Note: Terms are defined in the Definitions section. If you have any questions or comments contact IPC at ipcsurvstdadmin@ahs.ca.

Best practice recommendations

Purpose

To provide Infection Prevention and Control (IPC) guidance for selecting **furniture and other non-medical items** intended for use in **patient areas**.

Application

- This recommendation should be followed by all Alberta Health Services (AHS) staff, medical staff, volunteers, students and other persons acting on the behalf of AHS, e.g., consultants such as architects and interior designers.
- This recommendation applies to all facility supplied furnishings and other non-medical items including donations.

Recommendations

- 1. Expert consultation by end-users or purchasers
 - 1.1 Consult Furnishings and Equipment Planning or Space Management teams in Capital Management for all new and replacement furniture to confirm furniture is commercial-grade and meets AHS requirements including Alberta fire code and safety standards.
 - Purchase or use of residential grade furnishings represents a safety risk related to fire rating requirements and IPC recommendations for cleaning and disinfection.
 - Some exceptions exist, e.g., supportive living areas may accept a patient's personal furniture to personalize the patient's room.
 - Furniture is inspected and confirmed to be safe for use before it is accepted into the facility, e.g., clean and intact; free of bed bugs or other pests; TV, electronics and appliances meet safety standards. Staff are obligated to reject items that are soiled or in disrepair.
 - Engage the Space Management team for any changes in the use of space (adding staff or changing functionality of a room) or if any infrastructure is affected such as walls/electrical/data/ or Heating Ventilation Air Conditioning (HVAC) by completing a Construction Renovation and Space Request. Requests can be submitted through Insite: Home > Our Teams / Departments > Capital Management > Capital Management Forms > Construction Renovation and Space Request.
 - Engage the Furniture and Equipment Planning team for any furniture requests that do not fall under the Space Management description such as new or replacement seating or desks of any quantity, foundation purchases or patient areas by emailing equipmentplanningprojects@ahs.ca to obtain a Furnishing Planner Request Form.

2. IPC guiding principles

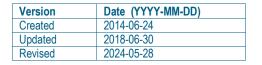
2.1 Furniture and other non-medical items in patient areas are regularly cleaned and disinfected to prevent the spread of germs. Refer to IPC Principles for Environmental Cleaning and Disinfection and AHS Cleaning Frequency Expectation Table on Insite: Home > Teams > Nutrition, Food, Linen & Environmental Services > Policy & Practice Documents for further detail

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Version	Date (YYYY-MM-DD)
Created	2014-06-24
Updated	2018-06-30
Revised	2024-05-28



- 2.2 Evaluate furniture and other non-medical items prior to purchase to minimize risk of infection and to optimize value.
 - Review manufacturer's cleaning, disinfection and rinsing instructions.
 - o Lack of rinsing may leave residue and contribute to soiling, reduced durability and wear.
 - Manufacturers require a water wipe or rinse after disinfection. Typical regular maintenance includes cleaning with a soapy cloth followed by a rinse with water.
 Non-compliance voids manufacturer warranty, diminishes longevity, and may promote the spread of pathogenic organisms.
 - Determine if the item can be cleaned and maintained by Environmental Services staff with existing resources, e.g., disinfectant provided by AHS and according to current protocols.
 - Consider how any non-compliance to manufacturer's instructions may impact warranty, longevity, and cleaning or disinfection effectiveness.
- 2.3 Consider cost in relation to the item lifespan. Lower cost items may not be durable. The initial cost is a relatively small portion of the life-cycle cost of the item. (Refer to Appendix A: The Hippopotamus Syndrome of Life-cycle Costs).
- 2.4 Evaluate artwork prior to purchase. (Refer to Appendix B: Sample IPC Risk Assessment Matrix for Artwork).
- 2.5 Do not accept donations of used furniture and other non-medical items for use in patient care areas.
- 2.6 Discard, repair or replace damaged items, e.g., torn fabrics or scratched, chipped finishes. These items cannot be cleaned effectively and may support the growth of microorganisms.
- 2.7 Report any questions or concerns about cleaner or disinfectant compatibility, safety or durability for Furnishing and Equipment Planners team by emailing equipmentplanningprojects@albertahealthservices.ca.
- 3. IPC evaluation criteria (Refer to Appendix C for Sample Furniture Selection Criteria Checklist)
 - 3.1 Select surfaces that are:
 - easy to clean, maintain and repair;
 - non-absorptive;
 - non-porous;
 - fluid-resistant;
 - smooth with no crevices, rough textures, folds or seams;
 - durable enough to withstand repeated cleaning and disinfection with AHS provided products;
 and
 - resistant to breakage, punctures or tears, stains, damage and wear.
 - 3.2 Do not select surfaces that are difficult to clean such as:
 - carpet:
 - cork boards;
 - paper and natural fiber products; and
 - woven fabrics and fabric-covered products may harbor microorganisms:
 - o assess these products to confirm they are smooth, solid and impermeable to moisture;
 - wood and wood-based products with veneers or painted surfaces;
 - o may become damaged or wear with repeated cleaning resulting in a surface that cannot





be effectively cleaned. Use of materials with claims of antimicrobial properties should be considered carefully on a case-by-case basis as there is limited evidence that use of such materials reduces hospital-acquired infections.

- Consult with IPC for assistance in evaluating antimicrobial materials.
- To assist in evaluating new materials, refer to <u>Canadian Standards Association (CSA) Express</u> <u>Document EXP06-2015 (2018) Evaluating emerging technologies for infection prevention and control.</u>
- Base decisions for furniture or item surface selection on a risk assessment of the space and a review of literature on the materials being considered, including:
 - o products registered with <u>United States Environmental Protection Agency</u> and <u>Health Canada Pest Management Regulatory Agency</u>.

4. Decision-making

- Choose the most appropriate furniture or non-medical items for the space and intended purpose by weighing the benefits and risks associated with the surfaces, fabrics, finishes, and cleaning, disinfection or rinsing instructions and potential non-compliance to manufacturer's instructions for use.
- Consult with IPC about any concerns prior to purchase and prior to decisions on major purchases.
- Prioritize furniture replacement based on patient care area and risk as outlined in Table 1.

Table 1: Priority for furniture replacement based on areas and risk

Area (from highest priority to least for wipeable furniture)	Required to be of non-porous material. Follow Section 3 in this BPR	Current furniture Evaluate and clean if possible before considering discarding
Designated outbreak unit or area	Yes, all furniture must be wipeable	Depends on evaluation of risk, e.g., patient usage, signs of visible soil or damage
Patient Room – Acute Care	Yes, all furniture must be wipeable	Depends on evaluation of risk, e.g., patient usage, signs of visible soil or damage
Ambulatory Care Areas – waiting areas and patient spaces	Yes, but replacements not required for communicable disease outbreak	Depends on evaluation of risk, e.g., patient usage, signs of visible soil or damage
Common Areas – Congregate Living and Continuing Care	Yes, but replacements not required for communicable disease outbreak	Depends on evaluation of risk, e.g., patient usage, signs of visible soil or damage
Resident Room – Congregate Living and Continuing Care	 AHS / Organization owned – yes, but replacements not required for communicable disease outbreak Resident owned - See <u>Tip Sheet</u> replacement not required for communicable disease outbreak 	 Depends on evaluation of risk, e.g., patient usage, signs of visible soil or damage Evaluate for visible soiling or signs of damage, e.g., torn or chipped
Community Health Centers – waiting areas and client spaces	Yes, but replacements not required for communicable disease outbreak.	Depends on evaluation of risk, e.g., patient usage, signs of soiling, damage
Staff or administrative areas – all settings (offices, cafeterias, staff rooms)	Not required	Not priority area

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Version	Date (YYYY-MM-DD)
Created	2014-06-24
Updated	2018-06-30
Revised	2024-05-28



Definitions

Terms	Meanings		
Artwork	Means a work of art, such as a wall hanging, painting or sculpture.		
Capital management	Means the department responsible for facilities-related resources and includes the Furnishings and Equipment Planning and Space Management teams. These teams provide expertise for selecting furnishings within commercial and healthcare facilities conforming to the required national codes and standards.		
Commercial grade	Means furniture and non-medical items graded using industry standards to meet fire safety standards and other applicable manufacturing, installation and operational standards.		
Donation	Means a (supposedly) free gift which can take the form of a donation of an item, or a non-repayable grant with which to purchase the item.		
Furniture and other non-medical items	Means objects in the patient area or healthcare environment that are located in patient areas or patient environment and/or accessible to patients and are not medical devices, i.e., used to diagnose or treat a patient.		
Examples of furniture	 Non-patient beds provided by AHS, e.g., beds used by family members; Desks and ergonomic accessories; Seating, including built-in benching; Over bed tables; Bedside tables; Storage cabinets; and Window treatments, e.g., window coverings. 		
Examples of non- medical items	 Step stools; Garbage cans; Paper towel and toilet paper dispensers; Carts and trolleys; Lamps; and Televisions, and accessories, e.g., remote control. 		
Examples of excluded items	 Consumables or disposable items; Office furniture and supplies not accessible or used by patients; and Items which are an integral part of the building, e.g., doors and windows. 		
Patient.	Means anyone who receives or has requested care or services from AHS including residents, inmates and clients.		
Patient area	Means anywhere in a healthcare facility, e.g., acute care, continuing care, supportive living, respite care, where a patient may be or where direct care is provided including charting or desk areas, waiting rooms, patient lounges and common areas.		

Version	Date (YYYY-MM-DD)
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Updated	2018-06-30
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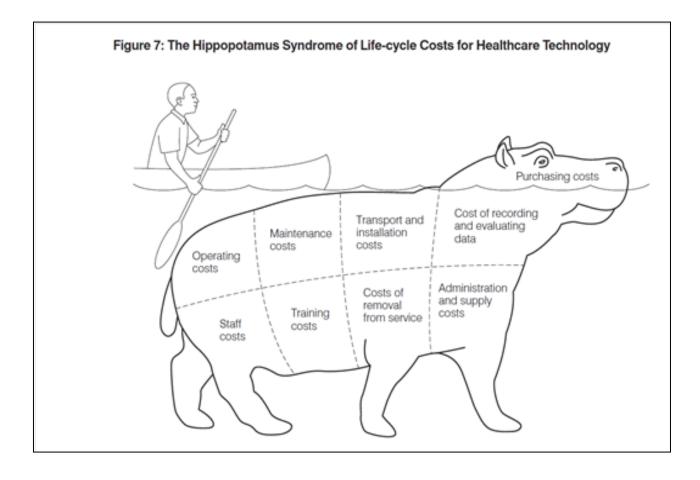


Appendix A: The Hippopotamus Syndrome of Life-cycle Costs

Kaur M., Fagerli T., Deaconal H., Temple-Bird C., Lenel A., Kawohl W., 2005. 'How to Manage' Series for Healthcare Technology. Guide 3: How to Procure and Commission your Healthcare Technology. Page 54. World Health Organization. Retrieved from

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Note: The World Health Organization includes furniture and non-medical items within the definition of Healthcare Technology.





Appendix B: Sample IPC Risk Assessment Matrix for Artworks

(From IPC <u>Healthcare Facility Design Requirements</u>, page 32.)

	Environmental	Art medium		
Proposed installation space	Services Risk Level	Easy to clean and disinfect	Can be cleaned but not disinfected	Difficult to clean, damp dust only
Administration and non-clinical offices	Low	√	✓	✓
Public space (artwork is placed out of reach)	Low	√	√	Consult with FME and ES
Public space (artwork is placed within reach)	Low	√	~	Consult with IPC and ES
Clinical area	High	√	Consult with IPC and ES	×
Point of care	Very High	Consult with IPC and ES	×	×

Key ✓ Does not require IPC, ES or FME approval

X Not recommended

Assumptions

- Tapestries and materials that promote growth of bacteria or fungi shall not be installed.
- Materials that require regular vacuuming should not be installed.
- Cleaning is done with soap and water. Disinfection involves the use of a low-level disinfectant (hospital grade germicide).
- Art that is visibly soiled and cannot be cleaned shall be removed.

Definitions

- Public spaces are defined as spaces where patients rarely/sometimes spend time (e.g., executive offices, elevator foyers, food courts, front of house spaces, parking lots, and staff meeting rooms).
- Clinical areas are defined as spaces where patients usually/often spend time (e.g., clinic waiting rooms, nursing unit hallways, interview/consult rooms, physician offices where patients are seen, patient lounges and nourishment areas, nursing stations).
- Point of care spaces are defined as areas where patients receive examinations, diagnostics or treatment (e.g., in-patient rooms, clinic exam rooms, procedure rooms, diagnostic imaging rooms).

Note

- For guidance on water features and open fish tanks, refer to section 2.12 Special Design Elements.
- Refer to Environmental Services "Cleaning Frequency Standard" Practice Support Document for more information on ES Risk Levels, Cleanable Surfaces, etc.



Appendix C: Sample Furniture Selection Checklist that may be used by end-users or purchasers to guide selection

Request and Product information						
Type of Requ	uest Pur	chase		Request Priority	Routine	Urgent
Date Started			Date Completed			
Requesting Manager and Department				Phone		
ICP Consulta	ant Review		Yes No		Phone	
CPSM Conta	act		Yes No		Phone	
Name of Furi	niture Reque	sted				
Manufacture	ſ			Vendor/Distributor		
Requesting N	Manager has	contacted Envir	ronmental Services regarding furniture pu	urchase and cleaning		
CPSM has p	rovided Man	ufacturer Instruc	tions for review			
Yes	No	N/A		Criteria		Comments
			Is the furniture commercial grade?			
			Are the manufacturer's instructions protocols and disinfectants?	compatible with AHS	S cleaning	
			Is the surface/furniture easy to clear porous, water-impermeable and sm textures or seams?	· ·	-	
			Does the furniture have movable parts, complex design or detailing making it difficult to clean?			
			Is the surface/furniture durable eno and disinfection and wear, e.g., res tears?	-	_	
			Are sufficient internal operational remanufacturer's instructions for clea			
			Does the product have antibacteria	I claims? If so:		
			Has a risk assessment of the space	e been completed?		
			Has a review of the literature been completed?			
Additional	recommen	dations				
i			1			

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