**PURPOSE:**

To outline Infection Prevention and Control measures that will be implemented during all phases of renovation or construction that takes place in patient care and employee office areas. Implementing evidence-based containment measures during construction and renovation projects aims to prevent and mitigate transmission of air and waterborne biological contaminants during construction or renovation projects.

**PROCEDURES:**

1. The Project Manager will be responsible for the initiation of the Infection Prevention Environmental process.
2. The Project Manager and Infection Prevention and Control (IPC) team will discuss environmental protection measures before any major construction project begins.
3. For projects that are professionally designed, the Project Manager (architect and/or engineer) shall certify that the proposed construction or renovation project was designed in accordance with applicable codes and standards.
4. The Project Manager will first conduct a preliminary risk assessment using the **Infection Control Risk Assessment (ICRA) Form** (see attachment IC - 828.1) to determine if the project warrants involvement by the Infection Prevention and Control (IPC) team. Construction and renovation not taking place in patient care areas, patient common areas, or employee office areas does not need oversight by IPC. If results of the preliminary risk assessment indicate the need for IPC oversight, a member of the IPC team shall then complete an ICRA form.
5. The ICRA shall be based on scope and location of the work in order to establish the specific set of applicable requirements for infection prevention and control and monitoring throughout construction. The ICRA form will be completed by the following steps:
   1. Determine the Construction Activity Type from the following options:
      1. **Type A**: Non-Invasive inspection or minor repair work
      2. **Type B**: Small-scale, short-duration maintenance, repair and component installation which create minimal dust
      3. **Type C**: Work that generates moderate to high levels of dust or requires demolition or removal of any fixed building components or assemblies.
      4. **Type D**: Major demolition, renovation and new construction projects.
   2. Identify Infection risk groups:
      1. **Lowest**: Office areas
      2. **Medium**: Medium Risk Outpatient Clinics (see attachment IC – 828.2), Physical Therapy, Radiology/Imaging, Laboratory, Blood Donor Center
      3. **High**: High Risk Outpatient Clinics (see attachment IC - 828.2), Dialysis, Hemodialysis, Emergency Room, Medical/Surgical Units, Pharmacy, Post Anesthesia Care Unit, Duque 6 N Rehab
      4. **Highest:** Highest Risk Outpatient Clinics (see attachment IC - 828.2), BMT, 4 East, 4 West, Cardiac Cath Lab, Sterile Processing Department, Intensive Care Units, ASC (Ambulatory Surgery Center), Sedation Unit, Radiation Oncology, Operating Rooms
   3. Cross reference the selected Construction Activity Type with the selected Infection Risk group in order to determine the Class of Precautions required (I, II, III, or IV). See **Table 1** below.

**Table 1. Construction Project Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Level Risk Group | Type A | Type B | Type C | Type D |
| Low Risk Group | I | II | II | III/IV |
| Medium Risk Group | I | II | III | IV |
| High Risk Group | I | II | III/IV | IV |
| Highest Risk Group | II | III/IV | III/IV | IV |

* 1. Follow appropriate precaution requirements for resulting project class as listed in the ICRA form (see attachment IC – 828.1).

1. The Project Manager and IPC team will agree to a routine monitoring schedule of the construction/renovation jobs for ICRA Compliance using the IPC Rounding Sheet (see attachment IC-828C).
2. The Project Manager will inform contractors of the Infection Prevention and Control guidelines and provide them with the ICRA form.
3. The managers/unit leaders of the patient care areas involved will be notified by the Project manager before work begins on any construction or renovation projects in or adjacent to patient care areas in order to establish all necessary and appropriate protective measures.
4. The IPC team will be informed of problems or project changes as needed.

**REFERENCES:**

1. Guidelines for Design and Construction of Hospitals and Healthcare facilities, 2001, published by the AIA.
2. APIC text of Infection Control and Epidemiology. Chapter 116: Construction and Renovation, 2014.
3. APIC Infection Control Tool Kit: Construction and Renovation, Judene Barley, 2007.
4. Infection Control During Construction, A Guide to Prevention and JCAHO Compliance, 2002, published by Opus Communications, Inc.

**ATTACHMENTS:**

1. [IC – 828.1 Infection Control Risk Assessment (ICRA) Form](https://secure.compliance360.com/ext/M1YPzzRGTpqPXdxNaYNLGQ==)
2. [IC – 828.2 List of Outpatient Clinics with Patient Level Risk Group](https://secure.compliance360.com/ext/2K_Vw8bkMIedJb65K5OXOQ==)
3. [IC – 828.3 IPC Rounding Sheet](https://secure.compliance360.com/ext/wmYTVoAXW35IdW-EPs5LJA==)

**POLICY OWNER:**

*Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*