

Policy Applies to:

- All staff employed by Mercy
- Compliance by Contractors will be facilitated by Mercy Maintenance Team

Related Standards:

- Infection Prevention and Control Standards NZS 8134.3:2008
- Health and Safety at Work Act 2015
- EQUIP Standard 3.2.1 Safety management systems ensure the safety and wellbeing of consumers / patients, staff, visitors and contractors
- EQUIP Standard 1.5.2 –The infection control system supports safe practice and ensures a safe environment for consumers / patients and healthcare workers.
- Maintenance Standards for Critical Areas in Victorian Healthcare Facilities, 2014

Rationale:

To ensure all maintenance and construction work is carried out in a planned safe manner that prevents and controls health & safety and infection risks and ensures business continuity is maintained.

Objectives:

- To ensure all maintenance and construction activities are risk assessed for health and safety and infection control hazards;
- To ensure risk management plans written or verbal are established for all maintenance and construction activities;
- Adequacy of plans are evaluated

Implementation: In house work

1. A service request is made to Facilities via BEIMS (by phone if priority 1)
2. The Facilities staff must do a service assessment with reference to both the activity type and control measures matrix (Appendix 1) & record on BEIMS work order
3. The Facilities staff must communicate their work plans to a senior staff member in the requesting work area for discussion. Where appropriate the Health & Safety Coordinator and the Infection Prevention Control Nurse can be consulted for advice.
The work plans must include;
 - Projected length of work time and impact, if any, on adjoining area;
 - Type of work activity and whether any hazards are created by this (e.g. noise, dust, restriction of access).

- Control measures for any hazards created by the work (Appendix 1);
 - Whether the work can be done during or outside clinical hours.
4. If dust is to be created then it is the responsibility of:
 - The area's senior staff member and the facilities team, to ensure that equipment is removed from the work zone or sealed and draped if it cannot be moved.
 - The maintenance staff to put in place further dust control measures (e.g. barriers, taping vents and seals, supplying walk on sticky mats).
 5. If cleaning is required, this should be included in the work plan and is the responsibility of the area senior staff member to communicate to relevant persons.
 6. It is the responsibility of the area senior staff member to ensure all staff in the work area are fully informed of the work area plan.
 7. It is the responsibility of facilities staff to inform the area's senior staff member of completion of the work activity or any changes that arise regarding completion time schedule and / or work activity type change in classification.

Implementation: External work

1. A service request is made to Facilities via BEIMS (by phone if priority 1)
2. The Facilities staff will contact an external contractor
3. Facilities staff will ensure the contractor has been inducted
4. Facilities staff in conjunction with the contractor will complete a permit to work form
5. Facilities staff must communicate the contractors work plans to the relevant area's senior staff member for discussion. The Health & Safety Coordinator and the Infection Prevention Control Nurse can be consulted for advice.
Work Plans must include:
 - Projected length of work time and impact, if any, on adjoining area;
 - Type of work activity and whether any hazards are created by this (e.g. noise, dust, restriction of access).
 - Control measures for any identified hazards created by the work (Appendix 1);
 - Whether the work can be done during or outside clinical hours.

5. If dust is to be created then it is the responsibility of:
 - The service area senior staff member and facilities staff to ensure that equipment is removed from the work zone or sealed and draped if it cannot be moved.
 - The facilities staff to put in place further dust control measures (e.g. barriers, taping vents and seals, supplying walk on sticky mats).
6. If cleaning is required, this should be included in the work plan and is the responsibility of the area's senior staff member to communicate to relevant persons.
7. It is the responsibility of the area's senior staff member to ensure all staff in the work area are fully informed of the work being undertaken.
8. It is the responsibility of facilities staff to inform the area's senior manager of completion of the work activity or any changes that arise regarding completion time schedule and / or work activity type change in classification.
9. Health and safety contractor inspections will be completed by the Facilities Team Leader, Health & Safety Coordinator, the Infection Prevention and Control Nurse and/or Facilities staff during construction and maintenance activities and findings reported to the Support Services Manager and contractor. (Appendix 2)

Training

Maintenance and contractors will receive training in infection control and health and safety risk management relevant to healthcare maintenance and construction. This will be undertaken by the Support Services Manager and /or the Facilities Team Leader.

Evaluation

- Review of permits to work
- Contractor health and safety inspection evaluation reports
- Incident reports
- Contractors induction feedback
- Patient feedback
- Incident forms

Appendices

- Appendix 1 – Area classification & infection control measures
- Appendix 2 – Contractor Health and Safety Check Sheet
- Appendix 3- General permit to work

Associated Documents

External

- Guidelines for Environmental Infection Control in Health-Care Facilities, CDC and HICPAC, 2003

Internal

- Hazard Management Policy
- Risk Management Policy
- Incident Policy
- Complaints Policy
- Patient feedback
- Environmental Cleaning Policy
- Mercy Hospital Information for Contractors –Managed via WOL