

When to use this checklist:

Planning phase

Work phase

Dust and debris from construction activities can carry microorganisms. Use this checklist to determine and audit the proper removal of debris in a health care facility.

DATE: _____

AREA/UNIT: _____

COMPLETED BY: _____

Criteria	Compliant	Non-compliant	Comments
ICP, constructor, project manager, and representative from affected area(s) discuss, plan and develop signage indicating: <ul style="list-style-type: none"> ▪ Debris removal route (e.g., avoid patient care areas) ▪ Use of a dedicated elevator or hallway ▪ Time of day for debris removal (e.g., times when activity levels are decreased) ▪ Where debris will be stored until removed from the facility property 			
Debris is removed: <ul style="list-style-type: none"> ▪ In containers/carts with tightly fitted covers ▪ Covered with a moistened sheet or sent down an external chute ▪ Chute opening is sealed when not in use 			
The exterior of the covered cart, including the wheels, is wiped down with a damp cloth prior to leaving the construction area			
Constructors, when leaving the construction area, remove debris by: <ul style="list-style-type: none"> ▪ vacuuming self with HEPA filter-equipped vacuum, ▪ removing and discarding protective equipment they wore in construction area, or ▪ donning clean coveralls to contain dust on their clothes 			

CRMD Checklist: Removing construction debris

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee (PIDAC). Best practices for environmental cleaning for prevention and control of infections in all health care settings. 2nd ed. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: http://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning_2012.pdf
2. Cotten B. Construction and renovation. In: Association for Professionals in Infection Control and Epidemiology. APIC text online [Internet]. Washington, DC: Association for Professionals in Infection Control and Epidemiology; c2015 [cited 2015 Mar 30].
3. CSA Group. CSA Z317.13-12: Infection control during construction, renovation, and maintenance of health care facilities. Toronto, ON: CSA Group; 2012.
4. Construction-related nosocomial infections in patients in health care facilities. Decreasing the risk of *Aspergillus*, *Legionella* and other infections. Can Commun Dis Rep.2001; 27 Suppl 2:ix. 1-46. Available from: <http://www.collectionscanada.gc.ca/webarchives/20071126081137/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/01pdf/27s2e.pdf>