



CONSTRUCTION AND RENOVATION



in Hospitals and Healthcare Facilities

Industry Innovations for winter 2023 will showcase innovative product offerings supporting construction, renovation and maintenance activities in health care environments and how they work to keep patients/clients safe during such activities.

In 2001, Health Canada published a report on Construction-related Nosocomial Infections in Patients in Health Care Facilities: Decreasing the Risk of Aspergillus, Legionella and Other Infections (Canadian Communicable Disease Report. Division of Nosocomial and Occupational Infections. Bureau of Infectious Diseases. Centre for Infectious Disease Prevention and Control. Population and Public Health Branch. Health Canada. Volume 2752. July 2001. ISSN 1188-4169). This report highlighted the link between health care associated fungal and bacterial infections and construction, renovation and maintenance activities. It presented a set of guidelines for the industry on measures needed to prevent such infections. Since that time, the Canadian Standard Association (CSA) has developed and maintained a standard on the minimum preventive measures required to protect patients and other building occupants from the risks associated with these activities (CSA Z317.13 Infection control during construction, renovation, and maintenance of health care facilities. CSA Group. 2022). Developments in industry have created innovative approaches

to establish and implement these preventive measures, while also easing the additional associated workload. Advances in technology, materials, engineered systems, education and processes have the ability to improve the safety of health care facility occupants as improvements are made to building infrastructure, and ultimately the delivery of health care services.

We welcome submissions from our industry partners who would like to share and showcase their health care construction, renovation, and maintenance ideas in the Winter 2023 edition of *Industry Innovations*.

GUIDELINES:

The role of the Editor, *Industry Innovations* is to ensure this publication is a high quality, structured, and comparative resource for Infection Prevention and Control Canada's (IPAC Canada) core membership. All submissions to *Industry Innovations* are subject to curatorial review. Relevance to IPAC Canada membership and integrity of claims will be assessed prior to approval or denial of publication partnership. For whitepapers accepted for publication,

the editor and publisher will coordinate with the submitting industry partner prior to publication with applicable technical editing requests. The editor and publisher will also ensure that the curation and publishing process of whitepapers and advertisements accepted for publication are managed transparently in consultation with authoring industry partners.

Preferred whitepapers for publication in *Industry Innovations* will refrain from subjective and unverifiable claims. They will use a mixture of industry voice, technical specification, and use-case logistics with significant attention to the immediate organizational impact of implementation. The numbered guideline sections below are sequentially ordered to provide a comparable reading flow throughout *Industry Innovations* volumes and must be adhered to during whitepaper development. The suggested word count is included for the whitepaper author's reference to ensure sufficient content is incorporated into each section without exceeding the suggested submission length of 4500 words.

GENERAL GUIDELINES:

- o Core Focus: *Industry Innovations'* guidelines are structured to provide a comparable summary of considerations to enable IPAC Canada readership to assess their organization's implementation readiness and the immediate use cases of an industry product
- o Please refrain from comparing your product's solution to competing solutions
- o Where clinical or industry research is referenced; ensure summary description of the research is included rather than generalizations

For in-text citations, use parenthetical numbers (Vancouver style) and append references to end of whitepaper using the same order of numbers appearing in-text

1. Abstract – ~500 Words:

- What makes this product stand out as an innovative contribution to health care construction, renovation and maintenance activities?
 - o Please refrain from comparative analysis to other health care building fixtures, devices or systems, but common standardized processes may be referenced.

2. Specifications – ~600 Words:

- Describe the technology/engineering design of the fixture, device or system and any compatibilities with regards to accessories or equipment innovation.
- If there are electronic components to the technology innovation, please describe their utility

- Describe any additional resources used peripherally to your product innovation if applicable and what ongoing resources a healthcare setting implementing your solution will need to have in place to support the innovation you describe.

3. Metrics - ~600 Words:

- Describe any tracking ability for use with the innovation, as applicable (e.g. site pressurization, air quality, auditing technology , etc.)
- Previous quantitative research in effectiveness of the innovation may be described and referenced here.

4. Practice Changes - ~600 Words:

- Please describe the frontline practice changes involved in implementing your company's solution (not the overall impact but rather the impact of your fixture, device, or system (accessory use, practice change, cleaning requirements, maintenance requirements, etc.).
 - o For example, does your solution require specially trained individuals to use or maintain the solution? Are there any consumables that require regular changes by staff? Does your innovation run continuously or does it require activation?

5. Implementation - ~600 Words:

- Please describe the steps involved in implementation of the fixture, device, or system.

- What stakeholders are needed (Infection Control, Environmental Services, Facilities/Maintenance, Engineering etc....)?
- What activities involved in initial implementation/ongoing maintenance of this innovation will be managed by your company?

- What initial/ongoing maintenance steps will be required to be managed by the healthcare setting hosting your innovation?

- What maintenance steps (if any) are required to ensure the innovation is operating effectively on a continuous basis?

6. Narrative - ~700 words:

- 7. Please provide in narrative format the post-implementation use-** impacts to the construction/ renovation process, maintenance implications and effect on patient safety management process using the product by healthcare personnel and any new processes involved with use of the product.

8. Cost Estimate - ~300 words:

- Please provide a cost estimate in table format for implementation of your solution given typical needs in a small/medium/large hospital or healthcare setting

- 9. Contact Info –** Please provide detailed contact info (phone, email, webpage, etc.) to ensure interested readers are able to reach out for further information and estimates.