

A
three inches = one foot
B
one and one half inches = one foot
C
one inch = one foot
D
three quarters inch = one foot
E
one half inch = one foot
F
three eighths inch = one foot
G
one quarter inch = one foot
H
one eighth inch = one foot

| Infectious Control Construction Precautions | | |
|---|--|--|
| Class I | 1. Execute work by methods to minimize raising dust (inside and outside). 2. Immediately replace ceiling tiles removed for inspection. 3. Transportation route or storage for clean supplies not near contaminated materials. | 4. Worker traffic routes should minimize contact with patients. 5. Minimize exposure of patients to construction and maintenance. |
| Class II | In Addition to Class I Precautions: 1. Consult Infection Control Nurse prior to beginning work. 2. Educate VA staff regarding construction activity. 3. Block & seal air vents before starting. (YC22 and YC24) 4. Coordinate air filter maintenance with Operations. 5. Contain area to one room with walls from floor to ceiling. 6. Close non-access doors and duct tape frames and doors. 7. Transport debris in covered containers that are wiped down. | 8. Wet mop area daily & place "back" mats at all entrances/exits. Refresh tack mats frequently (at least daily). 9. Use HEPA vacuum to capture dust during dust-producing work. 10. Remove and replace wet ceiling tiles if the porous type. 11. If ceiling tiles are nonporous, remove and clean with hospital approved disinfectant and dry before replacement. 12. Use only designated elevators (e.g. utility) for debris removal. |
| Class III | In Addition to Class I and II Precautions Above: 1. Consult Infection Control Nurse prior to beginning work. 2. Install dust partitions (including work in ceilings) prior to start. Partitions must be well-sealed from floor to ceiling. (Solid Wall) 3. Remove dust partitions carefully to minimize spread of dust & dirt. 4. Mist debris-removal chutes & dumpsters. 5. Assure adjacent air filtering systems are functioning. 6. Maintain negative pressure in construction area. | Prior to Patient Occupancy: Water lines flushed at site & adjacent areas. Vent system cleaned & balanced after completion of construction. Construction area thoroughly wet mopped and disinfected. Check room temperatures and adjust if needed. |
| Class IV | In Addition to Class I, II, and III Precautions Above: 1. Consult Infection Control Nurse 2. Relocate patients to area remote from construction areas. | |

| Infection Control Risk Assessment for Construction | | | | |
|---|--|---|--|---|
| Project Name / EWO Description: Renovate Information Technology Closets | | Project # / EWO # 660-11-113 | | |
| Location of Activity: Site | | Estimated Duration: | | |
| Project Manager: Renovate Information Technology Closets | | Contractor: ICN: Susan O'Connor - Wright | | |
| Phone #: 660-11-113 | | Contractor Phone #: ICN Phone #: ext. 1708 | | |
| STEP #1: Select Risk Group Below and Mark Bottom of Column | | | | |
| A) INFECTION CONTROL RISK GROUPS | | | | |
| Group 0 | Group 1 | Group 2 - Medium Risk | Group 3 - Medium High Risk | |
| Lowest Risk Nonmedical associated spaces (no patient activity) | Low Risk Office Areas (associated with patient activity) | Laboratories 3 West Acute Medicine (2 East, 2 North) B-2 B-3 Inpatient Mental Health Ward Canteen Kitchen Cardiology Decontamination Dental Distribution G.I. Lab Hospital | Imaging Laundry Nuclear Medicine Out Patient Clinics Out Patient Surgery Patient Kitchen & Dining Pharmacy (In & Out Patient) PT / OT Public Corridor (patient activity) Pulmonary / Bronchoscopy Telemetry | Emergency Room (ECU) Post Anesthesia Care All ICUs Group 4 - Highest Risk All OR's Sterile Processing Ambulatory Medicine Unit (2 West) Cardiac Cath/Angiography Dialysis Unit Pharmacy IV Prep (Inpatient) |
| STEP #2: Select Activity Type Below: | | | | |
| B) CONSTRUCTION ACTIVITY TYPES: | | | | |
| Type A Inspection and Non-Invasive Activities, includes but is not limited to, manipulation of ceiling tiles, painting (but not sanding), wallcovering, electrical trim work, minor plumbing, installation of telephone and computer cabling, and activities which do not (1) generate dust or (2) require cutting of walls. | | | | |
| Type B Small scale, short duration activities which create minimal dust. Includes, but is not limited to, (1) access to chase spaces, (2) cutting of walls or ceilings, where dust migration can be controlled. | | | | |
| Type C Any work which generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to, (1) sanding of walls for painting or wall covering, (2) removal of floorcoverings, (3) multiple ceiling panels and (4) casework, (5) new wall construction, (6) minor duct work or (7) electrical work above ceilings, (8) major cabling activities, and (9) any activity which can be contained within a single worksite. | | | | |
| Type D Major demolition and construction projects. Includes, but is not limited to, (1) activities which require consecutive work shifts, (2) requires heavy demolition or, (3) removal of complete cabling system, (4) new construction, (5) any activity which cannot be contained within a single work shift. | | | | |
| STEP 3: Determine Class of Precautions Using Matrix Below: | | | | |
| CONSTRUCTION ACTIVITY/INFECTION CONTROL MATRIX TO DETERMINE CLASS | | | | |
| ** ICN must be consulted when the assessment indicates that Class II, III, or IV precautions are required. | | | | |
| Construction Activity Type | | | | |
| Risk Level | Type "A" | Type "B" | Type "C" | Type "D" |
| Group 0 | Refer to OSHA Requirements | Refer to OSHA Requirements | II | II |
| Group 1 | I | I | II | III |
| Group 2 | I | II | III | IV |
| Group 3 | I | II | III / IV | IV |
| Group 4 | II | III | III / IV | IV |

| INTERIM LIFE SAFETY MEASURES ASSESSMENT | | | | | | | | | | | | | | | |
|--|--------------------------------|---|---|---------------------|---|--|---------------------------------------|------------------------------------|--|--|--|--|--|---|---|
| Project Name and Number: Renovate Information Technology Closets 660-11-113 | YES/NO | A) Notify Emergency Forces / Implement Fire Watch | B) Post signage identifying location of alternate exits | C) Special measures | D) Inspect exits in affected area daily | E) Ensure fire alarm and detection systems or equivalent | F) Additional fire-fighting equipment | G) Temporary construction barriers | H) Hazard surveillance of high-traffic equipment | I) Evacuate storage, signage, and debris removal | J) Additional training on use of fire-fighting equipment | K) Conducting 1 Additional Fire Drills Per Shift in Area | L) Inspect, Test, Document temporary systems monthly | M) Education of help desk, construction hazards, ILSMs. | N) Training for impaired structural or compartmental fire safety features.. |
| Patient room door latching problem | NO | | | | | | | | | | | | | | |
| Lacking a code complying fire or smoke barrier | NO | | | | | | | | | | | | | | |
| Fire exit stairs discharge improperly | NO | | | | | | | | | | | | | | |
| Excessive travel distance to an approved exit | NO | | | | | | | | | | | | | | |
| Lack of two remote exits | NO | | | | | | | | | | | | | | |
| Nonconforming building construction type | NO | | | | | | | | | | | | | | |
| Improperly protected vertical openings | NO | | | | | | | | | | | | | | |
| Large penetrations in fire or smoke barriers | NO | | | | | | | | | | | | | | |
| Corridor walls do not extend to the structure (or to drop ceiling smoke seal) | NO | | | | | | | | | | | | | | |
| Hazardous areas not properly protected | NO | | | | | | | | | | | | | | |
| Blocking off an approved exit | NO | | | | | | | | | | | | | | |
| Repurposing emergency room traffic | NO | | | | | | | | | | | | | | |
| Major renovation of an occupied floor | YES | X | X | | X | X | | X | | X | X | X | X | X | X |
| Replacing fire alarm system (out of service) > 4 hrs. / 24 hr. period | NO | | | | | | | | | | | | | | |
| Installing a sprinkler system (out of service) > 4 hrs. / 24 hr. period | NO | | | | | | | | | | | | | | |
| Significantly modifying smoke or fire barrier walls | NO | | | | | | | | | | | | | | |
| Adding an addition to an existing structure | YES | X | X | | X | X | | X | | X | X | X | X | X | X |
| Taking a fire alarm system off-line | NO | | | | | | | | | | | | | | |
| Taking a sprinkler system off-line | NO | | | | | | | | | | | | | | |
| Disconnecting alarm devices | NO | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | |
| Additional Assessment Notes : | | | | | | | | | | | | | | | |
| Assessment Performed by: | T. HENARD - SPECTRUM ENGINEERS | | | | | | | | | | Date: 2012-01-24 | | | | |
| Safety Officer Review: | | | | | | | | | | | Date: | | | | |

| Construction Safety Risk Assessment Checklist, VA Salt Lake City Healthcare System | | | | | | | |
|--|-----------|-------------------------|----------------|------------------------|--|------------------------------------|----------|
| Project Name: Renovate Information Technology Closets | | Hazard Likelihood: | | High: 76% - 100% | | | |
| Project Number: 660-11-113 | | | | Medium: 51% - 75% | | | |
| Date: 9/5/2012 | | | | Low: 0% - 50% | | | |
| Project Manager: | | | | | | | |
| Identify Hazards | Evaluator | Is Hazard Likely? H-M-L | Severity H-M-L | Mitigation Needed? Y/N | Mitigation Strategies | Mitigation Strategies Implemented? | Comments |
| Hazard Communication | | L | L | Y | MSDS required to be maintained on site by contractor | | |
| Respiratory Protection | | L | L | Y | respiratory protection required when air debris present | | |
| Personal Protective Equipment | | M | M | Y | hearing protection Steel toed boots, clothing when required. | | |
| Fire Protection | | L | L | Y | contractor required to follow VA hot work permit procedure & VA Interim Life Safety Measure | | |
| Traffic Control & Site Security | | L | L | Y | Work affecting traffic flow or site security must be coordinated with VA | | |
| Wire Rope and Rigging Equipment | | M | M | Y | OSHA Procedure to be followed | | |
| Demolition | | M | M | Y | Any work causing noise or vibration to Interior Of Medical Center must be coordinated with VA | | |
| Hand and Power Tools | | L | M | Y | OSHA Procedure to be followed | | |
| Electrical | | L | L | Y | All hot work on electrical systems must receive prior approval by VA | | |
| Lockout / Tagout | | L | L | Y | Lockout/tagout procedure required in contractor submitted Safety plan (pre-construction) | | |
| Welding and Cutting | | L | L | Y | VA signed hot work permit required to be obtained by contractor | | |
| Confined Spaces | | L | L | Y | OSHA Procedures & VA Confined Space Policy must be followed | | |
| Tunnels and Shafts | | L | L | Y | OSHA Procedures & VA Confined Space Policy must be followed | | |
| Identify Hazards | Evaluator | Is Hazard Likely? H-M-L | Severity H-M-L | Mitigation Needed? Y/N | Mitigation Strategies | Mitigation Strategies Implemented? | Comments |
| Process Safety Management - Piping Systems | | L | L | Y | Coordination with VA for affects on existing systems | | |
| Cranes and Hoists | | M | H | Y | Rigging Plan to be approved by VA. Preventative maintenance logs required on site | | |
| Steel Erection | | M | H | Y | OSHA procedure to be followed | | |
| Fall Protection | | H | H | Y | OSHA procedure to be followed | | |
| Scaffolds | | M | M | Y | OSHA procedure to be followed | | |
| Ladders | | M | M | Y | OSHA procedure to be followed | | |
| Trenching and Excavation | | M | M | Y | OSHA procedure to be followed | | |
| Motor Vehicles, Earthmoving, and Mechanized Equipment | | M | L | Y | Preventative maintenance logs required on site | | |
| Concrete and Masonry | | M | M | Y | OSHA procedure to be followed | | |
| Lead, Asbestos, and Silica | | L | L | Y | Coordination with VA required to identify all accessible suspect ACM building materials in affected facility where demolition will occur | | |
| Utility Interruptions | | L | L | Y | Must receive approval from VA | | |
| Dust | | L | L | Y | respiratory protection required when air debris present. Dust partitions must be utilized as needed | | |
| Moisture/Water Leaks | | L | L | Y | Notification to VA required for all moisture/water leaks | | |
| Vapors/Fumes | | L | L | Y | Anything that may introduce vapor fumes to interior of Medical Center must be coordinated with VA prior to commencement | | |
| Noise | | M | L | Y | Any work causing noise to interior Of Medical Center must be coordinated with VA | | |
| Identify Hazards | Evaluator | Is Hazard Likely? H-M-L | Severity H-M-L | Mitigation Needed? Y/N | Mitigation Strategies | Mitigation Strategies Implemented? | Comments |
| Vibration | | L | L | Y | Any work causing vibration to interior Of Medical Center must be coordinated with VA | | |
| Open Outside Walls | | L | M | N | All site security deficiencies that may be introduced must be coordinated with VA | | |
| Impact to Levels Above and Below | | L | M | Y | Coordinate with VA prior to impact to facility | | |
| Proximity of Air Intakes | | M | M | Y | Relocation of Intake | | |
| Pest Control within Construction Area | | L | L | Y | Pest control precautions must be utilized for any openings introduced to existing facility | | |
| Approval Signatures: | | | | | | | |
| Project Manager: | | | | | Date: | | |
| Contractor: | | | | | Date: | | |
| Safety Manager: | | | | | Date: | | |
| Svc./Section/Program Director: | | | | | Date: | | |

| | |
|---|---------------------------------|
| INFECTION CONTROL | EMERGENCY MANAGEMENT |
| SAFETY OFFICER | VA POLICE |
| AFGE Representative | INFORMATION RESOURCE MANAGEMENT |
| PATIENT SAFETY | INFORMATION SECURITY OFFICER |
| GREEN ENVIRONMENTAL MANAGEMENT SYSTEMS (GEMS) COORDINATOR | PRIVACY OFFICER |
| | CONTRACTING OFFICER |

| | | | | | | | | | | | |
|--------------|--|----------------------|--|--|--|--|--|--|--|--|--|
| CONSULTANTS: | | ARCHITECT/ENGINEERS: | | Drawing Title RISK ASSESSMENT | | Project Title RENOVATE INFORMATION TECHNOLOGY CLOSETS | | Project Number 660-11-113 | | Office of Construction and Facilities Management Department of Veterans Affairs | |
| | | | | Approved: Project Director | | Location VAMC - SLC, UT | | Building Number CAMPUS | | | |
| | | | | | | Date OCTOBER 30, 2012 | | Drawing Number CS002 Dwg. 2 of 51 | | | |
| Revisions: | | | | Tracy D. Stocking, AIA tracy@tsa-usa.com | | 324 S. State St., Suite 400 Salt Lake City, UT 84111 800-678-7077 801-328-5151 fax: 801-328-5155 www.spectrum-engineers.com | | Checked TXH | | Drawn PSS | |