ICRA IN LONG-TERM CARE SETTINGS: THE TOOLS YOU NEED FOR SUCCESS

PRESENTATION BY: CHRISTA MARDAUS AND AMANDA BROWN

OBJECTIVES

Participants will be able to:

- Establish an owner-led team approach that promotes effective communication and coordination between stakeholders to ensure the health and safety of building occupants during construction
- Identify how the Facility Guidelines Institute (FGI) can provide a proactive approach to the design phase
- Understand the potential impacts of ICRA and strategies to mitigate risks during the design phase
- Demonstrate how to incorporate ICRA using VR/AR technologies to increase occupant safety and cost-effectiveness

WHAT IS ICRA?

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The Infection Control Risk Assessment is a process to determine safety precautions to prevent the spread of infection in healthcare settings during and upon completion of construction.

CONTROLLING CONTAMINANTS

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Ensures the safety of residents and facility staff

WHY IS HAVING A WELL-DEVELOPED ICRA PROTOCOL IMPORTANT TO RESIDENT SAFETY AND FACILITY OPERATIONS?

Construction Project Fails:

- Inadequate Planning
- Failure to Communicate
- Change Orders
- Productivity and Delay Issues
- Ignoring Red Flags

WHY IS HAVING A WELL-DEVELOPED ICRA PROTOCOL IMPORTANT TO RESIDENT SAFETY AND FACILITY OPERATIONS?

Protecting Residents

Yearly HAI Data

- 1-2 million infections annually (CDC, 2020)
- 388,000 deaths (AHRQ, 2017)
- $2 Billion (Hospitalization Costs)

CDC. (2020). *Nursing homes and assisted living (Long term care facilities [LTCFS].* https://www.cdc.gov/longtermcare/index.html

Agency for Healthcare and Research Quality. (2017). *About the toolkit development.* https://www.ahrq.gov/hai/quality/tools/cauti-ltc/about-toolkit.html

What makes construction challenging in your facility?

Nobody has responded yet.

Hang tight! Responses are coming in.

WHY IS HAVING A WELL-DEVELOPED ICRA PROTOCOL IMPORTANT TO RESIDENT SAFETY AND FACILITY OPERATIONS?

Impacts

- Cost
- Quality
- Satisfaction

What does CMS mean to your facility?

WHY IS HAVING A WELL-DEVELOPED ICRA PROTOCOL IMPORTANT TO RESIDENT SAFETY AND FACILITY OPERATIONS?

§ 483.80 Infection control.

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

(a) ***Infection prevention and control program.*** The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to § 483.70(e) and following accepted national standards;

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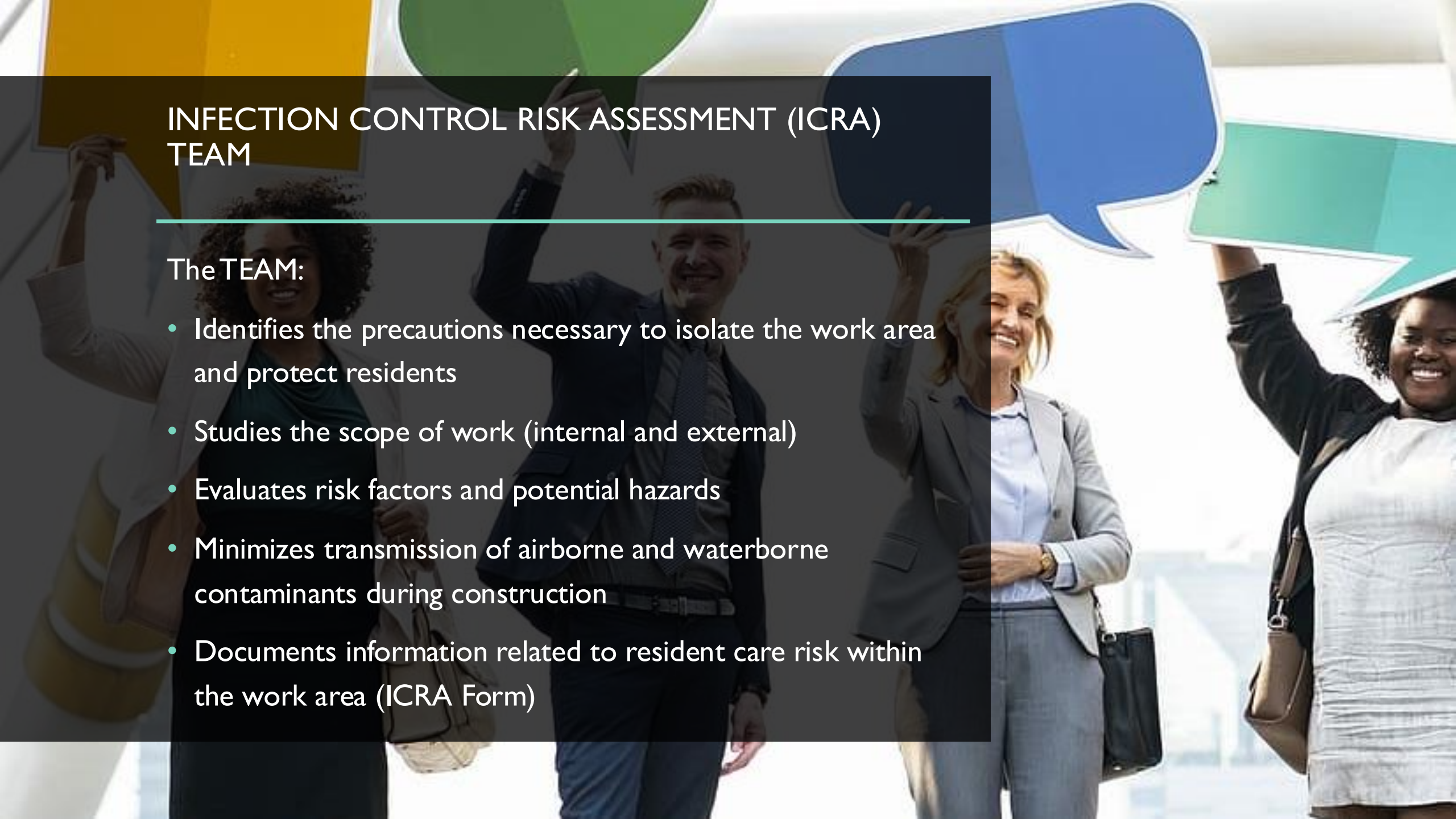
HOW CAN YOU USE THE FGI AS A PROACTIVE APPROACH TO MITIGATE RISK?

INFECTION CONTROL RISK ASSESSMENT (ICRA) TEAM



The TEAM:

- Identifies the precautions necessary to isolate the work area and protect residents
- Studies the scope of work (internal and external)
- Evaluates risk factors and potential hazards
- Minimizes transmission of airborne and waterborne contaminants during construction
- Documents information related to resident care risk within the work area (ICRA Form)

Who would make up your ICRA "Dream Team"?

Nobody has responded yet.

Hang tight! Responses are coming in.

What department is commonly overlooked during ICRA planning?

ICRA TEAM

The ICRA team may consist of a multidisciplinary group from various departments:

- Infection Prevention
- Maintenance and Environmental Staff
- Safety, Security, and Transportation Staff
- Direct Care Staff
- Quality Assurance Staff
- Activity Staff
- Management Staff
- Therapy Staff
- Planning and Design Professionals
- Residents and Family Members

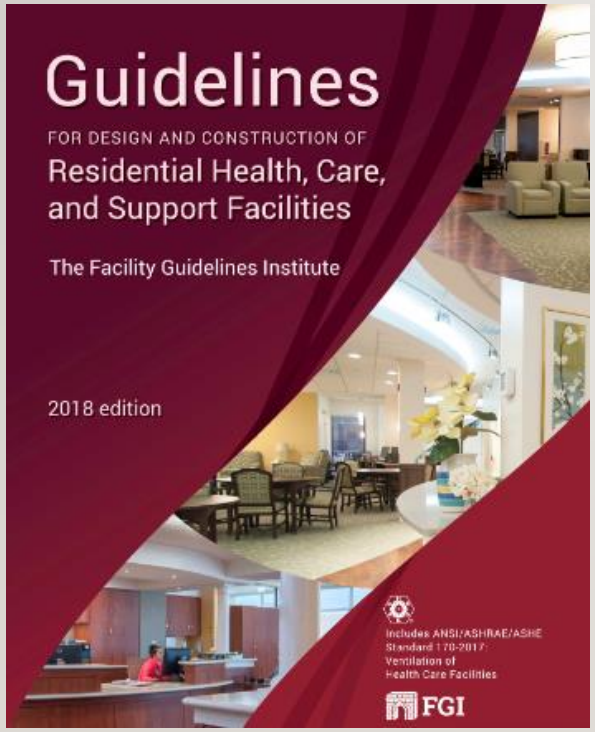
TEAM FOCUS

Having a well-constructed multidisciplinary team is instrumental to the success of the job.

- Begins in the design phase
- Impacts to the resident care environment
- Communication is essential
  - ICRA Processes
    - Promote consistency and ensure understanding of procedures
  - Training and orientation
  - Monitoring or supporting documentation

Having an understanding of the Infection Control Risk Assessment among all staff and construction professionals promotes safe work practices.

FACILITY GUIDELINES INSTITUTE (FGI)

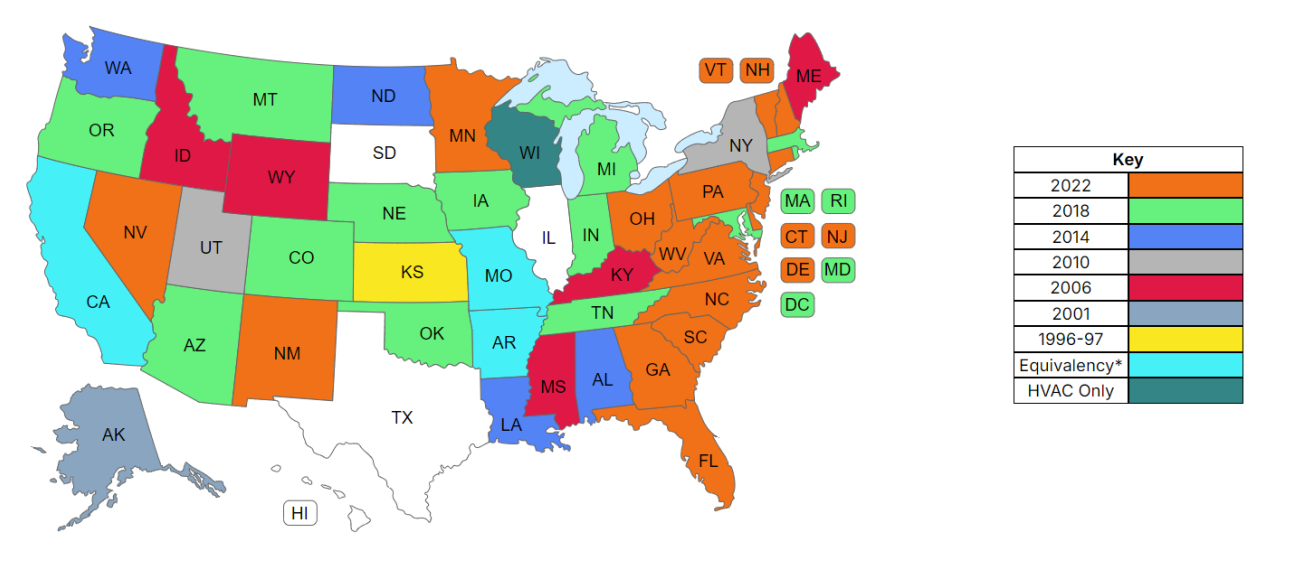


The industry's most widely recognized guidance for planning, designing, and constructing healthcare and support facilities

Includes details on:

- Minimum Program
- Risk Assessments
- Infection Prevention
- Built-in Furnishings
- Surfaces

FACILITY GUIDELINES INSTITUTE



MINNESOTA began requiring new construction and renovation projects for **hospitals** to follow the 2022 edition of the FGI *Guidelines for Design and Construction of Hospitals* effective January 1, 2024. For new construction and renovation of **assisted living facilities** and **assisted living facilities with dementia**, the 2018 edition of the FGI *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* has been required since August 1, 2021, and continues to be so. (1/2/2024)

- Published every 4 years
- Adopted differently by each state
- Provides a framework for person-centered resident care environments that include resident culture, dignity, values of choice, and purposeful living

1.2-4.2: Infection Control Risk Assessment (ICRA)

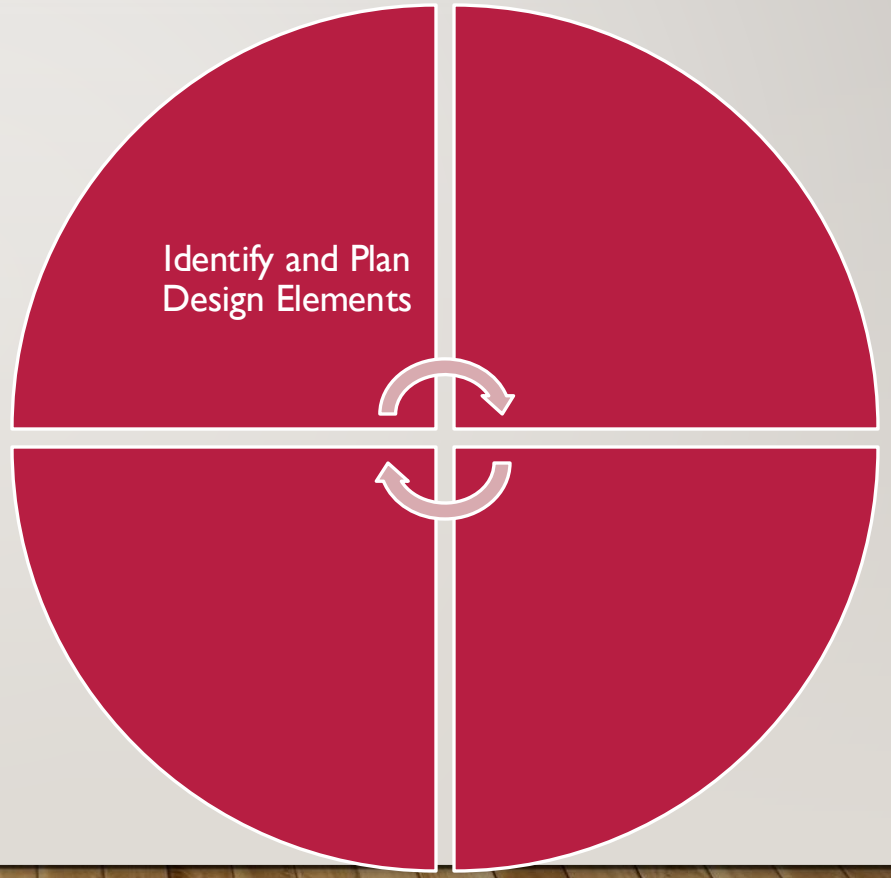
"…infection control risk assessment shall be part of the integrated facility planning, design, construction, and commissioning activities and shall be incorporated into the safety risk assessment" (FGI, 2022, p. ?)

USE THE FGI TO MITIGATE RISK

USE THE FGI TO MITIGATE RISK

Design elements to consider

- Day-to-day and long-range infection prevention
  - Special patient care rooms (AII, PE Rooms)
  - HVAC Systems to accommodate services
  - Water Plumbing Systems
    - Potable water systems, heated potable water distribution systems, sinks, hand sanitizer dispensers, hand washing stations
    - Address/mitigate risk of pathogens
  - Room or design elements
    - Sinks, hydrotherapy, ice-making equipment, shower/bathing facilities
  - Surfaces and furnishings



USE THE FGI TO MITIGATE RISK

Construction Impacts on:

•Essential service disruptions

• Site-specific hazards and protections

• Resident susceptibility and risk

•Traffic flow (debris and human)

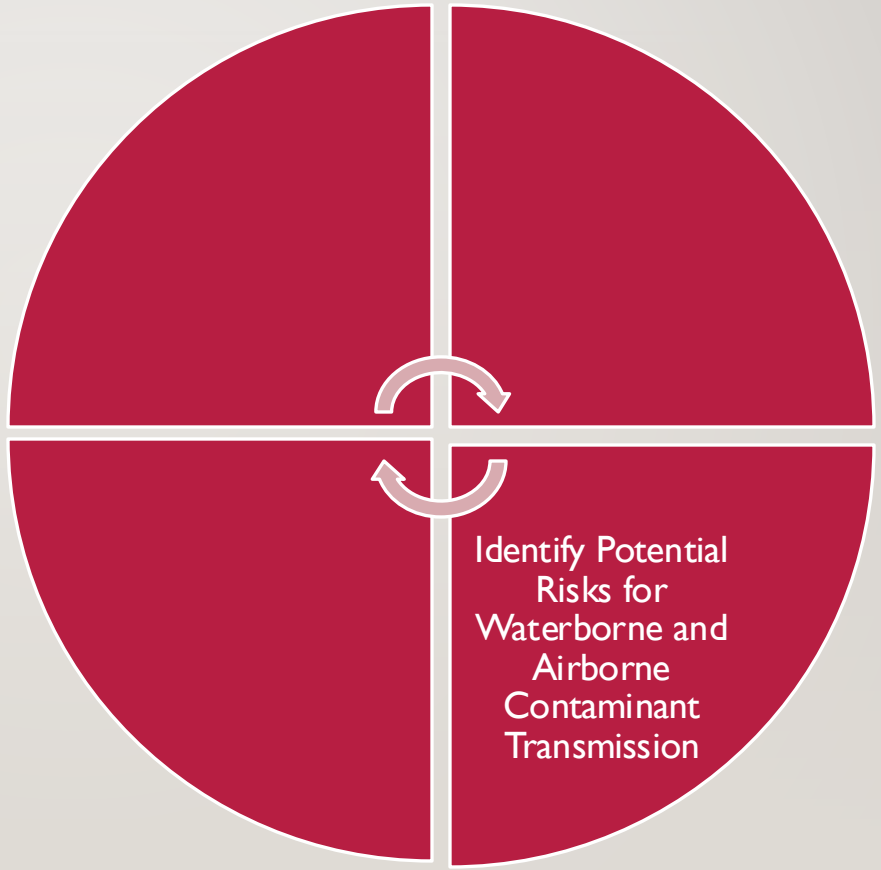
•Assessment of internal and external construction activities

•Location of known hazards

USE THE FGI TO MITIGATE RISK

Consider:

- Essential service disruption impacts
  - Water
  - HVAC
  - Other mechanical systems
- Dust Control
  - Tools
  - Barriers
  - Air Pressures
  - Monitoring



USE THE FGI TO MITIGATE RISK

1.2-4.2.3 Infection Control Risk Mitigation (ICRMR)

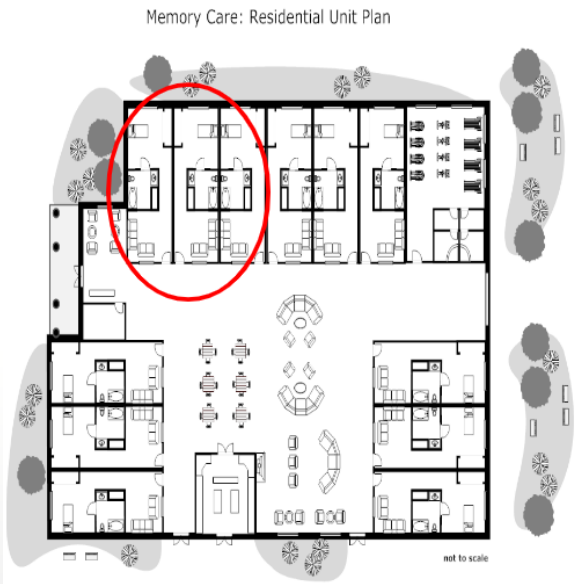
"Plans that describe the specific methods by which transmission of contaminants will be avoided during maintenance, renovation, construction and commissioning"

USE THE FGI TO MITIGATE RISK

1.2-4.2.3 Infection Control Risk Mitigation (ICRMR)

Address the Following Issues:

- Patient relocation
- Standards for barriers
- Temporary provisions/phasing for water and HVAC
- Protection from demolition
- Training
- Impact of outages
- Debris movement and traffic flow
- Provisions for construction
- Policies for installation of clean and water-free materials



Scenario

Three resident rooms in the memory care unit of a long-term care facility are in need of major renovation. The rooms will receive new finishes, including wall treatments, ceilings, and floors.

The walls will need to be opened up to receive new plumbing and electrical updates.

If you were part of this ICRA team, what are some concerns you would have regarding resident safety?

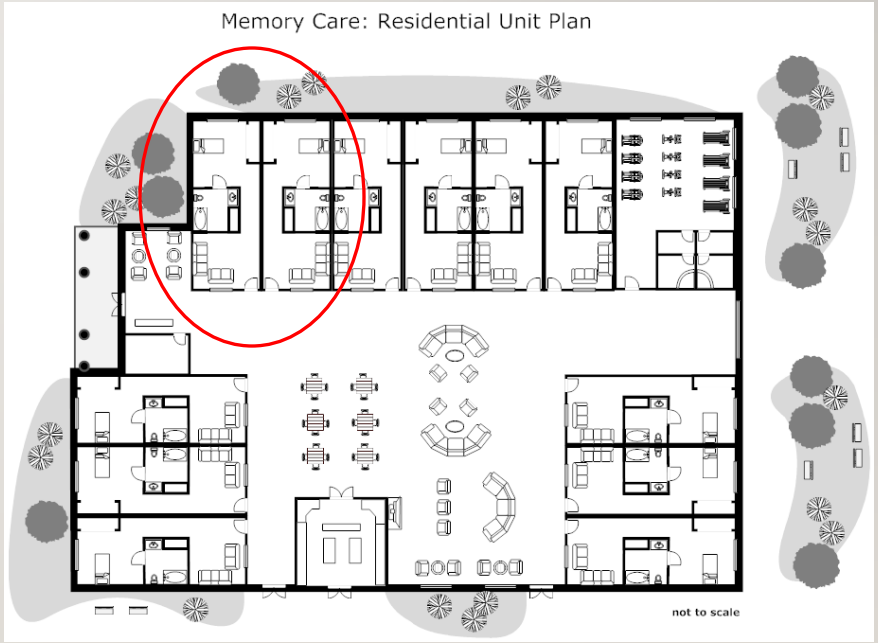
ICRA DOCUMENTATION

14-STEPS

ICRA DOCUMENTATION

Step One: Project Type

- **Type A** – inspection and noninvasive activities
- **Type B** – small scale, short duration activities that create minimal dust
- **Type C** – work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies
- **Type D** – major demolition and construction projects



ICRA DOCUMENTATION

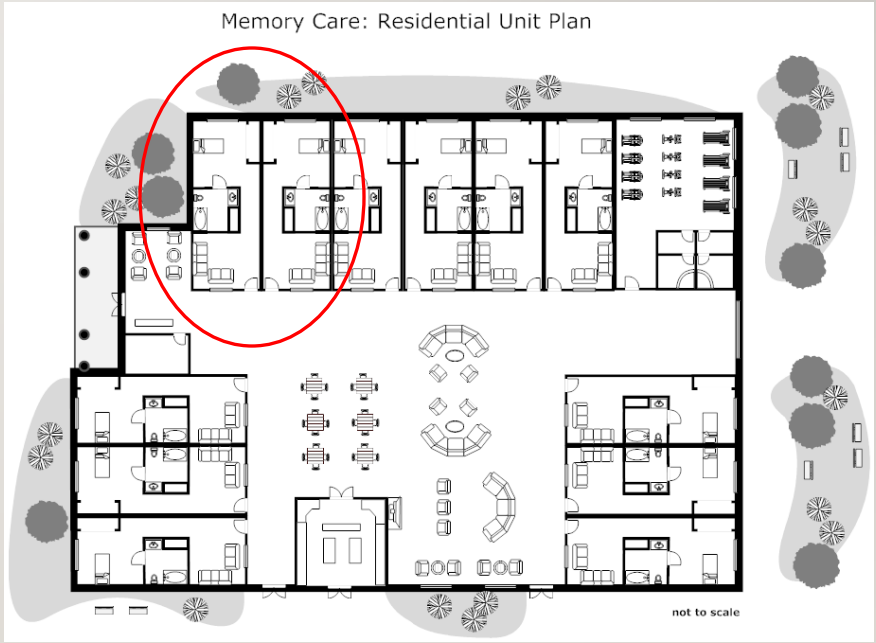
Step Two: Resident Risk Group

•Low Risk – office space

•Medium Risk – respiratory therapy, physical therapy, endoscopy, etc.

•High Risk – Coronary care, E.D., laboratories, surgical units, etc.

•Highest Risk – any area caring for immunocompromised residents



ICRA Documentation

Description of Required Infection Control Precautions by Class		
	During Construction Project	Upon Completion of Project
CLASS I	1. Execute work by methods that minimize raising dust from construction operations. 2. Immediately replace a ceiling tile displaced for visual inspection	1. Clean work area upon completion of task.
CLASS II	1. Provide active means to prevent airborne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with tape. 4. Block off and seal air vents. 5. Place dust mats at entrances and exits of work areas. 6. Remove or isolate HVAC system in areas where work is being performed.	1. Wipe work surfaces with disinfectant. 2. Contain construction waste in tightly covered containers before transport. 3. Wet mop and/or vacuum with HEPA-filtered vacuum before leaving work area. 4. Upon completion, restore HVAC system where work was performed.
CLASS III	1. Remove or isolate HVAC system in area where work is being done, to prevent contamination of duct system. 2. Complete all critical barriers—*i.e.*, drywall, plywood, plastic—to seal area from non-work area before construction begins. Or, implement control cube method with HEPA-filtered vacuum for vacuuming prior to exit. 3. Maintain negative air pressure within worksite utilizing HEPA-equipped air filtration units. 4. Contain construction waste in tightly covered containers before transport. 5. Cover transport receptacles or carts. Tape down covering unless cart has a solid lid.	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 of dirt and debris associated with construction. 3. Vacuum work area with HEPA-filtered vacuum. 4. Wet mop area with disinfectant. 5. Upon completion, restore HVAC system where work was performed.
CLASS IV	1. Isolate HVAC system in area where work is being done, to prevent contamination of duct system. 2. Complete all critical barriers—*i.e.*, drywall, plywood, plastic—to seal area from non-work area before construction begins. Or, implement portable cube method with HEPA-filtered vacuum for vacuuming prior to exit. 3. Maintain negative air pressure within worksite utilizing HEPA-equipped air filtration units. 4. Seal holes, pipes, conduits, and punctures. 5. Construct anteroom. Require all personnel to pass through anteroom so they can be vacuumed using a HEPA-filtered vacuum cleaner before leaving worksite. Or, require all personnel to wear cloth or paper coveralls that are removed each time they leave the worksite. 6. All personnel entering worksite are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 7. 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.	1. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. 2. Contain construction waste in tightly covered containers before transport. 3. Cover transport receptacles or carts. Tape down covering unless cart has a solid lid. 4. Vacuum work area with HEPA-filtered vacuum. 5. Wet mop area with disinfectant. 6. Upon completion, restore HVAC system where work was performed.

Step Three: Determining Project Classification

TABLE 3

Step 3 of the ICRA form

	Construction Project Type			
Patient 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

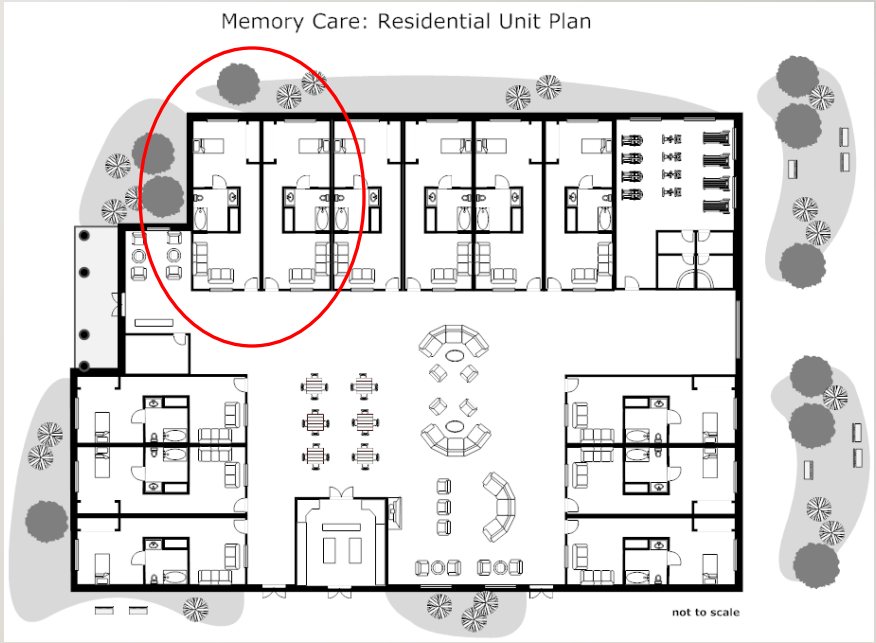
Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that Class III or Class IV control procedures are necessary.

ICRA DOCUMENTATION

Step 4 Surrounding Project Area – potential impact to surrounding areas

Things to consider:

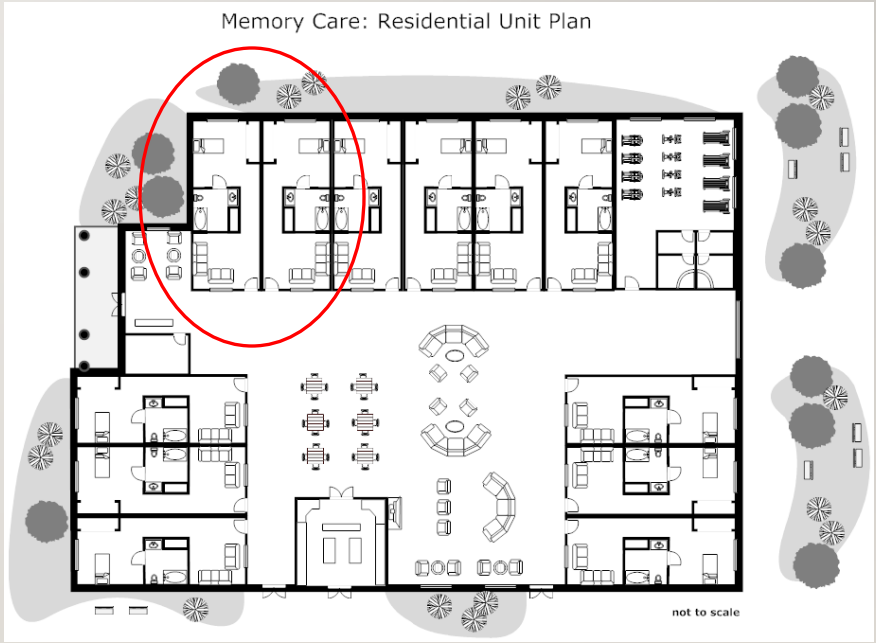
1. Risk Group in Adjacent Spaces
2. Noise
3. Vibration
4. Dust Control
5. Ventilation
6. Pressurization
7. Systems Impacted (i.e. Med gas, data systems, water systems etc.)

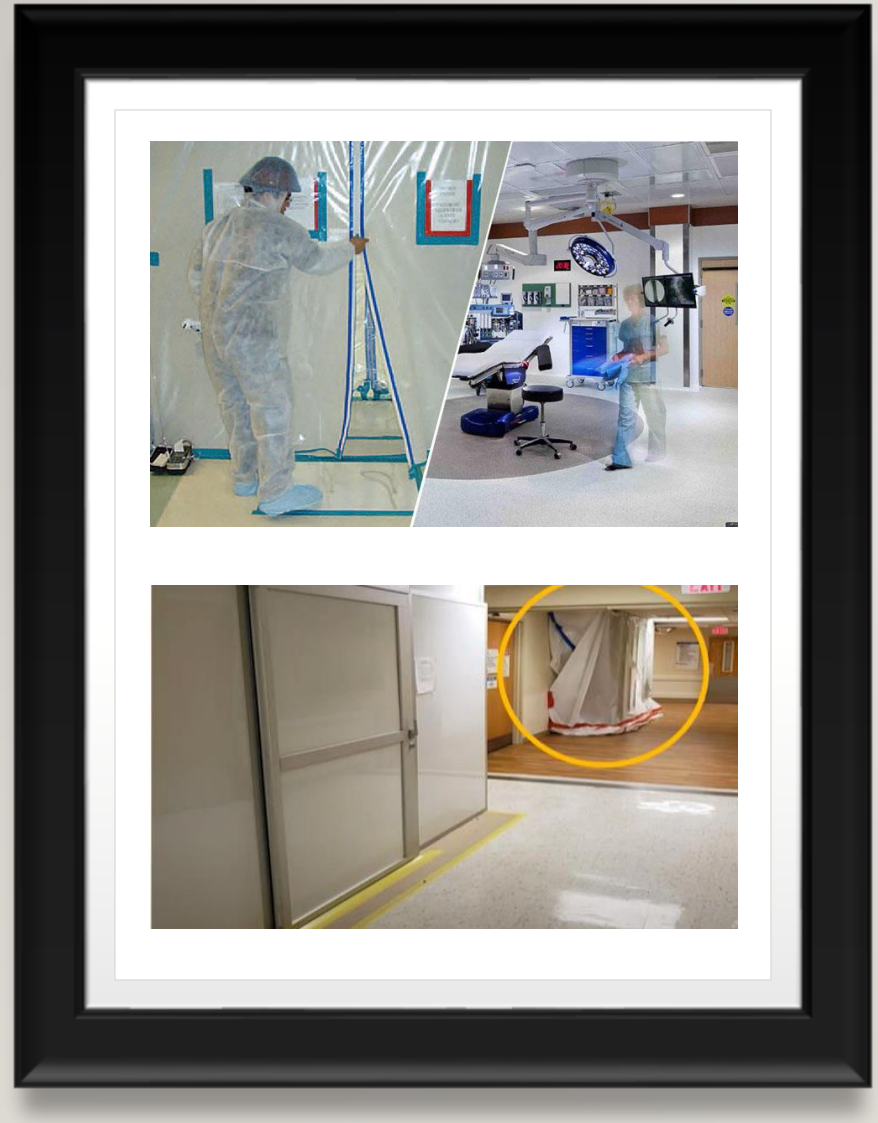


ICRA DOCUMENTATION

Step 5 Identify Specific Site – Identify the specific categories of risk

1. Infection control risk
2. Resident mobility risk and transfer risk
3. Resident fall risk and prevention
4. Resident dementia and mental health risk
5. Medication error risk
6. Security risk
7. Disaster risk and emergency preparedness





ICRA DOCUMENTATION

- ***Step 6 Related Issues*** – all issues related to the mechanical systems

- ***Step 7 Containment Measures*** – need for containment and whether it needs to be a hard or soft wall

ICRA DOCUMENTATION

- ***Step 8 Potential Risk of Water Damage***
- possible risk of compromising the structural integrity
- sprinkler pipes or plumbing that need to be moved or altered
- structural members moved or altered
- determine need for fire watch

ICRA DOCUMENTATION

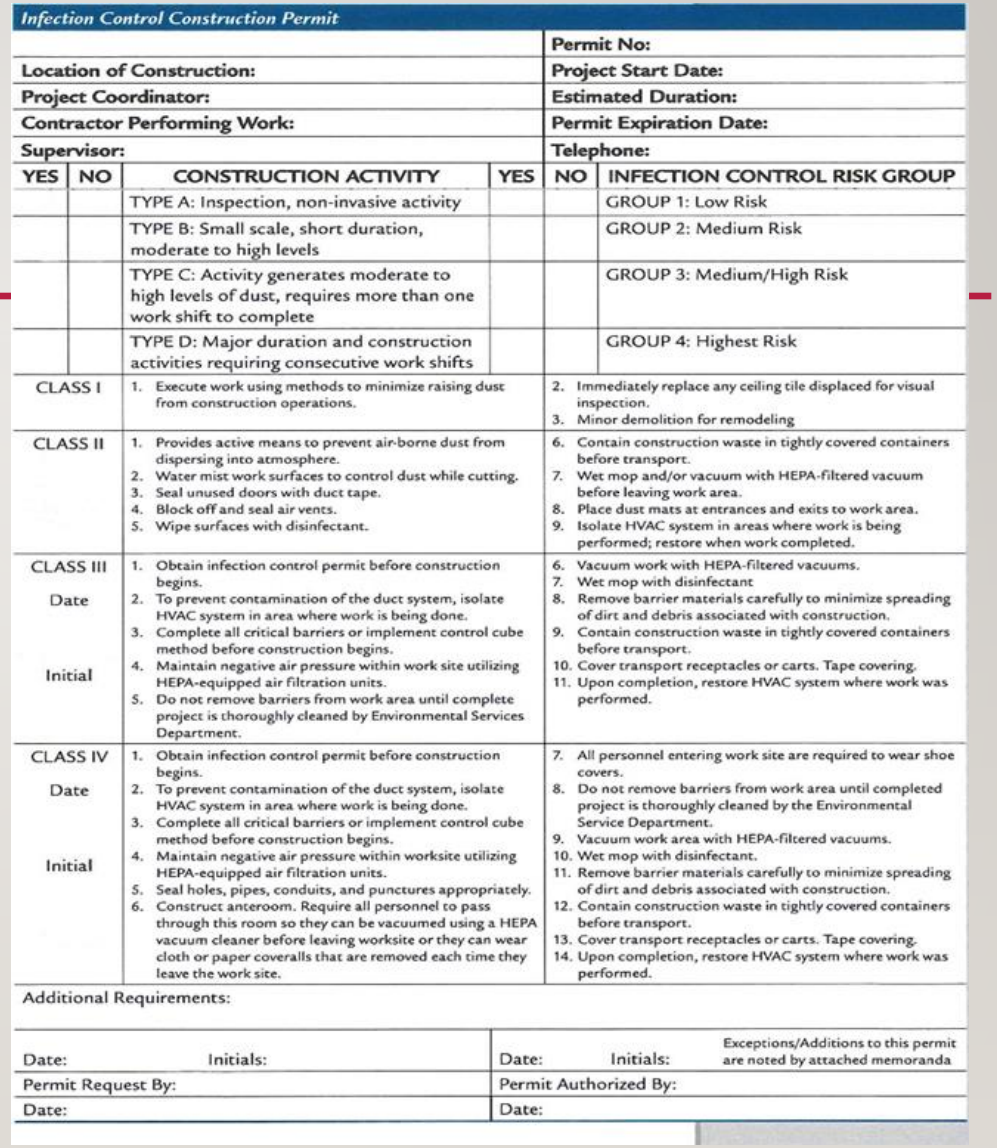
Step 9 Work Hours – actual time the work will be conducted

Step 10 – 13 Facility design – building codes and regulatory areas

- Adequate number of isolation/negative airflow rooms?
- Required number of hand washing sinks?
- Does Infection Control staff agree with the minimum number of sinks per the project?
- Plans relative to clean and soiled utility?

Step 14 Placement of Containment – barrier to be used and the placement to be recorded

THE ICRA PERMIT



Infection Control Construction Permit

Location of Construction:	**Permit No:**
Project Coordinator:	**Project Start Date:**
Contractor Performing Work:	**Estimated Duration:**
Supervisor:	**Permit Expiration Date:**
	Telephone:

YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP
		TYPE A: Inspection, non-invasive activity			GROUP 1: Low Risk
		TYPE B: Small scale, short duration, moderate to high levels			GROUP 2: Medium Risk
		TYPE C: Activity generates moderate to high levels of dust, requires more than one work shift to complete			GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities requiring consecutive work shifts			GROUP 4: Highest Risk

CLASS I	1. Execute work using methods to minimize raising dust from construction operations.	2. Immediately replace any ceiling tile displaced for visual inspection. 3. Minor demolition for remodeling
CLASS II	1. Provides active means to prevent air-borne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Wipe surfaces with disinfectant.	6. Contain construction waste in tightly covered containers before transport. 7. Wet mop and/or vacuum with HEPA-filtered vacuum before leaving work area. 8. Place dust mats at entrances and exits to work area. 9. Isolate HVAC system in areas where work is being performed; restore when work completed.
CLASS III Date Initial	1. Obtain infection control permit before construction begins. 2. To prevent contamination of the duct system, isolate HVAC system in area where work is being done. 3. Complete all critical barriers or implement control cube method 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 Environmental Services Department.	6. Vacuum work with HEPA-filtered vacuums. 7. Wet mop with disinfectant 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste in tightly covered containers before transport. 10. Cover transport receptacles or carts. Tape covering. 11. Upon completion, restore HVAC system where work was performed.
CLASS IV Date Initial	1. Obtain infection control permit before construction begins. 2. To prevent contamination of the duct system, isolate HVAC system in area where work is being done. 3. Complete all critical barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within worksite utilizing HEPA-equipped air filtration units. 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom. Require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving worksite or they can wear cloth or paper coveralls that are removed each time they leave the work site.	7. All personnel entering work site are required to wear shoe covers. 8. Do not remove barriers from work area until completed project is thoroughly cleaned by the Environmental Service Department. 9. Vacuum work area with HEPA-filtered vacuums. 10. Wet mop with disinfectant. 11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 12. Contain construction waste in tightly covered containers before transport. 13. Cover transport receptacles or carts. Tape covering. 14. Upon completion, restore HVAC system where work was performed.

Additional Requirements:

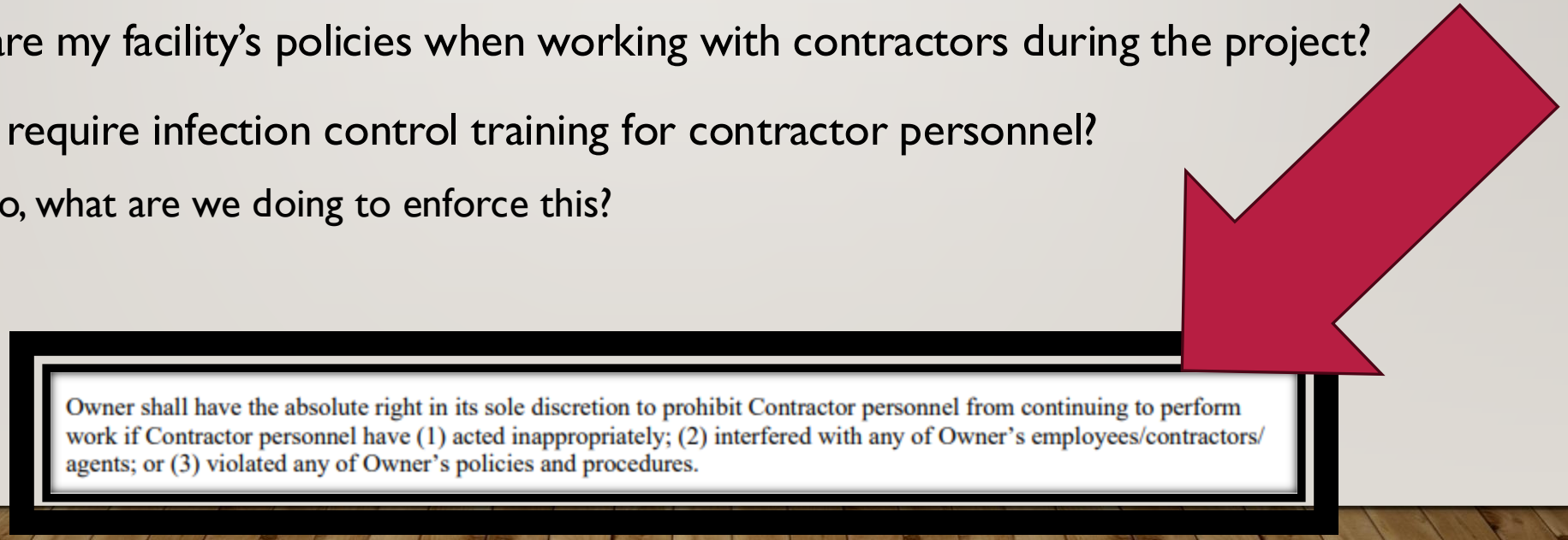
Date: Initials:	Date: Initials:	Exceptions/Additions to this permit are noted by attached memoranda
Permit Request By:	Permit Authorized By:	
Date:	Date:	

HOW CAN YOUR FACILITY BEST PROTECT RESIDENTS, STAFF, AND CONSTRUCTION WORKERS DURING HEALTHCARE CONSTRUCTION PROJECTS?

CONSTRUCTION CONTRACTOR PERSONNEL

Guidelines and Work Rules

- Who is responsible for ICRA in my facility?
- What are my facility's policies when working with contractors during the project?
- Do we require infection control training for contractor personnel?
  - If so, what are we doing to enforce this?



TRAINING

Construction teams should understand that working on a healthcare construction project is unique from working on a non-occupied construction site. Construction workers must understand the importance of following the policies and procedures:

- Healthcare (unique environment)
- ICRA process
- ILSM
- Worksite containment
- Dust mitigation
- Transport of construction material and debris

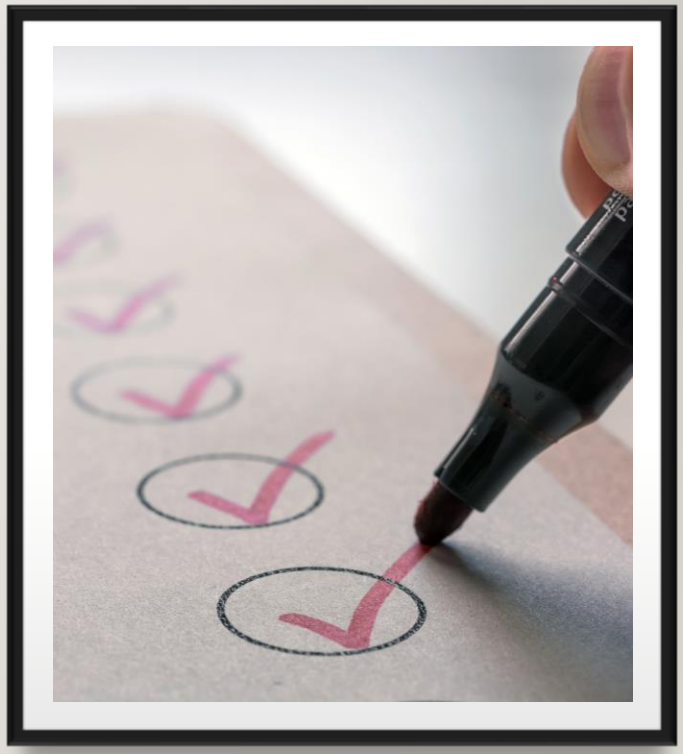
ONSITE ORIENTATION

<u>This may include:</u>

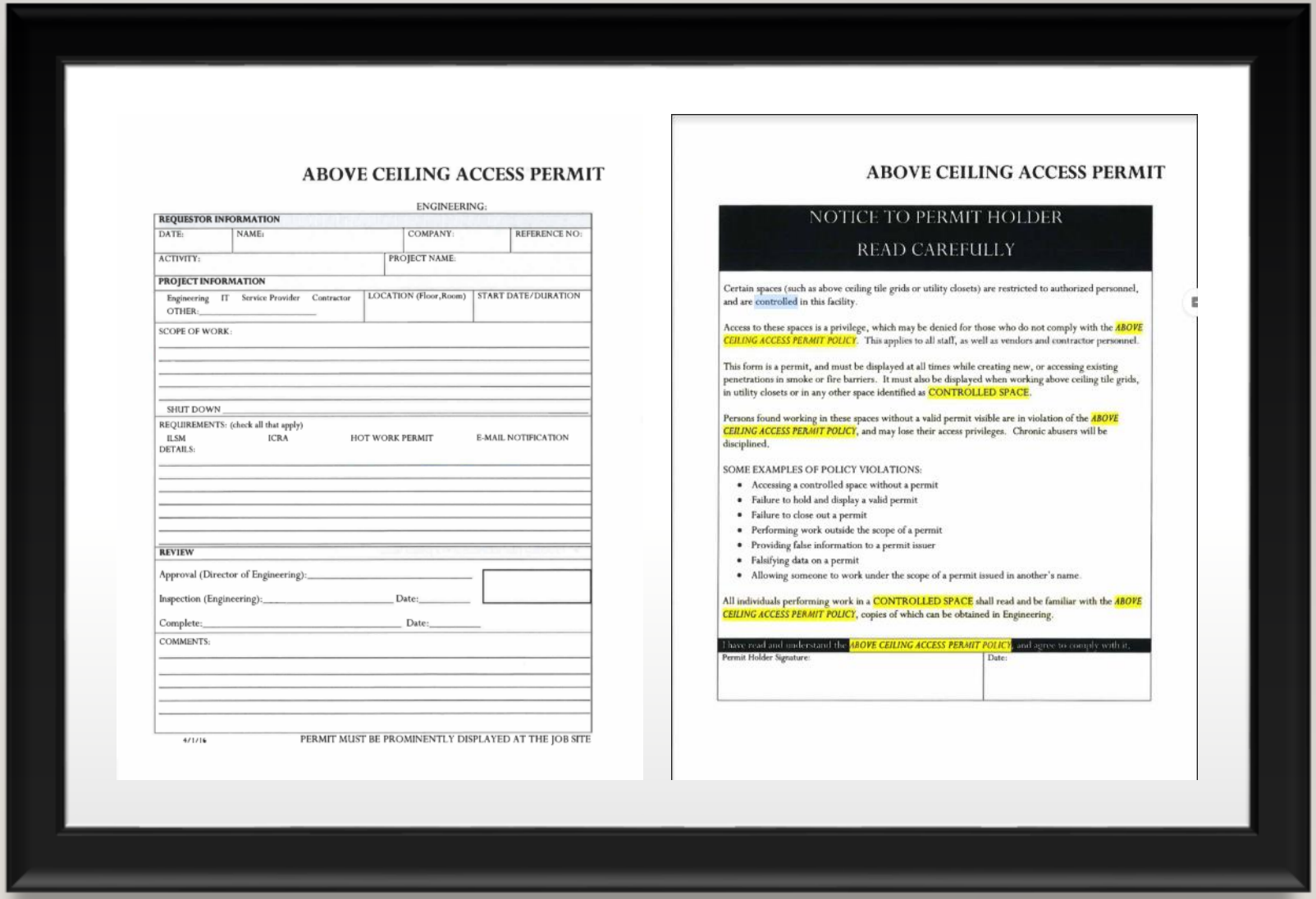
- Onsite safety training through the facility or contractor group
- Infection prevention team approach with contractors
- Contractor driven pre-task meetings in the morning
- Toolbox talks given specifically to healthcare sites
- Required certificate of training (healthcare construction)

MONITORING AND ENFORCEMENT

- Written procedures for suspension of work
- Assigned responsibility for monitoring compliance
  - Including off shifts and weekends
- Consider contractual penalties for not complying with ICRA requirements
- Utilizing appropriate permits when necessary



ABOVE-CEILING ACCESS PERMIT



ABOVE CEILING ACCESS PERMIT

ENGINEERING:

REQUESTOR INFORMATION

DATE:	NAME:	COMPANY:	REFERENCE NO:
ACTIVITY:		PROJECT NAME:	

PROJECT INFORMATION

Engineering IT Service Provider Contractor OTHER:_____	LOCATION (Floor,Room)	START DATE/DURATION

SCOPE OF WORK:

SHUT DOWN

REQUIREMENTS: (check all that apply)

ILSM ICRA HOT WORK PERMIT E-MAIL NOTIFICATION

DETAILS:

REVIEW

Approval (Director of Engineering):_____

Inspection (Engineering):_____ Date:_____

Complete:_____ Date:_____

COMMENTS:

4/1/16

PERMIT MUST BE PROMINENTLY DISPLAYED AT THE JOB SITE

ABOVE CEILING ACCESS PERMIT

NOTICE TO PERMIT HOLDER
READ CAREFULLY

Certain spaces (such as above ceiling tile grids or utility closets) are restricted to authorized personnel, and are controlled in this facility.

Access to these spaces is a privilege, which may be denied for those who do not comply with the *ABOVE CEILING ACCESS PERMIT POLICY*. This applies to all staff, as well as vendors and contractor personnel.

This form is a permit, and must be displayed at all times while creating new, or accessing existing penetrations in smoke or fire barriers. It must also be displayed when working above ceiling tile grids, in utility closets or in any other space identified as CONTROLLED SPACE.

Persons found working in these spaces without a valid permit visible are in violation of the *ABOVE CEILING ACCESS PERMIT POLICY*, and may lose their access privileges. Chronic abusers will be disciplined.

SOME EXAMPLES OF POLICY VIOLATIONS:

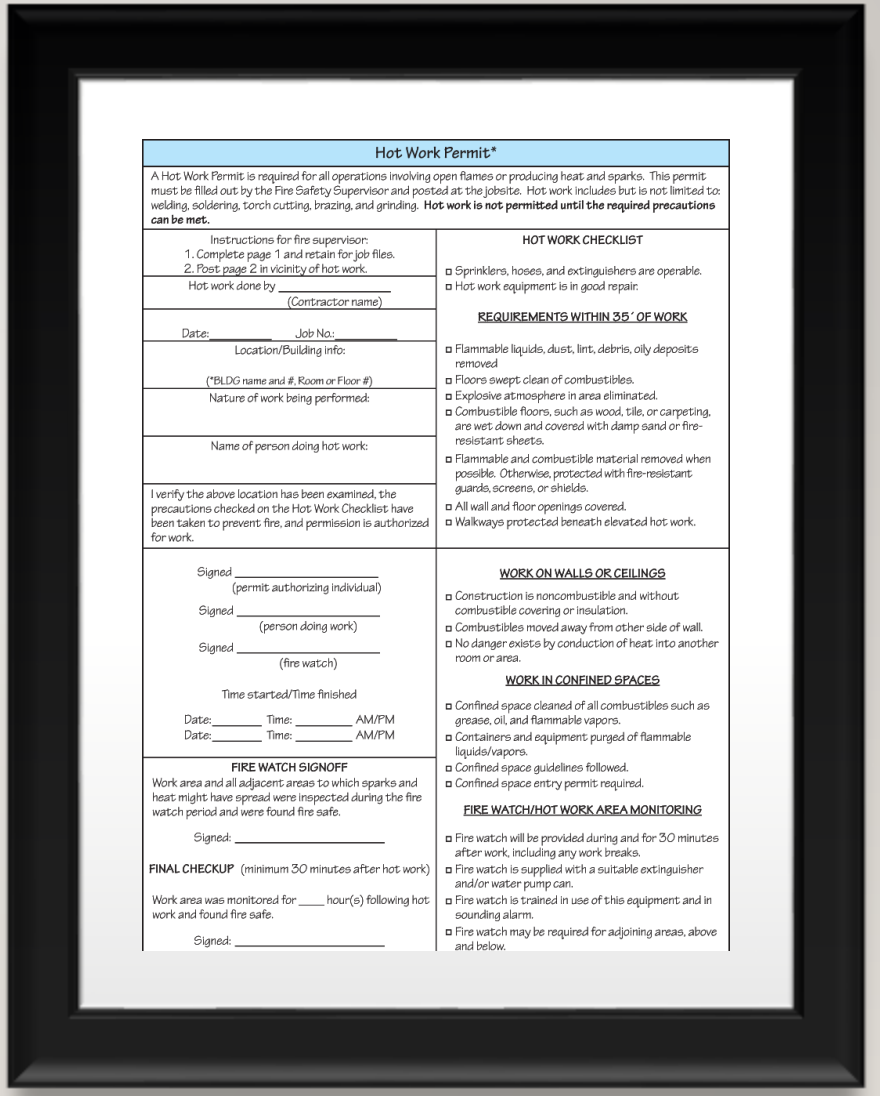
- Accessing a controlled space without a permit
- Failure to hold and display a valid permit
- Failure to close out a permit
- Performing work outside the scope of a permit
- Providing false information to a permit issuer
- Falsifying data on a permit
- Allowing someone to work under the scope of a permit issued in another's name.

All individuals performing work in a CONTROLLED SPACE shall read and be familiar with the *ABOVE CEILING ACCESS PERMIT POLICY*, copies of which can be obtained in Engineering.

I have read and understand the *ABOVE CEILING ACCESS PERMIT POLICY*, and agree to comply with it.

Permit Holder Signature:	Date:

HOT WORK PERMIT



Hot Work Permit*

A Hot Work Permit is required for all operations involving open flames or producing heat and sparks. This permit must be filled out by the Fire Safety Supervisor and posted at the jobsite. Hot work includes but is not limited to: welding, soldering, torch cutting, brazing, and grinding. **Hot work is not permitted until the required precautions can be met.**

Instructions for fire supervisor:
1. Complete page 1 and retain for job files.
2. Post page 2 in vicinity of hot work.

Hot work done by _____
(Contractor name)

Date:_____ Job No.:_____

Location/Building info:

(*BLDG name and #, Room or Floor #)

Nature of work being performed:

Name of person doing hot work:

I verify the above location has been examined, the precautions checked on the Hot Work Checklist have been taken to prevent fire, and permission is authorized for work.

Signed _____
(permit authorizing individual)

Signed _____
(person doing work)

Signed _____
(fire watch)

Time started/Time finished

Date:_____ Time: _____ AM/PM
Date:_____ Time: _____ AM/PM

FIRE WATCH SIGNOFF

Work area and all adjacent areas to which sparks and heat might have spread were inspected during the fire watch period and were found fire safe.

Signed: _____

FINAL CHECKUP (minimum 30 minutes after hot work)

Work area was monitored for ____ hour(s) following hot work and found fire safe.

Signed: _____

HOT WORK CHECKLIST

- ▫ Sprinklers, hoses, and extinguishers are operable.
- ▫ Hot work equipment is in good repair.

REQUIREMENTS WITHIN 35´ OF WORK

- ▫ Flammable liquids, dust, lint, debris, oily deposits removed
- ▫ Floors swept clean of combustibles.
- ▫ Explosive atmosphere in area eliminated.
- ▫ Combustible floors, such as wood, tile, or carpeting, are wet down and covered with damp sand or fire-resistant sheets.
- ▫ Flammable and combustible material removed when possible. Otherwise, protected with fire-resistant guards, screens, or shields.
- ▫ All wall and floor openings covered.
- ▫ Walkways protected beneath elevated hot work.

WORK ON WALLS OR CEILINGS

- ▫ Construction is noncombustible and without combustible covering or insulation.
- ▫ Combustibles moved away from other side of wall.
- ▫ No danger exists by conduction of heat into another room or area.

WORK IN CONFINED SPACES

- ▫ Confined space cleaned of all combustibles such as grease, oil, and flammable vapors.
- ▫ Containers and equipment purged of flammable liquids/vapors.
- ▫ Confined space guidelines followed.
- ▫ Confined space entry permit required.

FIRE WATCH/HOT WORK AREA MONITORING

- ▫ Fire watch will be provided during and for 30 minutes after work, including any work breaks.
- ▫ Fire watch is supplied with a suitable extinguisher and/or water pump can.
- ▫ Fire watch is trained in use of this equipment and in sounding alarm.
- ▫ Fire watch may be required for adjoining areas, above and below.

HIGH-EFFICIENCY PARTICULATE AIR MACHINE (HEPA)

- A critical tool used to prevent the transfer of airborne contaminants
- 99.97% effective at removing airborne particulate counts .03 microns or larger
- Require routine maintenance
- Run continuously
- Consider exhaust policies

BARRIERS

Portable Cube

Portable Cube

Hardwall System

Soft Wall

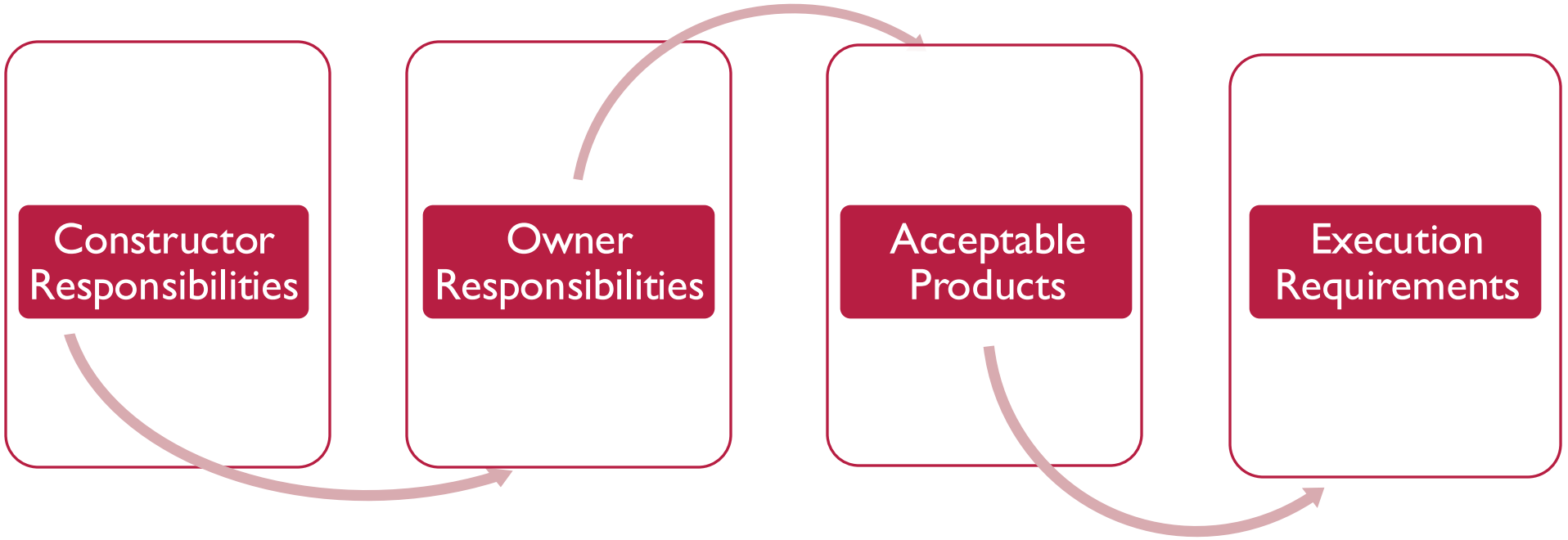
Portable Cube

Hardwall System

Soft Wall

SHARE YOUR WHY

INCLUDE ICRA PROJECT REQUIREMENTS IN THE BID SPECS



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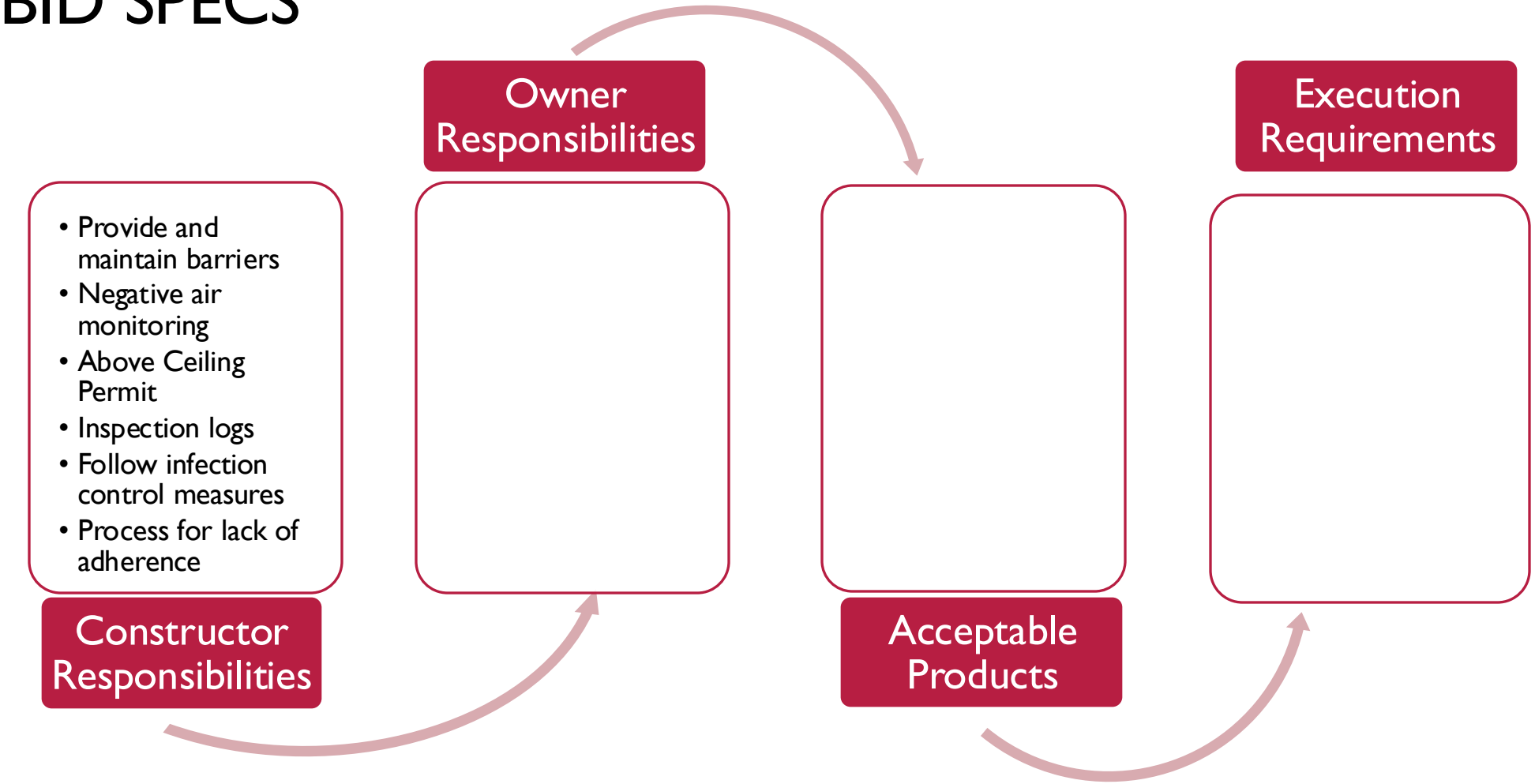

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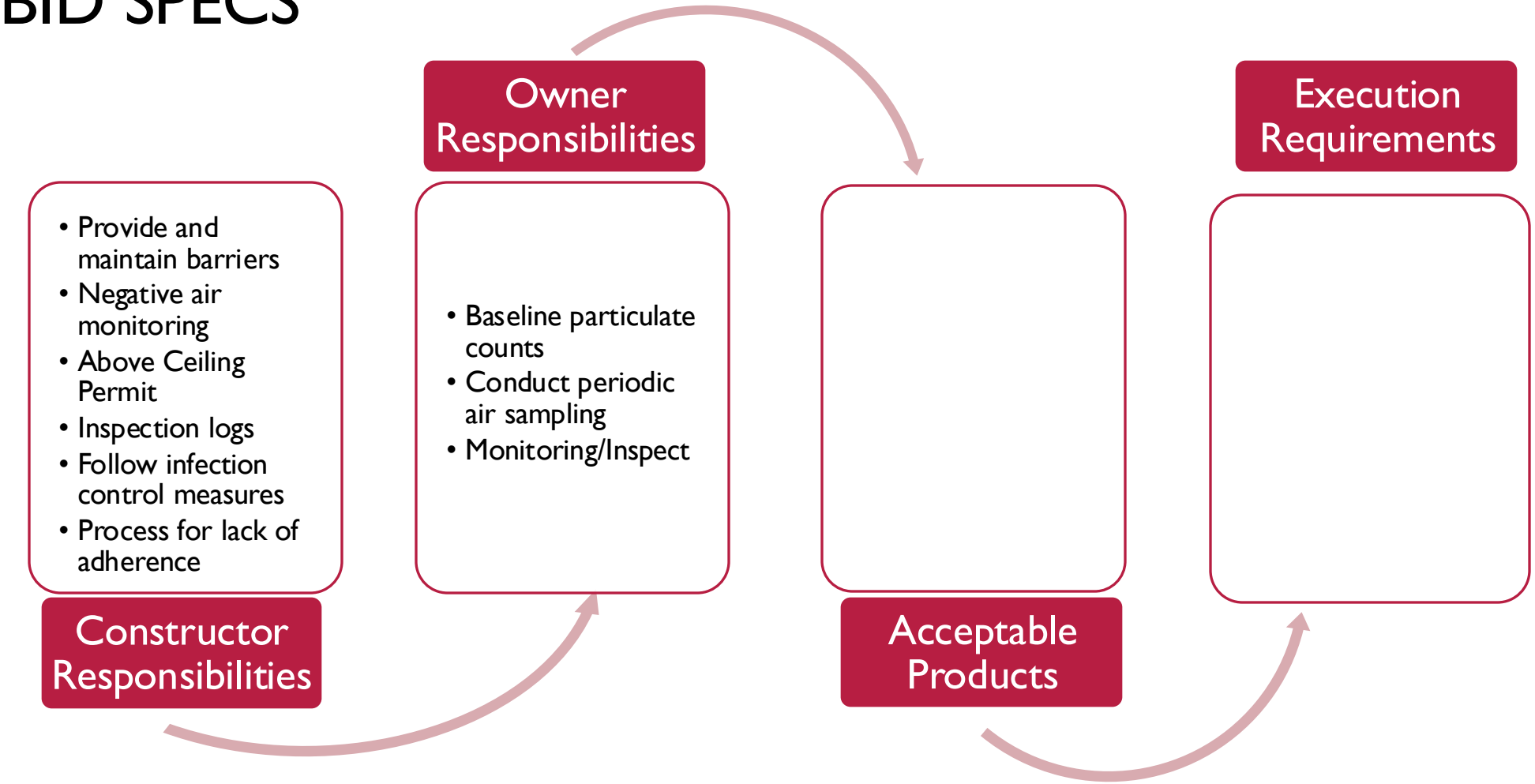

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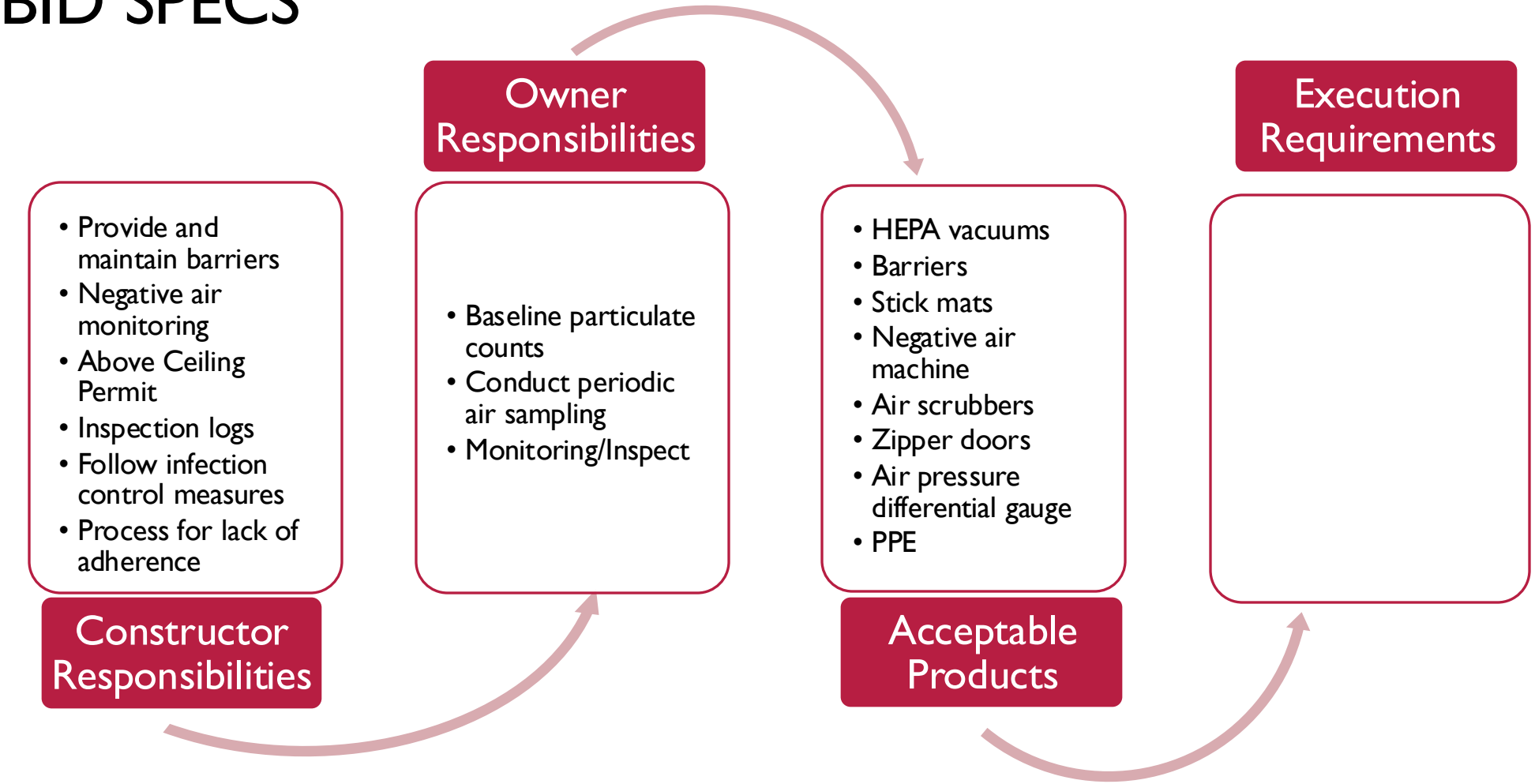

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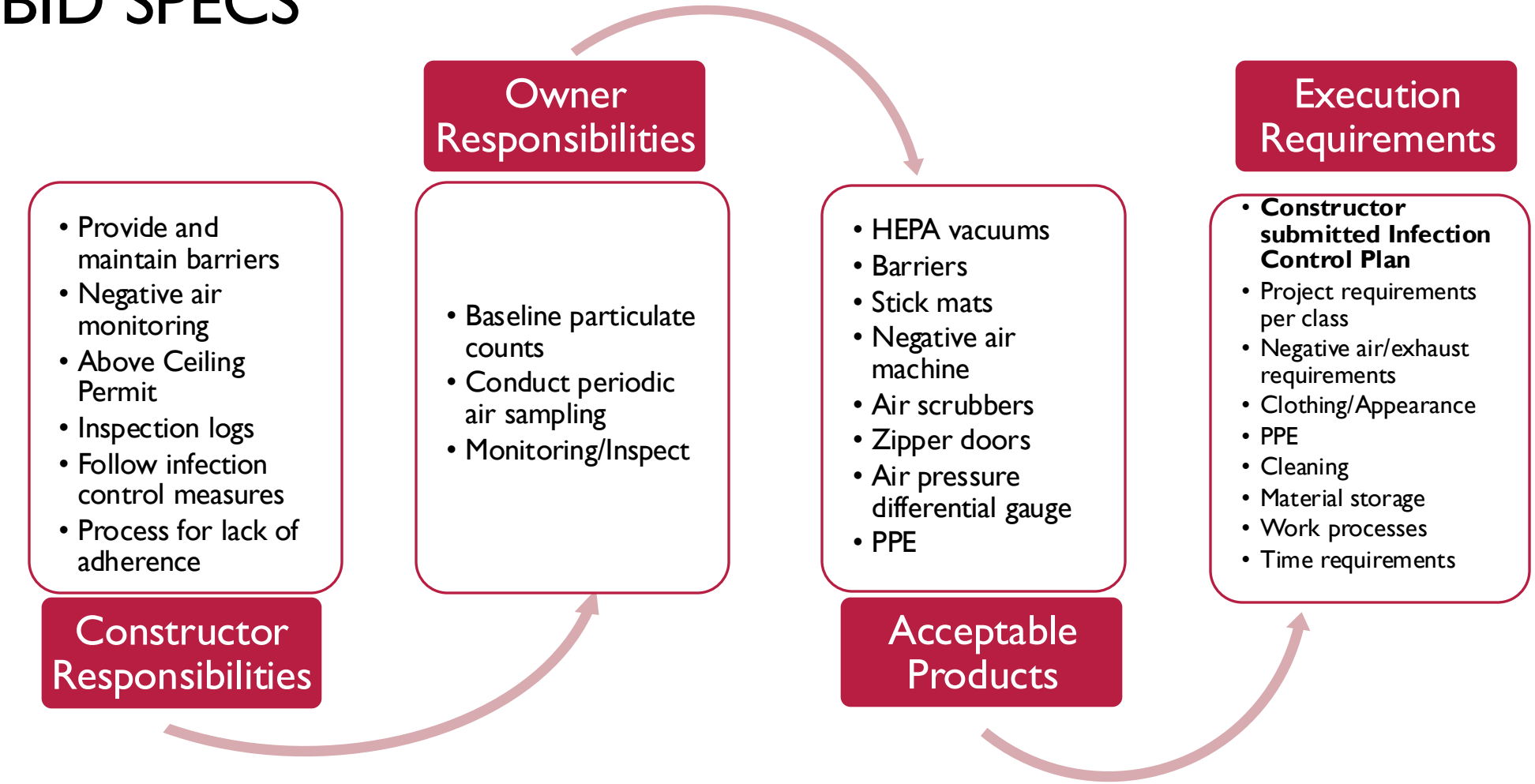
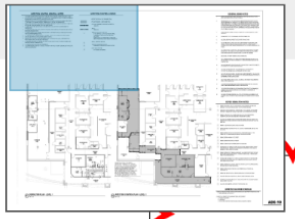




INFECTION CONTROL GENERAL NOTES

1. THE OWNER HAS DESIGNATED THIS PROJECT TO REQUIRE INTERIM INFECTION CONTROL MEASURES - CLASS III.
2. INFECTION CONTROL RISK ASSESSMENT (ICRA) SEE PROJECT REQUIREMENTS IN SPECIFICATIONS FOR COMPLETE REQUIREMENTS FOR WORK WITHIN THE INFECTION CONTROL ZONE.
3. CONTRACTOR SHALL NOTIFY THE OWNER'S REPRESENTATIVE AT LEAST FOURTEEN (14) CALENDAR DAYS PRIOR TO PREPARING A CONTAINMENT AREA OR STARTING WORK OUTSIDE THE CONTAINMENT AREA.
4. INSTALLATION, INSPECTION , AND REPAIR ACTIVITES REQUIRE THE GENERAL ABOVE CEILING WORK PERMIT TO BE POSTED AT ALL TIMES WHEN ABOVE THE CEILING WORK OCCURS.
5. ALL INFECTION CONTROL MEASURES SHALL BE COMPLETELY INSTALLED PRIOR TO COMMENCEMENT OF CONSTRUCTION.
6. ALL TEMPORARY INFECTION CONTROL BARRIERS REQUIRED DURING NON-REGULAR HOURS SHALL BE INSTALLED DURING NON-REGULAR HOURS.
7. ALL WORK OUTSIDE THE CONTAINMENT AREA (SECONDARY CONTAINMENT) SHALL BE SCHEDULED IN ADVANCE WITH THE OWNER'S REPPRESENTATIVE.
8. ALL TEMPORARY PARTITIONS MATERIALS SHALL BE PRECUT OFFSITE TO THE GREATEST EXTENT FEASIBLE.
9. SITE SHALL BE MAINTAINED IN A CLEAN AND ORDERLY FASHION.
10. REMOVE WASTE MATERIALS, DEBRIS AND RUBBISH FROM THE SITE DAILY AND LEGALLY DISPOSE OFF-SITE. WASTE REMOVAL SHALL ONLY BE DONE AFTER HOURS.
11. ALL INTERIOR AREAS SHALL BE CLEANED USING HEPA VACUUM PRIOR TO START OF SURFACE FINISHING AND CONTINUE CLEANING TO ELIMINATE DUST.
12. ALL PENETRATIONS SHALL BE SEALED APPROPRIATELY.
13. THE OWNER RESERVES THE RIGHT TO INSPECT THE WORK AT ANY TIME TO VERIFY COMPLIANCE WITH INFECTION CONTROL REQUIREMENTS.

INFECTION CONTROL LEGEND

REFER TO SECTION 01 35 33 FOR MORE DETAIL

PROJECT BOUNDARY - CONTAINMENT AREA

STUD WALL TEMPORARY CONSTRUCTION PARTITION
-SEE NOTE 1

ZIPWALL
-SEE NOTE 2

① TEMPORARY STUD WALL PARTITION:
3 5/8" 20 GA MTL STUD AT 16" OC W BLANKET INSUL
1 LAYER 5/8" GYP BD, EA SIDE, TAPE AND PAINT
VINYL BASE
TEMPORARY WALL TO TERMINATE AT CEILING GRID
ABOVE CEILING GRID SHALL BE PLASTIC CONTAINMENT

② ZIPWALL TEMPORARY BARRIER:

③ TEMPORARY CONSTRUCTION DOOR:
HARDWARE BY CONTRACTOR, CORES BY OWNER

④ STICKY WALK-OFF MATS:
4'-0" WIDE MIN, 30" DEEP MIN

A2 **INFECTION CONTROL PLAN - LEVEL 1**
1/8" = 1'-0"

BE PREPARED FOR NEW CONSTRUCTION.

13 ELECTRICAL CONTRACTOR TO LABEL ALL ELECTRICAL CIRCUITS AND FIRE ALARM WIRING PRIOR TO TOTAL DEMOLITION.

14 THE CONTRACTOR IS RESPONSIBLE FOR STORAGE AND PROTECTION OF ALL SALVAGE ITEMS TO BE REUSED AND REINSTALLED BY THE CONTRACTOR.

15 THE CONTRACTOR IS RESPONSIBLE FOR ANY DEMOLITION NOT NOTED ON DRAWINGS AS NEEDED FOR INSTALLATION OF BACKING FOR COMPONENTS, ACCESSORIES OR ELECTRICAL ROUGH-INS.

16 ALL DEMOLITION DEBRIS REMOVAL SHALL OCCUR OUTSIDE REGULAR BUSINESS HOURS: 6:00 PM TO 6:00AM. CONTRACTOR SHALL COORDINATE WITH OWNER FOR USE OF LOADING DOCK.

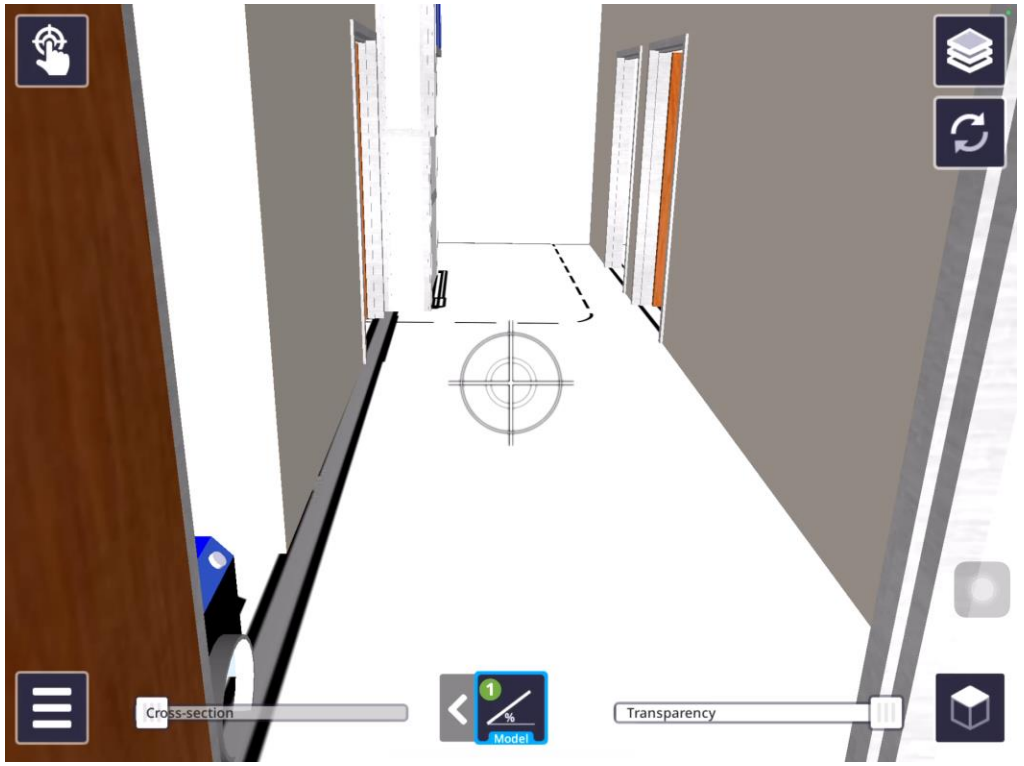
KEYED DEMOLITION NOTES

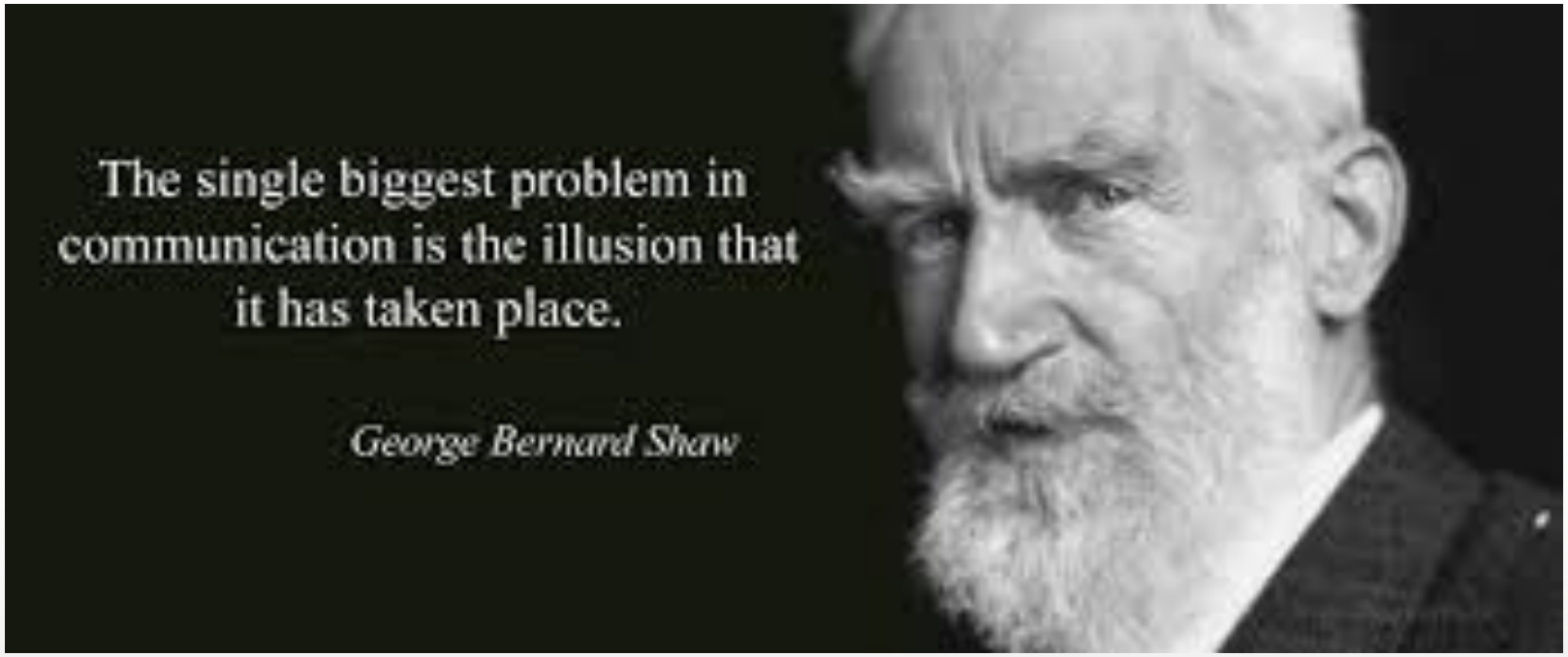
1. REMOVE DOOR PANEL. PROTECT DOOR FRAME IN PLACE FOR REUSE. SALVAGE LEVER HARDWARE FOR RE-USE. PREPARE FRAME FOR NEW CONTINUOUS HINGE.
2. SEAMLESS FLOOR TO BE REMOVED IN SPECIFIC AREA. PATCH AND REPLACE CONCRETE FLOORING TO RECIEVE NEW FLOORING. SEE FINISH PLAN FOR MORE DETAIL OF SCOPE
3. REMOVE ALL EXISTING VINYL FLOORING AND BASE. PATCH AND REPAIR EXISTING CONCRETE FLOOR SURFACE AS REQUIRED TO RECEIVE NEW FLOORING.
4. SALVAGE WALL MOUNTED CAMERA AND RETURN TO OWNER. WIRING FOR CAMERA TO BE REMOVED BACK TO CEILING AND REPURPOSED FOR NEW CAMERA LOCATIONS. PATCH AND PAINT WALL.
5. REMOVE ALL SUSPENDED ACOUSTICAL CEILING SYSTEM.
6. PROVIDE OPENING IN EXISTING GYP BD / MTL STUD PARTITION. PATCH EXISTING WALL (AT THE CONNECTION WITH DEMOLISHED) AS REQUIRED TO RECEIVE NEW FINISH.
7. REMOVE EXISTING GYP BD / MTL STUD PARTITION. PATCH EXISTING WALL (AT THE CONNECTION WITH DEMOLISHED) AS REQUIRED TO RECEIVE NEW FINISH.
8. REMOVE EXISTING WINDOW IN ITS ENTIRETY
9. REMOVE EXISTING PASS THROUGH WINDOW
10. REMOVE CONCRETE SLAB FOR RE-ROUTE PIPING TO NEW SINK
11. EXISTING SINK TO BE REMOVED. REMOVE AND STORE WALL MOUNTED MIRROR. MIRROR TO BE REINSTALLED. SEE MECHANICAL DRAWINGS FOR MORE DETAIL. PATCH WALL AS REQUIRED TO MATCH ADJACENT FINISHES.
12. REMOVE EXISTING DOOR, FRAME AND HARDWARE. SALVAGE DOOR FOR RE-USE. SEE NEW WORK PLANS FOR NEW DOOR LOCATION. HARDWARE TO BE RE-USED. PREPARE DOOR FRAME FOR CONTINUOUS HINGE.
13. EXISTING COMPOUNDING HOOD TO REMAIN IN ROOM FOR DURATION OF CONSTRUCTION. CONTRACTOR IS TO COVER HOODS WITH CARDBOARD AND PLASTIC WRAP TO PROTECT HOOD DURING CONSTRUCTION.
14. REMOVE EXISTING DOOR. SALVAGE DOOR TO BE RE-INSTALLED WITH CONTINUOUS HINGE. PREPARE FRAME FOR CONTINUOUS HINGE.
15. REMOVE CORNER GUARDS. REMOVE CEILING. PREPARE WALLS FOR NEW WALL CONSTRUCTION.
16. REMOVE AND REPLACE DRYWALL FOR NEW MECHANICAL DUCTWORK AND GRILLE
17. SALVAGE EXISTING WALL MOUNTED CALL DEVICE. STORE FOR RE-INSTALLATION.
18. EXISTING SHELVING AND CUBICLES ARE TO BE COVERED AND PROTECTED DURING ABOVE CEILING WORK IN THIS AREA.
19. SALVAGE EXISTING MIRROR AND PROTECT FOR RE-INSTTALTION.

UNKEYED SALVAGE SCHEDULE

1. REMOVE, STORE AND PROTECT THE FOLLOWING MATERIALS AND EQUIPMENT FOR REINSTALLATION.
   A. DOOR HARDWARE, AS SCHEDULED

2. OWNER WILL REMOVE THE FOLLOWING MATERIAL AND EQUIPMENT
   A. PHARMACY EQUIPMENT
   B. FURNISHINGS
   C. COMPUTERS, COMPUTER MOUNTING ARMS, NON WALL MOUNTED CAMERAS




The single biggest problem in communication is the illusion that it has taken place.
George Bernard Shaw

The health and safety of every resident, facility employee, and construction worker is our

NUMBER ONE PRIORITY

QUESTIONS?

Christa Mardaus
cmardaus@carpenterstraininginstitute.org
651-341-4418

Amanda Brown
abrown@carpenterstraininginstitute.org
651-308-0285