Infection Control Risk Assessments (ICRA) for Demolition, Renovation, or New Construction Projects

Site Applicability

All PHC sites.

Practice Level

Advanced Competency for those involved in construction, renovation, or demolition projects:

- *Project Manager, Patient/Resident Care Manager, Clinical Site Coordinator, Facilities Management, Environmental Services Supervisor, Infection Control Practitioner, Industrial Hygiene*

Purpose

To control airborne and waterborne biological contaminants in occupied patient care areas during periods of demolition and renovation and new construction projects.

Requirements

a. The Infection Control Risk Assessment (ICRA) shall be a part of integrated facility planning, design, construction and commissioning activities and will be conducted during the early planning phase of a project, before construction begins, and continue through project construction and commissioning.
b. The Infection Control Practitioner should be an active member in all phases of the project.
c. A multidisciplinary team that includes Infection Control, Clinical Staff (having knowledge of the clinical use of the relevant areas), and Facilities Management will conduct a proactive ICRA during the design and planning phase for all demolition, renovation, and new construction projects. The scope of the project may require other subject matter experts to be involved.
d. ICRAs will focus on prevention, but will also address monitoring, testing, and intervention when problems are identified.

Responsibilities

a. Project Manager will:
    i. Identify at-risk construction, renovation, and demolition activities.
    ii. Coordinate Class II and higher construction, renovation, and demolition projects with Infection Control, Clinical Staff, Safety, Fire Marshal, Security, Housekeeping, Emergency

Management, Medical Maintenance, Communications, and the contracting officer's representative (COR)/contractor.

iii. Ensure contract documents require contractors to implement ICRA requirements during construction by including the following, or similar language in all contracts: "INFECTION CONTROL SHALL APPROVE PROJECTS INVOLVING MANIPULATION OF CEILING TILES, PERFORMANCE OF DUST GENERATING ACTIVITIES, MANIPULATION OF HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) SYSTEMS, PLUMBING, AND/OR OTHER MAINTENANCE REPAIRS PRIOR TO THE INITIATION OF THE PROJECT."

iv. Initiate an ICRA in the design and planning phase for each construction project.

v. Routinely monitor construction for contractor compliance with the ICRA.

vi. Inspect construction areas after final cleaning and approve opening/reopening of the area.

vii. Verify that construction personnel receive orientation and training in the infection prevention and control measures identified on the ICRA prior to start of work.

b. Infection Control Practitioner will:

i. Identify high-risk patient populations or areas in consultation with hospital staff.

ii. Determine whether construction poses sufficient increased risk to require/recommend that patients be moved to an area of the facility that is not affected by construction.

iii. Assist the Project Manager in preparing contractor expectations for infection control practices and criteria for emergency work interruptions.

iv. Educate staff about risks associated with potential exposure to microbial contamination, inorganic particulates, and volatile organic chemicals resulting from construction activities.

v. Inspect construction areas after final cleaning and approve opening/reopening of the area.

vi. Conduct routine surveillance to identify nosocomial illness, initiate environmental and epidemiological investigations (including retrospective reviews) to identify and eliminate sources of infection if more than one case is found, alert clinicians caring for high-risk patients, and establish a system for prospective surveillance for additional cases.

c. Environmental Services Supervisor will:

i. Work with Infection Control to identify areas that need to be damp mopped/cleaned and clean these areas as scheduled.

ii. Terminal clean new and renovated areas before admitting or readmitting patients.

iii. Coordinate inspection of final cleaning with Infection Control and the Project Manager prior to opening/reopening the area.

d. Clinical Staff will:

i. Work with Infection Control to identify high-risk patients/areas.

ii. Follow procedures in approved ICRAs during construction or renovation activities.

e. Industrial Hygiene will:

i. Work with the Project Manager to develop and carry out indoor air quality and ventilation assessments as needed.

ii. Work with Infection Control and the Project Manger during environmental investigations.

iii. Recommend appropriate personal protective equipment to be worn by construction personnel.

f. Safety Manager will:
    i. Ensure that the safety committee periodically reviews the effectiveness of the ICRA during construction.
    ii. Share relevant safety and health information with the risk manager and patient safety manager.

Procedure

Conduct and document ICRAs by completing steps 1 through 6 below.

Step 1. Use the following table to identify the type of construction.

TYPE OF CONSTRUCTION ACTIVITIES (As Marked)	
Construction Type	**Description**
Type A	Inspection and Non-Invasive Activities. Includes, but is not limited to: a. activities that require removal of no more than one ceiling tile or require wall or ceiling panels to be opened b. painting (but not sanding) and wall covering c. electrical trim work d. minor plumbing work that disrupt the water supply to the localized patient care area (i.e. one room) for less than 15 min e. other maintenance activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection
Type B	Small scale, short duration activities which create minimal dust. Includes, but is not limited to: a. activities that require access to chase spaces b. where dust migration can be controlled, cutting of walls or ceilings for installing or repairing minor electrical work, ventilation components, telephone wires or computer cables c. sanding or repair of a small area of a wall d. plumbing work that disrupts the water supply of more than one patient care area (i.e. two or more rooms) for less than 30 minutes
Type C	Activities that generate a moderate to high level of dust, require demolition, require removal of a fixed building component (e.g. sink) or assembly (e.g. countertop, cupboard) or cannot be completed in a single work shift. Includes, but is not limited to: a. activities that require sanding of a wall in preparation for painting or wall covering b. removal of floor coverings, ceiling tiles and casework c. new wall construction d. minor ductwork e. electrical work above ceilings f. major cabling activities g. plumbing work that disrupts the water supply of more than one patient care area (i.e. two or more rooms) for more than 30 minutes, but less than one hour.
Type D	Activities that generate high levels of dust and major demolition and construction activities requiring consecutive work shifts to complete. Includes but is not limited to: a. activities that involve heavy demolition or removal of a complete cabling system b. new construction that requires consecutive work shifts to complete c. plumbing work that disrupts the water supply of more than one patient care area (i.e. two or more rooms) for more than one hour.

Step 2. Use the following table to identify high-risk groups.

INFECTION CONTROL RISK GROUPS (as marked)		
Risk Group	**Project Areas**	
Group 1 Lowest	• Office areas • Unoccupied wards • Public areas	• Laundry and soiled linen cleaning areas • Physical plant workshops and housekeeping areas
Group 2 Medium	• Patient care areas, unless listed in group 3 or group 4 • Outpatient clinics (except oncology and surgery) • Admission and discharge units	• Waiting rooms • Autopsy and morgue • Occupational therapy and Physical therapy areas remote from patient care areas
Group 3 Medium/High	• Emergency Room (except Trauma) • Imaging • Labour and Delivery (non-operating) • Nurseries for healthy newborns • Nuclear medicine • Hydrotherapy • Echocardiography • Laboratories	• General medical and surgical wards • Paediatrics Geriatrics • Long-term care • Food preparation, serving and dining areas • Respiratory therapy • Clean linen handling and storage areas
Group 4 Highest	• Intensive care units • Operating rooms (including pre, induction PACU and scrub areas) • Anaesthesia storage areas and workrooms • Oncology units and outpatient clinics • Transplant units and outpatient clinics • Wards and outpatient clinics for patients with AIDS or other immunodeficiency diseases • Dialysis units • Critical care nurseries • Labour and delivery operating rooms • Cardiac catheterization and angiography • Cardiovascular and cardiology patient areas	• Endoscopy • Pharmacy admixture rooms • Sterile processing department, rooms and supply rooms • Burn care units • Animal rooms • Trauma rooms • Protective environment isolation rooms • Tissue culture laboratories • Bronchoscopy • Cystoscopy • Pacemaker insertion rooms • Dental procedure rooms

Step 3. Use the following table to define risk. See Appendix A for description of IPAC practices by class and Appendix B for Class III and IV projects.

CONSTRUCTION ACTIVITY / INFECTION CONTROL MATRIX **Infection Control Permit will be required when the Construction Activity and Risk Level indicate that Class III and Class IV control procedures are necessary.**				
	CONSTRUCTION ACTIVITY			
RISK LEVEL	**TYPE "A"**	**TYPE "B"**	**TYPE "C"**	**TYPE "D"**
GROUP 1	CLASS I	CLASS II	CLASS II	CLASS III/IV
GROUP 2	CLASS I	CLASS II	CLASS III	CLASS IV
GROUP 3	CLASS I	CLASS III	CLASS III/IV	CLASS IV
GROUP 4	CLASS I/II/III	CLASS III/IV	CLASS III/IV	CLASS IV

Step 4. Use the following questions to further assess scope and risk. Assign to each part who is responsible and how it is monitored.

INFECTION CONTROL RISK ASSESSMENT:						
1.	Identify the areas surrounding the project area, assessing potential impact:					
Unit Below Risk Group:	Unit Above Risk Group:	Lateral Risk Group:	Lateral Risk Group:	Behind Risk Group:	Front Risk Group:	
2.	Identify the specific site wherein the activity will occur (e.g. patient room, medication room, etc.):					
3.	Identify potential risks related to ventilation, plumbing, electrical in terms of occurrence of probable outages and coordinate arrangements with clinical department manager, Plant Maintenance and IPAC. Work hours must be determined in consultation with Clinical Area Manager, Plant Maintenance and IPAC:					
4.	Identify containment measures, using prior assessment. Identify types of barriers (e.g. solid walls, 6 mL Poly, etc.):					
5.	Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof?):					
6.	Work hours: Can or will the work be done during non-patient care hours?					
7.	Do plans allow for adequate number of isolation/negative airflow rooms?					
8.	Do the plans allow for the required number & placement of hand hygiene stations?					
9.	Do the plans for clean and soiled utility access and use make sense?					
10.	How will housekeeping work around the project?					
11.	Where will materials be handled and stored?					
12.	How will debris be removed (containment method and times?):					
13.	Plans for the following (who is responsible? how's it implemented, documented and monitored?): a. Traffic flow: b. Housekeeping: c. Debris removal (containment method and times?): d. Hours/days worked: e. Materials handling & storage:					

Step 5. Complete the Infection Control Construction Permit.

INFECTION CONTROL CONSTRUCTION PERMIT	
Project Description/Number:	**Project Type:** **____Maintenance ____Renovation** **____Demolition ____Construction** **____Other:**
Estimated Start Date:	**Estimated Completion Date:**
Facility Project Manager:	**Phone Number:**
Project Contractor:	**Phone Number:**
Infection Control Officer:	**Phone Number:**
Location:	**Area Supervisor/Phone Number:**

Construction Type: **(Circle One)** ***A B C D***	**Risk Group:** **(Circle One)** ***Low Medium*** ***Medium-High High***	**Risk Assessment:** **(Circle One)** ***I II III III/IV IV***

Projected Utility Outages Impacting Infection Control (Mark all that apply)					
Electrical	Potable Water	HVAC	Medical Vacuum	Sewer	Other:

List All Construction Equipment that may Generate Noise, Vibration, and/or Interference with Medical Equipment (Electro Magnetic Interference)

INFECTION CONTROL CONSTRUCTION PERMIT	
Infection Control Measures: (Contractor/PM to initial and date any Class III, IV, and Additional Requirements). See Appendix A for more information.	
Risk Class	**Measures**
Class I	1. Review Infection Control Construction Agreement before work begins. 2. Execute work by methods to minimize raising dust from construction operations. 3. Protect patient care equipment and supplies from dust exposure. 4. Immediately replace any ceiling tile displaced for visual inspection. 5. Report discoloured water and water leaks to maintenance.
Class II	Class I measures will be followed, plus: 1. Determine a safe route for the transportation of clean or sterile supplies and equipment away from the construction area 2. Establish traffic patterns for construction workers that avoid patient care areas. 3. Provide active means to prevent air-borne dust from dispensing into atmosphere. 4. Water mist work surfaces to control dust while cutting. 5. Seal unused doors with duct tape. 6. Block off and seal air vents. 7. Wipe work surfaces with disinfectant. 8. Contain construction waste before transport in tightly covered containers. 9. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 10. Place dust mat at entrance and exit of work area. 11. Remove or isolate HVAC system in areas where work is being performed. 12. Flush potable water lines in the construction area and adjacent areas before reuse.
Class III	Class I and II measures will be followed, plus: 1. Obtain Infection Control permit before construction begins. 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Complete all critical barriers or implement control cube method from floor to true ceiling (includes the areas above false ceilings) before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Do not remove barriers from work area until complete project is thoroughly cleaned by Housekeeping. 6. Vacuum work with HEPA vacuums.

INFECTION CONTROL CONSTRUCTION PERMIT	
	7. Wet mop with disinfectant. 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in tightly covered containers. 10. Cover transport receptacles or carts. Tape covering. 11. Remove or isolate HVAC system in areas where work is being performed. 12. Consider hyper-chlorinating or superheating stagnant potable water – Review *LMFM Potable water systems sanitation documentation requirements* for guidance.
Class IV	Class I, II and III measures will be followed, plus: 1. Construct anteroom at access points to the construction area if access is from within the health care facility 2. Place walk off mat outside the anteroom in patent care areas and inside the anteroom 3. Ensure construction workers: 4. Leave the construction area through the anterooms so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or, 5. Wear protective clothing that is to be removed each time they leave the construction area and before going into patient care areas. 6. Repair holes in walls within 8 hours or seal them temporarily 7. Ensure that ventilation systems are working properly in adjacent areas

Other Risk-Reduction Strategies:

- Keep patient doors adjacent to the construction area closed.
- Seal exterior windows to minimize infiltration from excavation debris.
- Designate alternate routes in the facility that detour staff, patients, and visitors around the construction site.
- Schedule major construction projects during winter months when risk of fungal infection is lowest.
- Designate a construction-only elevator, entrance, and walkway for construction crew.
- Remove construction debris through a window on floors above the ground level.
- Relocate high-risk patients to an area removed from the construction site.
- Post signage related to non-authorized entry into the work area.
- Designate storage areas for construction materials.
- Train and educate healthcare staff, facility workers, and construction workers: Infection Control Exposure Control Plans, Hazardous Chemicals, Life Safety, Accident Reporting, First Aid, Personal Protective Equipment, Reporting unexpected environmental emergencies (e.g., lead paint, asbestos, etc.)
- Other:

Step 6. Complete daily monitoring to ensure workers/contractors follow infection control guidelines and policies.

CONSTRUCTION SITE SURVEY TOOL

Date:_____ **Time:**_____

Barriers

Construction signs posted for the area	☐ Yes	☐ No
Doors properly closed and sealed	☐ Yes	☐ No
Floor area clean, no dust tracked	☐ Yes	☐ No

Air handling

All windows closed behind barrier	☐ Yes	☐ No
Negative air at barrier entrance	☐ Yes	☐ No
Negative air machine running	☐ Yes	☐ No

Project area

Debris removed in covered container daily	☐ Yes	☐ No
Designated route used for debris removal	☐ Yes	☐ No
Trash in appropriate container	☐ Yes	☐ No
Routine cleaning done on job site	☐ Yes	☐ No

Traffic control

Restricted to construction workers and necessary staff only	☐ Yes	☐ No
All doors and exits free of debris	☐ Yes	☐ No

Dress code

Appropriate for the area (OR, CSS, OB, BMTU)	☐ Yes	☐ No
Required to enter	☐ Yes	☐ No
Required to leave	☐ Yes	☐ No

Step 7. Complete final infection control inspection upon completion of construction/renovation.

Area Surveyed_____ Date_____

Surveyors are to check yes, no, or N/A for each criteria. A satisfactory review is required prior to reopening any unit/department.

Criteria	Yes	No	N/A	Comments
I. Contractor Final Cleanup				
a. Horizontal surfaces free of residual construction dust				
b. Installed equipment and cabinets properly cleaned				
c. Barriers cleaned and removed				
II. HVAC System				
a. HVAC system cleaned if not isolated				
b. New filters in place and operational				
c. HVAC system balanced as specified				
III. Plumbing System				
a. No visible leaks				
b. Plumbing system flushed within 24 hours prior to occupancy				
c. Sinks functional				
IV. Equipment				
a. Soap/towel dispensers/hand sanitizers installed and filled				
b. Refrigerators – checklist for temperature control				
c. Ice machine cleaned and flushed				
V. Final Cleaning				
a. Housekeeping final cleaning completed				
VI. Environmental Rounds				
a. Completion of Environmental Rounds				

Important:

As per CSA Z317.13-17 Section 6.1.5 for renovation and construction projects the constructor or their qualified representative shall develop and submit for approval a written infection control plan for the specific construction project, which shall be consistent with the requirements of the CSA Z317.13-17. The plan shall describe the procedures, processes, and safeguards that will be used to maintain the appropriate infection control preventative measures throughout the project.

Date:	Project Manager's Signature:
Date:	Infection Control Signature:
Date:	Multi Disciplinary Team's Signatures:
Date:	Constructor Signature:

References

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Appendix A: Description of Required Infection Control Precautions by Class

Description of Required Infection Control Precautions by Class

	During construction project	Upon completion of project
CLASS I	1. Use methods that minimize dust. 2. Immediately replace a ceiling tile displaced for visual inspection.	1. Clean work area when task is completed.
CLASS II	1. Prevent dust from dispersing into air. 2. Use mist (water) on work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Place dust mat at entrance and exit of work area 6. Remove or isolate HVAC system in work areas. 7. Contain construction waste in tightly covered containers before transport.	1. Wipe work surfaces with disinfectant. 2. Wet mop and/or vacuum area with HEPA filtered vacuum before leaving. 3. Re-integrate HVAC system.
CLASS III	1. Isolate HVAC system in area where work is being done to prevent contamination. 2. Complete all critical barriers, ie., sheetrock, plywood, plastic, to seal work area from non-work area or use control cube method before construction begins. 3. Maintain negative air pressure within work site; use HEPA equipped air filtration units. 4. Contain construction waste in tightly covered containers before transport. Cover transport receptacles or carts.	1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Department. 2. Remove barrier materials carefully to minimize spreading dirt and debris created by construction. 3. Vacuum work area with HEPA filtered vacuums. 4. Wet mop area with disinfectant. Do not sweep. 5. Re-integrate HVAC system.
CLASS IV	1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, ie., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method before construction begins. 3. Maintain negative air pressure within work site; use HEPA-equipped air filtration units. 4. Seal holes, pipes, conduits, and punctures. 5. Construct anteroom. All personnel must use anteroom so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. 6. All personnel entering work site are required to wear shoe covers and change them each time they exit the work area. 7. Contain construction waste before transport in tightly covered containers. Cover transport receptacles or carts.	1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Department. 2. Remove barrier material carefully to minimize spreading dirt and debris created by construction. 3. Vacuum work area with HEPA-filtered vacuums. 4. Wet mop area with disinfectant. Do not sweep. 5. Re-integrate HVAC system.

Appendix B: Class III and IV Construction, Renovation, and Maintenance Projects

Class III & IV Construction, Renovation & Maintenance Projects

Based on the CSA Z317.13-12 Standard

Project:

Start Date:

Element		Compliance			Notes
		Yes	No	NA	
1.0	**Before Project Begins**				
1.1	MDT meetings set-up and identification of essential services that could be disrupted				
1.2	Discussion with staff in the work area for awareness and education of infection risks and work activities				
1.3	ICRA form completed and signed by PM and ICP				
1.4	Any changes to project scope are reviewed with ICP				
1.5	Exposure of patients to work area has been minimized				
1.6	High risk patients have been moved away from work area if safe levels of indoor air quality cannot be ensured				
1.7	Work area is restricted to authorized personnel. If this is not possible, ensure transportation routes havebeen developed for: • Patients • Staff & visitors • Clean/sterile supplies				
1.8	Traffic patterns for construction workers and removal of equipment/materials that avoid patient care areas havebeen developed				
1.9	If needed, dedicate elevators for construction-related activities				
1.10	Patient care equipment and supplies are removed and/or protected from work area				

Element		Compliance			Notes
		Yes	No	NA	
1.11	Water disruptions: • Temperature standards established (CSA Z317.1) • Alternate potable water source, if needed • Appropriate method for cleaning water systemsaffected by major plumbing activities (flushing, superheating, hyperchlorination, etc.) • Scheduled during low activity (evenings/weekends)				
2.0	**During Project**				
2.1	Dust suppression within work area (water misting work surfaces, HEPA-filtered vacuums, walk-off sticky mats, etc.)				
2.2	Impermeable dust barrier erected from floor to the true ceiling, consisting of two layers of 6 mil poly and gypsum wallboard protective layer				
2.3	Anteroom (when used) is constructed at access pointsinto work area (if access is from within the hospital)				
2.4	Negative pressure within work zone maintained with airhandling units (AHUs) with HEPA filters • Exhausted directly outside, away from intake vents, or recirculated to a Risk Group I or II area (as approved by the MDT) • Maintain pressure differential of 7.5 Pa betweenwork area and hospital zone (equivalent to 0.03 inches of water)				
2.5	AHUs leak-tested and performance verified at beginning of project (or verified this was done in past 12 months)				

Element		Compliance			Notes
		Yes	No	NA	
2.6	Proper signage forbidding access into work area (unlessauthorized personnel) and with key project staff names and 24-hour contact numbers posted				
2.7	Discoloured water, water leaks, water interruptions and dust migration are reported immediately to PM and IPAC				
2.8	All potential air leaks from the work area are sealed with plastic/tape (doors, plumbing penetrations, intake/exhaust vents, electrical outlets, etc.)				
2.9	Dust barrier integrity is inspected frequently and breaches are immediately repaired				
2.10	Ongoing monitoring and documentation of negative pressure & HEPA filters replacements				
2.11	Walk-off mats replaced daily and/or when visibly soiled				
2.12	Construction workers to wear protective clothing that is removed or HEPA vacuum clothing before leaving the work area; all workers to follow proper hand hygiene practices				
2.13	Work area is wet mopped and/or HEPA vacuumed asnecessary throughout project				
2.14	Supplies and equipment are wiped clean and/or covered during transport through the hospital				
2.15	Debris is covered and wiped/vacuumed clean before being removed from the work area and transported through thehospital				
2.16	Regular ICP visits to the work site which are documented				
3.0	**End of Project**				

Element		Compliance			Notes
		Yes	No	NA	
3.1	If water lines shut down or accessed during construction, they are flushed before reusing (minimum of 10 minutes)				
3.2	Work area is thoroughly cleaned and barriers are cleaned before dismantling				
3.3	Air filters changed/cleaned as necessary in work areas; andventilation systems are functioning properly and are cleaned if contaminated during work activities				
3.4	Dust barriers/anterooms removed carefully to minimize dust migration				
3.5	Final visual inspection of the of the work area and terminal clean before patients are readmitted to the area				
3.6	Review project and effectiveness of preventative measures				

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