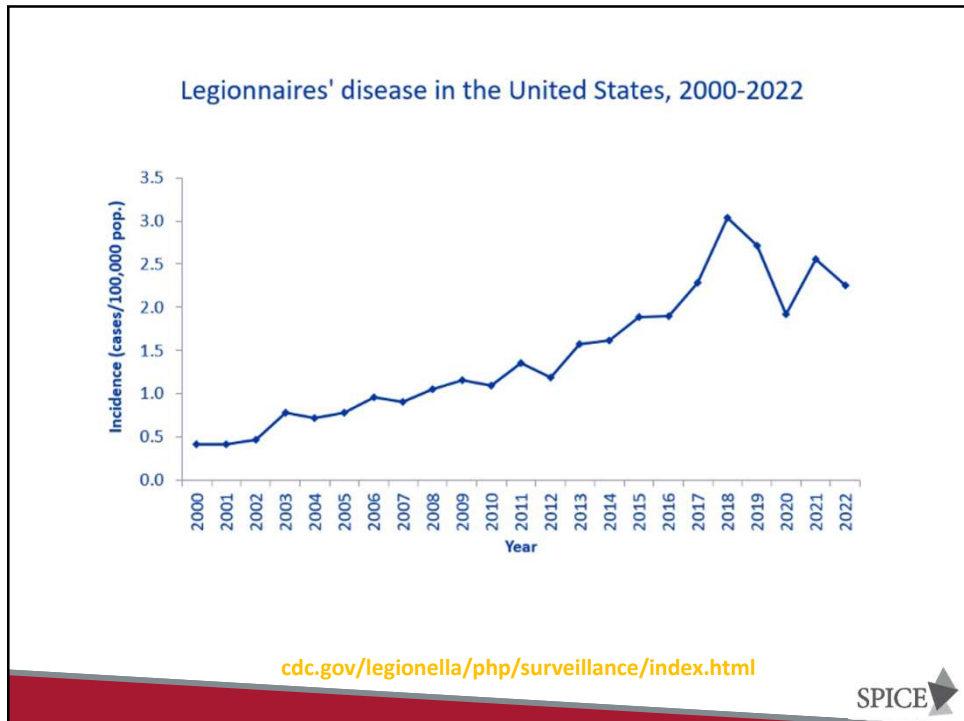
- Define membership (at a minimum should represent the following 'roles' and may include others depending on facility size and type):
 - Facilities management or senior leader
 - Facilities engineer or maintenance representative
 - Infection prevention
 - Environmental services
 - Department heads or designee
- Develop a charter that defines roles and responsibilities of members, chair, meeting schedule, etc.
- Have you identified team members who should:
 - Y N Be familiar with the facility water system(s)

For nursing homes, the group may consist of three or more individuals representing management, nursing (someone filling the role of infection control), and the facilities engineer; ad hoc members with subject matter expertise (to provide advice) may be water consultants.

Larger facilities representation may include a senior leader, risk management, infection prevention, facilities engineers, central sterile services,



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LEGIONELLA PNEUMOPHILA

- ▶ *Legionella* is found naturally in freshwater environments (lakes and streams) but generally does not lead to disease
- ▶ *Legionella* can become a health problem in building water systems
- ▶ *Legionella* first must grow; then must be aerosolized so people can breathe in small, contaminated water droplets



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WHERE CAN LEGIONELLA GROW AND SPREAD ?

- ▶ Hot and cold-water storage tanks
- ▶ Water heaters
- ▶ Water filters
- ▶ Aerators Faucet flow restrictors
- ▶ Pipes, valves and fittings
- ▶ Electronic and manual faucets*
- ▶ Showerheads*
- ▶ Centrally-installed misters and humidifiers*
- ▶ Eyewash stations*
- ▶ Ice Machines*
- ▶ Hot tubs*
- ▶ Decorative fountains*
- ▶ Cooling towers*
- ▶ Medical Devices*
 - ▶ CPAP machines, hydrotherapy equipment, bronchoscopes



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LEGIONNAIRES' DISEASE

► Council for State and Territorial Epidemiologist (CSTE):

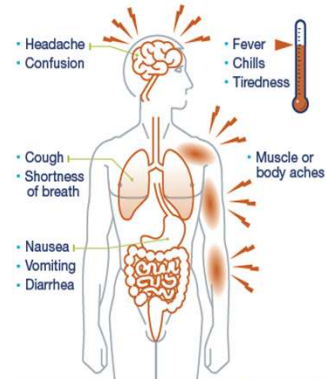
► Presumptive HCA

- A case with ≥ 10 days of continuous stay at a healthcare facility during the 14 days before onset of symptoms

► Possible

- A case that spent a portion of the 14 days before date of symptom onset in one or more a healthcare facilities, but does not meet the criteria for presumptive HA-LD.

Legionnaires' disease symptoms



Symptoms usually begin 2 to 10 days after being exposed to *Legionella*.



[cdc.gov/investigate-legionella/php/healthcare-resources/healthcare-facilities.html?CDC_AAref_Val=https://www.cdc.gov/legionella/health-depts/healthcare-resources/healthcare-facilities.html](https://www.cdc.gov/investigate-legionella/php/healthcare-resources/healthcare-facilities.html?CDC_AAref_Val=https://www.cdc.gov/legionella/health-depts/healthcare-resources/healthcare-facilities.html)



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Identifying Buildings at Increased Risk

Survey your building (or property) to determine if you need a water management program to reduce the risk of *Legionella* growth and spread.

If you answer YES to any of questions 1 through 4, you should have a water management program for that building's hot and cold water distribution system.

Healthcare Facilities

- Yes ___ No ___ 1. Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems[†] or weakened immune systems?
- Yes ___ No ___ 2. Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility)?
- Yes ___ No ___ 3. Does your building have multiple housing units and a centralized hot water system (like a hotel or high-rise apartment complex)?
- Yes ___ No ___ 4. Does your building have more than 10 stories (including basement levels)?



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Devices in buildings that can spread contaminated water droplets should have a water management program even if the building itself does not. If you answer **NO** to all of questions 1 through 4 but **YES** to any of questions 5 through 8, you should have a water management program for *that device*.

Yes ___ No ___ 5. Does your building have a cooling tower*?

Yes ___ No ___ 6. Does your building have a hot tub (also known as a spa) that is not drained between each use?

Yes ___ No ___ 7. Does your building have a decorative fountain?

Yes ___ No ___ 8. Does your building have a centrally-installed mister, atomizer, air washer, or humidifier?



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WHAT NEEDS TO BE DONE?



Identify building water systems for which *Legionella* control measures are needed

Assess how much risk the hazardous conditions in those water systems pose

Apply control measures to reduce the hazardous conditions, whenever possible, to prevent *Legionella* growth and spread

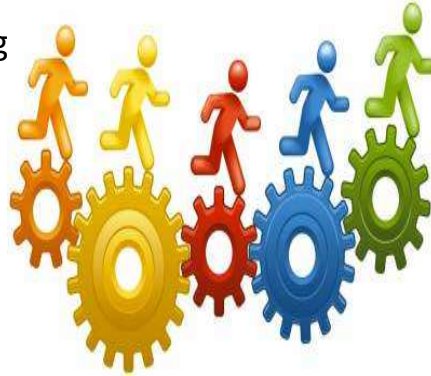
Make sure the program is running as designed and is effective



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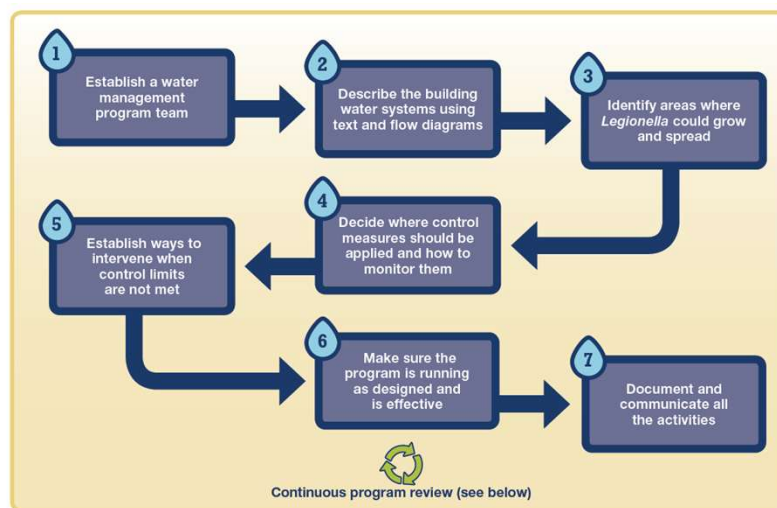
WATER MANAGEMENT TEAM

- ▶ Administrator
- ▶ Maintenance or engineering
- ▶ State/local health officials
- ▶ Infection preventionist
- ▶ Medical director
- ▶ Risk/Quality management staff

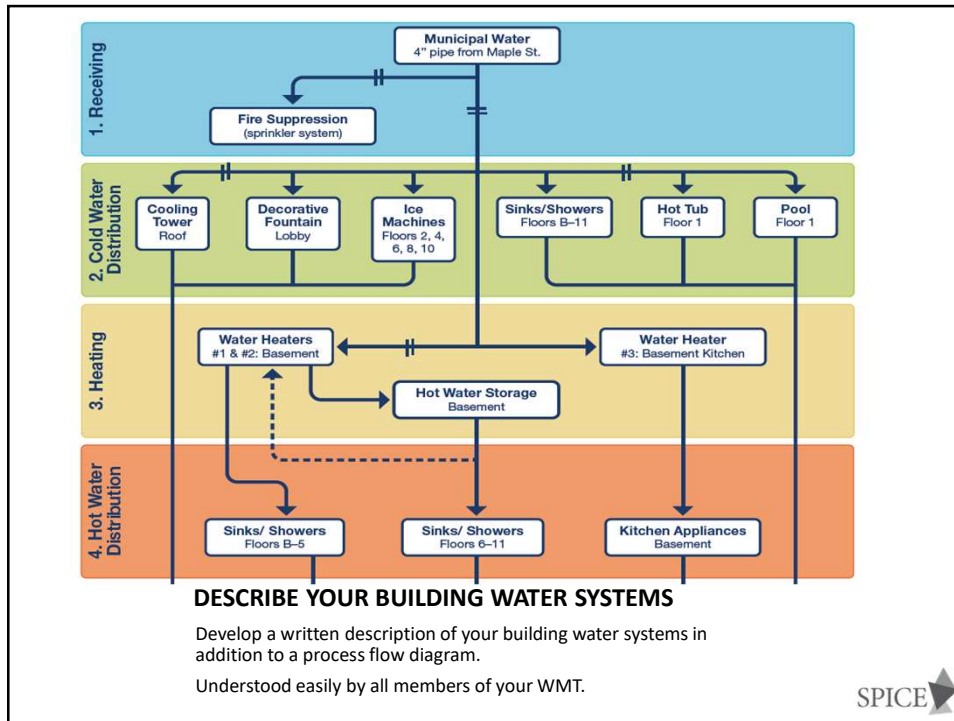


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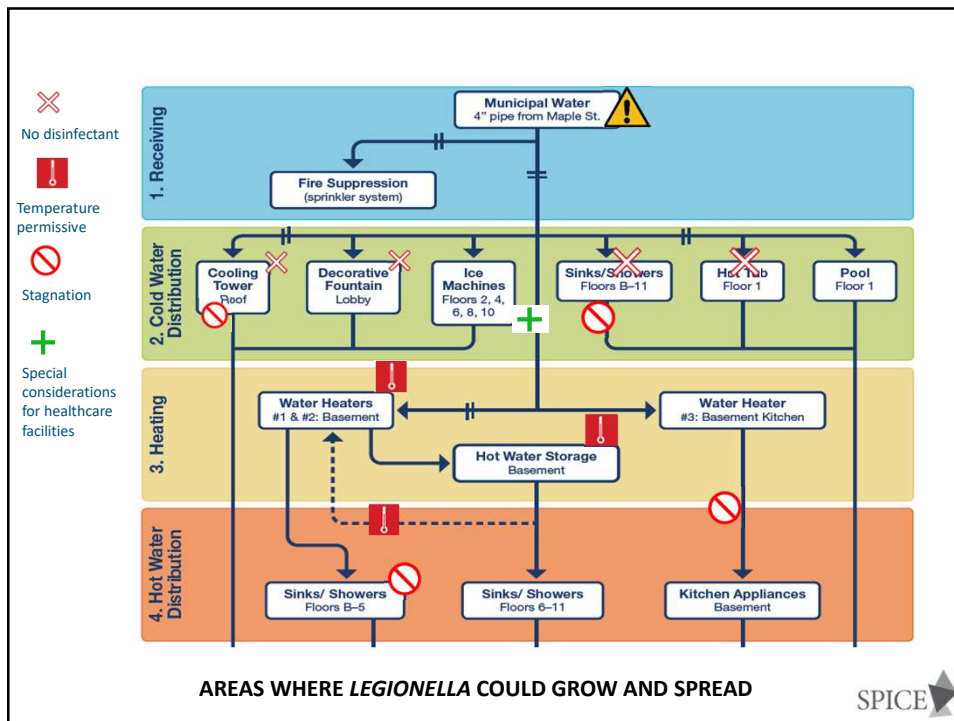
ELEMENTS OF A WATER MANAGEMENT PROGRAM



48



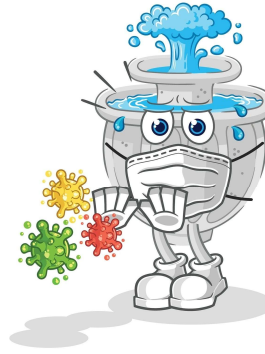
49



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ADDITIONAL ELEMENTS OF A WMP

1. Describe control measures and how monitored
2. Ways to intervene if control limits not met
3. Make sure program is running as designed
4. Document and communicate



SPICE

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MOLD

- Over millions of years old
- Part of our natural environment:
 - Breaks down and digests organic materials such as leaves in outdoor areas
- Can be found indoors and outdoors-water, soil and air
- Need a food source to grow and moisture helps the spore grow
- Mold like cellulose materials such as:
 - Drywall
 - Ceiling Tiles
 - Behind wallpaper and wall coverings

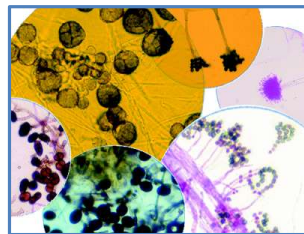
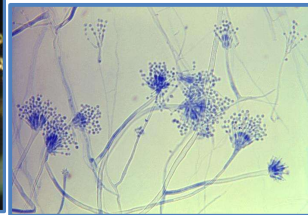


SPICE

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Mold spores

- Mold spores
- Dispersed when disrupted
- Can be transferred by:
 - Air currents
 - Unclean hands
 - Uncleaned materials/equipment



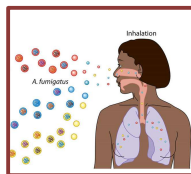
SPICE 

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CEC1

Mold Spores

- Inhalation
- Ingestion
- Open wounds
- Burns



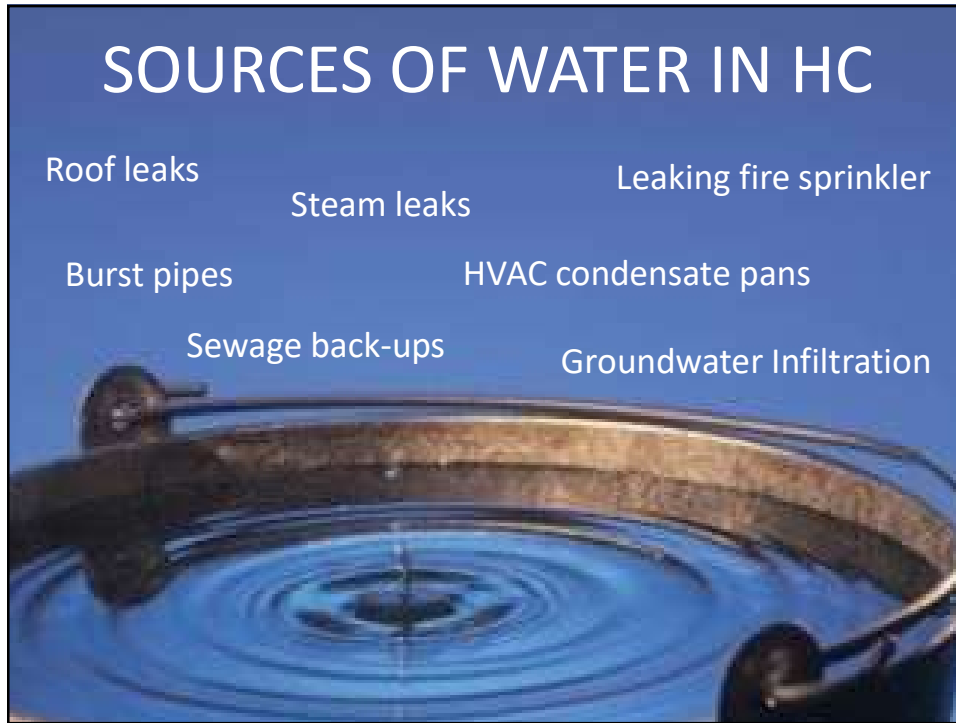
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Slide 54

CEC1 In the notes would delete "with our macrophages, an innate defense mechanism" and just say "with our bodies defense mechanisms".

Cook, Evelyn C, 2022-07-05T13:28:40.385



55

Conditions for Mold Growth



- Water intrusion
 - Upon inspection
 - Look up

↑
 - Look down

↓
 - Look out

↔
 - Look all around

↻





Image from:
<https://www.placenorthwest.co.uk/news/work-underway-on-rochdale-indoor-market/>



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CEC1

Conditions for mold Growth

- Relative Humidity
 - Relative humidity above 70% for extended periods of time indoors can aid in mold growth.
 - Condensation can appear on surfaces, especially when there are cold surfaces in the facility.



SPICE

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Common Areas in Healthcare Facilities



SPICE

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Slide 57

CEC1 Wonder if the speaker notes can be simplified a little
Cook, Evelyn C, 2022-07-05T13:45:46.758

MOLD REMEDIATION

- ▶ *Although molds can be found almost anywhere, they need moisture and nutrients to grow. The exact specifications for optimal mold growth vary by the species of mold. However, mold grows best in damp, warm environments.*
- ▶ *The availability of nutrients in indoor environments rarely limits mold growth because wood, wallboard, wallpaper, upholstery, and dust can be nutrient sources. When a hospital experiences water intrusion such as flooding or water leaks, resulting mold growth can seriously compromise the health of patients and others such as nursing staff and physicians*

*Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods
MMWR; June 9, 2006/Vol.55/No.RR8*

<https://www.cdc.gov/mmwr/PDF/rr/rr5508.pdf>



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NORTH CAROLINA GUIDELINES FOR MOISTURE MANAGEMENT AND MOLD REMEDIATION IN HEALTHCARE FACILITIES

These guidelines are a consensus document approved by the Association for Professionals in Infection Control (APIC-NC), the Statewide Program for Infection Control and Epidemiology (SPICE), the Public Health Institutional Task Force for Best Practices (PHIT Force), North Carolina State Division of Public Health, and the North Carolina Infectious Disease Society (NCIDS).

<https://spice.unc.edu/wp-content/uploads/2016/12/mold-2007-03-08-1.pdf>



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THE REMEDIATION PLAN SHOULD INCLUDE

- ✓ Steps to permanently correct the water/moisture problem
- ✓ Use of appropriate personal protective equipment (PPE)
- ✓ Steps to carefully contain and remove moldy building materials in a manner preventing further contamination.
- ✓ Depending on size and job complexity, allow for revision of plan if circumstances change or new facts are discovered.
- ✓ Evaluating patient or healthcare case workers' exposure to contaminated air and construction materials.



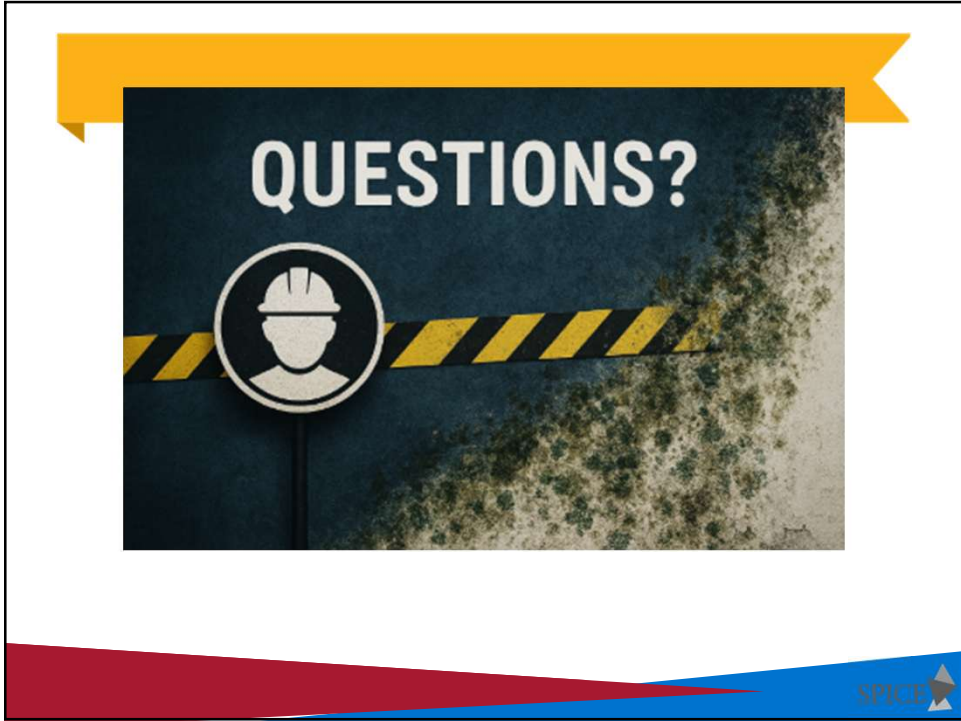
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It is important for infectious disease physicians and infection preventionists in collaboration with building contractors and other associated departments to appropriately implement risk assessment and mitigation measures and prevent healthcare-associated fungal outbreaks and infections.

Review of Fungal Outbreaks and Infection Prevention in Healthcare Settings During Construction and Renovation (2015). Hajime Kanamori, William A. Rutala, Emily E. Sickbert-Bennett, and David J. Weber



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