

Work Instruction

Infrastructure and Assets Infection Prevention During Construction, Renovation, Repairs and Maintenance

1. Purpose

This document describes cleaning required during and following completion of construction, renovation, repairs or maintenance works in West Moreton Health (WMH) facilities and sites to ensure the provision of clean healthcare environment and to prevent and control healthcare associated infections.

2. Scope

This document applies to permanent, temporary or casual staff including contractors, consultants and students engaged in construction, renovation, repairs and maintenance work at any WMH site.

3. Instruction

Infection prevention is a priority for West Moreton and is an integral part of construction, renovation and maintenance activities to prevent contamination of health care facilities. Current construction practices can impact on patient wellbeing by disseminating bacteria and filamentous fungi that can cause nosocomial infections. Lack of planning, risk identification and risk control practices to abate airborne contaminants during construction can lead to serious environmental contamination within a health care facility.

This work instruction sets out the risk management process that is to be adopted when undertaking construction, renovation and maintenance activities within WMH facilities.

It is informed by the manual for “Infection Control Principles for the Management of Construction, Renovation, Repairs and Maintenance within Health Care Facilities” ([the manual](#)) and the [Australasian Health Facility Guidelines Part D: Infection Prevention and Control guideline](#). Please refer to the manual and the guidelines when undertaking work on WMH facilities.

3.1 Risk Assessment and Control Plan

For all construction, renovation and maintenance activities an “Infection Prevention Risk Assessment” must be undertaken in accordance with Appendix C at the start of infrastructure works. This assessment will determine potential hazards to susceptible patients, and will prevent unnecessary exposures of patients, visitors and staff to infectious agents. The risk assessment and action plan comprising five key steps should include:

1. Identification of the construction activity type.
2. Selecting the infection control risk group.
3. Determining the construction classification class.
4. Implementation of the infection prevention and control construction manual.
5. Issuing a permit for all class III and class IV work undertaken

Infection Prevention During Construction, Renovation, Repairs and Maintenance Work Instruction WMHHS2016089V2

Note: Information on activity, groups, construction classification class and guidelines are detailed within the Appendix 2 of the manual.

3.2 Additional WMH requirements before work starts

An “Environmental Disturbance Control” permit must be issued for all class III and class IV work undertaken in accordance with Appendix B.

Where indicated as a result of the type of construction activity, the risk assessment must determine the effect of the construction work on ventilation upstream and downstream. An assessment of the requirements for dust barriers and HEPA filter units should be included in the risk assessment.

The risk assessment should determine if air sampling and particle counts will be required during works and before handover. (Air sampling is recommended for commissioning and recommissioning of operating rooms and clean rooms or in areas that may impact on immunocompromised patients. Air sampling requirements are detailed in the manual).

Risk controls must include: –

- Establishing a process for building material transport and storage considering additional cleaning needs if common area (e.g. lifts) are used during material transportation.
- Establishing daily cleaning requirements of the site by maintenance and building staff.
- Provision of education about the infection prevention impact of construction to staff and construction workers.

3.3 Additional WMH requirements during work

For class III and class IV work a daily survey is to be completed in accordance with Appendix A

The appropriate level of infection prevention precautions will be undertaken in accordance with the completed risk assessment.

Clean hands as required, including before applying and after removing PPE

Where maintenance work is undertaken in isolation rooms, ensure correct personal protective equipment (PPE) is used based on the requirements noted outside the room. Wipe tools and trolleys down using detergent or detergent and disinfectant wipes.

Floor mats or similar should be placed at the entrance to the work site to reduce the amount of dust and dirt to be carried out into hallways and other common areas.

During construction, renovation and maintenance work a ‘clean as you go’ philosophy is to be used. It is expected the requirements outlined in “Appendix 2: Risk Matrix for Acute Facilities’ of [the manual](#) for “Infection Control Principles for the Management of Construction, Renovation, Repairs and Maintenance within Health Care Facilities” will be followed.

For occupied areas, remove all trolleys, equipment and tools from clinical areas and return to the maintenance area. Under no circumstances should building materials or tools be left unattended in public areas or clinical space.

Note: *This general daily cleaning will not be done by Operational Support Services staff and is to be completed by the staff undertaking construction, renovation and maintenance work.*

Where common areas such as lifts and hallways will be used to transport construction materials, it may be necessary to negotiate increased cleaning with Operational Support Services to make sure public areas are kept to an accepted standard. This should be negotiated between the Project Manager/Maintenance Manager and the Manager Hotel Services.

**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

3.4 Additional West Moreton requirements after works

It is the responsibility of the maintenance and building contractors to undertake a full 'builders clean' of the work site prior to a 'clinical clean' being undertaken by Operational Support Services staff. A builder's clean should be undertaken in accordance with "Appendix No1: Risk Matrix for Sub-Acute Facilities" as outlined in the manual.

A clinical clean is required after a builder clean has been completed. Operational Support Services or an external cleaning contractor can be engaged to conduct a clinical clean. Clinical cleans will only be undertaken by Operational Support Services when project funding is provided, and the following notice is given to the Manager Hotel Services by the Project Manager to allow for appropriate rostering:

- Full ward area/ large area/ major works – 2 weeks' notice.
- Small room/ small room/ minor works – 48 hours' notice.

NB: If it has been determined air sampling and particle counts are required allow enough time for culturing and results prior to handover.

4. Roles and Responsibilities

Role	Responsibility
Facility Maintenance Manager	Desk top review of forms, and random visual observations of activities

5. Monitoring and Evaluation

Level of risk	Medium
What will be monitored	Evidence of clinical cleans undertaken following maintenance work in clinical areas
How (method)	Desk top review of forms, and random visual observations of activities
Frequency	Annual
Responsible officer	Facility Maintenance Manager
Reporting to	Chief Engineer


**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

6. Related West Moreton Documents

List alphabetically only those that are directly referenced within the body of the document.

Policy and Procedure Documents <i>Located on the WMH Policies and Procedures A-Z Listing page</i>	<ul style="list-style-type: none"> • Nil
Clinical Guidelines/Pathways	<ul style="list-style-type: none"> • Nil
Other	<ul style="list-style-type: none"> • Nil

7. Compliance Requirements and Obligations

Legislation and other compliance requirements	<ul style="list-style-type: none"> • Australasian Health Facility Guidelines Part D: Infection Prevention and Control
National Safety and Quality Health Service (NSQHS) Standards	 3. Preventing and Controlling Healthcare-Associated Infection
Other Standards	<ul style="list-style-type: none"> • Infection prevention and control systems

8. References and Resources

WMHHS2014120 WSW - Work Health and Safety, policy

WMHHS2016097 WSW - Permit to Work, procedure

WMHHS2013371 Infection prevention – Standard Precautions, procedure

[Australasian Health Facility Guidelines Part D: Infection Prevention and Control](#)

Queensland Health Cleaning Services Policies, Standards and Operational Guidelines – Environmental Cleaning http://qhps.health.qld.gov.au/sosu/html/cleaning_man.htm

Health Hand Hygiene Australia - <http://hha.org.au/>

Australian Commission on Safety and Quality in Healthcare (2010) - <http://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/>

Manual for “Infection Control Principles for the Management of Construction, Renovation, Repairs and Maintenance within Health Care Facilities” <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/infection-prevention/management-plans-guidance>

**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

9. Development, Revision and Approval History

ID & Version No.	Approval Date	Effective Date	Review Date	Document Custodian/Author	Approving Authority
WMHHS2016089V1	24/10/2016		24/10/2019	Director, Service Support	Director, Service Support
WMHHS2016089V1.1	16/12/2016		16/12/2019	Director, Service Support	Director, Service Support
WMHHS2016089V2	23/10/2020	26/10/2020	23/10/2023	Chief Engineer, Infrastructure and Assets	Position: Director, Service Support Signature:
Summary of changes <ul style="list-style-type: none"> <input type="checkbox"/> New (include information/background as to why the document was developed e.g. new treatment for an identified risk) <input type="checkbox"/> Scheduled review, substantial changes including: <input checked="" type="checkbox"/> Scheduled review, minor changes including: Additional information added into 3. Instruction, Additional information added regarding Environmental Disturbance Control" permit, 4. Roles and Responsibilities added, Appendices updated. <input type="checkbox"/> Scheduled review, nil changes <input type="checkbox"/> Reviewed due to: (e.g. legislative change, recommendations from coronial inquiry/RCA, change in service delivery model, new equipment), changes include: 					

10. Key Words

Repair, Maintenance, Infection Prevention, Renovation

11. Appendices

Appendix A - Infection prevention survey

Appendix B - Environmental Disturbance Control Permit

Appendix C - Infection prevention risk assessment and control plan

**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

Appendix A – Infection prevention survey

West Moreton Health

Infection prevention daily compliance survey

Permit number:		Work order number:	
Company:		Vendor OIC name:	
Date:		Time:	
Reviewer:			
Location:			
Work description:			
Special conditions:			
Clinical considerations:			

Construction barricade	Yes	NA	Corrected
Barriers sealed, no penetrations	<input type="checkbox"/>	<input type="checkbox"/>	
Walk off mats in place and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Barrier doors have closers and they are working	<input type="checkbox"/>	<input type="checkbox"/>	
Door frames have gaskets, doors close and seal properly	<input type="checkbox"/>	<input type="checkbox"/>	
Signs posted informing about spread of dust	<input type="checkbox"/>	<input type="checkbox"/>	
Adjacent ceiling areas intact	<input type="checkbox"/>	<input type="checkbox"/>	
Adjacent floor is clean and no dust tracked	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Negative air			
Negative pressure at barrier entrance	<input type="checkbox"/>	<input type="checkbox"/>	
All windows and doors closed behind barrier	<input type="checkbox"/>	<input type="checkbox"/>	
Negative air units or exhaust fans running	<input type="checkbox"/>	<input type="checkbox"/>	
Negative air units filters clean	<input type="checkbox"/>	<input type="checkbox"/>	
Negative air units discharge ducts intact	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			
Jobsite			
Project/work area is clean and debris removed daily	<input type="checkbox"/>	<input type="checkbox"/>	
Debris removed in suitable containers	<input type="checkbox"/>	<input type="checkbox"/>	
Debris removed at time specified	<input type="checkbox"/>	<input type="checkbox"/>	
Comment:			



**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

Permit number:		Work order number:	
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Occupied Areas	Yes	NA	Corrected
Work authorised and scheduled	<input type="checkbox"/>	<input type="checkbox"/>	
Barrier in place and properly sealed	<input type="checkbox"/>	<input type="checkbox"/>	
Ceiling access sign posted	<input type="checkbox"/>	<input type="checkbox"/>	
Surrounding areas are clean	<input type="checkbox"/>	<input type="checkbox"/>	
Comments	<input type="checkbox"/>	<input type="checkbox"/>	

REVIEW ACKNOWLEDGEMENT

<i>I understand the conditions of this review and will abide by all safe work procedures. I agree to make the required infection prevention changes.</i>	Officer in charge on site:
	Name:
	Signature:
	Date:

REVIEW CLOSEOUT

<i>I hereby certify that issues identified by the review have been rectified.</i>	Officer in charge:
	Name:
	Signature:
	Date:

**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

Appendix B – Environmental Disturbance Control Permit

West Moreton Health

Environmental Disturbance Control Permit

Permit for the control of construction dust, debris and excavation dust to prevent outbreaks of aspergillosis or related nosocomial fungal infections in immunocompromised patients.

Permit number		Work order number:	
Requested by name:		Phone number:	
Company:		Vendor OIC name:	
Start date:		Finish date:	
Finish date:		Finish time:	
Location:			
Work Description:			
Special considerations:			
Clinical considerations:			

Associated Permits on Issue

<input type="checkbox"/> Working at height	<input type="checkbox"/> Excavation	<input type="checkbox"/> Communications room access
<input type="checkbox"/> Fire services isolation	<input type="checkbox"/> Electrical/Mechanical isolation	<input type="checkbox"/> Fire penetration
<input type="checkbox"/> Asbestos work area access	<input type="checkbox"/> Hot work	<input type="checkbox"/> Live (Energised) work
<input type="checkbox"/> Confined space	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Disturbance Control Measures

<input type="checkbox"/> Infection prevention risk assessment completed	<input type="checkbox"/> Construction barricades in place and area sealed off	<input type="checkbox"/> Negative pressure air within construction area
<input type="checkbox"/> Area access control to be implemented	<input type="checkbox"/> Partitioning and/or temporary wall to be installed	<input type="checkbox"/> Ceiling access risk assessment completed
<input type="checkbox"/> Site cleaning procedures in place	<input type="checkbox"/> HEPA filtered vacuum cleaner to be used	<input type="checkbox"/> Environmental microbial sampling to occur

Conditions of Permit

Communication and risk control plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Daily compliance survey:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitoring required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinical clean to be undertaken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Infection Prevention During Construction, Renovation, Repairs and Maintenance Work Instruction WMHHS2016089V2

Approval

<i>I understand the conditions of this permit and will abide by all safe work procedures.</i>	Officer in charge on site: Name: Signature: _____ Date _____
<i>I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.</i>	Infrastructure and Assets authorised person Name: Signature: _____ Date _____

Completion of Work

Did the work create dust or potentially disturb dust that could impact a floor of a building that has clinical or patient areas (including plants rooms with air intakes to clinical or patient areas)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify areas affected:		
Has a clinical clean been undertaken in the identified areas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify the cleaning process (i.e. waste removal, vacuum with HEPA filter, wet wipe with bacterial agent)		
Is a "Certificate of Analysis" required for the areas impacted (attach a copy of the report)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Report Details (provide a summary of the air monitoring process undertaken i.e. passive or active, and the reported CFU at nominated intervals): Service Provider _____ Date _____		
Can the impacted area be re-occupied	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>I hereby certify that the work is complete, and areas inspected have been made safe. All services have been restored. Impacted staff have been notified</i>	Officer in charge on site: Name: Signature: _____ Date _____	

Endorsement

<i>I hereby advise that the work is complete, and areas inspected have been made safe</i>	Infection Prevention Control Officer Name: Signature: _____ Date _____
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Close Out Permit

<i>I hereby certify that the work is complete, and areas inspected have been made safe. All services have been restored. Impacted staff have been notified</i>	Infrastructure and Assets authorised person Name: Signature: _____ Date _____
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**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

Appendix C - Infection prevention risk assessment and control plan

West Moreton Health

INFECTION PREVENTION RISK ASSESSMENT & CONTROL PLAN

Work Detail					
Title:		Work Description:			
Work Lead		Work Order No:		Permit No:	
WMH Facility:		Building Name /No.		Facility Address:	
Contractor Name:		Contractor ABN/ACN:		Contractor Phone No.:	
Where is the work going to be conducted		<input type="checkbox"/> High Risk Treatment Area <input type="checkbox"/> Office / Non-patient Areas <input type="checkbox"/> Treatment Area <input type="checkbox"/> External <input type="checkbox"/> Ward / Patient Care Area			
Start Date:		Start Time:		Finish Date:	
				Finish Time:	

Approval	
<p><i>Note: Information on activity, groups, construction classification class and guidelines are detailed in the manual for "Infection Control Principles for the Management of Construction, Renovation, Repairs and Maintenance within Health Care Facilities". All work identified as class III or class IV is required to have a permit issued before the work commences. Individuals approving this document accept responsibility for the appropriateness of controls and for the validity of the Risk Assessment and Control Plan.</i></p>	
Supervisor Name (PRINT):	Contractor Signature:
Supervisor Signature: Date:	Date:

1 - Identify the Services that may be Impacted by the work		
<input type="checkbox"/> Electricity	<input type="checkbox"/> Natural / LP Gas	<input type="checkbox"/> Fire Detection / Prevention
<input type="checkbox"/> Communications	<input type="checkbox"/> HVAC	<input type="checkbox"/> Lift / Access
<input type="checkbox"/> Water	<input type="checkbox"/> Medical Gas	<input type="checkbox"/> Other (specify)

2 – Identify the Construction Activity Type			
<p><i>The construction activity type is defined by the amount of dust that is generated, duration of the activity and any impact on the Heating, Ventilation and Air Conditioning (HVAC) system. Tick the type that applies.</i></p>			
<input type="checkbox"/> Type A: Inspections and general upkeep activities	<input type="checkbox"/> Type B: Small scale, short duration activities, which creates minimal dust	<input type="checkbox"/> Type C: Any work that generates a moderate to high level of dust	<input checked="" type="checkbox"/> Type D: Major demolition and construction projects
Includes, but is not limited to: <ul style="list-style-type: none"> removal of ceiling tiles for visual inspection (limited to 1 tile per 5 m²); painting (but not sanding); installation of wall covering; electrical trim work; minor plumbing; any activities that do not generate dust or require cutting into walls or access to ceiling other than for visual inspection. 	Includes, but is not limited to: <ul style="list-style-type: none"> installation of telephone and computer cabling; access to chase spaces; cutting into walls or ceiling where dust migration can be controlled. 	Includes, but is not limited to: <ul style="list-style-type: none"> demolition or removal of built-in building components or assemblies; sanding of wall for painting or wall covering; removal of floor covering / wallpaper, ceiling tiles and casework; new wall construction; minor ductwork or electrical work above ceiling; major cabling activities. 	Includes, but is not limited to: <ul style="list-style-type: none"> heavy demolition; removal of a complete ceiling system; new construction.

Infection Prevention During Construction, Renovation, Repairs and Maintenance Work Instruction WMHS2016089V2

3 – Identify the Infection Control Risk Groups			
<p><i>Note: The infection control risk groups as defined in the table below are indicative only. Where possible, work should be conducted after patient care hours. If more than one area will be affected, select the higher risk category.</i></p> <p><i>Tick the group that applies.</i></p>			
<input type="checkbox"/> Group 1 - Low <ul style="list-style-type: none"> Office areas Public areas) Non-patient / low risk areas not listed elsewhere i.e. workshops, plant rooms (subject to risk assessment) 	<input type="checkbox"/> Group 2 - Medium <ul style="list-style-type: none"> Patient care and other areas not listed under Groups 3 or 4 Laundry Cafeteria Dietary Materials management Allied Health Admissions / discharge MRI Nuclear medicine Echocardiography Laboratories not specified under Group 3 Public corridors used by patients and to transport linen & supplies 	<input type="checkbox"/> Group 3 – Medium / High <ul style="list-style-type: none"> Emergency department Medical imaging - general Recovery rooms High dependency units Newborn nurseries Paediatrics (except paediatric ICU) Microbiology labs Virology labs Long stay-sub-acute units Pharmacy Endoscopy Bronchoscopy Dialysis 	<input type="checkbox"/> Group 4 - Highest <ul style="list-style-type: none"> Oncology units Radiation therapy Oncology clinical areas Chemotherapy Pharmacy admixture / clean rooms Operating rooms Sterile supply units Cardiac catheterisation Angiography rooms Outpatient invasive procedure rooms Anaesthetic and pump rooms All intensive care units – adult, paediatric, neonatal

4 – Construction Class Risk Matrix (Determine the Construction Classification Class Risk Level)				
<p><i>Using the construction activity type (Step 1) and the infection control risk group selected (Step 2), apply the matrix below to determine the construction classification class.</i></p> <p><i>Circle the appropriate class.</i></p>				
	Type A	Type B	Type C	Type D
Group 1 - Low	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III / IV
Group 2- Medium	<input type="checkbox"/> Class I	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	<input type="checkbox"/> Class IV
Group 3 – Medium / High	<input type="checkbox"/> Class I	<input type="checkbox"/> Class III	<input type="checkbox"/> Class III / IV	<input type="checkbox"/> Class IV
Group 4 - Highest	<input type="checkbox"/> Class III	<input type="checkbox"/> Class III / IV	<input type="checkbox"/> Class III / IV	<input type="checkbox"/> Class IV

5 – Implement the Infection Control Construction Risk Plan			
Class	Guideline	Tick selected control	Details of Controls
Class I	1. Execute work by methods to minimise raising dust from construction operations.	<input type="checkbox"/>	
	2. Replace any ceiling tile displaced for visual inspection as soon as possible.	<input type="checkbox"/>	
Notes: (outline of any additional controls and communications. Attach sketches and floor plans as required)			

Class	Guideline	Tick selected control	Details of Controls
Class II	1. Provide active means to prevent air-borne dust from dispersing into atmosphere. Consider spray mist water on work surfaces while cutting.	<input type="checkbox"/>	

Infection Prevention During Construction, Renovation, Repairs and Maintenance Work Instruction WMHS2016089V2

	2. Seal unused doors with duct tape or similar.	<input type="checkbox"/>	
	3. Isolate HVAC system in areas where work is being performed or cover air vents with filters.	<input type="checkbox"/>	
	4. Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.	<input type="checkbox"/>	
	5. Contain construction waste before transport in tightly covered containers.	<input type="checkbox"/>	
	6. Wet mop and/or vacuum with HEPA filtered vacuum.	<input type="checkbox"/>	
	7. Wipe casework and horizontal surfaces at completion of project.	<input type="checkbox"/>	
	Notes: (Submit drawings and details of construction of necessary temporary barriers, and description of procedures to be used to achieve and maintain control of construction-related airborne contaminants).		

Class	Guideline	Tick selected control	Details of Controls
Class III	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.	<input type="checkbox"/>	
	2. Complete all construction barriers before construction begins.	<input type="checkbox"/>	
	3. Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.	<input type="checkbox"/>	
	4. Maintain negative air pressure within work site utilising HEPA filtered ventilation units or other methods of maintaining negative pressure. In each jurisdiction, the relevant public safety officers will monitor air pressure.	<input type="checkbox"/>	
	5. Wet mop or vacuum twice per eight-hour period of construction activity or as required in order to minimise tracking.	<input type="checkbox"/>	
	6. Contain construction waste before transport in tightly covered containers.	<input type="checkbox"/>	
	7. Remove barrier materials carefully to minimise spreading of dirt and debris associated with construction. Barrier material should be wet wiped, HEPA vacuumed or water misted prior to removal.	<input type="checkbox"/>	
	8. Do not remove barriers from work area until complete project is thoroughly cleaned.	<input type="checkbox"/>	
	9. Wipe casework and horizontal surfaces at completion of project.	<input type="checkbox"/>	
Notes: (Submit drawings and details of construction of necessary temporary barriers, and description of procedures to be used to achieve and maintain control of construction-related airborne contaminants).			

**Infection Prevention During Construction, Renovation, Repairs and Maintenance
Work Instruction
WMHHS2016089V2**

Class	Guideline	Tick selected control	Details of Controls
Class IV	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.	<input type="checkbox"/>	
	2. Complete all construction barriers before construction begins.	<input type="checkbox"/>	
	3. Place dust-mat at entrance and exit of work area and replace or clean when no longer effective.	<input type="checkbox"/>	
	4. Seal holes, pipes, conduits, and punctures to prevent dust migration.	<input type="checkbox"/>	
	5. Construct Anteroom and require all personnel to pass through the room. Wet mop or HEPA vacuum the Anteroom daily.	<input type="checkbox"/>	
	6. During demolition, dust producing work, or work in the ceiling, disposable shoes and coveralls are to be worn and removed in the Anteroom when leaving work area.	<input type="checkbox"/>	
	7. Maintain negative air pressure within work site utilising HEPA filtered ventilation units or other methods of maintaining negative pressure. In each jurisdiction, the relevant public safety officers will monitor air pressure.	<input type="checkbox"/>	
	8. Keep work brooms clean and remove debris daily.	<input type="checkbox"/>	
	9. Contain construction waste before transport in tightly covered containers.	<input type="checkbox"/>	
	10. Barrier material should be wet wiped, HEPA vacuumed or water misted prior to removal.	<input type="checkbox"/>	
	11. Remove barrier materials carefully to minimise spreading of dirt and debris associated with construction.	<input type="checkbox"/>	
	12. Do not remove barriers from work area until complete project is thoroughly cleaned.	<input type="checkbox"/>	
	13. Wipe casework and horizontal surfaces at completion of project.	<input type="checkbox"/>	
	14. Wet mop hard surface areas at completion of project, HEPA vacuum carpeted surfaces at completion of project.	<input type="checkbox"/>	
Notes: (Submit drawings and details of construction of necessary temporary barriers, and description of procedures to be used to achieve and maintain control of construction-related airborne contaminants).			