

Infection Control Risk Assessment

Location and type of construction Iowa City VA Healthcare System, Building 2, Structural Repair and Tuckpoint				Project Start Date: 1 March 2013	
Project Manager: Robert W. Siech				Estimated Duration: 90 days	
Supervisor of Area: Montie M. Hoye				Date notified of project: 12 July 2012	
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP
	X	TYPE A: Inspection, non-invasive activity.		X	GROUP 1: Least Risk
	X	TYPE B: Small scale, short duration, minimal dust generating activity.		X	GROUP 2: Medium Risk
X		TYPE C: Activity that generates moderate to high levels of dust, requires greater than one work shift for completion.	X		GROUP 3: Medium/High Risk
	X	TYPE D: Major duration and construction activities requiring consecutive work shifts.		X	GROUP 4: High Risk
Class:		Class determined by completing above and referring to FM-01 (Red Book) Section II Chapter 7, Risk Assessment Matrix of Precautions for Construction and Renovation.			
CLASS I (Circle all that apply)		1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace a ceiling tile displaced for visual inspection			
CLASS II (Circle all that apply)		1. Use tools equipped with dust collectors. 2. Seal unused doors with tape. 3. Block off and seal air vents. — <i>use hepa filter or turn off</i> 4. Remove or isolate HVAC system in areas where work is being performed. 5. Utilize air filtration machine 6. Water mist work surfaces to control dust while cutting. 7. Place dust mat at entrance and exit of work area. 8. Wipe work surfaces with disinfectant. 9. Contain construction waste before transport in tightly covered containers. 10. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 11. Remove isolation of HVAC system in areas where work is being performed.			
CLASS III (Circle all that apply)		Obtain infection control approval before construction begins. 1. Implement measures from Class II above, plus. 2. Complete all critical barriers i.e. sheetrock, plywood, plastic, to seal area from non-work area before construction begins. * Consider off-shift work if critical barrier is not constructed. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Cover transport receptacles or carts. Tape covering unless solid lid. Implement measures from Class II above, plus. 5. Do not remove barriers from work area until completed project is inspected by Safety Section & Infection Control & thoroughly cleaned by Facilities Management. 6. Contain construction waste before transport in tightly covered containers. 7. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 8. Vacuum work area with HEPA filtered vacuums. 9. Wet mop area with disinfectant. 10. Remove isolation of HVAC system in areas where work is being performed.			
CLASS IV (Circle all that apply)		Obtain infection control approval before construction begins. 1. Consider off-shift work. 2. Consider Moving Patients out of area. 3. Implement measures from Class III above, plus 4. Construct anteroom and require all personnel and tools etc. 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. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 6. Do not remove barriers from work area until completed project is inspected by Safety Section & Infection Control & thoroughly cleaned by Facilities Management. 7. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. 8. Contain construction waste before transport in tightly covered containers. 9. Cover transport receptacles or carts. Tape covering unless solid lid 10. Vacuum work area with HEPA filtered vacuums. 11. Wet mop area with disinfectant. 12. Remove isolation of HVAC system in areas where work is being performed.			
Exceptions/Additional requirements to this permit are noted by comments or attached memoranda:					
Infection Control Manager:			Date:		
<i>Robert W. Siech</i>			<i>9/27/12</i>		