Healthcare Construction Infection Control Planning Course

18 – 22 October 2027
Addis Ababa

AGILE LEADERS
Training Center

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Ref: 537_223755 **Date:** 18 – 22 October 2027 **Location:** Addis Ababa **Fees:** 4500 Euro

Overview

Healthcare Construction Infection Control Planning Course is a one-week intermediate course for infection prevention, facilities, engineering, project, clinical safety, environmental services, contractor, and owner teams who leave with a Healthcare Construction Infection-Control Plan. Participants connect infection control risk assessment with patient-risk classification, containment barriers, negative pressure, airflow monitoring, dust and water controls, permits, inspections, incident response, terminal cleaning, commissioning, and handover in occupied healthcare facilities. Agile Leaders Training Center presents healthcare construction infection control as a shared clinical and project discipline.

Who Should Attend

- Teams responsible for infection prevention risk decisions and patient protection
- Functions that plan healthcare facilities, engineering work, and capital projects
- Personnel who install, inspect, and maintain construction containment controls
- Staff who manage environmental cleaning, waste, and occupied-area interfaces
- Leaders who govern contractors, permits, incidents, commissioning, and handover

The course assumes participants can interpret facility plans, project scopes, and infection-control procedures, and it leaves out general clinical isolation, construction safety management, and detailed HVAC design calculations.

Departments and Industries

The course supports departments and industries that deliver physical work around patients, staff, and controlled care environments.

- Hospitals, ambulatory care, laboratories, and long-term care facilities
- Healthcare facilities, estates, engineering, and maintenance departments
- Infection prevention, clinical safety, quality, and risk functions
- Construction, renovation, demolition, and specialist contracting firms
- Environmental services, commissioning, project delivery, and owner teams

Learning Objectives

By the end of this course, participants will be able to:

- Apply an infection control risk assessment to proposed work
- Analyze activity hazards and patient-risk classifications
- Build containment, airflow, dust, water, and routing controls
- Use permit, inspection, monitoring, and incident-response tools
- Evaluate cleaning, commissioning, and handover readiness
- Build a healthcare construction infection-control plan

Course Agenda

Day 1: Risk Context and Project Screening

- Occupied Healthcare Project Infection Pathway Map
- Construction Activity Type Classification Method
- Patient-Risk Group Classification Matrix
- Adjacent-Area Exposure Survey Checklist
- Multidisciplinary Infection-Control Responsibility Map

Day 2: Risk Assessment and Control Selection

- Infection Control Risk Assessment Workflow
- Activity and Patient-Risk Precaution Matrix
- Construction Infection-Control Permit Template
- Containment Zone and Barrier Selection Guide
- Patient Relocation and Service Continuity Decision Tree

Day 3: Air, Dust, Water, and Movement Controls

- Negative-Pressure Verification Log
- Airflow Direction and Differential Pressure Map
- Dust and Moisture Containment Inspection Sheet
- Water Infection Control Risk Assessment
- Personnel, Material, Debris, and Waste Route Plan

Day 4: Assurance, Incidents, and Handover

- Contractor Orientation and Competency Record
- Daily Barrier and Work-Zone Inspection Checklist
- Control Breach and Infection-Risk Incident Protocol
- Terminal Cleaning and Environmental Release Criteria
- Commissioning and Infection-Control Handover File

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Day 5: Healthcare Construction Infection-Control Practice

- Exercise: Classify Activity and Patient Risk
- Exercise: Select Barriers, Pressure, and Routing Controls
- Exercise: Inspect a Simulated Containment Breach
- Exercise: Review Cleaning and Handover Evidence
- Capstone Exercise: Healthcare Construction Infection-Control Plan

Practical Exercises

The course uses suggested activities to convert occupied-facility risks into documented project controls.

- Suggested activity: classify work activities, vulnerable patient groups, adjacent spaces, and credible transmission pathways.
- Suggested activity: select barriers, negative pressure, airflow monitoring, dust, water, access, housekeeping, debris, and waste controls.
- Suggested activity: inspect a work zone, document a control breach, assign corrective actions, and apply release criteria.
- Suggested activity: assemble permits, inspection records, cleaning evidence, commissioning checks, and handover decisions into one plan.

FAQs

Who suits the Healthcare Construction Infection Control Planning Course?

It suits professionals who coordinate infection prevention and occupied-facility work, and assumes familiarity with project scopes, facility drawings, risk procedures, and multidisciplinary decision-making.

How does healthcare construction infection control differ from general infection prevention training?

Healthcare construction infection control focuses on project-generated dust, moisture, airflow, water, movement, containment, permits, inspections, and handover, while general infection prevention addresses broader clinical practices and transmission precautions.

What does an infection control risk assessment examine before construction?

An infection control risk assessment examines the work type, patient susceptibility, adjacent spaces, transmission pathways, service disruption, air and water systems, containment needs, monitoring methods, responsibilities, and escalation triggers.

How is negative pressure verified in a healthcare construction zone?

Negative pressure is verified through defined pressure targets, suitable instruments or indicators, documented checks, alarm and response criteria, barrier integrity inspections, and confirmation that exhaust and airflow paths do not expose occupied areas.

What evidence supports healthcare construction infection-control handover?

Handover evidence includes completed permits, inspection and pressure logs, incident closures, cleaning records, environmental release decisions, system commissioning results, outstanding-risk actions, approvals, and retained project documentation.

Conclusion

Participants take back a Healthcare Construction Infection-Control Plan containing risk classifications, controls, permits, inspections, monitoring, incident steps, cleaning criteria, and handover evidence. The plan makes responsibilities and release decisions traceable across clinical and project teams. It supports safer occupied-facility work without replacing clinical infection-prevention policies or discipline-specific engineering design.