

The program is evaluated to ensure proper response when an actual event occurs. Evaluation involves local, regional, and/or national authorities, when applicable; for example, a communitywide response drill or participation in a tabletop drill led by national public health authorities. If the hospital experiences an actual event, activates its program, and debriefs properly afterward, this represents the equivalent to an annual evaluation. Debriefing following an annual evaluation or actual event can identify vulnerable processes that may need to be reevaluated.

### Measurable Elements of FMS.09.01

1. ① The hospital develops and implements an emergency preparedness program to respond to global communicable diseases that includes the following:
  - A process to determine when emergency management procedures are activated in response to emerging or reemerging infectious diseases (*See also* PCI.07.00, ME 1)
  - Internal and external communication strategies, including local and global disease surveillance authorities
  - Identification and assignment of staff roles and responsibilities
  - Identification of alternative supply chains for personal protective equipment and other critical supplies (*See also* PCI.07.01, ME 2)
2. The hospital implements emergency staffing plans to ensure continuity of operations and provision of patient care.
3. ① The hospital identifies the first points of patient entry into the hospital system and has a procedure to restrict access to predetermined access points. (*See also* PCI.07.02, ME 1)
4. ① The hospital evaluates the entire program at least annually and, when applicable, involves local, regional, and/or national authorities.
5. Follow-up actions identified from the evaluation process and debriefing are developed and implemented.
6. The hospital implements a process for managing a sudden influx of patients with contagious diseases.

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## Construction and Renovation

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### Standard FMS.10.00

When planning for construction, renovation, and demolition projects, or maintenance activities that affect patient care, the organization conducts a preconstruction risk assessment.

#### Intent of FMS.10.00

Construction, renovation, demolition, and maintenance activities in a hospital can have an impact on everyone in the organization; however, patients may suffer the greatest impact. For example, the noise and vibration associated with these activities can affect patients' comfort level, and dust and odors can change air quality, which may pose a threat to a patient's respiratory status. The risks to patients, staff, visitors, independent business entities, and others in the hospital will vary depending on the extent of the construction, renovation, demolition, or maintenance activity and its impact on patient care, infrastructure, and utilities. For example, maintenance activity that involves medical gases may impact patient care; however, resurfacing the staff parking lot may have no impact on patient care.

Demolition, construction, renovation, and routine maintenance projects anywhere within the hospital can also be a major infection control risk. Exposure to construction dust and debris, and other hazards, can transmit infection and be potentially dangerous to the health and safety of staff, patients, and visitors.

In order to assess the risks associated with a construction, renovation, or demolition project, or a maintenance activity that affects patient care, the hospital brings relevant departments together, including, as needed, representatives from project design, project management, facilities engineering, facility security/safety, infection prevention and control, fire safety, housekeeping, information technology services, and clinical departments and services.

Risks are evaluated by conducting a preconstruction risk assessment, also known as PCRA, throughout the life cycle of the project. The risk assessment is used to comprehensively evaluate risks in order to develop plans and implement preventive measures that will minimize the impact the project will have on the quality and safety of patient care. For example, measures to reduce fire risk and ensure safe exit are implemented when fire safety risks are identified.

In addition, the hospital ensures that contractor compliance is monitored, enforced, and documented. As part of the risk assessment, patient risk of infection from construction is evaluated through an infection control risk assessment, also known as ICRA.

### Measurable Elements of FMS.10.00

1. © When planning for construction, renovation, or demolition projects, or maintenance activities that affect patient care, the hospital conducts a preconstruction risk assessment (PCRA) that includes, at minimum, the following:
  - Air quality
  - Infection prevention and control
  - Utilities
  - Noise
  - Vibration
  - Hazardous materials and waste
  - Fire safety
  - Security
  - Emergency procedures, including alternate pathways/exits and access to emergency services
  - Other hazards that affect care, treatment, and services

(See also FMS.02.00, ME 1)
2. The hospital takes action based on its assessment to minimize risks during construction, renovation, and demolition projects, and maintenance activities that affect patient care.
3. © The hospital ensures that contractor compliance is monitored, enforced, and documented.