

SECTION 01 10 20
PRE-EMPTIVE DUST PROTECTION

1.1 PROTECTION

A. Provide the following protective measures in addition to attached project risk assessment requirements:

1. Wherever existing roof surfaces are disturbed they shall be protected against water infiltration. In case of leaks, they shall be repaired immediately upon discovery.
2. Temporary protection against damage for portions of existing structures and grounds where work is to be done, materials handled and equipment moved and/or relocated.
3. Protection of interior of existing structures at all times, from damage, dust and weather inclemency. Wherever work is performed, floor surfaces that are to remain in place shall be adequately protected prior to starting work, and this protection shall be maintained intact until all work in the area is completed.
4. Dampen debris to keep down dust and provide temporary construction partitions in existing structures where directed by COTR. Blank off ducts and diffusers to prevent circulation of dust into occupied areas during construction.
5. For construction in any areas which will remain jointly occupied by the medical Center and Contractor's workers, the Contractor shall:
 - a. Provide plastic barriers to completely separate construction from the operational areas of the hospital in order to contain dirt debris and dust.
 - b. Create a barrier reaching from floor to ceiling before any ceiling is entered. Surround the affected area entirely and seal with duct tape at the ceiling, floor and sides.
 - c. Install HEPA (High Efficiency Particulate Accumulator) filter vacuum system rated at 95% capture of 0.3 microns including pollen, mold spores and dust particles. Insure continuous negative air pressure occurring within the work area
 - d. Vacuum clean all tiles where work is to be done.

- e. Broom clean and wet mop mid day, and at the end of each workday.
Remove debris as they are created. Transport these outside the construction area in containers with tightly fitting lids.
- f. Ceiling tiles to be reinstalled at the end of each work day.
Damaged ceiling tiles shall be replaced by the end of each work week.

B. Disposal and Retention: Materials and equipment accruing from work removed and from demolition of buildings or structures, or parts thereof, shall be disposed of as follows:

- 1. Items shall become property of the Contractor and be removed by Contractor from Medical Center.
- 2. Items of portable equipment and furnishings located in rooms and spaces in which work is to be done under this contract shall remain the property of the Government. When rooms and spaces are vacated by the Department of Veterans Affairs during the alteration period, such items shall be protected by the contractor from dust, dirt, and damage.
- 3. Copies of the following listed CFR titles may be obtained from the Government Printing Office:
 - 40 CFR 261 - Identification and Listing of Hazardous Waste
 - 40 CFR 262 - Standards Applicable to Generators of Hazardous Waste
 - 40 CFR 263 - Standards Applicable to Transporters of Hazardous Waste
 - 40 CFR 761 - PCB Manufacturing, Processing, Distribution in Commerce, and use Prohibitions
 - 49 CFR 172 - Hazardous Material tables and Hazardous Material Communications Regulations
 - 49 CFR 173 - Shippers - General Requirements for Shipments and Packaging
 - 49 CFR 173 - Subpart A General
 - 49 CFR 173 - Subpart B Preparation of Hazardous Material for Transportation
 - 49 CFR 173 - Subpart J Other Regulated Material; Definitions and Preparation
 - TSCA - Compliance Program Policy Nos. 6-PCB-6 and 6-PCB-7

WILLIAM S. MIDDLETON MEMORIAL VETERAN'S HOSPITAL
MIDDLETON, WI
REPLACE FIRE SPRINKLER SYSTEM
VA PROJECT: 607-12-111

DEPT. OF VETERANS AFFAIRS

William S. Middleton Memorial Hospital PRE-CONSTRUCTION RISK ASSESSMENT (SAFETY & ILSM)

PROJECT TITLE:

PROJECT #:

PROJECT AREA:

BLDG/FLR/RM#:

PROJECT START DATE:

PROJECT COORDINATOR:

PRE-CONSTRUCTION RISK ASSESSMENT:	YES	N/A
Off Tour Construction will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Permit Required Confined Space (PCRS) Entry will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Cutting, Burning, Or Welding will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Any above ceiling work within 10 ft of a fire wall or smoke partition/wall?	<input type="checkbox"/>	<input type="checkbox"/>
Asbestos/Lead or other hazardous abatement will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Additional isolation rooms necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade ventilation deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>
Utilities Shutdown & disruption plan?	<input type="checkbox"/>	<input type="checkbox"/>
Noisy/vibration operations scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
Lock-Out/Tag-Out Of Any Of The Following Systems Will Be Necessary: <input type="checkbox"/> Domestic Water <input type="checkbox"/> Electrical Systems <input type="checkbox"/> HVAC Systems <input type="checkbox"/> Med Gases <input type="checkbox"/> Steam Systems <input type="checkbox"/> Security Alarms	<input type="checkbox"/>	<input type="checkbox"/>
The Following Shops/Sections Will Be Involved In This Project: <input type="checkbox"/> ESS <input type="checkbox"/> IRMS <input type="checkbox"/> Infection Control <input type="checkbox"/> Engineering <input type="checkbox"/> Patient Safety <input type="checkbox"/> Construction <input type="checkbox"/> Paint Shop <input type="checkbox"/> Safety <input type="checkbox"/> BIOMED	<input type="checkbox"/>	<input type="checkbox"/>

LIFE SAFETY DEFICIENCIES RELATED TO THIS PROJECT:	Yes	ILSM
Approved Exits/Mean of egress passages will be obstructed	<input type="checkbox"/>	
Emergency access ways will be obstructed	<input type="checkbox"/>	
Fire Alarm/Detection/Suppression System(s) will be impaired longer than 4 hrs	<input type="checkbox"/>	
Smoke barrier or vertical shaft way will be compromised	<input type="checkbox"/>	
Removal of any corridor or more than 5% of A rooms ceiling tiles	<input type="checkbox"/>	
Floor or ceilings will be penetrated during construction	<input type="checkbox"/>	
Increasing hazard surveillance necessary due to lack of security, etc.	<input type="checkbox"/>	
Flammable & Combustible Liquids/Gases/Solids shall be used/stored properly	<input type="checkbox"/>	
Significant renovation of an occupied floor	<input type="checkbox"/>	

INTERIM LIFE SAFETY MEASURES ARE REQUIRED ON THIS PROJECT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF INTERIM LIFE SAFETY MEASURES TO BE USED FOR THIS PROJECT:	Yes
A) Ensuring egress.	<input type="checkbox"/>
B) Emergency forces access	<input type="checkbox"/>
C) Emergency forces notification	<input type="checkbox"/>
D) Ensuring operational life safety systems (Provide fire watch if necessary)	<input type="checkbox"/>
E) Temporary partitions separating construction from occupied area's will be smoke tight, all penetrations will be maintained in a smoke tight condition by the use of approved/rated materials	<input type="checkbox"/>
F) Additional fire fighting equipment	<input type="checkbox"/>
G) Conducting additional training of incident response team	<input type="checkbox"/>
H) Prohibiting smoking	<input type="checkbox"/>
I) Controlling combustible loading	<input type="checkbox"/>
J) Conducting 2 fire drills per shift in all areas	<input type="checkbox"/>
K) Increased hazard surveillance	<input type="checkbox"/>
L) Compartmentalization training of personnel	<input type="checkbox"/>
M) Conducting organizational training on life safety	<input type="checkbox"/>
FOR PROJECTS WITH ILSMs, VA PM to complete VA Project Engineer WEEKLY INTERMEDIATE LIFE SAFETY MEASURES (ILSM) INSPECTION FORM. CONTRACTOR to complete CONTRACTOR WEEKLY INTERMEDIATE LIFE SAFETY MEASURES (ILSM) INSPECTION FORM.	<input type="checkbox"/>

DURING CONSTRUCTION PROJECTS:	YES
All Contractors & Sub-contractors will obtain VA ID Cards	<input type="checkbox"/>
Appropriate safety and project signage will be posted	<input type="checkbox"/>
All doors into area are smoke tight and self-closing	<input type="checkbox"/>
Firefighting equipment will be in place & accessible	<input type="checkbox"/>
Ceiling tiles are replaced as soon as possible so as not to impair sprinklers	<input type="checkbox"/>
power equipment is UL Listed, outlets are GFCI, equipment is properly grounded, extension cords & wiring is protected, open conductors are secured at 10 foot intervals, and temporary lighting, heating or electrical devices Are In accordance with NEC standards	<input type="checkbox"/>
No smoking policy will be force	<input type="checkbox"/>
Smoke Detectors will be covered to prevent dust contamination – remove covers end of workday	<input type="checkbox"/>
Trailers, sheds, and dumpsters will be no closer than 30 feet from buildings	<input type="checkbox"/>
Gang boxes and tool carts will be secured at all times whenever accessible	<input type="checkbox"/>
Hard hats will be required for this project	<input type="checkbox"/>
Negative pressure exhaust will be in place, unused doors sealed with duct tape, air supply/exhaust vents are to be sealed off	<input type="checkbox"/>
“Sticky” dust mats & carpeting remnants will be installed at all construction entrances & exits to reduce dust	<input type="checkbox"/>

Contractors to thoroughly sweep & mop construction & entrance/exit areas every 8 hours	<input type="checkbox"/>
Area is broom cleaned at end of the shift, no trash is left on site	<input type="checkbox"/>

<i>WHEN THE FOLLOWING ILSM'S ARE IN PLACE SAFETY STAFF HAS CONDUCTED NOTIFICATIONS & EDUCATION:</i>	<i>N/A</i>	<i>Yes</i>
Police have 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.	<input type="checkbox"/>	<input type="checkbox"/>
If exits are obstructed, then personnel in building will be trained on alternate routes and exits.	<input type="checkbox"/>	<input type="checkbox"/>
Construction areas will have designated and marked exits, maps delineating new EXIT pathways are in place.	<input type="checkbox"/>	<input type="checkbox"/>
Staff in affected area(s) will receive 2 additional fire drills per shift	<input type="checkbox"/>	<input type="checkbox"/>

CSO

Phone #

Date

Project Coordinator

Phone #

Date

Contractor

Phone #

Date

ESS

Phone #

Date

**VA PROJECT ENGINEER
WEEKLY INTERMEDIATE LIFE SAFETY MEASURES (ILSM) INSPECTION FORM**

INSTRUCTIONS: This form is to be utilized when significant hazards posed by existing 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 Chapter 1-7, 31 and applicable occupancy chapters of the Life Safety Code. WHERE APPLICABLE NOTE EXCEPTIONS ONLY OF AREA IDENTIFIED AS BEING DEFICIENT DURING INSPECTION AND EXPLAIN IN SUFFICIENT DETAIL IN THE COMMENTS SECTION OF THIS FORM. TURN COMPLETED FORMS INTO THE SAFETY OFFICER and a copy in the project folder. **(WEEK OF)**

PROJECT:	MON	TUE	WED	THR	FRI
A) Egress is unobstructed.					
B) Emergency forces have access.					
C) Emergency forces have been notified.					
D) Life safety systems are operational (Provide fire watch if necessary)					
E) Temporary construction barriers are in place.					
F) Additional fire fighting equipment is available.					
G) Additional training provided to incident response team.					
H) Smoking is prohibited.					
I) Combustible loading is controlled.					
J) Two fire drills per shift in all areas is conducted					
K) Hazard surveillance is increased.					
L) Area staff is educated.					
M) Organizational training on life safety is conducted.					
PLACE INITIALS OF PERSON PERFORMING DAILY INSPECTION TO THE RIGHT.					

INSPECTION COMMENTS/FINDINGS:

WILLIAM S. MIDDLETON MEMORIAL VETERAN'S HOSPITAL
MIDDLETON, WI
REPLACE FIRE SPRINKLER SYSTEM
VA PROJECT: 607-12-111

DEPT. OF VETERANS AFFAIRS

DATE PROJECT STARTED: _____ DATE PROJECT COMPLETED: _____

PROJECT _____

PROJECT NO: _____ CONTRACTOR

COR:

**CONTRACTOR
WEEKLY INTERMEDIATE LIFE SAFETY MEASURES (ILSM) INSPECTION FORM**

INSTRUCTIONS: This form shall be completed at the beginning of each days construction activity by the general contractor project superintendent. It is to be utilized when significant hazards posed by existing 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 Chapter 1-7, 31 and applicable occupancy chapters of the Life Safety Code. WHERE APPLICABLE NOTE EXCEPTIONS ONLY OF AREA IDENTIFIED AS BEING DEFICIENT DURING INSPECTION AND EXPLAIN IN SUFFICIENT DETAIL IN THE COMMENTS SECTION OF THIS FORM. TURN COMPLETED FORMS INTO THE COTR

(WEEK OF _____)

PROJECT:	MON	TUE	WED	THR	FRI
A) Verify controls have been provided to reduce or remove odors, fumes, vibration, dust or other equipment conditions that could be harmful to workers or patients.					
B) Verify exits provide free and unobstructed egress. Alternate exits are identified and personnel are notified as required.					
C) Verify emergency departments/services have free and unobstructed access.					
D) Verify fire alarm, detection and suppression systems are operable.					
E) Verify equivalent protection is provided during interruption of fire system.					
F) Verify temporary construction partitions are maintained and are smoke tight per construction requirements within specifications.					
G) Verify required fire fighting equipment is on site, operable and construction personnel are informed of location and proper use.					
H) Verify personnel are informed of no smoking policy within construction area and within hospital.					
I) Housekeeping of construction site has been reviewed and excessive debris has been removed.					
J) Verify fire drills are up to date and required drills are scheduled.					
K) Verify construction personnel have not compromised structural or compartmentation features of fire safety.					
Note: If any of the above eleven items are found to be not in compliance, notify safety officer immediately.					
PLACE INITIALS OF PERSON PERFORMING DAILY INSPECTION TO THE RIGHT.					

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INSPECTION COMMENTS/FINDINGS:

DATE PROJECT STARTED: _____ DATE PROJECT
COMPLETED: _____

PROJECT NO:

PROJECT SUPERINTENDENT:

**PRE-CONSTRUCTION
INFECTION CONTROL RISK ASSESSMENT FORM**
(All three sections must be completed)

Authorized Engineering Service staff member completing form: _____ **Date** _____

Project ID number _____

Brief Description of Propose

ACTIVITY TYPE	CORRESPONDING ACTIVITIES (CIRCLE CONSTRUCTION RISK LEVEL: A, B, C, D)
A	Inspection and Non-invasive activities: <i>Examples:</i> Temporary lifting of ceiling tiles for inspection/replacement, with immediate replacement. Painting and wall papering with minor sanding/hole repair, trim work, fastening new cabinetry/woodwork to existing walls without need to open wall. Hanging pictures, bulletin boards, TVs, etc, and install of curtain track and blind repairs. Minor floor patching and repairs. Minor electrical work (up to cutting in a single gang box while using a HEPA vacuum to collect dust); and light bulb and ballast replacement; and cable placement which does not necessitate cutting through walls. Door hardware repair/replacement. Minor plumbing repairs including unclogging sinks, toilets, etc.
B	Limited scope, short duration, with minimal dust generation: <i>Examples:</i> Minor wall repair less than one square foot. Replacement of filters, motors, and belts.
C	Activities which disperse moderate to high levels of dust. Activities involving demolition of existing structures and those creating open access to ceiling areas. <i>Examples:</i> Carpet or flooring removal, ceiling replacement, sanding of walls, new wall construction and major cabling activities.
D	Extensive demolition and remodeling projects extending beyond 48 hours and dispersing moderate to high levels of dust. Utility Shutdowns that impact patient environment. <i>Examples:</i> Complete renovation of units or sections of units. Projects requiring multiple phases. Projects requiring multiple different contracted specialties. Projects which entail a breakthrough phase. Shut down of potable water supply or air handlers. Demolition of walls or section of walls. New construction.

NOTE: Unanticipated findings or problems encountered during lower risk activities (e.g., Type A or B) may necessitate further interventions which may require a reclassification of the activity to a higher risk level. (For example, routine minor maintenance uncovers evidence of a previous water leak which compromised drywall integrity and calls for removal of additional sections of drywall). A Pre-construction Infection Control Risk Assessment Form must be completed for the additional work.

SECTION 2: IDENTIFY PATIENT RISK GROUP:

RISK LEVEL	CORRESPONDING VA HOSPITAL AREAS (circle patient risk group: minimal, low, medium, high)
MINIMAL	Office areas not associated with patient care areas and not on patient transit routes. Locker Rooms. Communication Center. Computer/Switchrooms. Areas off limits to patients (example: basement engineering work areas, mechanical and electrical rooms)*
LOW	General patient care area offices (including waiting areas) Chapel PERC Auditorium Non-sterile equipment storage areas Outpatient Clinic areas/CBOCs Canteen/Kitchen/VA Store and vending areas Morgue Physical Therapy
MEDIUM	Inpatient Units (4A, 7B, 2B, CLC) Transit routes taken by immunocompromised patients Elevator lobbies used for patient transit Emergency Department ECHO/Cardiograph Clinical Laboratories (to prevent sample contamination) Outpatient Transplant Clinic (5B) Pharmacy, except Clean room C1444 Radiology (exclusive of interventional) Respiratory Therapy HOPTEL 6B Linen storage areas
HIGH	Units housing transplant patients. <i>example:</i> Ward 4B Rooms Actively Being Used for Airborne Infection Isolation examples: A4036, A4037, B7086, B8113 and Protective Isolation for immunocompromised patients. <i>examples:</i> B7062, A4003 Operating Rooms and Sterile Core Areas, including areas for storage of sterile packs. Intensive Care Units. <i>examples:</i> SICU and CCU Pharmacy areas performing aseptic filling (Clean room C1144, C1144A, C1144B) Interventional Radiology room DG250 Cardiology Cath Labs 4C Infusion Clinic (1D) Central Reprocessing areas (SPS) Ambulatory surgery (6A)

NOTE: Construction/Renovation work performed in areas which are inaccessible to patients may still pose a high risk to patients if dusty worksite air communicates with air in patient areas, or if work may interrupt normal air handling/ air filtration, or could dislodge dust from air handling ducts. Consult Infection Control if there is any possibility that activities may impact vulnerable patients.

SECTION 3: DETERMINE INFECTION CONTROL PRECAUTION LEVEL:

Find intersection of Construction Activity Risk level (A – D) and Patient Risk Group (Minimal – High) in grid below to determine Infection Control Precautions Level. Circle corresponding level in box at right.

		Construction Activity Risk Level (from section 1 of this form)			
		A	B	C	D
Patient Risk Group (from section 2 of this form)	Minimal	I	I	I	III
	Low	I	I	III	IV
	Medium	I	II	III	IV
	High	II	III	IV	IV

Minimum Infection Control
Precautions Level Required for
this Project:

I

II

III

IV

Infection Control Authorization Form (Pg. 1 of 2)

The Pre-construction Infection Risk Assessment tool must be used to determine the IC Precaution Level

IC Precaution Level	Control Measures <u>BEFORE AND DURING</u> CONSTRUCTION	Authorization
I	<ul style="list-style-type: none"> Minimize dust dispersal whenever possible (check all that apply for this project): <ul style="list-style-type: none"> <input type="checkbox"/> Water mist work surfaces to control dust while cutting <input type="checkbox"/> Use a HEPA filtered vacuum to collect dust as it is generated <input type="checkbox"/> Remove or cover medical equipment in the immediate area before work begins Displace only enough ceiling tiles (1 tile at a time) for inspection and replace immediately. Replace electrical outlet covers or other devices which block access to interior wall spaces or interstitial areas as soon as possible. 	None required beyond that provided by Authorized Engineering Service staff member.
II	<ul style="list-style-type: none"> IN ADDITION to control measures established in Level I: Unit/Department Manager must be notified and must sign authorization at right before work begins. Read Manager Statement (below) before authorizing work. Provide active means of dust control (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Block air vents <input type="checkbox"/> Keep the door to the room/area closed until work is completed <input type="checkbox"/> Install tacky mats at the entrance/exits of the site to prevent tracking of dust outside of area Whenever possible, relocate patient(s) from the area/room until the project is completed. Run recirculating HEPA air scrubber in the area if patients are in the area. Wet mop and/or use a HEPA filtered vacuum before leaving the work site. 	Authorized Engineering Signature: Date: _____ Manager of Unit Signature: Date: _____
III	<ul style="list-style-type: none"> IN ADDITION to control measures established in Level I and II: Notify Infection Control Practitioners when barriers are in place and before work begins. Applies to each new phase of the project. A preliminary worksite evaluation of Infection Control measures must be completed before work begins. Additional measures may be necessary to prevent workers from tracking dust into patient care/public areas. <ul style="list-style-type: none"> <input type="checkbox"/> Provide water bath for boots/shoes and carpet remnants at the exit <input type="checkbox"/> Tacky mats may need to be changed more than once per shift Erect floor to ceiling barriers made of plastic or drywall with edges taped to contain dust. Make sure dust-laden air does not travel into adjacent areas due to gaps or openings. The entryway must close so that dust does not migrate into adjacent areas. Negative air flow is maintained at all times to prevent dust from migrating into adjacent areas. ONLY VA Facilities Engineering Staff are permitted to alter exhaust ducts for the purpose of controlling worksite air flow. Engineering staff should also ensure that alterations will not over pressurize the exhaust duct. For LEVEL III and IV projects, Engineering will check any of the following as it applies to the project: <ul style="list-style-type: none"> <input type="checkbox"/> Supply air and passive return grilles blocked <input type="checkbox"/> Filter placed over recirculation grille to prevent dust entry <input type="checkbox"/> Unfiltered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air exhausted directly outside of building <input type="checkbox"/> HEPA-filtered worksite air recirculated into adjoining interior space <input type="checkbox"/> HEPA-filtered worksite air vented into exhaust duct The HVAC system in the area will be removed or isolated to prevent contamination of the duct system Cover gaps around pipes and ducts or holes that extend into adjacent patient care or public areas or to the exterior of the building Daily removal of worksite trash and debris directly from the worksite without passing through public or patient care areas. If this is not possible, then trash and debris should be placed in a 	Manager of Unit Signature: Date: _____ Authorized Engineering Staff Signature: Date: _____ Contractor Signature: Date: _____ Infection Control Signature:

	tightly covered bin and transported along a route that minimizes contact with patients/public. Wipe the exterior of the bins as needed to remove dust.	Date: _____
IV	<ul style="list-style-type: none"> • IN ADDITION to control measures established in Level I, II, and III: • Construct an anteroom. Personnel are required to pass through an anteroom to either HEPA vacuum clothes or remove coveralls. All personnel must wear boot/shoe covers. • ADDITIONAL INFECTION CONTROL PRECAUTIONS: _____ 	

IC Precaution Level	INFECTION CONTROL MEASURES <u>AFTER</u> COMPLETING PROJECT
I	<ul style="list-style-type: none"> • Clean the work area upon completion of the project.
II	<ul style="list-style-type: none"> • Wipe work surfaces with hospital disinfectant • Remove barriers carefully to minimize dust dispersal prior to terminal cleaning of the area • Remove construction waste in a tightly covered container • Wet mop and/or vacuum the area with a HEPA filtered vacuum before leaving the work area • Remove isolation of HVAC system or unblock the vents • Notify ESS to terminally clean the area prior to resuming patient care
III	<ul style="list-style-type: none"> • Do not remove barriers from work area until completed project is inspected by Safety and Infection Control and thoroughly cleaned by the owner's ESS Services Department. • Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. • Vacuum work area with HEPA filtered vacuums. • Wet mop area with disinfectant. • Remove isolation of HVAC system in areas where work is being performed. • Notify ESS to terminally clean the area prior to resuming patient care
IV	<ul style="list-style-type: none"> • Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. • Contain construction waste before transport in tightly covered containers. • Cover transport receptacles or carts. Tape covering unless solid lid • Vacuum work area with HEPA filtered vacuums. • Wet mop area with disinfectant. • Remove isolation of HVAC system in areas where work is being performed • Notify ESS to terminally clean the area prior to resuming patient care

UNIT/DEPARTMENT MANAGER: Work is scheduled to be performed in your unit/department which may create dust. Dust, if not controlled, may pose a risk of serious fungal infection to vulnerable patients [e.g., bone marrow transplant patients, solid organ transplant patients (especially those very recently transplanted and those on high dose corticosteroid therapy for rejection), leukemia patients, patients on anti-neoplastic therapy, burn patients, and those with conditions which leave them seriously immune-compromised]. **The proposed work is not permitted to begin until you sign the appropriate authorization line on this form.** Your signature on this form indicates that you have been notified of the work to be performed and that no vulnerable patients (as described above) are in the affected area. If such patients are in the affected area then, either they need to be relocated or the work needs to be rescheduled. If unsure about what constitutes appropriate precautions, please contact the Infection Control Practitioner(s) by phone or by pager:

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- Linda McKinley @ extension 11776 or pager # 376-8906
- Kathy Matteson @ extension 11865 or pager #559-0108

AUTHORIZED ENGINEERING SERVICE STAFF MEMBER: The signature of an Authorized Engineering Service staff member is required for level III and IV projects. This signature indicates that the individual has performed the Pre-Construction ICRA and that the necessary precautions have been put into place.

INFECTION CONTROL PRACTITIONER: The signature of an Infection Control Practitioner is required, for level III and IV projects. This signature indicates that the individual has performed a preliminary worksite evaluation and that the appropriate level-specific engineering controls are in place prior to the beginning of work. The Infection Control Practitioner has the prerogative to implement specific additional control measures or to increase the overall Infection Control Precaution Level, based on situational patient risk or containment issues.

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