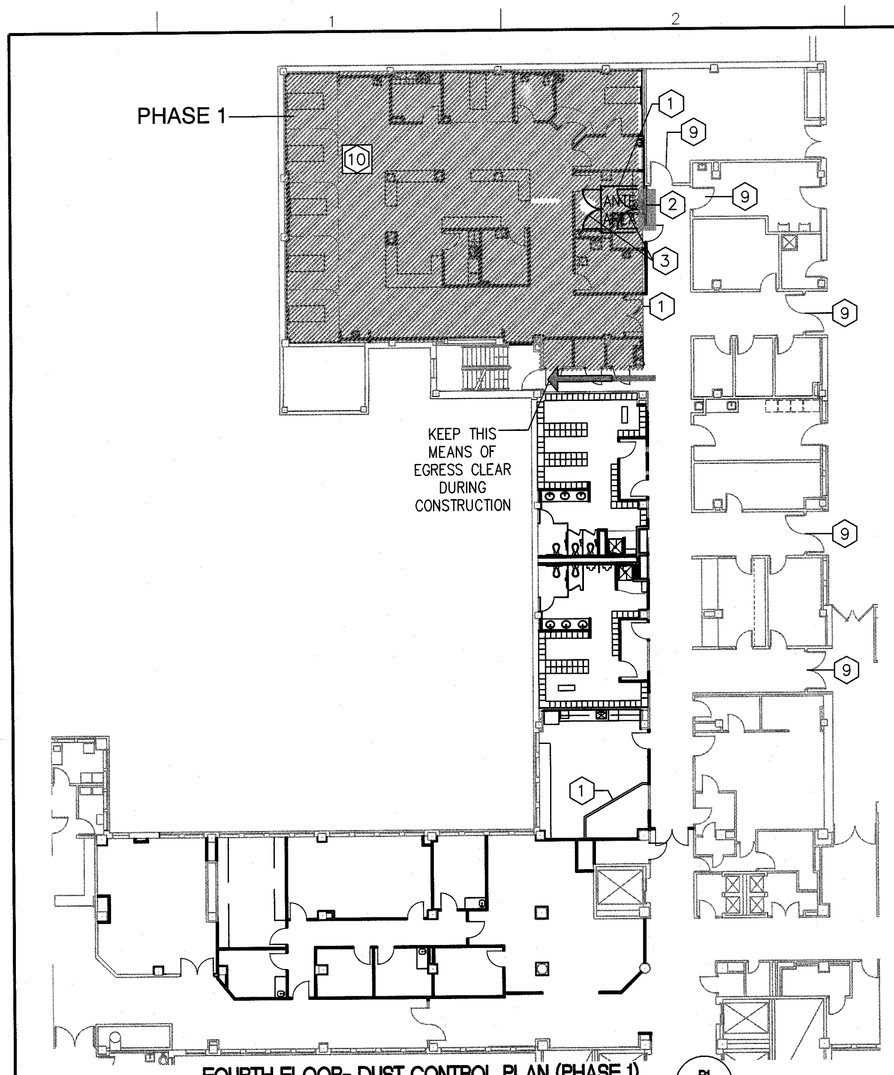
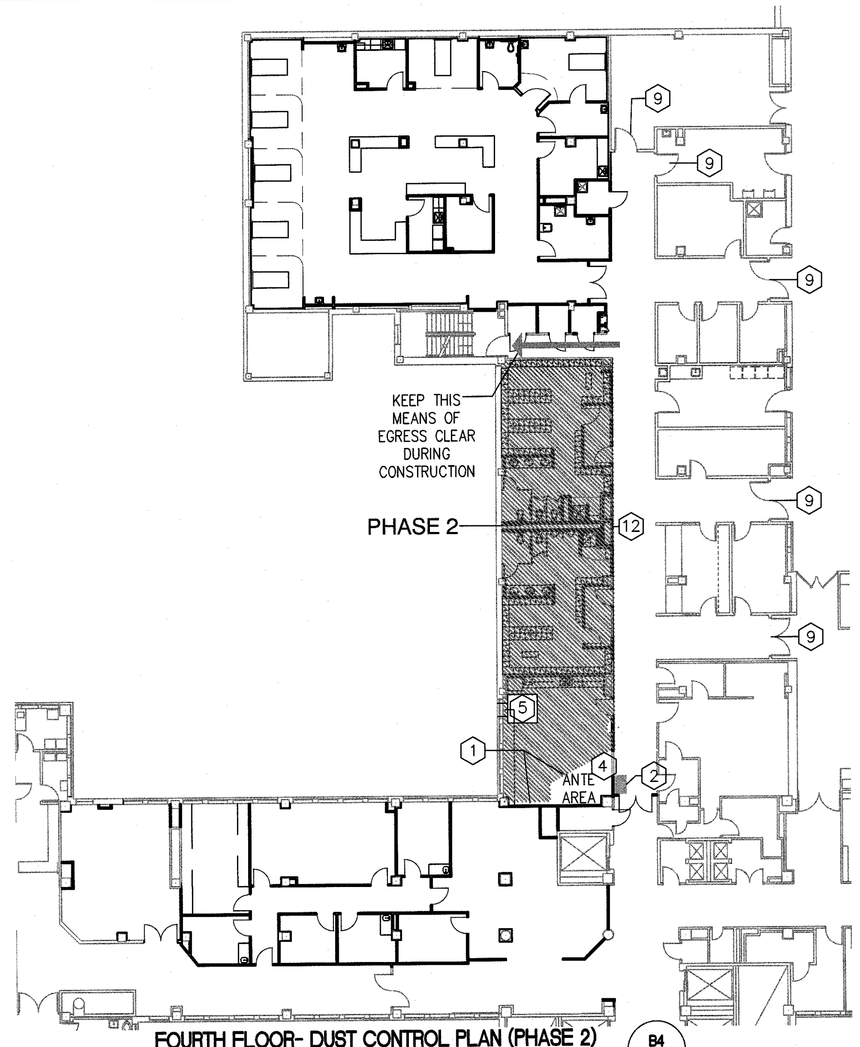
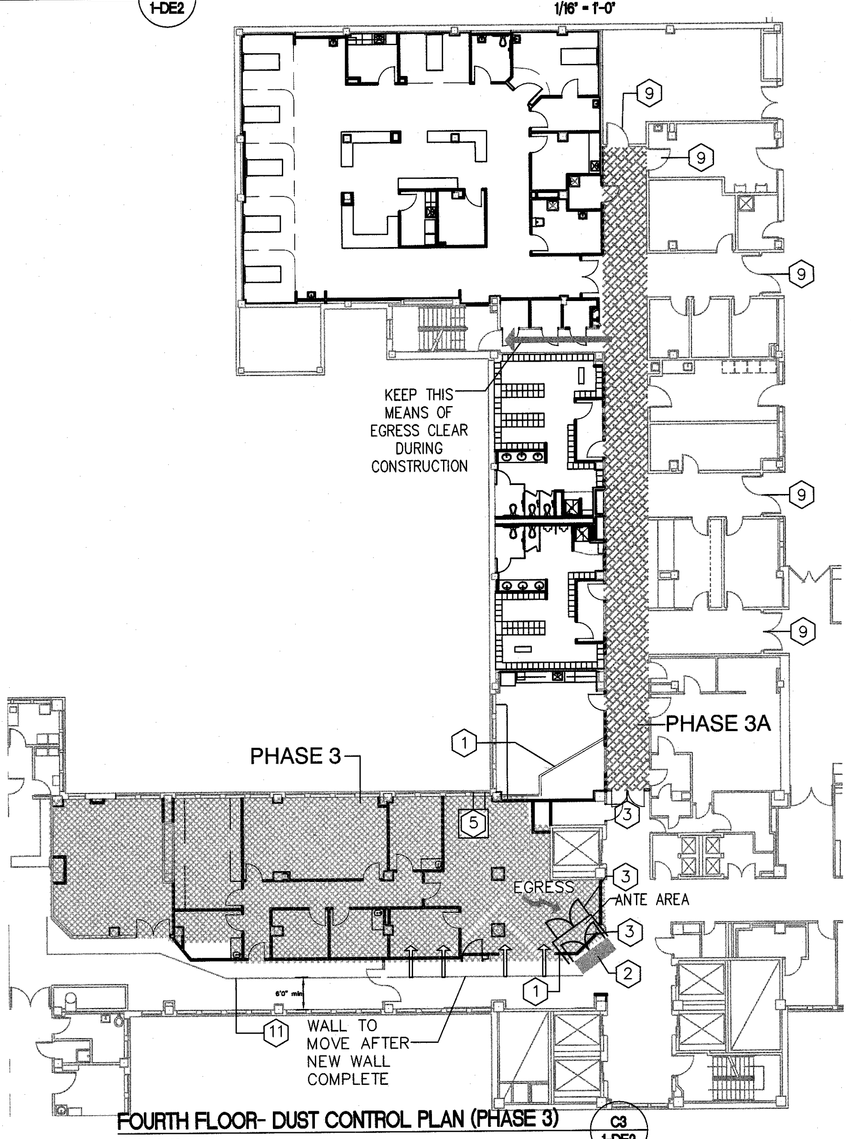


FOURTH FLOOR- DUST CONTROL PLAN (PHASE 1)
1/16" = 1'-0"
B1 I-DE2



FOURTH FLOOR- DUST CONTROL PLAN (PHASE 2)
1/16" = 1'-0"
B4 I-DE2



FOURTH FLOOR- DUST CONTROL PLAN (PHASE 3)
1/16" = 1'-0"
C3 I-DE2

PHASING LEGEND

PHASE 1 - P.A.C.U.

– RENOVATE P.A.C.U. AND MAKE CONNECTION TO SURGERY FOR PATIENT AND STAFF

PHASE 2 - LOCKERS & LOUNGE

– RENOVATE LOCKER AND LOUNGE AREAS AND MAINTAIN CORRIDOR ACCESS FOR PATIENTS AND STAFF TO P.A.C.U.

PHASE 3 - CONFERENCE & WAITING

– RENOVATE THESE AREAS WHILE KEEPING ACCESS TO SAME DAY SURGERY AND P.A.C.U. INCLUDING THE ELEVATOR AND PUBLIC SPACES

PHASE 3A - CORRIDOR

– PAINT AND WALL PROTECTION IN MAIN CORRIDOR (NIGHTS AND WEEKENDS 24 HOURS OPS UNTIL COMPLETE, AT END OF PHASE 3)

SHEET NOTES:

1. ENSURE RENOVATED AREA IS COMPLETELY SEALED OFF FROM SURROUNDING AREAS.
2. WORK SHALL BE PERFORMED IN ACCORDANCE WITH DUST CONTROL PLAN SPECIFICATIONS.

DUST CONTROL PLAN NOTES DUST CONTROL PLAN HAZARD ASSESSMENT

Prior to initiating work, contractor will assess the scope of the construction activities and determine the potential risk groups involved based on the location of activities and extent and duration of the work. Low Risk groups are considered "Office Workers", Medium Risk groups are considered all inpatient and outpatient areas not in the High Risk Group. High Risk Group designation includes Inpatient areas such as Pediatric and Adult Operating/Delivery Rooms, Cath Labs, Myelo suppression units, ICUs, Dialysis, Nurseries as well as Clinic Areas (clinics associated with Hematology, Oncology, Pediatric Infectious Disease, or Transplant services) and Service Areas (Central Processing, Sterile Processing, Food Prep & Service Area and Pharmacies. The VAMC Infection Control Group will confirm and approve the designation provided in this submitted Dust Control Plan.

IOWA CITY SURGICAL & BASEMENT LOCKER RENOVATION
For the purpose of the Iowa City Surgical & Basement Locker Renovation, the construction work is considered adjacent to Medium to High Risk groups and comprises work which could generate moderate to high levels of dust not within the confines of a suite or office and includes extensive construction work (demolition) in Building 1 throughout the fourth floor and basement. The dust control plan shall be distributed and reviewed by all contractors performing work on this construction project.

A. EXTERNAL DEMOLITION AND CONSTRUCTION ACTIVITIES
* Determine if the impacted areas of the facility can operate temporarily on recirculated air; if feasible seal off adjacent air intakes.
* If this is not possible or practical, check the low–efficiency filter banks frequently and replace as needed to avoid buildup of particulate.
* Seal windows and reduce wherever possible other sources of outside air intrusion (open doors in stairwells and corridors) especially in Protective Environment (PE) areas.

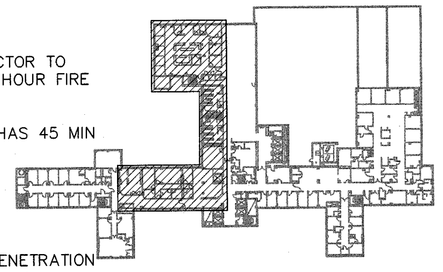
B. INTERNAL DEMOLITION AND CONSTRUCTION ACTIVITIES DUST AND DEBRIS CONTROL
* Barrier Systems: The area should be isolated, as the project requires. Small, short duration projects generating minimal dust may use fire–rated plastic sheeting, but should be sealed at full ceiling height with at least 2–foot overlapping flaps for access to entry. Projects that produce moderate to high levels of dust require rigid, dust–proof, and fire–rated barrier walls (e.g., drywall) with caulked seams for a tight seal extending floor to ceiling. Seal off and block return air vents if rigid barriers are used for containment. Large dusty projects need an entry vestibule for clothing changes and tool storage and tight seals should be maintained at the full perimeter of walls and wall penetrations. An interim plastic dust barrier (minimum 4–mil) may be required to protect the area while the rigid impervious barrier is being constructed. Any dust shall be immediately cleaned if tracked outside of the construction barrier. Upon completion of the construction project dust barriers shall be removed carefully to minimize spreading of dust and the contractor shall have temporary dust protection in place before removal of a permanent barrier. Contractor personnel shall monitor and perform barrier maintenance and be educated to notice simple clues such as accumulations of visible dust evidenced by footprints, opened doors/windows evidenced by presence of insects and flies, wet ceiling tiles, etc.
* Traffic Control: Designated entry and exit procedures shall be defined. Egress paths should be free of debris; designated elevators should be used during scheduled times; and only authorized personnel should be allowed to enter the construction zone. Signage should direct pedestrian traffic away from the construction area and materials.
* Demolition Debris: Debris should be removed in carts with tightly fitted covers, using designated traffic routes. Efforts should be made to minimize use of elevators with an emphasis on transport during the lowest period of activity. Debris should be removed daily and at times specified by the VAMC. If chutes are used to direct debris outside, High Efficiency Particulate Air (HEPA) filtered negative air machines should be used, and the chute opening should be sealed when not in use. Filters should be bagged and sealed before being transported out of the construction area. The contractor shall not haul debris through patient–care areas without prior approval of the VAMC.
* Exterior Windows: Windows should be sealed to minimize infiltration from any adjacent excavation debris.

VENTILATION AND ENVIRONMENTAL CONTROLS
* Air System Flow: Determine whether the construction area uses fresh/outside or recirculated air; filters should be added or return vents covered as needed with filter material or plastic. Air must flow from clean to dirty areas.
* Negative Air Pressure: The air within the construction area must be negative with respect to surrounding areas and with no disruption of air systems of adjacent areas. Use of the negative air pressure system within the enclosure to remove dust should pass air through an industrial grade, portable HEPA filter capable of filtration rates of 300–800 cubic feet per minute (ft3/min), or exhaust air directly to the outside if approved by VAMC. If exhaust must be tied into a re–circulated air system, a pre–filter and HEPA filter should be used before exhaust to prevent contamination of the ducts.
* Adjacent Areas: The status of sealed penetrations and intact ceiling should be verified daily.
* Air Exchange Rates and Pressure Relationships: VAMC and Contractor will verify and maintain proper rates in critical areas near construction activity and ensure air is not being re–circulated without filtration from the construction area elsewhere. VAMC will make determination on providing for the accountability and frequency of testing air pressure throughout the project.

CONTAMINATION OF PATIENT ROOMS, SUPPLIES, EQUIPMENT AND RELATED AREAS
* Worksite Clothing: Contractor personnel clothing should be free of loose soil and debris before leaving the construction area. If protective apparel is not worn (e.g., coveralls, footgear and headgear) a HEPA–filtered vacuum should be used to remove dust from clothing before leaving the barricade. If protective apparel is utilized the contractor shall construct a space or anteroom for changing clothing and storing equipment (designated area). All equipment, tools, tool carts, materials, etc. transported through occupied areas shall be made free from dust and moisture by vacuuming and wet wiping before their removal from the construction zone or work area.
* Contractor Cleaning: The construction zone should be maintained in a clean manner by contractors and swept or HEPA–vacuumed daily or more frequently as needed to minimize dust. Adjacent areas that may be impacted by the construction should be damp mopped daily or more frequently as needed. Walk–off mats with tacky or adhesive surfaces should be utilized to minimize tracking of heavy dirt and dust from construction areas.

DUST CONTROL KEY NOTES

1. TEMPORARY DUST ANTE ROOM WITH 1 HR. FIRERATED CONSTRUCTION
2. DUST MAT
3. TEMPORARY DUST BARRIER DOOR, 45 MIN. RATED DOOR.
4. EXISTING OPENING TO ACT AS TEMPORARY DUST BARRIER. DEMOLISH AFTER PHASE IS COMPLETE.
5. HEPA CONTROL FILTER SYSTEM, RETAIN WINDOW FOR REINSTALLATION
6. INSTALL NEW DOORS, OPENING TO ACT AS DUST BARRIER DURING PHASE 3A. DEMO AFTER PHASE 3A IS COMPLETE.
7. EXISTING 1 HOUR WALL TO REMAIN, SEAL TO DECK. CONTRACTOR TO VERIFY RATING, REMEDIATE AS NECESSARY TO ESTABLISH 1 HOUR FIRE RATED WALL.
8. DOOR TO ACT AS DUST BARRIER, SEAL AND ENSURE DOOR HAS 45 MIN RATING.
9. INSTALL TEMPORARY SIGNAGE: "KEEP DOORS CLOSED"
10. HEPA CONTROL FILTER SYSTEM, ROUTE THROUGH EXISTING PENETRATION IN CEILING (5TH FLOOR INTERSTITIAL) AND RUN TO ATMOSPHERE.
11. PROPOSED DUST CONTROL BARRIER 1 HR FIRE RATED CONSTRUCTION.
12. ALLOW EXISTING WALL TO SERVE AS DUST BARRIER. FOLLOW KEYNOTE 8 AS APPLICABLE.



KEY PLAN
NOT TO SCALE
FULLY SPRINKLERED BUILDING
BID DOCUMENTS

N

Revisions:	Date

CONSULTANTS:

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20 July 2012
STATE OF KENTUCKY
BLAINE CAMIEL VAN GANSBEKE
24,788
LICENSED
PROFESSIONAL ENGINEER

Drawing Title:	FOURTH FLOOR DUST CONTROL PLAN
Approved: Project Director	
Project Title:	SURGICAL SUPPORT AND LOCKERS
Project Number:	636A8-11-011
Building Number:	1
Location:	IOWA CITY VAMC, 601 HIGHWAY 6 WEST, IOWA CITY, IOWA 52246-2208
Date:	07-13-12
Checked:	BVG
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Department of Veterans Affairs

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