

PeopleSoft Project # or Job Name:	
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Infection Control Risk Assessment (ICRA)

Work Permit

20220307



Facility or Location

Project Start Date:

Contractor Project Manager:

Estimated Completion Date:

Contractor Performing Work:

Need to Relocate Patients? Yes No

Affected Department Supervisor Signature:

Name:
Date:

Environmental Service Supervisor Signature:

Name:
Date:

Intermnt Hlthcare Project Manager Signature:

Name:
Date:

Construction Activity Class (Determine Class by using the Classification Table on pages 2 & 3): Higher levels must include all lower levels. Example: a level III must also check I and II. Class I Class II Class III Class IV

Specific Areas to be Affected by This Work:
Initials: Date:

Exceptions or Additions to This Permit:
Initials: Date:

Signature of Permit Requested by:
Name:
Date:

Infection Prevention Approval Signature:
Name:
Date:

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Construction Activity Class Worksheet

Complete Steps 1 through 3, then see Step 4.

STEP 1. Determine Construction Activity Type:

Type A: **Inspection and non-invasive activities**
 Includes, but not limited to:
 - window replacement.
 - ceiling tile replacement limited to 1 tile per 50 sf.
 - painting or wall covering, without sanding
 - finish electrical and minor plumbing work

Type B: **Small scale, short duration activities that create minimal dust and disruption to patient population via noise, vibration, odors, or ventilation systems**
 Includes, but not limited to:
 - installing telephone or computer cabling or access to chase or mechanical spaces
 - patch or replace vinyl and/or carpet floors
 - cutting walls or ceilings where dust migration can be controlled

Type C: **Generates moderate or high levels of dust. Demolition or removal of ANY fixed building components or assemblies. Disruption to patients with noise, vibration, HVAC systems etc.**
 Includes, but not limited to:
 - sanding walls to remove paint or wall coverings
 - removal of floor coverings, ceiling tiles or millwork
 - new wall construction, major cabling activities, or adding new floor

Type D: **Major demolition or construction that creates major disruption, i.e. noise, dust, vibration, odor, or mechanical systems**
 Includes, but not limited to:
 - new construction or buildout of shelled space
 - heavy demolition. Removal of a complete cabling system, floor, wall, or ceiling

STEP 2. Determine Infection Control Risk Group:

Lowest	Medium	High	Highest
<ul style="list-style-type: none"> - Office areas - Admitting - Meeting rooms - Education centers - Copy centers - Fitness centers - Gift shops - Mail rooms - Plant engineering - EVS - Non-patient areas - Low risk areas not listed elsewhere 	<ul style="list-style-type: none"> - Cardiology - Resp. Therapy - Echocardiography - Radiology/MRI - Physical therapy - Nuclear medicine - Wound Clinics - Outpatient - Clinics Laundry - Cafeteria/Foods - PT/OT/Speech - Materials Mgmt. 	<ul style="list-style-type: none"> - Acute Care Floors - Surgical Units - Emergency Dept. - Post Anesthesia CU - L&D - Pharmacy - Lab and specimens - Pediatrics - Medical Units - Outpatient Surg. - Newborn Nursery - Infusion Clinic - Dialysis - Endoscopy 	<ul style="list-style-type: none"> - Burn Unit - Oncology or any immune comp patients. - Catheter Labs - Central Sterile Supply (Instrument Processing Room) - Intensive Care Unit - Pos. Pressure Rm. - Angiography Rm. - Pharm compound areas - Level 3 Lab area - Micro Lab - Invasive proceed - OR & C-Section Rm

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STEP 3. Use the classifications from STEP 1 and 2 to determine the Construction Class below:

Higher classes include lower classes as well. Example, III includes I, II, & III.

Construction Activity Type*

Patient Risk	Type A	Type B	Type C	Type D
Lowest	Class I	Class I	Class I	Class III
Medium	Class II	Class II	Class III	Class IV
High	Class II	Class III	Class IV	Class IV
Highest	Class III	Class III	Class IV	Class IV

*Infection Control Approval is needed for all projects

4. Follow all the appropriate Infection Control Protocols below: (Hand hygiene stations must be available)

	During Construction	Upon Completion
Class I	<ul style="list-style-type: none"> - Perform work using methods to minimize raising dust or tracking dust into other areas. - Immediately replace ceiling tile upon completion of inspection. 	<ul style="list-style-type: none"> - Clean work area.
Class II	<ul style="list-style-type: none"> - All measures for Class I work. - Use active dust control measures. - Use water mist to control dust while cutting. - Seal doors, ducts, vents, and HVAC units. - Place dust control mats at entries to work area; keep them clean and effective. - Remove debris only in tightly covered containers. 	<ul style="list-style-type: none"> - All measures for Class I work. - Wipe all horizontal surfaces with disinfectant. - Remove debris only in tightly covered containers. - Vacuum using HEPA filtered vacuum, mop with disinfectant as appropriate. - Remove all seals from doors, ducts, vents, and HVAC units.
Class III	<ul style="list-style-type: none"> - All measures for Class II work. - Construct barriers to prevent dust and other contaminant migration prior to beginning work. - Maintain negative air pressure in work space using HEPA filtration units. 	<ul style="list-style-type: none"> - All measures for Class II work. - Remove construction barriers only after all needed inspections are complete and passed. - Remove construction barriers in a manner that minimizes the spread of dust and debris. - Use HEPA Filter vacuum on clothes.
Class IV	<ul style="list-style-type: none"> - All measures for Class III work. - Seal all pipes, conduits, and penetrations. 	<ul style="list-style-type: none"> - All measures for Class III work.

N/A Yes

Non-construction visitors wear shoe covers when VISITING construction area

Construction workers wear shoe covers when Leaving the construction area

Provide Neg Pressure Air Monitoring Log During Construction

Construct anteroom outside area of construction

Workers to wear clean paper overalls and shoe covers when entering/exiting site

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Additional Requirements for This Area:

Initials: Date:

Other Considerations for Work Impact

1. Identify the risk levels of areas that are adjacent to the project:

Above				Below				Lateral				Lateral				Front				Other			
Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest	Lowest	Medium	High	Highest

2. Identify likely outages and their effects: plumbing, medical gas, ventilation, electrical, etc.:

3. Describe specific containment measures to be used: Existing Doors and Walls are Acceptable for barrier if negative pressure can be achieved.

4. Describe specific risks associated with water damage:

5. Describe noise and vibrations that will impact patient care areas and how you will mitigate that:

6. Identify the project work hours - avoiding patient care impact when possible:

- | | | | |
|----------------------------------------------------------------------------|-----|----|-----|
| 7. Do plans allow for sufficient isolation/negative airflow rooms? | Yes | No | N/A |
| 8. Do plans allow for sufficient hand washing sinks per AIA guidelines? | Yes | No | N/A |
| 9. Do plans allow for sufficient access to clean and soiled utility rooms? | Yes | No | N/A |

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10. Describe the Project Communication Plan for traffic patterns, EVS, etc.:

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11. Describe the Project Monitoring Plan for infection control, safety, etc.:

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12. Contractor Acknowledgment and Compliance with ICRA Work Permit

Contractor Signature indicates compliance with the parameters associated with this ICRA Work Permit	
	Name: <input type="text"/>
	Date: <input type="text"/>

13. Project Closeout (See last page for on-going review form)

Signature for project closure, final review and approval for using the area:	
(Facility Maintenance for Class I & II, Infection Prevention for Class III & IV)	
	Name: <input type="text"/>
	Date: <input type="text"/>

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