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MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 1 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

PURPOSE:

1. To define the steps and precautionary measures to ensure the environmental health risk assessments, interventions, and infection control practices are incorporated into the planning of construction and renovation in the healthcare setting.
2. To provide standard directions for Infection Control and Safety in the entire course of the construction, renovation, repair or demolition; thereby protecting the client, and health care personnel healthcare setting.
3. To develop an environmental infection control guideline which reviews and reaffirms strategies for the prevention of environmentally-mediated infections.
4. To provide information and institutional guidelines for the proper indications of routine environmental sampling.
5. To minimize the possibility of hospital-acquired infections in patients that may arise as a result of exposure to organisms released into the environment during construction and renovation activities.

DEFINITIONS:

Construction - refers to the techniques and industry involved in the assembly and erection of structures, primarily those used to provide shelter. There is no existing erected structure in the site of building or construction.

Renovation - refers to the act to restore to a former better state (as by cleaning, repairing, or rebuilding). There is already an existing structure which is set for altering or rebuilding. It is the process of improving a structure; also called remodeling.

Repair - refers to activities which may involve manipulation of water systems, air systems, or those which may generate small to moderate amount of dust. Also, to restore to sound condition after structural damage or injury.

Demolition - refers to the closure and abolition of an existing structure. It is the tearing down of buildings and other structures, the opposite of construction. Demolition contrast with deconstruction—which involves taking a building apart while carefully preserving valuable elements for reuse.

Environmental Sampling (Swabbing Procedure) - is a microbiology procedure performed by a medical technologist which involves acquisition of surface samples through swabbing of items.

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ATP Luminometer Test - is a test conducted by using a luminometer, a device that measures Adenosine triphosphate. It is a cleaning verification method used to determine whether the cleaning process has been undertaken correctly. The reading on the device is measured in Relative Light Units (RLU).

Safety Officer's Risk Assessment - refers to the Identification, evaluation and determination of the levels of risk involved in a situation such as construction, their comparison against benchmarks or standards, and determination of an acceptable level of risk.

Infection Control Risk Assessment (ICRA) - It is a tool used for the prevention and Control of Health care associated infection which may be caused by repair, construction, demolition or renovation. It is also a multidisciplinary, organizational, documented process. All assessment made are collated and infection control procedures in construction are guided by the Infection Control Matrix.

HVAC (Heating, Ventilation and Air-Conditioning) System - refers to technology of indoor or automotive environmental comfort. HVAC system design is a major sub-discipline of mechanical engineering based on the principles of thermodynamics, fluid mechanics, and heat transfer. It is important in the design of medium to large industrial and office buildings.

HEPA (High Efficiency Particulate Air) Filter - refers to a type of air filter. Filters that are awarded the HEPA accolade are used in various locations, whether in medical facilities, automotive vehicles, airplanes, home filters or wherever very pure air is sought.

Outbreak - is a term used in epidemiology to describe an occurrence of disease greater than would otherwise be expected at a particular time and place. It may affect a small and localized group or impact upon a thousand of people across an entire population.

RESPONSIBILITY:

Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers

POLICY:

1. This policy applies to all construction/renovation works within healthcare facilities by ensuring preventive maintenance are done (i.e., heating, ventilation and air conditioning (HVAC) system,



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EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 3 of 28
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ventilator cleaning, filter replacement, etc.) that may compromise and/or contaminate air and water supply.

2. Trained personnel from the Infection Prevention and Control Unit (IPCU) will be involved and be pre-informed of all current and future construction activities at the healthcare facilities. IP&C personnel will be active team members in all phases of any construction/renovation projects where they will play a major role in providing education to workers and staff involved in the project to ensure that preventive measures are outlined, implemented, and maintained.
3. An established multidisciplinary team composed of IP&C, Safety and Engineering staff, with the involved clinical areas shall ensure patient safety given that clear lines of communication among all concerned departments are in place
4. All construction and renovation activities shall be defined and managed in such a way that occupants' exposure to dust, moisture and their accompanying hazard is kept to a minimum. Controlling construction dust and dirt will further serve to protect staff, visitors, patients as well as sensitive procedures and equipment from possible ill effects.
5. The suggestions of the end-users shall always be noted especially during the planning phases.
6. Chemical Safety Rules
 - 6.1 All personnel who may have contact with hazardous chemicals or solutions will wear appropriate PPE's applicable.
 - 6.2 Proper handling and disposal of such chemicals must be observed; empty containers shall be disposed of immediately in the hazardous waste containers provided.
 - 6.3 All personnel will comply with hand hygiene policy.





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Infection Control Risk Assessment (ICRA): Matrix of Precautions for Construction and Renovation, Demolition & Repair

Step 1. Using the following table, identify the Type of project activity (Type A–D).

TYPE A	Inspection and non-invasive activities including but not limited to: <ol style="list-style-type: none">1. Removal of ceiling tiles for visual inspection only (for example, limited to one tile per 50 square feet)2. Painting but not sanding3. Wall
TYPE B	Small-scale, short-duration activities that create minimal dust and debris, Includes, but is not limited to, the following: <ol style="list-style-type: none">1. Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces).2. Fan shutdown/startup3. Installation of electrical devices or new flooring that produces minimal dust and debris4. The removal of drywall where minimal dust and debris is created5. Controlled sanding activities(e.g., wet or dry sanding) that produce minimal dust and debris
TYPE C	Large-scale, longer duration activities that create a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies, Includes, but is not limited to, the following: <ul style="list-style-type: none">▪ Removal of pre-existing floor covering, wall, casework or other building components





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	<ul style="list-style-type: none">▪ Renovation work in a single room.▪ New wall construction▪ Non existing cable pathway or invasive electrical work above ceilings.▪ The removal of drywall where a moderate amount of dust and debris is created.▪ Work creating moderate to high level of vibration and/or noise.▪ Any activity that cannot be completed in a single work shift.
TYPE D	Major demolition and construction projects, Includes, but is not limited to, the following: <ul style="list-style-type: none">▪ Removal or replacement of building system component(s).▪ Removal /installation of drywall▪ Invasive large-scale new building construction.▪ Renovation work in two or more rooms.▪ Activities which require consecutive work shifts

Step 2. Using the following table, identify the Patient Risk Groups that will be affected.
If more than one risk group will be affected, select the higher risk group.





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Table 2 - Patient Risk Group

Group 1 Low Risk	Group 2 Medium Risk	Group 3 High Risk	Group 4 Highest Risk
Non-patient care areas & offices such as:	Patient care support areas not listed in Groups 3 & 4 such as:	Patient care areas such as:	Procedural, invasive, sterile support and highly compromised patient care areas such as:
<ul style="list-style-type: none"> Public hallways and gathering areas not on clinical units Office areas not on clinical units Break rooms not on clinical units Bathrooms or locker rooms not on clinical units Mechanical rooms not on clinical units EVS closets not on clinical units. 	<ul style="list-style-type: none"> Waiting areas Clinical engineering Materials management Sterile processing department-dirty side Kitchen, cafeteria, gift shop, coffee shop, and food kiosks. Physical Therapy Admission/Discharge Public corridors Laboratories not specified in Group 3 Endocardiography Nuclear Medicine MRI Respiratory therapy Cafeteria Dietary 	<ul style="list-style-type: none"> Critical care units Emergency room Radiology Labor & Delivery Microbiology/Virology Laboratories Intensive Care Units Newborn/Nursery Dialysis Endoscopy Out patient surgery Pediatrics Pharmacy Post-anesthesia care unit Surgery Units Patient care rooms and areas All acute care units Emergency department Employee health Pharmacy – general work zone 	<ul style="list-style-type: none"> All transplant and intensive care units All oncology units OR Theaters and restricted areas Cardiac Catheterization Angiography Pharmacy admixture Negative Pressure Isolation Rooms Operating Rooms Procedural suites Pharmacy compounding Sterile processing department – clean side Transfusion devices Dedicated isolation wards/units Imaging suites: invasive imaging.

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		<ul style="list-style-type: none"> Medication Rooms and clean utility rooms Imaging suites: diagnostic imaging Laboratory 	
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Step 3.

Match the patient risk group (Low, Medium, High, Highest) from step two with the planned construction Activity Project type (A,B,C,D) from Step one using Table 3 to find the Class of Precautions (I, II, III or IV) or level of infection control activities required. The activities are listed in Table 5 – Minimum required Infection Control Precautions by Class.

Table 3 - Class of Precautions

Patient Risk Group	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	I	III/IV	III/IV	IV

Note: Infection Prevention and Control approval will be required when the Construction Project Type and Patient Risk Group indicate that **Class III** or **Class IV** control procedures are necessary.



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Description of Required Infection Control Precautions by Class

CLASS I	<ol style="list-style-type: none">1. Execute work using methods to minimize raising dust from construction operations.2. Immediately replace a ceiling tile displaced for visual inspection.3. Provide Safety Data Sheet (SDS) for paint and disinfectants prior to use.	<ol style="list-style-type: none">1. Clean work area upon completion of the task.
CLASS II	<ol style="list-style-type: none">1. Provide active means to prevent airborne dust from dispersing into the atmosphere.2. Water mist work surfaces to control dust while cutting.3. Seal unused doors with duct tape.4. Block off and seal air vents.5. Place dust mat at entrance and exit of work area.6. Remove or isolate the heating, ventilation, and air conditioning (HVAC) system in areas where work is being performed.7. Provide Safety Data Sheet (SDS) for paint and disinfectants prior to use.	<ol style="list-style-type: none">1. Wipe work surfaces with cleaner/disinfectant.2. Contain construction waste before transport in tightly covered containers.3. Wet mop and/or vacuum with high-efficiency particulate air (HEPA) filtered vacuum before leaving work area.4. Upon completion, restore HVAC system where work was performed.





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APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

CLASS III

- | | |
|--|---|
| <ol style="list-style-type: none">1. Remove or isolate HVAC system in areas where work is being done to prevent contamination of duct system.2. Complete all critical barriers (that is, sheetrock, plywood, plastic) to seal work area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.3. Maintain negative air pressure within work site, utilizing HEPA-equipped air filtration units.4. Contain construction waste before transport in tightly covered containers.5. Cover transport receptacles or carts. Tape covering unless lid is solid.6. Provide Safety Data Sheet (SDS) for paint and disinfectants prior to use. | <ol style="list-style-type: none">1. Do not remove barriers from work area until completed project is inspected by the owner's safety department and infection prevention and control department and thoroughly cleaned by the owner's environmental services department.2. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.3. Vacuum work area with HEPA-filtered vacuums.4. Wet mop area with cleaner/disinfectant.5. Upon completion, restore HVAC system where work was performed. |
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APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

CLASS IV

1. Isolate HVAC system in area where work is being done to prevent contamination of duct system.
2. Complete all critical barriers (that is, sheetrock, plywood, plastic) to seal work area from nonwork area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins.
3. Maintain negative air pressure within work site utilizing HEPA-equipped air filtration units.
4. Seal holes, pipes, conduits, and punctures appropriately.
5. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.
6. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area.
7. Do not remove barriers from work area until project is completed and inspected by the IPC Staff and thoroughly cleaned by the Environmental Services department.
8. Provide Safety Data Sheet (SDS) for paint and disinfectants prior to use.
1. Do not remove barriers from work area until completed project is inspected by the owner's safety department and infection prevention and control department and thoroughly cleaned by the owner's environmental services department.
2. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction.
3. Contain construction waste before transport in tightly covered containers.
4. Cover transport receptacles or carts. Tape covering unless lid is solid.
5. Vacuum work area with HEPA-filtered vacuums.
6. Wet mop area with cleaner/disinfectant.
7. Upon completion, restore HVAC system where work was performed.





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Step 4. Engineering Staff/ Project in-charge identify the areas surrounding the project area, assessing potential impact.

Unit Below	Unit Above	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

Step 5. Identify specific site of activity, for example, patient rooms, medication room, and so on.

Step 6. Identify issues related to: ventilation, plumbing, and electrical in terms of the occurrence of probable outages.

Step 7. Identify containment measures, using prior assessment. What types of barriers (for example, solids walls)? Will HEPA filtration be required?

Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative pressure with respect to surrounding areas.

Step 8. Consider potential risk of water damage. Is there a risk due to compromising structural integrity (for example, wall, ceiling, roof)?

Step 9. Work hours: Can or will the work be done during non-patient-care hours?

Step 10. Do plans allow for adequate number of isolation/negative airflow rooms?

Step 11. Do the plans allow for the required number and type of hand-washing sinks?

Step 12. Does the minimum number of sinks for this project is in accordance to the planning and design



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EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 12 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

guidelines for healthcare facilities by DOH and hand hygiene guidelines from WHO, CDC & others.

Step 13. Plan to discuss the following containment issues with the project team, for example, traffic flow, housekeeping, debris removal (how and when).

Identify and communicate the responsibility for project monitoring that includes infection prevention and control concerns and risks. The ICRA may be modified throughout the project. Revisions must be communicated to the project manager.





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PROCEDURE (SOP):

1. Before Construction, Renovation, Repair and Demolition

1.1 A Multi-Disciplinary Coordination Team shall be created which will coordinate with all measures involving repair, construction, demolition or renovation in the hospital. The Team will be responsible for formulating and providing standards for infection control, safety and quality in the whole course of the project. The Team shall be composed of the following sections or departments:

- 1.1.1 Infection Prevention & Control
- 1.1.2 Laboratory
- 1.1.3 Facilities Manager
- 1.1.4 Engineering Department
- 1.1.5 Safety Officer
- 1.1.6 Medical Director
- 1.1.7 Nursing Director
- 1.1.8 Housekeeping
- 1.1.9 Project Engineer
- 1.1.10 Biomed Head
- 1.1.11 Architects, Contractors
- 1.1.12 End-users

After the creation of the Multi-Disciplinary Team, the members shall make a point to convene or meet to discuss suggestions regarding plans for construction, repair, renovation or demolition.

1.2 Seasonal effects related to infections should be considered in the work plan of projects.

1.3 Infection Prevention & Control Unit (PCU) trained staff personnel and Engineering Staff/Project in-charge will provide information on the Infection Control Risk assessment (ICRA) using the Matrix of Precautions for Construction and Renovation & Repair, Demolition & Repair.

1.3.1 Identify the type of Construction/ Renovation project.





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APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

- 1.3.2 Identify the Risk Groups that might be affected.
- 1.3.3 Matching the Patient Risk Group (from step 2) with the type of Construction Project (from step 1) according to the IC Matrix-Class of Precautions.
- 1.3.4 Based on the Patient Risk group as per the IC matrix, select description of the Required Precautions by Class, which describes the category of infection control precautions involved during the construction project and upon completion of the project.
- 1.4 An Infection Control Risk Assessment Form & Construction & Renovation Permit will be completed and submitted by the Facility/Engineering/Maintenance staff to the PCU office prior to the commencement of any project.
- 1.5 The approved ICRA and Construction and Renovation Permit will be posted on the door of the work site by the Facility/Engineering/Maintenance Staff or the department head hosting the construction work indicating their findings and preventive measure recommendations as per the approved construction permit (Level of precaution).
- 1.6 The Infection Preventionist (IP) is responsible for observing and reporting any breaches in the ongoing construction and renovation activities in their assigned areas.
- 1.7 IP&C trained personnel with the Facility/Engineering Team will be responsible for:
 - 1.7.1 Identifying issues related to ventilation, plumbing, and electrical in terms of occurrence of probable outages.
 - 1.7.2 Identifying containment measures using prior assessment such as types of barriers (solid wall) and the need for HEPA filtration.
 - 1.7.3 Ensuring renovation/construction area must be isolated from the occupied areas during construction and must have negative ventilation with respect to surrounding areas.
 - 1.7.4 Considering potential risks of water damage and risks due to compromised structural integrity (i.e., walls ceiling and roof).
 - 1.7.5 Managing working hours for the project and assess whether work can be carried out during non-patient care areas.
 - 1.7.6 Planning to discuss the containment issues with the project team (e.g., traffic, housekeeping, waste management).

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EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 15 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

- 1.8 All contracted construction workers must be aware and trained on the health and safety risks to staff and patients during construction / renovation activities. It is the responsibility of the construction team to comply with the provisions in this policy outlined by Infection Prevention & Control Unit.
- 1.9 Facility Management & Safety will be responsible in:
 - 1.9.1 Establishing traffic patterns for construction workers that will avoid patient care areas.
 - 1.9.2 Designating, if possible, an elevator to be used solely by the construction workers and ensure that the ventilation of the elevator cab and shaft is not re-circulated in the hospital.
 - 1.9.3 Establishing a mechanism to ensure timely resolution of problems.
- 1.10 The use of dust control procedures and dust barriers during construction, repair demolition shall be observed, in order to seal the area, to wit;
 - 1.10.1 Infection Prevention & Control measures for special care areas with high risk patients e.g. ICU, NICU, OR, PACU, PICU, DR, Hemodialysis, ER/OPD and the like to prevent airborne contamination;
 - 1.10.2 If the project is adjacent to the high risk areas, patients shall be relocated to another controlled area—on applicable cases, such that if there is an available controlled area for transfer which can meet expected minimum standards (on Class III and Class IV Constructions-based on Infection Control Risk Assessment Matrix);
 - 1.10.3 An isolation room with anteroom shall be needed to contain patients with conditions that can be transmitted by airborne.
- 1.11 The engineering department shall ensure that before the start of construction, all necessary signage for personnel safety shall be posted in strategic areas.
- 1.12 The Infection Prevention & Control Team shall provide health education to construction and healthcare workers which will be involved in the construction.
- 1.13 An anteroom shall be created for the construction workers—which shall be observed only if applicable, such as on projects expected to create moderate to high amount of dust. The anteroom must have a tacky mat (adhesive walk-off mat) in the floor. It will only be used





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DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 16 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

for construction purposes—to contain dust. It should be placed inside the anteroom adjacent to doors, and not inside patient care or critical care areas.

- 1.13.1 The tacky mat is not recommended for use inside the special care areas since it collects dust and other particles, and may also harbor pathogens.
- 1.14 There shall be a specified entry and exit point for construction workers, in which traffic and movements of personnel shall be controlled and/or minimized.
2. During Construction, Renovation, Repair and Demolition
 - 2.1 The Infection Prevention & Control Team, together with the Multi-Disciplinary Team and/or Members from the concerned area under construction shall schedule routine rounds. The Infection Prevention Control Team will utilize an Infection Control Construction and Renovation Inspection Checklist and visit the workplace to record all tangible observations, and coordinate with other departments concerned should there be a need for prompt action.
 - 2.2 The hospital ward/department is responsible for addressing the needs of immunocompromised patients. They should be moved to an area away from the construction zone if the air quality cannot be assured during construction. Immunocompromised patients should wear a mask if it is necessary to transport them through or near the construction areas/zones.
 - 2.3 Project Manager shall ensure that:
 - 2.3.1 All windows, doors, air intake and exhaust vents are sealed in areas of the hospital adjacent to buildings that are going to be demolished including areas confining susceptible patients, to prevent air and dust leaks into patient care areas.
 - 2.3.2 A dust barrier is created from the floor to the ceiling with the edges sealed. Plastic (for short-term projects) or sheetrock (for long-term projects) are examples of materials that can be used to seal the construction area.
 - 2.3.3 All windows, doors, vents, plumbing penetrations, electrical outlets and any other sources of potential air leak are sealed in the construction zone. Seal all holes, pipes, conduits and punctures appropriately.
 - 2.3.4 Negative air pressure within the construction zone should be maintained

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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 17 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

compared with adjacent areas. Air in the construction zone should be exhausted directly outside. If this is not possible, then the air should be filtered through a HEPA filter before being re-circulated in the hospital. The integrity of the HEPA filter should be assessed to ensure that it is not punctured or blocked.

- 2.3.5 Any unused exhaust vents in the construction area have to be capped to prevent exhausted air from being drawn back into the facility.
- 2.3.6 Air ducts and spaces above ceiling are vacuumed before the construction project in the involved areas is started and repeated before utilization of the area to ensure sufficient functioning. The mechanical or electrical fixtures must be cleaned before installation of ceiling.
- 2.3.7 Work surfaces are water misted to control dust while cutting concrete wall or floor.
- 2.3.8 A mat with a sticky surface is placed directly outside the impermeable barrier (anteroom), to trap dust from the equipment and shoes of personnel leaving the construction zone. Change mat on a daily basis.
- 2.3.9 The construction zone is cleaned daily using a wet mop technique.
- 2.3.10 Used supplies and equipment are enclosed in covered containers when being transported out of the area to prevent spillage.
- 2.3.11 Debris from construction in the clinical areas should be removed using covered containers/carts by the construction workers during periods of low activity, as much as possible (i.e., after hours and visits).
- 2.3.12 An external chute is used if necessary for removal of debris if construction is not taking place on ground level.
- 2.3.13 Faucet aerators and other obstructing and stagnating features (e.g., long pipes and plumbing dead-ends) are removed, if possible.
- 2.3.14 Dust suppression is maintained in outdoor construction sites.
- 2.3.15 Copper-8-quinolinolate formulation is considered for application to walls, doors, frames, baseboards, exterior surfaces of radiators, vents in the rooms of the construction area and above false ceilings in adjacent areas.
- 2.3.16 Installation of cleaned ceiling tiles is secured with silicone sealant.





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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 18 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

2.3.17 The partition floor track is clean prior to installation of sound insulation and closing of Partition.

- 2.4 All construction workers and persons involved shall wear personal protective equipment applicable (e.g. construction cap, mask, construction gloves, goggles) so that they may be protected from dust inhalation and workplace injuries at all times.
- 2.5 All departments are responsible for reporting any discoloration of water promptly to maintenance and infection control personnel. Alternate water sources should be considered for patient use.
- 2.6 All personnel entering work site are required to wear appropriate personal protective equipment (PPE) indicated by the contractor/safety personnel.
- 2.7 Trained personnel from IP&C will regularly visit the construction site until the project is completed to ensure all preventive measures are being adhered to, or appropriate modifications are completed if there are any on-site design changes. Any onsite observations or citations will be brought to the attention of Facility Management & Safety and IP&C In-charge/Head.
- 2.8 Housekeeping are responsible for ensuring that adjacent areas are vacuumed/cleaned daily or more frequently if needed.
- 2.9 Facility Management & Safety in coordination with the trained staff from IP&C will ensure adequate installation of instructions and signage.
- 2.10 There shall be an assigned housekeeping personnel in-charge of cleaning the construction area as necessary (i.e. using a wet mop or any other necessary cleaning equipment).
- 2.11 The Infection Prevention and Control Staff will check the ongoing work on daily and weekly basis accordingly.

3. After Construction, Renovation, Repair and Demolition

- 3.1 The Multi-Disciplinary team shall conduct an ocular inspection of the area. The team shall appraise or evaluate the set up whether the guidelines and recommendations were met. The Infection Prevention & Control Team, along with representatives of the concerned departments shall assess the readiness of the area, and furnish tangible observation and necessary evaluations.





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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 19 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

3.1.1 For facility review, a time frame (will be identified and agreed) of 10-14 days shall be allotted to ensure that all issues shall be addressed properly (if there are documented and/or valid concerns) such as:

- 3.1.1.1 Cleaning of ceiling
- 3.1.1.2 Cleaning of HVAC and HEPA Filters
- 3.1.1.3 Cleaning of equipment which may be disrupted along the process of construction
- 3.1.1.4 Proper functioning of air and water system
- 3.1.1.5 Designated area for hand washing especially in critical care patients.
- 3.1.1.6 Proper airflow control (checking of special care areas and isolation rooms whether air pressure is appropriate).
- 3.1.1.7 For the prevention of the generation and storage of dust, cabinets for sterile supplies shall be made, preferably with the following specifications:
 - 3.1.1.7.1 The base of the cabinet should not touch the floor (at least 6-8 inches, or as specified). This helps facilitate cleaning, prevent pest intrusion, and ensures that any spills or water from the floor cleaning do not affect the cabinet.
 - 3.1.1.7.2 If it shall be an overhead cabinet, its top should be directly anchored to the ceiling—without gap to prevent accumulation of dust or moisture or 18 inches from the sprinkler head to the top of any cabinet or obstruction. To ensure that the sprinkler system functions properly and provides effective fire suppression

- 3.2 Consider hyper chlorinating stagnant potable water or superheating and flushing all distal sites before restoring or repressurizing the water system if there are concerns about Legionella and Aspergillus.
- 3.3 Disinfect unused cooling towers and water supply in unoccupied portions of the buildings before they are put in use.
- 3.4 Assess hot water temperature to determine that it meets the standards set by the healthcare facility.

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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 20 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

- 3.5 Ensure that controlled pressure rooms are maintained appropriately.
- 3.6 The dust barrier which seals the area during construction shall be removed only after preliminary routine cleaning is done.
- 3.7 A routine cleaning or a supervised terminal cleaning shall be scheduled by the Infection Prevention and Control Team (depending on the construction type from ICRA) in coordination with the Housekeeping Department. Such cleaning procedure shall be overseen by the team and the housekeeping supervisors. Moreover, workers who shall be responsible for the terminal cleaning are those identified by the Housekeeping Department, who are specially trained for it.
- 3.8 Any disinfectant and/or solution which shall be utilized for the terminal cleaning shall be determined by the Infection Prevention & Control Team, with the approval of the Infection Control Committee.
- 3.9 Disinfectant fogging procedures i.e. the use of fine mist products for terminal cleaning is not recommended after the structure completion (CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008.)
- 3.10 Air sampling may be conducted both during periods of construction and on a periodic basis to determine indoor air quality, efficacy of dust-control measures, or air-handling system performance via parametric monitoring (Guidelines for Environmental Infection Control in Health-Care Facilities, 2003).
- 3.11 Should an environmental sampling or swabbing procedure take place, it shall be supervised by the members of the Infection Prevention & Control Team; and results of such test shall be kept strictly confidential and revealed on to the Team and the concerned departments only.
- 3.12 The swabbing results shall be promptly evaluated by the Infection Control Committee Chairman—deciding on the recommendations applicable.
- 3.13 Limitations:
In cases of area repair, or small scale projects, there are some parts of this policy which may not be applicable such as the construction of an anteroom for construction workers. Some recommended measures which involve production or purchasing of materials may

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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 21 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

be costly. Whereas, the quality in healthcare setting should never be compromised for cost. Cost effective measures may be undertaken.

Time. Some construction or renovation activities may only be done at a specified time in which the hospital caters to lesser patients, and there is a low risk of dust exposure for all. Hence, the allotted time for facility review (10-14 days) may not be enough on certain circumstances.

Availability of Materials. Some recommended materials especially for safety and Infection Prevention and Control may be hard to find, or it may be difficult to identify a supplier such as in the case of HEPA filters which are only currently installed in high risk areas (i.e. ICU, NICU).

End-users. Coordinate with the Multi-Disciplinary Team especially on preparation and planning phases to input necessary suggestions for their area. They shall accompany the Infection Control Team and Engineering Department in doing an area surveillance during and after construction.





DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 22 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

WORK INSTRUCTION:	
KEY TASKS	PERSON RESPONSIBLE
1. Provides input in specific stages indicated in (Infection Control Risk Assessment Form & Construction & Renovation Permit) and conducts orientation for the construction and health workers involved. Also performs routine surveillance of the construction site for the whole course of the construction. In addition, the team also inspects areas where construction was done after final cleaning and recommends opening or re-opening of the areas.	Infection Prevention and Control Unit and Safety Officer
2. Responsible for sterility testing and environmental swabbing procedure. Personnel who conduct such procedure must be a licensed Medical Technologist or Laboratory Scientist.	Laboratory Department
3. In-charge of assigning housekeeping personnel for the entire course of constructions. Coordinates with other members of the Multi-Disciplinary Team for dissemination of information and implementation of working schedules.	Facilities Manager
4. Responsible for obtaining necessary work permits from government agencies (e.g. DOH, DENR, etc.). Works in the execution and completion of construction, renovation, repair or demolition.	Engineering Department
5. Conducts risk assessment and reviews air sampling strategy of the construction area together with Infection Control Team.	Safety Officer

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RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 23 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

6. Performs administrative function to approve or recommend necessary actions involving construction and personnel.	Medical Director
7. Identifies high risk areas and critical patients. Responsible for relocating such patients in an unaffected area before construction/renovation work is initiated.	Nursing Director
8. Ensures proper cleaning of the construction area during and after construction, repair, renovation or demolition. The department also identifies well trained personnel for terminal cleaning (if applicable) after the project has been declared complete.	Housekeeping
9. Enlists guidance and support from Infection Control Team in all stages of the project as stated in (Infection Control Risk Assessment Form & Construction & Renovation Permit). This includes sending intent to commence design and construction memoranda and copies of all building plans. Coordinates with the Infection Control Team to ensure that all agreed setup (Infection Control Risk Assessment Form & Construction & Renovation Permit) are included in the final building plans.	Project Engineer
10. Coordinates with the Infection Prevention and Control Team regarding proper setup and for further advice if required such as construction adjacent to rooms of immunocompromised patients and those with airborne cases.	Architects and Contractors
11. Coordinates with Multi-Disciplinary Team for the safe storage and re-calibration of equipment after relocation.	Biomed Head





DR. PABLO O. TORRE
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RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 24 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

12. Coordinates with the Multi-Disciplinary Team especially on preparation and planning phases to input necessary suggestions for their area. They shall accompany the Infection Control Team and Engineering Department in doing an area surveillance during and after construction.	End-users
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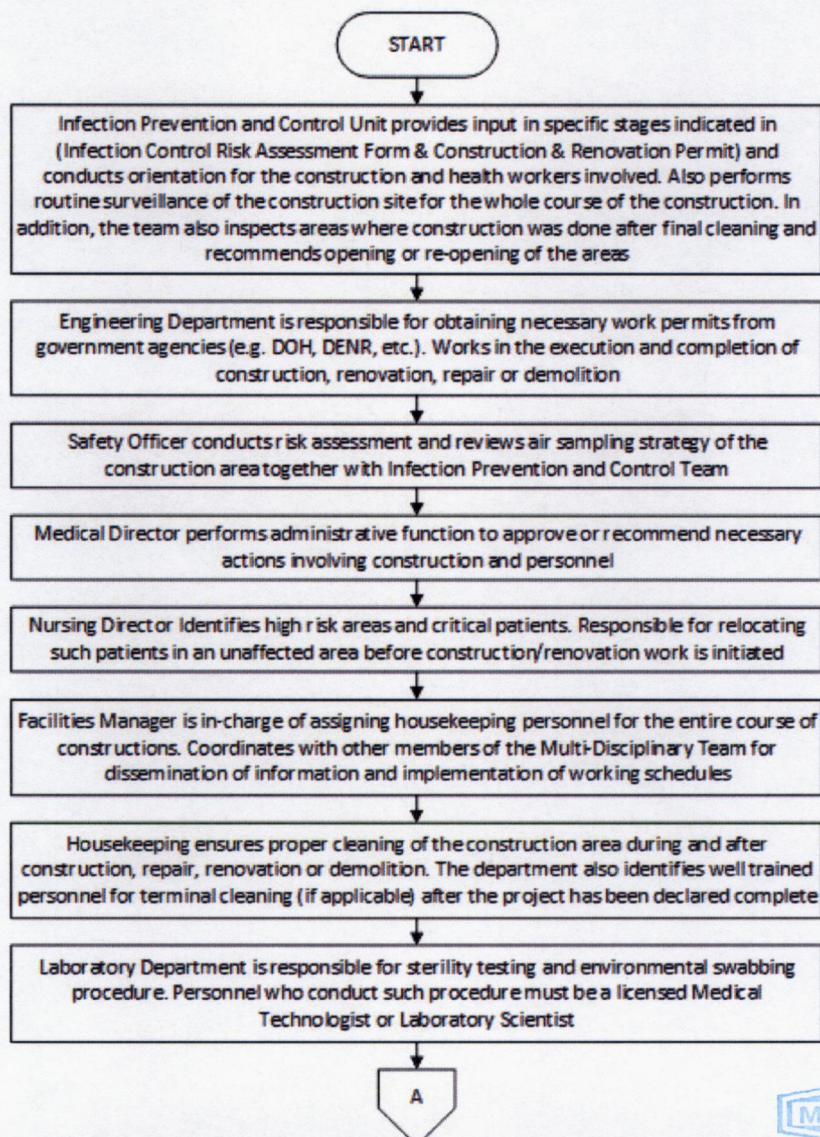
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METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 25 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

WORK FLOW:



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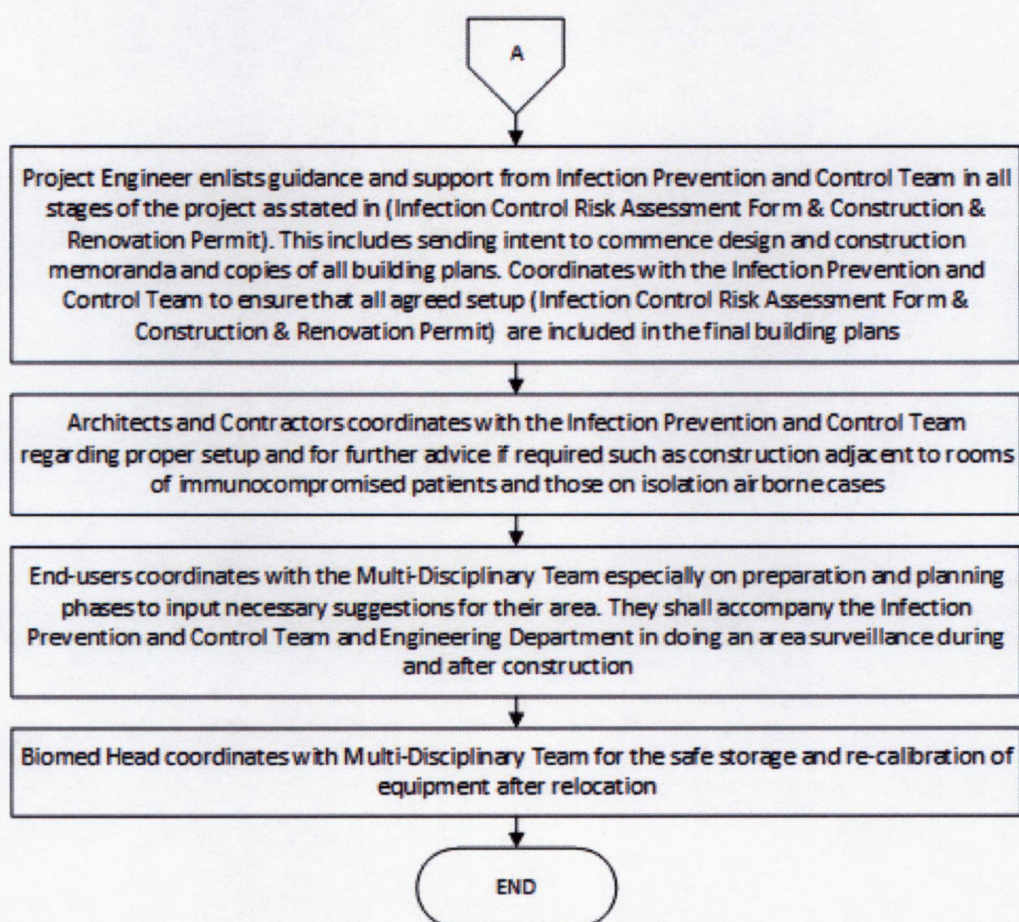
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RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 26 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	





DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-IPCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 27 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

FORMS: DPOTMH-IPCU-F019(01), DPOTMH-IPCU-F020, DPOTMH-IPCU-F021
EQUIPMENT: N/A
REFERENCES: <ol style="list-style-type: none"> 1. Bartley J. Construction and Renovation. In: Pfeiffer J, ed. <i>APIC text on infection control and epidemiology</i>. Washington DC: APIC, 2000. 2. The Joint Commission. Nov. 16, 2021 3. CDC HICPAC. <i>Healthcare infection Control Practices Advisory Committee</i>. Center for Disease Control and Prevention (CDC): USA, 2000. 4. Enviroanalysis. <i>Action Plan for Health Facilities (JCAHO Standards)</i>. EA USA, 2001. Infection Control Focus Group. <i>Patient Care focus groups; Assessing organizational readiness for infection control issues related to construction, renovation and physical plants projects</i>. NACHRI, 1998. 5. Kuehn TH, Gracek B, et. Al. <i>Identification of contaminants, exposures, effects and control options for construction/renovation activities</i>. ASHRAE Transactions Research, 1995. 6. Republic of the Philippines <i>Department of Health</i>, 2003. 7. Streifel AJ, Marshall JW. <i>Parameters of ventilation controlled environments in hospitals</i>. In: <i>Design, Construction, and operations of healthy buildings</i>. ASHRAE, 1998. 8. The American Institute of Architects and the Facilities Guidelines Institute. <i>Guidelines for design and construction of hospital and health care facilities, 2001</i>. Washington, DC: AIP, 2001. 9. Wills, Caroline. <i>Healthcare Protection Agency</i>. HPA Gateway Reference 11- 01:2010. 10. Wirral PCT NHS. <i>Risk Assessment for the prevention and control of healthcare associated infections (HCAI) guidance</i>. Wirral NHS, 2001. 11. <i>Guidelines for Environmental Infection Control in Health-Care Facilities (2003)</i> (https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/air.html)



DR. PABLO O. TORRE
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RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-PCU-P016-(01)	
TITLE/DESCRIPTION: CONSTRUCTION, RENOVATION, REPAIR, AND DEMOLITION PRECAUTION MEASURES IN HEALTHCARE FACILITY			
EFFECTIVE DATE: August 30, 2024	REVISION DUE: August 29, 2027	REPLACES NUMBER: N/A	NO. OF PAGES: 28 of 28
APPLIES TO: Infection Prevention and Control Unit, Laboratory Department, Facilities Manager, Engineering Department, Safety Officer, Medical Director, Nursing Director, Housekeeping Department, Project Engineer, Architects, Contractors, End-users, and Construction Workers		POLICY TYPE: Multi Disciplinary	

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