



DEPARTMENT OF VETERANS AFFAIRS – VA NEW ENGLAND HEALTHCARE



INTERIM LIFE SAFETY MEASURES (ILSM) DETERMINATION

Project Name:	Project Number:
Construction & Impact Description:	Construction Location: Affected Areas:
Project COTR:	Project Start Date:
Project CPs:	Estimated Duration:
	Completion Date:
Contractor:	
GC Supervisor:	Telephone:
Contractor CP:	

Implementation Checklist:

- ☐ It is determined that the above construction project DOES NOT warrant implementation of the ILSM Program, based on evaluation of the project.
J If the above is checked and completed, stop here, sign below and file in project folder.
- ☐ It is determined that the above construction project DOES warrant implementation of the ILSM Program.
- ☐ Review of construction scope relative to the applicable ILSM administrative actions.
- ☐ Notify Contractor of their responsibilities relative to ILSM.
Date Meeting was held: _____
Person/s Present: _____
- ☐ Develop a plan and train both appropriate hospital staff as well as construction personnel relative to ILSM including a written and signed document attesting to said training.
- ☐ Contractor shall provide daily inspections and reports on construction site relative to ILSM.
- ☐ Notify the Safety Officer relative to any and all potential fire alarm, sprinkler system, smoke detector system etc. shut downs. Modifications, etc. that require actual shut downs must have the ILSM in effect relative to an equivalent system protection.
- ☐ Multidisciplinary team has been notified and concurs with plan.
- ☐ Multidisciplinary team will review and document weekly or other intervals as decided by the team.
Reviews to be done: _____

Signature/Date: _____
Project CPs

Safety Officer

INTERIM LIFE SAFETY MEASURES – ADMINISTRATIVE ACTIONS

Applicable Action 4 – NA – 8	ILSM Administrative Action
	Ensuring exits provide free and unobstructed egress. Personnel shall receive training if alternate exists must be designated. Building or areas under construction must maintain escape facilities for construction workers at all times. Means of egress in construction areas must be inspected daily.
	Ensuring free and unobstructed access to emergency services and for emergency forces.
	Ensuring fire alarm, detection, and suppression systems are not impaired. A temporary, but equivalent system shall be provided when any fire system is impaired. Temporary systems must be inspected and tested monthly.
	Ensuring temporary construction partitions are smoke tight and built of noncombustible or limited combustible material that will not contribute to the development or spread of the fire.
	Providing additional fire-fighting equipment and use training.
	Prohibiting smoking in accordance with MA.1.3.15 and in or adjacent to all construction areas.
	Developing & enforcing storage, housekeeping, debris removal practices that reduce the flammable and combustible fire load of the building to the lowest level necessary for daily operations.
	Conducting a minimum of two fire drills per shift per quarter.
	Increasing hazard surveillance of buildings, grounds, and equipment, with special attention to excavation, construction areas, construction storage, and field offices.
	Training personnel when structural or compartmentation features of fire safety are compromised.
	Conducting safety education programs to ensure awareness of any construction hazards, Life Safety Code deficiencies, and these Interim Life Safety Measures.
	Conduct infection control risk assessment (ICRA).

INTERIM LIFE SAFETY MEASURES (ILSM) DAILY INSPECTION FORM

INSTRUCTIONS: This form is to be utilized when hazards are posed by NFPA 101 deficiencies or construction activities are in progress. ILSM must be implemented upon project start and continuously enforced through project completion to provide a level of life safety comparable to that described in the Life Safety Code. Submit completed forms to the VA Safety Officer & Project Engineer.

Project Name:	Project Number:
Construction & Impact Description:	Construction Location: Affected Areas:
Project COTR:	Project Start Date:
Project CPs:	Estimated Duration:
	Completion Date:
Contractor:	
GC Supervisor:	Telephone:
Contractor CP:	

Inspection Period: Responses: 4 ... NA ... 8	SUN	MON	TUE	WED	THR	FRI	SAT
1. Are exits readily accessible and provide unobstructed egress?							
2. Have alternate exits been established if required due to inaccessibility of existing exits?							
3. If alternate exits have been established, are personnel in the area informed and aware of their relocation?							
4. Are the existing and relocated exits clearly marked and able to be seen in the event of a fire or emergency?							
5. Are evacuation routes posted with follow-up inspections required by construction impact changes in escape routes?							
6. Are written procedures and guidelines posted in the immediate and adjacent areas for what to do and who to call in the event of a fire or emergency?							
7. Are personnel in immediate/adjacent areas aware and informed in procedures and guidelines to follow in the event of fire or emergency?							
8. Is there free and unobstructed access to services for emergency personnel (eg, fire, medical, security)?							
9. Are fire alarm (eg, pull station), detection (eg, smoke/heat), suppression (eg, sprinkler, extinguisher) systems in working order, protected and unobstructed with locations identified?							
10. If the fire alarm, detection, suppression systems are impaired or temporarily non-functional, has a fire watch for the area, as required or necessary, been trained and established?							
11. If the fire alarm, detection, suppression systems are impaired, have measures been taken to provide temporary equivalent equipment and/or systems for adequate protection? Note date for equivalent measures.							
12. If the fire alarm, detection, suppression systems are impaired, are equivalent equipment/systems inspected and tested at least monthly?							
13. If temporary fire alarm, detection, suppression systems are installed, are personnel in the area aware and trained on how to operate or utilize them in the event of fire or emergency?							
14. Has the "No Smoking" policy been posted, implemented and enforced in the construction area?							

15. Are temporary partitions built to be fire/smoke tight with fire retardant noncombustible material and inspected daily for integrity?							
16. Is construction site access restricted to authorized personnel only including warning signs and secured at the end of each day?							
17. Is construction area hazard surveillance conducted daily?							
18. Is construction area storage, waste, debris and excess materials being daily managed properly to reduce fire or safety hazards?							
19. Are construction activities and materials prosecuted, handled, stored, secured in an orderly and safe manner?							
20. Is the generation, spread and exposure of construction dust, fumes, noise, odor, smoke controlled with appropriate fume, odor, vapor ventilation provided to control noxious, infectious, toxic exposure and store/protect flammable/combustible products?							
21. Has a GC Safety Manager been designated with routine site safety meetings conducted to ensure awareness of ILSM, Life Safety Code?							
22. Is personnel protective equipment (eg, safety glasses, ear plugs, hard hats) required and being used?							
23. If there are hand/safety rails, scaffolding or ladders required, are they in place, in good condition and being used in a safe manner?							
24. Are the construction site (buildings and exterior grounds) hazards (eg, fall/trip) guarded and free of potential safety violations?							
25. Do electrical panels, temporary wiring, extension cords (3 wire grounded type), tools, and equipment appear to be installed, utilized, and functioning in a safe manner?							
26. If there are temporary electrical outlets provided, do they have ground fault protection at the receptacle/panel?							
27. If hazardous equipment/systems need to be de-energized, are applicable "Lockout/Tagout" procedures being followed?							
28. Are utility services (eg, electrical, steam, water, waste, gas) properly secured at the end of each day?							
29. If there is any hot work (welding, soldering, cutting) being performed within the construction site, have additional fire safety precautions been taken and necessary equipment provided?							
30. If there is any hot work (welding, soldering, cutting) being performed on the construction site, has Engineering Service and the Safety Office been notified?							
31. If hazardous products are present, are they limited to the amount needed and used daily?							
32. Are hazardous products disposed according to EPA requirements?							
33. Are all hazardous products present or being used (eg, flammable, combustible, corrosive, noxious) labeled with MSDS information readily available?							
34. If infection control is required, are the appropriate policies and procedures known and being followed?							
35. Are all safety incidents documented and reported to the AHJ?							
Contractor CP Initials Performing Daily Inspections:							

Inspection Comments/Findings: (PROVIDE DETAILED EXPLANATION OF EXCEPTIONS/DEFICIENTIES)

Signature/Date: _____
Project CPs

GC Safety Manager

DEPARTMENT OF VETERANS AFFAIRS – VA NEW ENGLAND HEALTHCARE

INFECTION CONTROL RISK ASSESSMENTS (ICRA) DETERMINATION

Step 1 – Type: Using the following, *identify* the Project Construction Activity Type (A – D). The construction activity types are defined by the amount of dust generated, the duration of the activity, and the amount of shared HVAC systems. Contact the VABHS Engineering Department or Infection Control Department if any activity is questionable under these guidelines ...

Type A – Inspection and Non-Invasive Activities. Includes, but is not limited to:

- Removal of ceiling tiles for visual inspection only and immediate replacement
- Painting, but not sanding
- Wall covering
- Electrical trim work
- Minor plumbing
- Activities that do not generate dust, involve wall cutting, require extended ceilings access

Type B – Small scale, short duration activities which create minimal dust. Includes, but is not limited to:

- Installation or telephone and computer cabling
- Access to chase spaces
- Cutting of walls or ceiling where dust migration can be controlled

Type C – Work that generates a moderate to high level of dust or requires demolition or removal of any fixed components or assemblies. Includes, but is not limited to:

- Sanding of walls for painting or wall covering
- Removal of floor coverings, ceiling tiles and casework
- New wall construction
- Minor ductwork or electrical work above ceilings
- Major cabling activities
- Any activity which cannot be completed within a single work shift

Type D – Major demolition and construction projects. Includes, but is not limited to:

- Activities that require consecutive work shifts
- Requires heavy demolition or removal of a complete ceiling system
- New construction

Step 2 – Risk: Using the following, *identify* the Patient Risk Group (1 – 4) that will be affected, if more than one risk group will be affected, select the higher risk group ...

Low Risk – GROUP 1: Includes, but is not limited to ...

- Office Areas, Library, Chapel
- Engineering Svc Space
- Facility Environmental Management Svc Space

Medium Risk – GROUP 2: Includes, but is not limited to ...

- Ambulatory Care Unit (ACU)
- Audiology, Speech Pathology
- Outpatient Clinics (eg, Coumadin, Cardiology, Gastro Intestinal, Ophthalmology, Pulmonary, Renal)
- Echocardiography
- Food Service Areas
- Laundry
- Ultrasound
- Imaging (eg, Radiology/MRI)
- Nuclear Medicine
- Pathology & Laboratory Medicine Service (P&LMS)
- Polytrauma – Kinesio, Occupational, Physical Therapy
- Prosthetics
- Pool Area
- Respiratory Therapy
- Sleep Laboratory

High Risk – GROUP 3: Includes, but is not limited to ...

- Admission Areas
- Ambulatory Surgery Unit (ASU)
- Emergency & Urgent Care Rooms
- Endoscopy
- Laboratories
- Medical Procedure Unit (MPU)
- Medical Surgical Day Unit (MSDU)
- Pharmacy
- Patient Wards (eg, Long Term Care, Medical, Surgical, Spinal Cord Injury, Psychiatry)
- Supply, Processing & Distribution (SPD – Non-Sterile Areas)

Highest Risk – GROUP 4: Includes, but is not limited to ...

- Areas caring for immune compromised patients
- Intensive Care Units (eg, CCU, MICU, PCU, SICU)
- Supply, Processing & Distribution (SPD – Sterile Areas)
- Anesthesia Areas, Post-Anesthesia Care Units (PACU)
- Cardiac Catheter, Electrophysiology (EP) Laboratories
- Radiation Therapy Areas for cancer treatment
- Dental, Dermatology, Dialysis Rooms
- Negative Pressure Isolation Rooms
- Angiography, Cystoscopy Suites
- Pharmacy Admixture Areas
- Oncology (Radiation Therapy)
- Operating Rooms

Step 3 – Class: Match the Patient Risk Group (low, medium, high, highest) with the planned Project Construction Activity Type (A, B, C, D) on the IC Matrix to determine the Class Precaution (I, II, III, IV) or extent of infections control activities required. If the area is not listed, determine the level of the infection control classification necessary for the work by matching the construction activity with the designated risk group in the matrix and provide the associated infection control procedures ...

Infection Control Matrix Class Precautions for Construction Activity by Risk Group				
<u>Patient Risk Group:</u>	<u>Project Construction Activity Type:</u>			
	<u>Type A</u>	<u>Type B</u>	<u>Type C</u>	<u>Type D</u>
LOW Risk – Group 1	I	II	II	III/IV
MEDIUM Risk – Group 2	I	II	III	IV
HIGH Risk – Group 3	I	II/III	III/IV	IV
HIGHEST Risk – Group 4	II/III	III/IV	III/IV	IV

Special Note: Infection Control consultation is required when the Construction Activity and Risk Group indicate that Class III or Class IV Precautions are necessary.

Step 4 – Infection Control Activities: Required Infection Control Activities by Class Precautions ...

During Project Construction ... are described in the table on the next page ...

Upon Project Completion ... are described in the table on the next page ...

<u>Infection Control Activities by Class Precautions</u>		
--	<u>During Project Construction</u>	<u>Upon Project Completion</u>
Class I	a. Keep area free of debris & trash. b. Immediately reinstall ceiling tiles displaced for inspections. c. Traffic Flow: Decrease exposure of patients/staff to construction. d. Utility Shutdowns: If necessary, schedule interruptions during low activity. e. Pest Control: Address any visible signs of birds, insects, rodents or other vermin. f. Housekeeping broom & wet mop surfaces daily and as needed to control debris/dust. g. Execute work by methods to minimize dust production & migration from construction operations.	a. Perform clean up and disposal in accordance with contract requirements.
Class II In addition to Class I ...	a. Dust containment barriers secure at perimeter edges. b. Ceiling tiles in place at adjacent areas outside barrier. c. Water mist work surfaces to control dust while cutting. d. Unused openings (doors, windows) properly closed and sealed with masking tape. e. Block-off, seal, remove or isolate HVAC system air vents to prevent contamination migration. f. Place walk-off mat at work areas to prevent tracking of construction dust into surrounding areas. g. Provide active means to prevent airborne dust from dispersing into atmosphere. HEPA vacuums, automatic self-closing construction doors, appropriate exhaust machines, debris chutes.	a. Clean work surfaces with HEPA vacuum. b. Remove HVAC system isolation where work is complete. c. Mop and/or wipe work surfaces with approved disinfectant.
Class III In addition to Class II ...	a. Inspect adjacent areas for dust migration and correct immediately. b. Tightly cover material transport receptacles/carts. Contain construction waste in tightly covered containers before transport. c. Maintain negative air pressure within work site utilizing HEPA air filtered machines. d. Disinfect tools and equipment prior to entry and exit from sterile and invasive procedure areas.	a. Clean remaining impacted areas with HEPA vacuum. b. Mop/Wipe remaining impacted areas with approved disinfectant. c. Tightly cover material transport receptacles/carts. Contain construction waste in tightly covered containers before transport. d. Do not remove barriers from work areas until completed project is thoroughly cleaned and inspected by the VA Safety Officer and Infection Control Practitioner.
Class IV In addition to Class III ...	a. Temporarily relocate staff/patients away from impacted areas if possible. b. Seal holes, pipes, conduits, penetrations and barrier punctures to prevent dirt and fine dust migration. c. All personnel entering the work site are required to wear shoe covers. Shoe covers must be removed each time the worker exits the work area. d. Either construct anteroom and require all personnel to pass through this room and be HEPA vacuumed clean before leaving the work site or optionally require all personnel to wear cloth/paper coveralls that are removed each time the worker exits the work area.	



DEPARTMENT OF VETERANS AFFAIRS – VA NEW ENGLAND HEALTHCARE



INFECTION CONTROL RISK ASSESSMENT (ICRA) CHECKLIST FORM

Project Name:			Project Number:		
Construction & Impact Description:			Construction Locations: Affected Areas:		
Project COTR:			Project Start Date:		
Project CPs:			Estimated Duration:		
			Completion Date:		
Contractor:					
GC Supervisor:			Telephone:		
Contractor CP:					
YES	NO	CONSTRUCTION ACTIVITY TYPE	YES	NO	IC PATIENT RISK GROUP
		TYPE A: Inspection, non-invasive activities, minimum dust levels			GROUP 1: Low Risk
		TYPE B: Small scale, short duration, moderate dust levels			GROUP 2: Medium Risk
		TYPE C: Generates moderate to high levels of dust, requires greater than one work shift for completion			GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities requiring consecutive work shifts			GROUP 4: Highest Risk
CLASS PRECAUTION: <i>Based on Construction Activity & Risk Group</i>					Class ... I ... II ... III ... IV

Implementation Checklist:

- ☐ Review construction scope relative to the applicable ICRA administrative actions.
 - ☐ Notify Contractor of their responsibilities relative to ICRA.
 - Date Meeting was held: _____
 - Person/s Present: _____
 - ☐ Develop a plan and train both appropriate hospital staff as well as construction personnel relative to ICRA including a written and signed document attesting to said training.
 - ☐ Contractor shall provide daily inspections and reports on construction site relative to ICRA.
 - ☐ Notify the Infection Control Practitioner relative to any and all potential infection control deficiencies.
 - ☐ Multidisciplinary team has been notified and concurs with plan.
 - ☐ Multidisciplinary team will review and document weekly or other intervals as decided by the team.
- Reviews to be done _____

Signature/Date: _____
Project CPs

Infection Control Practitioner

INFECTION CONTROL RISK ASSESSMENT – ADMINISTRATIVE ACTIONS

Applicable Action 4 – NA – 8	ICRA Administrative Action
	Tightly seal construction perimeter and inspect critical barriers for integrity. Verify negative air pressure with airflow from clean (hospital/clinic/support spaces) to dirty areas (construction areas).
	Construction site has proper traffic flow and warning signage. Demonstrate compliance with traffic flow patterns including demolition/construction movement.
	Track dirt compliance aids are in place at the doors leading to the hospital/clinic/support spaces. Housekeeping performed frequently to prevent accumulation and spread of dirt and fine dust including regular HEPA vacuuming and damp wiping construction perimeter barriers.
	Demonstrate active means that prevents airborne particles from migrating to hospital, clinical, support care areas including: HEPA vacuums, automatic self-closing construction doors, appropriate exhaust machines, debris chutes.
	Block off, seal, remove or isolate open pipes, open conduits, penetrations, barrier punctures, HVAC system air vents in work area to prevent dirt and fine dust migration.
	Surfaces in adjacent hospital, clinical, support areas frequently inspected for visible dirt or fine dust and cleaned immediately with suitable materials.
	Demonstrate appropriate debris transport ... covered cart, dedicated elevator, designated route, etc.
	Immediate control of water leakage must be handled in an emergency fashion in occupied areas. Large leaks may necessitate drying. (<72 Hrs.).
	Compliance with coverall clothing when indicated by Class Precaution.
	Tools and equipment damp-wiped prior to entry and exit from sterile and invasive procedure areas.
	Windows, access doors, and debris chutes are closed and secured at the end of each day.
	Areas cleaned and trash disposed at the end of each working day.
	Pest control ... No visible signs of birds, insects, rodents or other vermin.
	Compliance with the required Infection Control Activities by Class Precautions.
	Conduct infection control training and education to ensure awareness of construction hazards, infection control deficiencies, and compliance with the required infection control measures.
	Conduct infection control risk assessment (ICRA).



DEPARTMENT OF VETERANS AFFAIRS – VA NEW ENGLAND HEALTHCARE



INFECTION CONTROL RISK ASSESSMENT (ICRA) DAILY INSPECTION FORM

INSTRUCTIONS: This form is to be utilized when infection controls are impacted or construction activities are in progress. ICRA must be implemented upon project start and continuously enforced through project completion to provide a level of infection control comparable to that required by EPA, OSHA and the Life Safety Code. Submit completed forms to the VA Infection Control Practitioner & Project Engineer.

Project Name:	Project Number:
Construction & Impact Description:	Construction Location: Affected Areas:
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Contractor:	
GC Supervisor:	Telephone:
Contractor CP:	

Inspection Comments/Findings: (PROVIDE DETAILED EXPLANATION OF EXCEPTIONS/DEFICIENCIES)

Signature/Date: _____
Project CPs

GC Safety Manager

