

IPC Position Statement: Furniture Replacement Requirements during COVID-19 Pandemic

Issue

Capital Planning, Space Management is seeking an Alberta Health Services (AHS) Infection Prevention and Control (IPC) position in regards to replacing furniture in our facilities during the COVID-19 pandemic.

Background/Resources

IPC recommendations includes a 2018 document on [Selection of Furniture and Other Non-Medical Items for Patient Areas](#) developed by multi-disciplinary collaboration with Contracting, Procurement and Supply Management (CPSM), Capital Management, Environmental Services and WHS. Community Engagement assisted in the development of [Tips for Personalizing Spaces in Continuing Care](#) to support implementation in continuing care. The 2017 IPC [Environmental Cleaning Principles](#) recommends that AHS departments, contracted service providers and partner sites develop their own protocols that include a process for identifying, reporting, and removing scratched, chipped, or torn surfaces that impair effective cleaning.

IPC's position statement on furniture placement requirement is based on the 2018 document and includes:

- Consult Furnishings and Equipment Planning or Space Management teams in Capital Management for all new and replacement furniture to confirm it 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., continuing care and 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. Staff are obligated to reject items that are soiled or in disrepair.
- 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 micro-organisms.
- Refer to [Table 1: Priority for furniture replacement based on areas and risk](#).
- Contact the Furnishings and Equipment Planning team about furniture requests by emailing EquipmentPlanningProjects@albertahealthservices.ca.

Assumptions

- This IPC position statement applies during the COVID-19 pandemic of 2020.
- There are plans for an IPC review of the facility to evaluate resources/supports for implementing basic IPC measures such as hand hygiene, access to PPE, training for PPE, and cleaning. There is an opportunity to evaluate furniture as part of the review.

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Questions arising from the COVID-19 pandemic and IPC response:	
There is emergency funding for all aspects of the COVID-19 pandemic. Should the COVID emergency funds used be used for the replacement of furniture?	Follow IPC recommendations: Discard, repair or replace damaged items in patient care areas if required in Table 1 , e.g., cloth, torn fabrics or scratched, chipped finishes. These items cannot be cleaned effectively and may support the growth of micro-organisms. Decisions about change-out of furniture during the COVID-19 emergency should be based on risk of transmission and evidence of contamination, e.g., used by multiple patients versus dedicated to a single patient/resident or use in areas for general public, see Table 1 .
Would privately owned care homes also be asked to replace/discard non-cleanable furniture?	Follow IPC recommendations: Discard, repair or replace damaged items in patient care areas if required in Table 1 , e.g., cloth, torn fabrics or scratched, chipped finishes. These items cannot be cleaned effectively and may support the growth of micro-organisms. Decisions about change-out of furniture during the COVID-19 emergency should be based on risk of transmission and evidence of contamination, e.g., used by multiple patients versus dedicated to a single patient/resident or use in areas for general public, see Table 1 .
Does non-wipeable (porous) furniture in AHS facilities require replacement during this COVID pandemic?	In some areas, based on priority, see Table 1 .

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

Area (from highest priority to least for wipeable furniture)	Required to have non-porous material All patient areas should follow IPC recommendations for selection of furniture	Current furniture Evaluate and clean if possible before considering discarding
Designated COVID 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 COVID-19 measures	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 COVID-19 measures	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 COVID-19 measures Resident owned - See tip sheet, replacement not required for COVID-19 measures	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 COVID-19 measures	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