

Appendix A
**Infection Control Risk Assessment and Infection Control Mitigation Plan including
Preventive Measures Checklist for Medical Center Construction and Renovation**

Instructions for Completing the Checklist

The Risk Assessment and Plan including the Preventive Measures Checklist will be completed during the design planning phase of the construction/renovation project by the multidisciplinary planning group. Infection Control personnel must be involved in each phase of the project to ensure that the appropriate prevention measures are initiated and maintained.

Table A describes the type of construction activity. The type of “Construction Activity” is first identified by selecting the level of activity that best describes the project being planned.

Table B identifies the “Population and Geographic Risk Group” that may be affected by the project because of its physical proximity or potential exposure to the activity.

Table C identifies the appropriate class of infection prevention measures by matching the construction activity with the population risk group. As indicated in Table C, the appropriate dust mitigation measures for the project are identified. A copy will be reviewed and approved by HEIC and filed by Design and Construction or Facilities Management for all Class III and IV categories. Adaptations to the prevention measures may be made only after approval has been provided by HEIC.

Construction compartment negative air monitoring

- A. If required for the project, negative air pressure must be monitored at all times during the duration of the project and documented daily by Design and Construction.
- B. If positive or neutral air pressure is identified, work must be suspended, barrier investigation must be completed, and negative air pressure restored before resuming work.
- C. When the option to vent the exhaust of the HEPA filter unit is determined either not to be feasible or necessary, the Project Manager in consultation with HEIC and Facilities Management may conclude that the HEPA unit be used as a “scrubber only”.

➔ A copy of the Infection Control Risk Assessment and Mitigation Plan must be sent to HEIC when matrix indicates Class III or Class IV preventive measures are required.



**HOSPITAL EPIDEMIOLOGY AND
INFECTION CONTROL:
GUIDELINES FOR CONSTRUCTION/RENOVATION/DEMOLITION
PROJECTS AND ENVIRONMENTAL CONTROL OF ASPERGILLOSIS
AND OTHER NOSOCOMIAL INFECTIONS**

**POLICY 5.1A
Issued: 12/06
Last Approval: 6/16**

Infection Control Risk Assessment

Project # and Location:	Project Start Date:	Estimated Duration:
Project Manager (PM):	Contractor(s):	Infection Control Practitioner (ICP):
PM's phone number:	Contractor's phone number:	ICP's phone number:

Comments:

Table A Type of Construction Activity

Type A	<p>Inspection and non-invasive activities. These include, but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> removal of ceiling tiles for inspection (up to 4 sq. feet) <input type="checkbox"/> movement of equipment, building structures, etc. for visual inspection <input type="checkbox"/> painting (but not sanding) <input type="checkbox"/> putting up wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type B	<p>Small scale, short duration activities that create minimal dust. These include, but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> installation of telecommunications cabling <input type="checkbox"/> access to chase spaces <input type="checkbox"/> cutting of walls or ceiling where dust migration can be controlled.
Type C	<p>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies (e.g., counter tops, cupboards, sinks). These include, but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sanding of walls for painting or wall covering <input type="checkbox"/> removal of floor and wall coverings, baseboards, ceiling tiles and casework <input type="checkbox"/> new wall construction <input type="checkbox"/> minor duct work or electrical work above ceilings <input type="checkbox"/> major cabling activities <input type="checkbox"/> any activity which cannot be completed within a single work shift.
Type D	<p>Major demolition, construction and renovation projects. These include, but are not limited to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> activities which require consecutive work shifts <input type="checkbox"/> heavy demolition or removal of a complete cabling system is required <input type="checkbox"/> new construction.

Table B Population and Geographic Risks Groups*

GROUP 1 LOWEST RISK	GROUP 2 MEDIUM RISK	GROUP 3 HIGH RISK	GROUP 4 HIGHEST RISK
<input type="checkbox"/> Office areas <input type="checkbox"/> Administrative areas <input type="checkbox"/> Areas not used for patient care, patient holding or transport of patients	<input type="checkbox"/> Lobby <input type="checkbox"/> Cafeteria <input type="checkbox"/> Clinical Labs	<input type="checkbox"/> Emergency Department <input type="checkbox"/> Radiology/CT scan <input type="checkbox"/> Labor and Delivery <input type="checkbox"/> Well Baby Nurseries <input type="checkbox"/> Pediatrics Med/Surg <input type="checkbox"/> Nuclear Medicine <input type="checkbox"/> Admission/Discharge area <input type="checkbox"/> Rehabilitation Therapy <input type="checkbox"/> Echocardiography <input type="checkbox"/> General Medical/Surgical Units <input type="checkbox"/> Outpatient Care Clinics	<input type="checkbox"/> All Critical Care areas <input type="checkbox"/> Comprehensive Cancer Center <input type="checkbox"/> Peri-operative areas (including PACU, L&D OR) <input type="checkbox"/> Sterile Processing <input type="checkbox"/> Cardio-Pulmonary Acute Care Units <input type="checkbox"/> Cardiac Catheterization & Angiography areas <input type="checkbox"/> Dialysis areas <input type="checkbox"/> Inpatient Oncology & Bone Marrow Transplant Units <input type="checkbox"/> Endoscopy areas <input type="checkbox"/> Pharmacy admixture areas <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Pediatric Treatment Center

Permit Request By: _____ (PM)	Permit Authorized By: _____ (ICP)
Date: _____	Date: _____



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Table C: Construction Activity and Risk Group Matrix

CONSTRUCTION ACTIVITY→	TYPE “A”	TYPE “B”	TYPE “C”	TYPE “D”
RISK LEVEL ↓				
Group 1	Class I	Class II	Class II	Class III/IV
Group 2	Class I	Class II	Class III	Class IV
Group 3	Class II	Class III	Class III/IV	Class IV
Group 4	Class III	Class III/IV	Class III/IV	Class IV

*Designation of Grouping for any location may be changed at the discretion of HEIC

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