Peo	oleSoft	Pro	iect #	or	Job	Name:
1 20	picourt	110		<b>U</b> 1	300	nume.

# Infection Control Risk Assessment (ICRA)

Work Permit

NY XX	
Intermountain Healthcare	n°

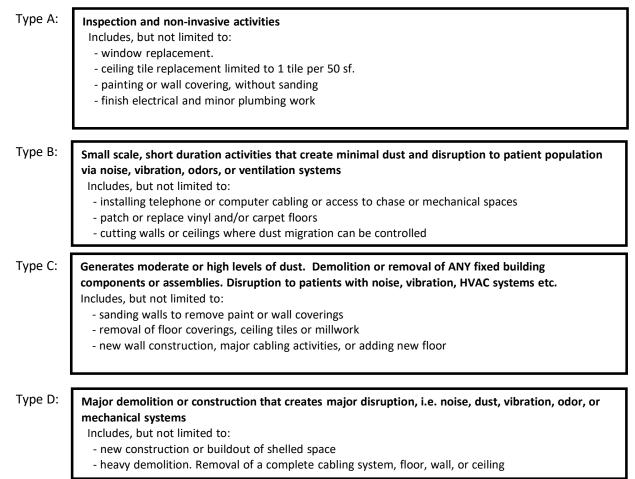
Facility or Location	Project Start Date:
, 0. 2000.00	
Contractor Project Manager:	Estimated Completion Date:
Contractor Performing Work:	Need to Relocate Patients?
	Yes No
Affected Department Supervisor Signature:	
	Name:
	Date:
Environmental Service Supervisor Signature:	
	Name:
	Date:
Intermnt HIthcare Project Manager Signature:	
	Name:
	Date:
Construction Activity Class (Determine Class by usin	
Higher levels must include all lower levels. Exam	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam Class I Class II	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam Class I Class II	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam Class I Class II Specific Areas to be Affected by This Work:	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:         Exceptions or Additions to This Permit:	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:	pple: a level III must also check I and II.
Higher levels must include all lower levels. Exam         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:         Exceptions or Additions to This Permit:	nple: a level III must also check I and II. Class III Class IV
Higher levels must include all lower levels. Example Class I         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:         Exceptions or Additions to This Permit:         Initials:       Date:	pple: a level III must also check I and II.
Higher levels must include all lower levels. Example Class I         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:         Exceptions or Additions to This Permit:         Initials:       Date:	nple: a level III must also check I and II. Class III Class IV
Higher levels must include all lower levels. Example Class I         Class I       Class II         Specific Areas to be Affected by This Work:         Initials:       Date:         Exceptions or Additions to This Permit:         Initials:       Date:	Name:
Higher levels must include all lower levels. Exam   Class I   Class II   Specific Areas to be Affected by This Work:   Initials:   Date:   Exceptions or Additions to This Permit:   Initials:   Date:   Signature of Permit Requested by:	Name:

20220307

#### **Construction Activity Class Worksheet**

Complete Steps 1 through 3, then see Step 4.

#### **STEP 1. Determine Construction Activity Type:**



### STEP 2. Determine Infection Control Risk Group:

Lowest	Medium	High	Highest
<ul> <li>Office areas</li> <li>Admitting</li> <li>Meeting rooms</li> <li>Education centers</li> <li>Copy centers</li> <li>Fitness centers</li> <li>Gift shops</li> <li>Mail rooms</li> <li>Plant engineering</li> <li>EVS</li> <li>Non-patient areas</li> <li>Low risk areas not listed elsewhere</li> </ul>	<ul> <li>Cardiology</li> <li>Resp. Therapy</li> <li>Echocardiography</li> <li>Radiology/MRI</li> <li>Physical therapy</li> <li>Nuclear medicine</li> <li>Wound Clinics</li> <li>Outpatient</li> <li>Clinics Laundry</li> <li>Cafeteria/Foods</li> <li>PT/OT/Speech</li> <li>Materials Mgmt.</li> </ul>	<ul> <li>Acute Care Floors</li> <li>Surgical Units</li> <li>Emergency Dept.</li> <li>Post Anesthesia CU</li> <li>L&amp;D</li> <li>Pharmacy</li> <li>Lab and specimens</li> <li>Pediatrics</li> <li>Medical Units</li> <li>Outpatient Surg.</li> <li>Newborn Nursery</li> <li>Infusion Clinic</li> <li>Dialysis</li> <li>Endoscopy</li> </ul>	<ul> <li>Burn Unit</li> <li>Oncology or any immune comp patients.</li> <li>Catheter Labs</li> <li>Central Sterile Supply (Instrument Processing Room)</li> <li>Intensive Care Unit</li> <li>Pos. Pressure Rm.</li> <li>Angiography Rm.</li> <li>Pharm compound areas</li> <li>Level 3 Lab area</li> <li>Micro Lab</li> <li>Invasive proceed</li> <li>OR &amp; C-Section Rm</li> </ul>

PeopleSoft	Project	# or	lob	Name:
reopieson	I I UJECU	01	100	Name.

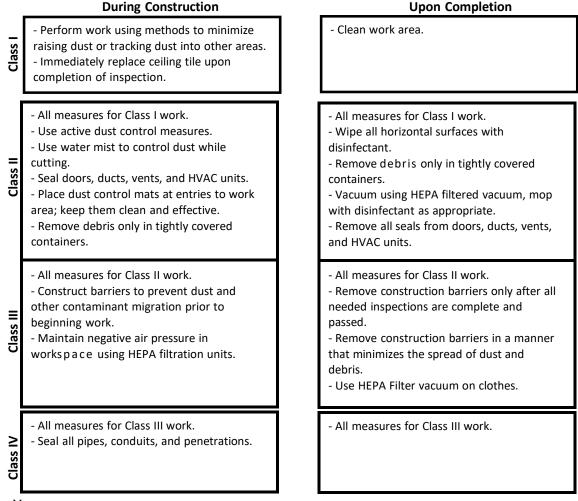
#### STEP 3. Use the classifications from STEP 1 and 2 to determine the Construction Class below:

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 Class II Class IV High Class III 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 hygine stations must be available)



## 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

PeopleSoft Project # or Job Name:			
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 F	ront	Other	
Lowest Medium High Lowest Medium Highest Highest Highest Medium Highest Lowest Medium	High Highest Lowest	Medium High Highest	
2. Identify likely outages and their effects: plumbing, medical gas, ventilation	n, electrical, e	etc.:	
3. Describe specific containment measures to be used: Existing Doors and W negative pressure can be achieved.	alls are Acce	ptable for ba	rrier if
4. Describe specific risks associated with water damage:			
5. Describe noise and vibrations that will impact patient care areas and how	you will miti	gate that:	
6. Identify the project work hours - avoiding patient care impact when possib	ole:		
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

10. C	Describe t	he Project Co:	mmunication P	lan for traffi	c patterns, EVS	S, etc.:	

Т

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

12. Contractor Acknowledgment and Compliance with ICRA Work Permit

Contractor Signature indicates compliance with	the parameter	rs associated with this ICRA Work Permit
	Name:	
	Date:	

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 Pr	evention for C	Class III & IV)
	Name:	
	Date:	

File Upload - A PDF image or PDF form can be uploaded

Class I	Class I &II projects reviewed by Facility Maintenance. Class III & IV by Infection Prevention.			
		and Review by Facility Maintenance and/or Infection Prevention		
Date	Initials	Comments		

See additional rounding sheet