

Pre-Construction Risk Assessment			
Project Title: Prepare Digital Radiography Rooms, Project #438-CSI-500			
Project Location: Building 113, Radiology Department			
Project Coordinator: Kevin Fravel			
Assessment Date: April 24, 2018		Planned Start Date: July 2018	
Safety/Life Safety Risk Assessment-Safety officer should be involved in the design/planning of all projects			
Y	N	CONSTRUCTION ACTIVITY	If NO, indicate ILSM from below list or describe other intervention
<input checked="" type="checkbox"/>		Will exit egress routes from occupied areas remain unchanged?	
<input checked="" type="checkbox"/>		Will exit stairs remain unobstructed & fire separated?	
<input checked="" type="checkbox"/>		Will fire & smoke compartments remain intact & unchanged?	
<input checked="" type="checkbox"/>		Will fire alarm detection systems remain functional & unimpaired?	
	<input checked="" type="checkbox"/>	Will fire suppression systems remain functional & unimpaired?	Minor sprinkler head repair: C, E,
<input checked="" type="checkbox"/>		Will construction area be separated by non-combustible smoke tight partitions?	
<input checked="" type="checkbox"/>		Will access to emergency department remain unobstructed?	
<input checked="" type="checkbox"/>		Will emergency access by fire department remain unobstructed?	
<input checked="" type="checkbox"/>		Will the construction area have two remote exits?	
Y	N	CONSTRUCTION ACTIVITY	If YES, indicate ILSM from below list or describe other intervention
	<input checked="" type="checkbox"/>	Will there be excessive distance to exit?	
<input checked="" type="checkbox"/>		Will there be impacts to the environment (GEMS concerns)? hazardous areas unprotected, hazardous waste generated, etc.	Lead shielding to be correctly disposed of by Contractor.
<input checked="" type="checkbox"/>		Will there be any anticipated utility shutdowns? (Communications, electrical, heating/cooling, HVAC, medical gases, vacuum, water, server)	C, D, E: Utility shutdowns restricted to construction areas only. Temporary med gas shutdown for Room 164. Mitigation measures will be put in place.
<input checked="" type="checkbox"/>		Will there be unusual noise levels for adjacent areas?	Restrict high noise level activities to after-hours only.
<input checked="" type="checkbox"/>		Will vibration levels be excessive for hospital machinery to operate properly?	Restrict vibration activities to after-hours only.
	<input checked="" type="checkbox"/>	Will there be conflicts with emergency disaster plan?	
	<input checked="" type="checkbox"/>	Will the construction compromise security?	
Safety/Life Safety Additional Requirements and Comments: Most utility shutdowns include normal power only. Emergency generator will carry life safety, critical, equipment, and data center power during the outages. When the emergency power is scheduled for shutdown, a temporary generator will be on site to provide an auxiliary source of power to those circuits.			
Fire/Safety Officer Signature:			
Interim Life Safety Measures (ILSM)			
A. Ensure Egress B. Emergency Forces Access C. Fire Department Notification D. Ensuring Operational Life Safety Systems E. Temporary Construction		F. Additional Fire Fighting Equipment G. Control Combustible Loading H. Conduct 2 Fire Drills Per Shift in All Areas I. Conduct 2 Fire Drills Per Shift in Local Area J. Increase Hazard Surveillance K. Compartmentation Training of Personnel L. Conduct Organization Training on Life Safety M. Conduct Additional Training on Incident Response N. Institute a Fire Watch for Sprinkler Shutdown	
Patient Safety Risk Assessment			
Y	N	CONSTRUCTION ACTIVITY	
<input checked="" type="checkbox"/>		Does this project involve a patient care area?	
<input checked="" type="checkbox"/>		Is this project adjacent to a patient care area?	
	<input checked="" type="checkbox"/>	Will this project alter patient access/egress to/from the building/patient care area, either temporarily or permanently?	
If any are YES, involve of the patient safety manager in design/planning, especially with regard to the following items:			
Access/ Egress	1. The new/temporary access/egress path should be intuitive, i.e. easy to follow. 2. Signage should be adequate for decreased visual acuity and at appropriate viewing levels for both ambulating and w/c bound patients/visitors. 3. The access/egress path should be smooth, without tripping hazards. 4. The access/egress path should be handicap accessible. 5. For applicable clinical areas, the construction barriers prevent unauthorized patient egress.		
Hazardous Areas/ Materials	1. Hazardous areas should not be accessible by patients/visitors. 2. Signage for hazardous areas should be visually adequate (see above). 3. Hazardous chemicals and tools should be stored appropriately to preclude patient/visitor access?		

Attachment A

Critical Alarms	Critical clinical alarms should be functional and audible within and adjacent to the construction zone? Including but not limited to:				
	a. Emergency Code Systems	c. Wander guard technology	e. Medication/Nutrition Delivery Systems		
	b. Medical Gas alarms (Oxygen, Air, Suction)	d. Cardiac and other vital sign Monitoring Systems	f. Nurse Call Systems		
Patient Safety Additional Requirements/Comments: Provide barricades and signage to prohibit patient/staff access to construction areas.					
Patient Safety Officer Signature: <i>SSCHAPP RN</i>					
Infection Control Risk Assessment (match construction activity to patient risk group to determine project class)					
Y	N	CONSTRUCTION ACTIVITY TYPE	Y	N	PATIENT RISK GROUP (may modify as required)
	x	A: Inspection, non-invasive activity-includes, not limited to removal of ceiling tiles for inspection (1/50 sq ft), painting (not sanding), wall covering, electrical trim work, minor plumbing, activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.		x	Low Risk- (ex Office Areas)
	x	B: Small scale, short duration, moderate to high levels-includes but not limited to installation of telephone/computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.	x		Medium Risk-(ex Cardiology, ECHO, Endoscopy, Nuclear Medicine, Physical Therapy, Radiology/MRI, Respiratory Therapy)
x		C: Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes but not limited to sanding of walls for painting or wall covering; removal of floor coverings, ceiling tiles, and casework; new wall construction; minor duct work or electrical work above the ceilings; major cabling activity; any activity which cannot be completed in a single work shift.		x	High Risk-(ex CCU, ER, Labor & Delivery, Laboratories (specimen), Newborn Nursery, Outpatient Surgery, Pediatrics, Pharmacy, Post Anesthesia care, Surgical Units)
	x	D: Major duration and construction activities-Includes, but not limited to: activities that require consecutive work shifts; requires heavy demolition or removal of a complete cabling system; new construction.		x	Highest Risk-(ex Any area caring for Immunocompromised patients, Burn Unit, Cardiac Cath Lab, Central Sterile Supply, ICU, Medical Unit, Negative pressure isolation rooms, Oncology, Operating rooms including C-section)
Project Class		Patient Risk Group	TYPE A	TYPE B	TYPE C
		LOW Risk	I	II	III
		MEDIUM Risk	I	II	III
		HIGH Risk	I	II	III
		HIGHEST Risk	II	III	IV
During Construction Project			Upon Completion of Project		
CLASS I	1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.				
CLASS II	1. Include all items from Class I above 2. Provides active means to prevent air-borne dust from dispersing into atmosphere 3. Water mist work surfaces to control dust while cutting. 4. Seal unused doors with duct tape. 5. Block off and seal air vents. 6. Place dust mat at access points of work area. 7. Contain construction waste before transport in tightly covered containers. 8. Isolate HVAC system in work areas to prevent contamination of duct system.				
CLASS III	1. Include all items from Class I/II above 2. Involve infection control in design/planning before construction begins. 3. Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Cover transport receptacles or carts. Tape covering unless solid lid.				
CLASS IV	1. Include all items from Class I/II/III above 2. Involve infection control in design/planning before construction begins. 3. Seal holes, pipes, conduits, and punctures appropriately. 4. If exiting to a patient care area, 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. 5. Walk-off mats are recommended to minimize tracking of heavy dirt and dust from construction areas. Shoe covers may be considered in certain areas.				
Is there a risk to the Contractor of T.B. exposure (yes/no): No					
Infection Control Additional Requirements/Comments:					
Class III procedures. Most work to be completed in Rooms 146 and 164. Corridor work will be tightly sealed from adjacent areas. Contractor will ensure a clean environment when transporting equipment/materials to and from the work sites.					
Infection Control Officer Signature: <i>SSCHAPP RN</i>					