

W.G. (BILL) HEFNER VA MEDICAL CENTER
SALISBURY, NORTH CAROLINA

ENGINEERING SERVICE MEMORANDUM 138-22

March 15, 2017

CEILING/WALL ACCESS POLICY AND PROCEDURES

1. **POLICY.** Infection Control is paramount in the Medical Center. Dust control is extremely critical. Ceiling plenums and walls may be a source of dust, which if inhaled by certain patient populations, could cause fungal infections resulting in severe deterioration of their health.
2. **PURPOSE.** The purpose of this policy is to lessen the risk to patients by providing guidelines to Engineering Maintenance workers, contractors and vendors that if followed, would result in a controlled, clean atmosphere with a minimum of dust while ceilings or walls are entered for maintenance, inspection, or construction.
3. **GENERAL DIRECTIVES.**
 - a. Contractors/Engineering employees shall notify the supervisor or specific COR (Contracting Officer's Representative) for a particular project or Engineering Service at 704-638-3338, when work that requires access to the ceiling/wall is about to be initiated.
 - b. If ceiling/wall access is required for the purpose of visual inspection or equipment operational check for a "minor" access (no work being performed) in a "low risk area" (see Section 4 below), access above one or two ceiling tiles can be done. An opening in the wall can be accessed for the same purpose in a "low risk area". Any other additional openings required for inspection that could be left unattended, must be sealed using a floor-to-ceiling, airtight enclosure (located in Utilities Shop in Building 31).
 - c. The contractor/maintenance worker will inform the Head Nurse/Charge Nurse or department manager in the area of the type of work to be performed prior to the onset of work.
 - d. The enclosure, which can be acquired from the Utilities Shop for Engineering employees, must be secured and/or the acoustical tiles must be replaced or access panel closed any time the worker leaves that work site. Contractors must furnish their own airtight enclosure that provides the appropriate protection requirements of the VAMC Salisbury.
 - e. Traffic from ceiling/wall work areas should be directed away from patient-care areas whenever possible.
 - f. Patient room doors near ceiling work shall be kept closed while the work is in progress.
 - g. For all work, surfaces that become exposed to dust must be cleaned with a HEPA filtered vacuum or a wet mop/cloth. When an enclosure is used, it should be carefully removed.
4. **PROCEDURES TO BE USED FOR CEILING ACCESS.** (See Attachment 1.)

a. **Definitions.**

1) “**Minor access**” is defined as above-ceiling access for visual observation/equipment check or valve adjustment in areas other than patient occupied areas. Ceilings may not remain open for a period exceeding fifteen minutes when accessing under the “minor access” procedures.

2) “**Major access**” is defined as above-ceiling access for the performance of maintenance or repair to equipment/structures above the ceiling. This would require a floor-to-ceiling enclosure.

3) “**Low risk areas**” may be areas such as: administrative offices, visitor lounges, waiting areas, hallways other than in critical care units, and non-patient care areas. **For “Minor access in low risk areas”, a portable enclosure is not required. However, if patients or visitors are in the area, attempt to have them temporarily relocated to another area.**

4) “**High risk areas**” are any and all patient care areas. **Enclosure is required.**

A PORTABLE FLOOR-TO-CEILING ENCLOSURE IS ALWAYS REQUIRED FOR CEILING ACCESS IN PATIENT OCCUPIED AREAS, WHICH ARE “HIGH-RISK AREAS”.

b. **Procedure.**

1) Contractors/Maintenance Workers: If access to ceiling or wall is required for a Major Access and/or in a High Risk Area, obtain approval to enter ceiling/wall space from Engineering Office/Project Representative (COR)/Safety Office in Building 21B

2) Inform the Head Nurse/Charge Nurse or department manager of the nature of the work about to be performed before beginning any work.

3) Keep patient room doors near ceiling access closed while work is in progress.

4) Set up floor-to-ceiling, airtight enclosure. (See Section 5. below.)

5) Open ceiling access door/wall, being careful not to generate dust.

6) The maximum amount of time a ceiling/wall can be left open is 15 minutes, without an enclosure, in a non-patient care area. The ceiling/wall, while in the open condition, cannot be left unattended without an enclosure or being sealed. Any other additional openings required for inspection that are unattended must be sealed.

7) Ceiling tiles must be replaced or access panel closed BEFORE worker leaves the work site.

8) All outer surfaces, which have been exposed to ceiling dust, must be cleaned with a damp towel or vacuumed with a certified HEPA filter vacuum before leaving job site.

9) If Fire Barrier Walls above the ceilings are breached these breaches must be filled with fire retardant material to maintain the continuity of the barrier wall to impede smoke travel during a fire emergency. **This must be done before the job is considered complete.**

5. PROCEDURE TO BE USED FOR PROCEDURES FOR WORKING ABOVE CEILINGS IN HIGH RISK AREAS, MINOR ACCESS IN A HIGH RISK AREA AND ALL MAJOR ACCESS

(See Attachment #1). This includes the outpatient clinics in Kernersville HCC, Charlotte HCC and Charlotte CBOC.

a. **Procedure.**

1) Engineering/ Plans & Projects, Shop Supervisor or Safety Staff must be consulted prior to working above ceiling to insure proper procedures are followed.

2) Patient room doors, near ceiling/wall work, shall be closed while work is in progress.

3) A portable vinyl enclosure or a polyethylene shroud, of fire-retardant material will be used at each and every access point. The enclosure shall be large enough to enclose all related activities and materials (i.e. ladders, tools, vacuum, wiring, etc.).

4) The enclosures must remain in place until the ceiling/wall is completely secured (all access openings closed and the interior of the enclosures sealed from the outside).

5) The enclosure device must be secured to ceilings, walls, and floors, either with tape or by design, to prevent dust from exiting the barrier. All edges must be tightly sealed. If necessary, the seam on the ceiling/wall will be reinforced with a frame and flathead screws. Care should be taken to minimize damage to the finished surfaces. The enclosure entrance will have an overlap of plastic to decrease the risk of any airborne dust escaping the enclosure.

6) If the worker needs to crawl about pipes, ducts, or other building infrastructure to investigate a condition, the worker must put on a dust mask, disposable white coveralls and disposable shoe covers before going above the ceiling. Afterwards, the worker must strip off the coveralls carefully, turning the coveralls “inside out” and deposit the coveralls into a plastic trash bag. Bag shall be discarded outside the patient area.

7) When a worker leaves the work site, the ceiling access must be completely closed or protected by an appropriate barrier.

8) Thorough cleaning of surfaces that have become exposed to dust must be accomplished before leaving the job site. The cleaning can be done by the use of either a HEPA filtered vacuum or damp mop/cloth.

b. **Equipment.**

1) Prefabricated Portable Enclosure.

a) Size: Dimensions should allow complete enclosure from floor to ceiling.

b) Frame: Heavy duty and adjustable to allow tight fit to ceiling.

c) Enclosure: vinyl or polyethylene – fire-retardant.

(VAMC Salisbury utilizes the “Kontrol Kube” Prefabricated Enclosures located in Utilities Shop.)

c. **Protective Clothing.**

1) Coveralls – Disposable – Tyvek Safety Suit

2) Shoe Covers – Disposable – Tyvek Shoe Covers

3) Disposable Dust Mask

d. **Enforcement.**

1) **General.**

a) Monitoring for compliance will be accomplished through Environmental Rounds, Safety inspections, and through Project Manager/COR daily inspections.

b) A photograph may be taken to document each violation.

c) A record of all ceiling/wall access violations will be maintained. Violations may affect status, as a responsible contractor, for bidding on future work at this medical center.

2) **Contractors.** Contractors and vendors shall be notified of violations of this policy and evidence of violations may be placed in the contract folders for the specific job being performed. If the contract workers continue to have multiple violations, then the VA Contracting Officer will be notified and the contracting company Management will be called in to provide corrective measures for his/her employees. Non-compliance of this policy may result in termination of the contractor or vendor's contract with this medical center. This could effect future contracts or work at this VAMC as well as other VAMC's throughout the country.

3) **VAMC Maintenance/Shop Employees.** All Engineering personnel will follow this policy/procedure at all times when performing ceiling/wall access procedures

6. **ADDITIONAL MEASURES.**

a. **Ceiling Tiles.** When mold-stained or contaminated ceiling tiles are to be removed from the ceiling for replacement is recommended that the tile be sprayed with "Dispatch" hospital disinfectant with bleach prior to removal. Once sprayed, the tile can be removed, placed in a plastic bag, and discarded. Spraying the tile prior to removal will reduce the risk of spreading the mold spores into the corridor or room and reduce potential infection.

b. **Air-handing systems.**

1) Air duct grates in high-risk patient care areas must be routinely inspected and cleaned. Cleaning should be conducted when the rooms are not occupied by patients.

2) Adequate air exchanges and pressure differentials should be maintained.

3) Repairs of the systems, with relocation of high-risk patients to other areas with optimal air-handling capabilities, must be coordinated. If systems require repair, patient should be moved to another location until the work is complete and the room is properly cleaned.

d. **Other Considerations.**

1) Surfaces in patient rooms should be regularly cleaned using dust control measures.

2) Windows should remain closed and adequate seals should be maintained to prevent infiltration by outside air into rooms of patient

7. **REFERENCES.**

CEILING/WALL ACCESS WORK PERMIT

Name _____ Date _____

Department/Company _____

Account Number/Project Number _____

Phone _____ Fax _____

Location of Work _____

Description of Work: _____

Type of work/wiring to be installed or modified: (check all that apply)

Communication _____	Door Control _____	Fire Alarm _____
Electric low or high voltage _____	Fiber Optic _____	Telephone _____
HVAC _____	Security _____	
Television _____	Other _____	

How will work be supported? (check all that apply)

Deck _____	Existing casework _____
Existing pipe or conduit rack _____	New pipe or conduit rack _____
Existing cable tray _____	New cable tray _____
Wall _____	Other _____

Will any penetration be made in walls, roof, or ceiling? Yes _____ No _____

Describe: _____

Will any permanent modifications be made to the visible ceiling or walls? Yes ___ No ___

Describe: _____

ANY PENETRATION THROUGH WALLS, ROOFS, CEILINGS, ETC., MUST BE REPAIRED BY WORKER AND INSPECTED BY PROJECT COTR PRIOR TO COMPLETING ANY JOB!!!

Start Date _____ Time _____ Completion Date _____ Time _____

Authorization to proceed given by _____ Date _____

Interim inspection _____ Date _____

COTR FOR PROJECT

Final inspection _____ Date _____

COTR FOR PROJECT

**W.G. Hefner VA Medical Center
Ceiling/Wall Access Policy Decision Process**

