Infection Control Risk Assessment for Construction / Renovation Projects

Project Name: Replace Existing Water Main Distribution Systems, Phase 3 (Part A)	Project/ Work-Order Number: 578-15-032 (Construction)
Project Planner: Maribel Alvarez-Cabrera	Extension:
Building Number:	Floor(s)/Room(s):
Start date:	Projected completion date: / /

Construction Activity		Infection control risk group	
	TYPE A: Non-invasive activity, low noise, no vibration DUST LEVEL Low	X	GROUP 1: Low office areas, FMS areas, all non-patient care areas.
X	TYPE B: Small scale, short duration, low-moderate noise, low-moderate vibration DUST LEVEL: Moderate to High		GROUP 2: Medium All other patient care areas including general medicine floors, ultrasound, Rehab, Occupational Therapy.
	TYPE C: Requires more than one work shift to complete, low-moderate noise, moderate–high vibration DUST LEVEL Moderate to High		GROUP 3: Medium/High ED, Radiology/MRI, admissions, food service areas, laboratories.
	TYPE D: Major demolition and construction activities Requiring consecutive work shifts, moderate-high noise, moderate-high vibration DUST LEVEL High		GROUP 4: Highest Operating rooms, SPS, ICU's, Outpatient areas, oncology, anesthesia, post anesthetic recovery, all endoscope areas, Pharmacy, Renal Dialysis

Project Class Determination Matrix

Construction Activity → / Risk Level ↓	Type "A"	Type "B"	Type "C"	Type "D"
Group 1	I	II	II	III
Group 2	I	II	III	IV
Group 3	I	III	III	IV
Group 4	III	IV	IV	IV

Contractors Actions by Project Class

CLASS I	1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.	3. Contain construction waste before transport in tightly-covered containers. 4. Emergency Preparedness training/posting/ID card.
CLASS II	1. Provide 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 tap	4. Block off and seal air vents. 5. Wipe surfaces with disinfectant. 6. Contain construction waste before transport in tightly-covered containers. 7. Emergency Preparedness training/posting/ID card.
CLASS III	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide dust mat at entrance and exit of work area.	5. Contain construction waste before transport in tightly-covered containers. 6. Wet mop or vacuum with HEPA-filtered vacuum before leaving work area. 7. Cover transport receptacles or carts. Tape covering. 8. Emergency Preparedness training/posting/ID card.
CLASS IV	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide adhesive walk-off mat at entrance and exit of work area. 5. Seal holes, pipes, conduits and punctures appropriately. 6. Vacuum the entire work area with HEPA vacuums or wet mop with disinfectant at the completion of project.	7. Do not remove barriers from work area until completed project is thoroughly cleaned by housekeeping and inspected by the Infection Control Department, Safety Section, and Engineering Service. 8. Remove barrier materials carefully to minimize spreading dust and debris associated with construction. 9. Contain construction waste before transport in tightly-covered containers. 10. Cover transport receptacles or carts. Tape covering. 11. Remove isolation of HVAC system in areas where work was performed at the end of the project. 12. Emergency Preparedness training/posting/ID card.

Risk Assessment for TB exposure: Does the project involve the building's: a) HVAC Yes___ No X ; b) HEPA filters Yes___ No X;
c) Negative Pressure Room (s) Yes_____ No X ? If **any** checked yes, an N95 mask **will be** required.

Classification _____ Contractor's signature (for Projects only)_____

Project Planner or Technician Signature _____

Supervisor signature _____ Date 9/18/15

FAX to Infection Control x22481 and to Safety x25613 or scan & attach via e-mail to "Hines Infection Control Service"