

### **ILSM AND ICRA PROJECT RISK ASSESSMENT**

<b>Project Title:</b> _____ <b>Location:</b> _____ <b>Start Date:</b> _____	<b>Project #:</b> _____ <b>Project COR:</b> _____ <b>Phone:</b> _____	
<b>PRE-CONSTRUCTION RISK ASSESSMENT</b>		
	<b>YES</b>	<b>NO</b>
Off-tour Construction necessary?		
Permit Required Confined Space (PRCS) Entry necessary?		
Welding, cutting or brazing necessary that requires Hot Work permit?		
Fire and Smoke Barrier Penetration necessary requiring a permit?		
Asbestos, lead, VA provided or stored hazardous chemicals or Other Hazard Abatement necessary?		
Potential for workers to come into contact with blood borne pathogens, i.e., blood and/or bodily fluids or other infectious agents?		
<b>Lock-Out/Tag-Out Of Any Of The Following Systems Will Be Necessary:</b> <div style="display: flex; justify-content: space-between;"> <div>           _____ Domestic Water            _____ Medical Gases         </div> <div>           _____ Electrical Systems            _____ Steam Systems         </div> <div>           _____ HVAC Systems            _____ Security Alarms         </div> </div>		
<b>The Following Disciplines/Shops Will Be Involved In This Project:</b> <div style="display: flex; justify-content: space-between;"> <div>           _____ Infection Control            _____ Safety         </div> <div>           _____ Construction            _____ Patient Safety         </div> <div>           _____ Paint Shop            _____ Carpenter         </div> <div>           _____ Engineering            _____ IRM         </div> <div>           _____ Biomed            _____ Other         </div> </div>		

**Step 1:** Interim Life Safety Measures (ILSM) for this project? \_\_\_\_YES \_\_\_\_NO

**Using the following checklist, *identify* if an ILSM is required and enter final “YES” or “NO” in blank above.**

<b>ILSM RISK ASSESSMENT</b>	<b>YES</b>	<b>NO</b>
EXITS: Does the project have the potential of affecting an exit or other means of egress? If exits are obstructed, then personnel in building must be trained on alternate routes and exits.		
EXITS: Will the affected exits be used by other than construction personnel? Construction areas will have designated and marked exits with maps posted that delineate new exit pathways?		
EMERGENCY ACCESS: Is there free and unobstructed access to emergency departments or services?		
EMERGENCY ACCESS: Is there a potential for obstructing emergency response access to the construction area?		
FIRE PROTECTION: Is there a potential of impairing existing fire alarm detection or suppression systems?		
FIRE PROTECTION: Will temporary fire protection systems be required as part of the project?		
FIRE PROTECTION: Has the Contractor been briefed to minimize the time systems are impaired and to notify COR and/or Safety section prior to system being impaired?		
FIRE PROTECTION: Has the VA Police been notified to conduct a fire watch at least once per shift during non-business hours whenever any portion of the alarm, detection, or suppression system is impaired for more than four hours within a twenty-four hour period?		
TEMPORARY PARTITIONS: Will construction involve the use of temporary partitions? If “YES,” they must be smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire?		
FIREFIGHTING EQUIPMENT: Does the area affected by construction require the placement of additional fire-fighting equipment?		
FIREFIGHTING TRAINING: Will additional firefighting training be provided for construction workers and/or affected VA staff?		

COMBUSTIBLE LOAD LEVELS: Will the project require developing and enforcing storage, housekeeping, and debris removal practices that reduce the flammable and combustible fire load of the building to the lowest necessary level for daily operation?		
FIRE DRILLS: Does the project warrant additional fire drills because of elimination of EXITS or other NFPA Life Safety Code deficiencies? Staff In affected area(s) will receive 2 additional fire drills per shift.		
FACILITY WIDE TRAINING: Does the project present Life Safety Code deficiencies or construction hazards that require facility-wide education and training?		
OTHER LISTED COR ISSUES:		

Action(s) to be taken:

\_\_\_\_\_  
Signature of VANCHCS Safety Manager/Officer                      Date

\_\_\_\_\_  
Signature of VANCHCS Industrial Hygienist                      Date

\_\_\_\_\_  
Signature of Project Supervisor                      Date

\_\_\_\_\_  
Signature of Site Designated Safety Officer                      Date

**Step 2:** Infection Control Risk Assessment (ICRA) Type: \_\_\_\_\_

Using the following table, *identify the Type of Construction Project Activity (Type A-D) and enter in blank above.*

<u>TYPE A</u>	<b>Inspection and Non-Invasive Activities.</b> Includes, but is not limited to: <ul style="list-style-type: none"><li>▪ removal of ceiling tiles for visual inspection only, e.g., limited to 1 tile per 50 square feet</li><li>▪ painting (but not sanding)</li><li>▪ wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.</li></ul>
<u>TYPE B</u>	<b>Small scale, short duration activities which create minimal dust</b> Includes, but is not limited to: <ul style="list-style-type: none"><li>▪ installation of telephone and computer cabling</li><li>▪ access to chase spaces</li><li>▪ cutting of walls or ceiling where dust migration can be controlled.</li></ul>
<u>TYPE C</u>	<b>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</b> Includes, but is not limited to: <ul style="list-style-type: none"><li>▪ sanding of walls for painting or wall covering</li><li>▪ removal of floorcoverings, ceiling tiles and casework</li><li>▪ new wall construction</li><li>▪ minor duct work or electrical work above ceilings</li><li>▪ major cabling activities</li><li>▪ any activity which cannot be completed within a single work shift.</li></ul>
<u>TYPE D</u>	<b>Major demolition and construction projects</b> Includes, but is not limited to: <ul style="list-style-type: none"><li>▪ activities which require consecutive work shifts</li><li>▪ requires heavy demolition or removal of a complete cabling system</li><li>▪ new construction.</li></ul>

Step 3: \_\_\_\_\_

Using the following table, *identify the Patient Risk Groups (Low, Medium, High, Highest) that will be affected and enter in the blank above. If more than one risk group will be affected, select the higher risk group.*

Low Risk	Medium Risk	High Risk	Highest Risk
<ul style="list-style-type: none"> <li>Office areas</li> </ul>	<ul style="list-style-type: none"> <li>Cardiology</li> <li>Echocardiography</li> <li>Endoscopy</li> <li>Nuclear Medicine</li> <li>Physical Therapy</li> <li>Radiology/MRI</li> <li>Respiratory Therapy</li> </ul>	<ul style="list-style-type: none"> <li>CCU</li> <li>Emergency Room</li> <li>Labor &amp; Delivery</li> <li>Laboratories (specimen)</li> <li>Medical Units</li> <li>Newborn Nursery</li> <li>Outpatient Surgery</li> <li>Pediatrics</li> <li>Pharmacy</li> <li>Post Anesthesia Care Unit</li> <li>Surgical Units</li> </ul>	<ul style="list-style-type: none"> <li>Any area caring for immunocompromised patients</li> <li>Burn Unit</li> <li>Cardiac Cath Lab</li> <li>Central Sterile Supply</li> <li>Intensive Care Units</li> <li>Negative pressure isolation rooms</li> <li>Oncology</li> <li>Operating rooms including C-section rooms</li> </ul>

Step 4: \_\_\_\_\_

**Match the:**

**Patient Risk Group (Low, Medium, High, Highest)** with the planned ...  
**Construction Project Type (A, B, C, D)** on the following matrix, to find the ...  
**Class of Precautions (I, II, III or IV)** or level of infection control activities required.  
**Class I-IV or Color-Coded Precautions** are delineated on page 7's *Infection Control Construction Permit*.

**IC Matrix - Class of Precautions: Construction Project by Patient Risk**

Patient Risk Group	TYPE A	TYPE B	TYPE C	TYPE D
<b>LOW</b> Risk Group	I	I	II	III/IV
<b>MEDIUM</b> Risk Group	I	I	III	IV
<b>HIGH</b> Risk Group	I	II	III/IV	IV
<b>HIGHEST</b> Risk Group	II	III/IV	III/IV	IV

**Step 5:** Identify the areas surrounding the project area, assessing potential impact.

Unit Below	Unit Above	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

**Step 6:** Identify any other potential requirements by using the following checklist.

<b>INFECTION CONTROL REQUIREMENTS CHECKLIST</b>	<b>YES</b>	<b>NO</b>
INFECTION CONTROL EDUCATION: Identified site specific activity and met with Services/Sections surrounding construction site to inform them of impact/precautions to be taken & to instruct them in basic I/C requirements?		
INFECTION CONTROL EDUCATION: Met with the Construction Manager, Construction Crews, and Sub-Contractors to inform them of impact/precautions to be taken & to instruct them in Basic I/C requirements?		
OUTAGE EVENTS: Identified any issues related to ventilation, plumbing and electrical in terms probable outage events?		
CONTAINMENT MEASURES: What types of barriers, i.e., solids, wall barriers? Will HEPA filtration be required?		
CONTAINMENT MEASURES: Discussed containment issues with the project team like traffic flow, housekeeping and debris removal (how and when)?		
CONTAINMENT MEASURES: Informed the Project Coordinator that barriers are not to be removed from work area until completed project is inspected by the Safety and Infection Control Sections and thoroughly cleaned by Environmental Management Service?		
WATER DAMAGE RISK: Is there a risk due to compromising structural integrity, i.e., wall, ceiling and/or roof? (Note: Renovation/construction area will be isolated from occupied areas and negative with respect to surrounding areas)		
WORK HOURS: Can or will the work be done during non-patient care hours?		
ISOLATION/NEGATIVE AIRFLOW: Do plans allow for adequate number of isolation/negative airflow rooms?		
HAND HYGIENE: Does the plan allow for the required number and type of hand washing sinks?		
HAND HYGIENE: Does the infection prevention & control staff agree with the minimum number of sinks for this project? (Note: Verify against FGI Design and Construction Guidelines for types and area)		
CLEAN/SOILED UTILITY: Does the infection prevention & control staff agree with the plans relative to clean and soiled utility rooms?		
TUBERCULOSIS RISK ASSESSMENT: Does this project involve risk of airborne exposure to known or suspected TB case  <b>NO:</b> Baseline TB skin testing is not required for contractors  <b>YES:</b> The Contractor will provide written certification that all contract staff have a pre-placement TB screen within 90 days prior to assignment to the worksite and have been found to have negative TB screening reactions. Contract staff manifesting positive screening reactions to TB must show proof of being on treatment prior to working on VHA property.		
LEGIONELLA IMPACT: Will this project involve disturbing or breaking water systems, or result in stagnation of the water systems for greater than 7 days? <ol style="list-style-type: none"> <li>1. All hot/cold water systems will be flushed until flow clear and without air in the system. NOT LESS THAN 10 MINUTES.</li> <li>2. All faucets and showerheads will be removed and cleaned.</li> <li>3. Temperatures will be measured to insure hot water is within limits identified above.</li> <li>4. Water samples will be taken to verify: levels of chlorine/safety of water for human use.</li> <li>5. Take a representative sample at affected distal fixtures and send for culture testing.</li> </ol> (Note: It is not necessary to wait for sample prior to returning the area to service)		

Action(s) to be taken:

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Signature of Project Manager Date

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Signature of Project Manager's Supervisor, Date  
Svc. Chief or Site Manager, as applicable

When the Construction Activity and Risk Level indicate **Class III** or **Class IV**, control procedures are necessary and the following signatures are required. ***The Infection Control Construction Permit on page 7 of this attachment is also required and MUST BE POSTED AT SITE.***

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Signature of VANCHCS Infection Control Nurse Date

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Signature of VANCHCS Industrial Hygienist Date

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Signature of VANCHCS Safety Manager/Officer Date

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Signature of Site Designated Safety Officer Date

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Signature of Site Manager Date

<b>Infection Control Construction Permit</b>						
					Permit No:	
Location of Construction:				Project Start Date:		
Project COR:				Estimated Duration:		
Contractor Performing Work:				Permit Expiration Date:		
Supervisor:				Telephone:		
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP	
		TYPE A: Inspection, non-invasive activity			GROUP 1: Low Risk	
		TYPE B: Small scale, short duration, moderate to high levels			GROUP 2: Medium Risk	
		TYPE C: Activity generates moderate to high levels of dust, requires greater 1 work shift for completion			GROUP 3: Medium/High Risk	
		TYPE D: Major duration and construction activities Requiring consecutive work shifts			GROUP 4: Highest Risk	
<b>CLASS I</b>		1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.				
<b>CLASS II</b>		1. Provides active means to prevent air-borne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Wipe surfaces with disinfectant.				
<b>CLASS III</b>		1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Do not remove barriers from work area until complete project is thoroughly cleaned by Facilities Management Section.				
Date						
Initial						
<b>CLASS IV</b>		1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site.				
Date						
Initial						
Additional Requirements:						
Date      Initials			_____ Exceptions/Additions to this permit Date      Initials      are noted by attached memoranda.			
Permit Requested By:			Permit Authorized By:			
Date:			Date:			