

Australasian Health Facility Guidelines

Part D - Infection Prevention and Control D.0004 - Surfaces and Finishes

Uncontrolled when printed

Index

04 SURFACES AND FINISHES	4
04.01 General	4
04.02 Ceilings	4
04.03 Floors	5
04.04 Gaps	5
04.05 Skirtings	5
04.06 Walls	5
04.07 References	6

04 SURFACES AND FINISHES

04.01 General

The nature and type of surfaces and finishes used in healthcare facilities are integral to the management of infection prevention and control risks.

This topic is also covered in more detail in AHIA, 2010, AusHFG Part C: Section 710, Space Standards and Dimensions.

All surfaces in patient care areas should be smooth and impervious, and easily cleanable.

Unnecessary horizontal, textured, moisture-retaining surfaces or inaccessible areas where moisture or soil can accumulate should be avoided.

Fixtures and fittings should be designed to allow easy cleaning and to discourage the accumulation of dust. Blinds contained in double glazing, curtains and roller-type blinds made of fabric that can be removed and laundered are preferable to louvered and vertical blinds that are extremely difficult to clean.

The bed curtain acts as a signal to staff to identify the patient space. Bed curtains should:

- be washable or disposable;
- be easy to remove and hang;
- provide enough room for staff to carry out procedures without brushing against the screen when pulled around the bed; and
- be secured when not in use.

Where there is likely to be direct contact with patients, or with blood or body fluids, floors and walls should be surfaced with smooth, impermeable seamless materials such as vinyl. In equipment processing areas work surfaces should be non-porous, smooth and easily cleaned.

The use of wall, door and corner guard protection will reduce damage. This in turn will make cleaning of these surfaces easier.

04.02 Ceilings

All exposed ceilings and ceiling structures in areas occupied by patients or staff, and in food preparation or food storage areas, should be finished to ensure they can be readily cleaned with equipment used routinely in daily housekeeping activities.

In food preparation and other areas where dust fallout would present a potential problem, a finished set plasterboard ceiling should be provided that covers all conduits, piping, duct work and open construction systems.

Ceilings in operating and delivery rooms, isolation rooms, nurseries and sterile processing rooms should be monolithic from wall to wall without fissures, open joints or crevices that may retain or permit the passage of dirt particles.

Light fittings should be recessed, flush fitting and designed to prevent dust build up on the surfaces of the fitting, and to prevent ingress of dust.

Acoustic and/or lay-in ceilings should not be used where particulate matter may interfere with hygienic environmental control.

04.03 Floors

Floor coverings should be easy to clean and repair. Clinical areas where patient care and treatments are undertaken should not be carpeted.

Carpet may be provided in selected areas within clinical zones such as interview rooms and office areas. In areas subject to frequent wet cleaning, floor materials must be able to tolerate use of disinfectants.

In areas used for food preparation or assembly, floors should be non-slip, water resistant and greaseproof to comply with relevant standards.

Floors in sterilizing services areas should be non-slip and have smooth surfaces for cleaning. Refer to the following standards:

- Standards Australia, 2014, AS/NZS 4187:2014 Reprocessing of Reusable Medical Devices in Health Service Organizations; and
- Standards Australia, 2004, AS/NZS 4674:2004 Construction and fit out of Food Premises.

04.04 Gaps

A joint is any point where two planes or surfaces meet (wall and ceiling; wall and floor; or two sections of a bench top). A gap is defined as a space where two surfaces do not meet resulting in a space or opening that can harbour dust, germs, mould or vermin.

Good design and detailing of joints are important to infection prevention and control. Gaps between surfaces should be avoided or properly sealed. In particular gaps in the following areas should be prevented between:

- skirting and floor;
- benches and walls;
- cupboards and floor or wall; and
- fixtures attached to floors and walls.

Floor and wall construction, finishes and trims in dietary and food preparation areas; sterile stock areas; and pharmacies, should be free of gaps/spaces that can harbour rodents and insects. Compliance with relevant public health regulations is required.

Floor and wall penetrations by pipes, ducts and conduits, should be tightly sealed to minimise entry by rodents and insects. Joints of structural elements should also be sealed.

04.05 Skirtings

Skirtings, floor and wall joins should be made integral with the floor, tightly sealed against the wall, and constructed without voids (coved) in:

- all patient care areas;
- kitchens;
- clean and dirty utility rooms;
- sterilizing areas; and
- other areas subject to frequent wet cleaning.

04.06 Walls

Other than special treatments included as feature face work in public or staff recreation areas, wall finishes should be smooth and easily cleaned, and where in the immediate vicinity of plumbing fixtures, water-resistant.

04.07 References

- AHIA, 2010, AusHFG Part C: Section 710, Space Standards and Dimensions, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- Standards Australia, 2014, AS/NZS 4187:2014 Reprocessing of Reusable Medical Devices in Health Service Organizations, Standards Australia, Sydney, Australia.
- Standards Australia, 2004, AS/NZS 4674:2004 Construction and fit out of Food Premises, Standards Australia, Sydney, Australia.