

# Infection Control Risk Assessment

## Matrix of Precautions for Construction & Renovation

### Step One:

Using the following table, *identify* the **Type of Construction Project Activity (Type A-D)**

<b>TYPE A</b>	<p><b>Inspection and Non-Invasive Activities.</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet</li> <li>▪ painting (but not sanding)</li> <li>▪ wallcovering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.</li> </ul>
<b>TYPE B</b>	<p><b>Small scale, short duration activities which create minimal dust</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ installation of telephone and computer cabling</li> <li>▪ access to chase spaces</li> <li>▪ cutting of walls or ceiling where dust migration can be controlled.</li> </ul>
<b>TYPE C</b>	<p><b>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ sanding of walls for painting or wall covering</li> <li>▪ removal of floorcoverings, ceiling tiles and casework</li> <li>▪ new wall construction</li> <li>▪ minor duct work or electrical work above ceilings</li> <li>▪ major cabling activities</li> <li>▪ any activity which cannot be completed within a single workshift.</li> </ul>
<b>TYPE D</b>	<p><b>Major demolition and construction projects</b> Includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ activities which require consecutive work shifts</li> <li>▪ requires heavy demolition or removal of a complete cabling system</li> <li>▪ new construction.</li> </ul>

### STEP 1: TYPE B

**Step Two:**

Using the following table, *identify the Patient Risk Groups* that will be affected. If more than one risk group will be affected, select the higher risk group:

Low Risk	Medium Risk	High Risk	Highest Risk
<ul style="list-style-type: none"> <li>▪ Office areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Cardiology</li> <li>▪ Echocardiography</li> <li>▪ Endoscopy</li> <li>▪ Nuclear Medicine</li> <li>▪ Physical Therapy</li> <li>▪ Radiology/MRI</li> <li>▪ Respiratory Therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ CCU</li> <li>▪ Emergency Room</li> <li>▪ Labor &amp; Delivery</li> <li>▪ Laboratories (specimen)</li> <li>▪ Newborn Nursery</li> <li>▪ Outpatient Surgery</li> <li>▪ Pediatrics</li> <li>▪ Pharmacy</li> <li>▪ Post Anesthesia Care Unit</li> <li>▪ Surgical Units</li> </ul>	<ul style="list-style-type: none"> <li>▪ Any area caring for immunocompromised patients</li> <li>▪ Burn Unit</li> <li>▪ Cardiac Cath Lab</li> <li>▪ Central Sterile Supply</li> <li>▪ Intensive Care Units</li> <li>▪ Medical Unit</li> <li>▪ Negative pressure isolation rooms</li> <li>▪ Oncology</li> <li>▪ Operating rooms including C-section rooms</li> </ul>

**Step 2: MOSTLY LOW RISK – 1 BARRIER BY ASU**

**Step Three: Match the**

**Patient Risk Group** (*Low, Medium, High, Highest*) with the planned ...  
**Construction Project Type** (*A, B, C, D*) on the following matrix, to find the ...  
**Class of Precautions** (*I, II, III or IV*) or level of infection control activities required.

**Class I-IV** or **Color-Coded Precautions** are delineated on the following page.

**IC Matrix - Class of Precautions: Construction Project by Patient Risk**

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	II	III/IV	III/IV	IV

**Note:** Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

**Step 3: TYPE II**

## Description of Required Infection Control Precautions by Class

### During Construction Project

### Upon Completion of Project

CLASS I	CLASS I	CLASS I
CLASS II	CLASS II	CLASS II
CLASS III	CLASS III	CLASS III
CLASS IV	CLASS IV	CLASS IV

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 Forms modified and provided courtesy of J Bartley, ECSI Inc 2002

**Step 4. Identify the areas surrounding the project area, assessing potential impact**

Unit Below	Unit Above	Lateral	Lateral	Behind	Front
Basement Mechanical	Penthouse Mechanical	Patient Rooms	Patient Rooms	Patient Rooms	Patient Rooms
Risk Group Low	Risk Group Low	Risk Group Low	Risk Group Low	Risk Group Low	Risk Group Low

**Step 5. Identify specific site of activity eg, patient rooms, medication room, etc.**

Walls above ceilings in corridors, offices, ASU or walls in mechanical/electrical rooms.

**Step 6. Identify issues related to: ventilation, plumbing, electrical in terms of the occurrence of probable outages.**

None.

**Step 7. Identify containment measures, using prior assessment. What types of barriers? (Eg, solids wall barriers); Will HEPA filtration be required?**

Plastic barriers within ASU.

(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas)

**Step 8. Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (eg, wall, ceiling, roof)**

No

**Step 9. Work hours: Can or will the work be done during non-patient care hours?**

All work in public areas to be accomplished during non-patient care hours.

**Step 10. Do plans allow for adequate number of isolation/negative airflow rooms?**

N/A

**Step 11. Do the plans allow for the required number & type of handwashing sinks?**

N/A

**Step 12. Does the infection control staff agree with the minimum number of sinks for this project?**

(Verify against AIA Guidelines for types and area)

N/A

**Step 13. Does the infection control staff agree with the plans relative to clean and soiled utility rooms?**

N/A

**Step 14. Plan to discuss the following containment issues with the project team.**

**Eg, traffic flow, housekeeping, debris removal (how and when)**

***Appendix: Identify and communicate the responsibility for project monitoring that includes infection control concerns and risks. The ICRA may be modified throughout the project.  
Revisions must be communicated to the Project Manager.***

<b>Infection Control Construction Permit</b>					
					Permit No:
Location of Construction: Muldoon Clinic			Project Start Date: TBD		
Project Coordinator: Patrick Moran, PE			Estimated Duration: TBD		
Contractor Performing Work: TBD			Permit Expiration Date: TBD		
Supervisor:			Telephone:		
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP
		TYPE A: Inspection, non-invasive activity	X		GROUP 1: Low Risk
X		TYPE B: Small scale, short duration, moderate to high levels			GROUP 2: Medium Risk
		TYPE C: Activity generates moderate to high levels of dust, requires greater 1 work shift for completion	X		GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities Requiring consecutive work shifts			GROUP 4: Highest Risk
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.	Minor Demolition for Remodeling
CLASS II	XX	1. Provides 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 tape. 4. Block off and seal air vents. 5. Wipe surfaces with disinfectant.		6.	Contain construction waste before transport in tightly covered containers. 7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 8. Place dust mat at entrance and exit of work area. 9. Remove or isolate HVAC system in areas where work is being performed.
CLASS III		1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 3. Complete all critical barriers or implement control cube method before construction begins.		6.	Vacuum work with HEPA filtered vacuums. 7. Wet mop with disinfectant 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in tightly covered containers.
	<u>Date</u>	4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.		10.	Cover transport receptacles or carts. Tape covering.
	<u>Initial</u>	5. Do not remove barriers from work area until complete project is thoroughly cleaned by Env. Services Dept.		11.	Remove or isolate HVAC system in areas where work is being performed/
Class IV		1. Obtain infection control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement control cube method before construction begins.		7.	All personnel entering work site are required to wear shoe covers 8. Do not remove barriers from work area until completed project is thoroughly cleaned by the Environmental Service Dept.
	<u>Date</u>	4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.		9.	Vacuum work area with HEPA filtered vacuums. 10. Wet mop with disinfectant.
	<u>Initial</u>	5. Seal holes, pipes, conduits, and punctures appropriately. 6. <del>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.</del>		11.	Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste before transport in tightly covered containers. 13. Cover transport receptacles or carts. Tape covering. 14. Remove or isolate HVAC system in areas where is being done.
Additional Requirements:					
Date Initials			_____ Exceptions/Additions to this permit Date Initials are noted by attached memoranda		
Permit Request By: Patrick Moran, PE			Permit Authorized By:		
Date:			Date:		