

Pre-Construction Risk Assessment

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Instructions: Complete the Pre-Construction Risk Assessment form below. This form is required for all healthcare projects including, but not limited to, COMPASS Market Segment H (Healthcare) and VA (Veterans Affairs). Indicate your response using a Yes - No - N/A or check box format. If more explanation is required, use the spaces provided.

Project Information

Project Title:	Contract #:
Project Location:	Project Start Date:
Project Duration:	Project Manager:
Project Superintendent:	Project Safety Officer:
Subcontractor(s):	

Scope of Work (brief description):

Applicable Risk Assessment Elements

Life safety code deficiencies (ILSM / ALSM)	Utility Interruptions / impacts
Air quality / pressure management (ICRA)	Noise and vibration
Environmental services requirements	Security
Other safety hazards (explain):	

Note: attach a drawing showing the locations of the following: barrier type, entrances, negative air unit(s) and discharge and pressure monitor type

Life Safety Code / Fire Safety Deficiencies

Yes	No	EXITS - Does the project have the potential of affecting a required exit or other means of egress? If yes, identify interim measure to be taken:
Yes	No	EXITS - Would the affected exit be used by anyone other than construction staff? If yes, identify interim measures to be taken:
Yes	No	EMERGENCY ACCESS - does the project have the potential for obstructing access? If yes, identify interim measures to be taken:

Yes	No	EMERGENCY RESPONDERS - does the project have the potential for obstructing access of emergency response staff to the construction area? If yes, identify interim measures to be taken:
Yes	No	FIRE PROTECTION - will the project activity affect the fire detection system? If yes, identify interim measures to be taken:
Yes	No	FIRE PROTECTION - will the project activity require additional fire fighting equipment? If yes, identify interim measures to be taken:
Yes	No	FIRE RESPONSE TRAINING - does the project activity require that staff receive additional fire fighting equipment training? If yes, identify interim measures to be taken:
Yes	No	COMBUSTIBLE LOAD - will the project require the storage of flammable or combustible material(s)? If yes, identify interim measures to be taken:
Yes	No	TEMPORARY PARTITIONS - will the project require temporary partitions? (partitions are to be smoke tight and of limited combustible materials) If yes, identify interim measures to be taken:
Yes	No	FIRE DRILLS - does the project warrant additional fire drills? If yes, identify interim measures to be taken:
Yes	No	IMPACT ON RATED STRUCTURES - will project plans/activities affect structural features impacting fire protection such as rated doors or walls? If yes, identify interim measures to be taken:
Yes	No	HAZARD SURVEILLANCE - will the project require increased hazard surveillance inspections? If yes, identify interim measures to be taken:

Indicate inspection frequency: Daily Weekly Monthly

Yes	No	HOT WORK - Is hot work to be conducted in support of the project? If yes, identify interim measures to be taken:
Yes	No	ENERGIZED WORK - energized work to be conducted in support of the project? If yes, please submit a completed Energized Work Permit and Job Planning/Briefing Checklist for approval.
Yes	No	AREA POSTING - Interim/Alternative Life Safety Measures sign posting required in the area? If yes, identify interim measures to be taken:
Yes	No	FIRE/SMOKE WALL PENETRATION - will project plans/activities compromise fire/smoke wall? If yes, identify interim measures to be taken:

FIRE WATCH - In addition, regardless of project involvement, any time the fire detection or suppression system or a portion of it is impaired or shut down for more than 4 hours in a 24 hour period, the authority having jurisdiction shall be notified and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. (NFPA 101-2012 9.6.1.6)

A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Such individuals should be specially trained in fire prevention and in occupant and fire department notifications techniques and they should understand the particular fire safety situation for public education purposes. (NFPA 101-2012 A.9.6.1.6)

Infection Control Risk Assessment

Construction / Renovation Activity / Risk Group Worksheet - Indicate the type of work involved by placing a check mark next to the applicable response:

Type A (Inspections and Non-invasive activities) - Includes activities that do not generate dust or require cutting of wall, drilling, sanding or access to ceilings other than for visual inspection such as:

Yes	No	Removal of ceiling tiles for visual inspection (1 tile per 50 SF)
Yes	No	Painting (but not sanding)
Yes	No	Wall covering, electrical trim work, minor plumbing and other activities applicable to the definition above.

Type B (Small scale, short duration activities which will only create minimal dust) - Includes, but is not limited to:

Yes	No	Installation of telephone and computer cabling
Yes	No	Access to chase spaces
Yes	No	Cutting of wall or ceiling where dust migration can be controlled

Type C (Any work which generates a moderate to high level of dust. Any work that requires demolition or removal of any fixed building components or assemblies, any work with adhesives, paints, solvents, thinners and strong cleaners, any work that takes more than one shift to complete). Includes but is not limited to:

Yes	No	Sanding of wall for painting or wall covering
Yes	No	Removal of floor coverings, ceiling tiles and casework
Yes	No	New wall construction
Yes	No	Minor ductwork or electrical work above ceilings
Yes	No	Major cabling activities
Yes	No	Any activity which cannot be completed within a single work shift

Type D (Any project that requires major demolition and/or major re-construction, extended over several days). Includes but is not limited to:

Yes	No	Minor ductwork or electrical work above ceilings
Yes	No	Major cabling activities
Yes	No	Any activity which cannot be completed within a single work shift

Construction / Renovation Activity / Risk Group Worksheet - Indicate the type of work involved by placing a check mark next to the applicable response:

Group 1 - Lowest risk group

Yes	No	Office areas, lobbies, non-patient corridors
Yes	No	Facility support (i.e. Engineering, Housekeeping, etc.)
Yes	No	Non-patient care areas not included in groups 2, 3 or 4

Group 2 - Medium risk group

Yes	No	Patient care units not listed in group 3 or 4	Yes	No	Echocardiography
Yes	No	Admissions and public areas	Yes	No	Endoscopy
Yes	No	Patient care lobbies and corridors	Yes	No	Nuclear medicine
Yes	No	Cafeteria/kitchen	Yes	No	Physical therapy
Yes	No	Cardiology	Yes	No	Respiratory therapy

Group 3 - Medium-High risk group

Yes	No	Emergency Department	Yes	No	Labor and Delivery
Yes	No	Radiation Oncology	Yes	No	Critical Care Units
Yes	No	Laboratories	Yes	No	Outpatient Surgery
Yes	No	Newborn Nursery	Yes	No	Pediatrics
Yes	No	Dialysis units	Yes	No	Pharmacy
Yes	No	Outpatient Oncology areas	Yes	No	Post Anesthesia Care Unit
			Yes	No	Surgical Units

Group 4 - Highest risk group

Yes	No	Operating Rooms/PACU/Pre-op Hold Areas	Yes	No	Pharmacy Compounding Area
Yes	No	Cardiac Cath Lab	Yes	No	Neg Pressure Isolation Room
Yes	No	Central Sterile Reprocessing	Yes	No	Oncology
Yes	No	Birthing Pavilion & Delivery Operating Rooms	Yes	No	Intensive Care Units (incl PICU)
Yes	No	Intensive Care Units (incl: PICU)	Yes	No	Bone Marrow Transplant
Yes	No	Other areas where invasive surgical procedures may be done, ED Trauma Room, Clinic Procedure Rooms, etc.	Yes	No	Solid Organ Transplant Areas

Please circle or check the appropriate construction / renovation class:

Patient Risk Group	Construction Type A	Construction Type B	Construction Type C	Construction Type D
Low Risk Group	I	II	II	III / IV
Med Risk Group	I	II	III	IV
High Risk Group	I	II	III / IV	IV
Highest Risk Group	II	III / IV	III / IV	IV

Identify surrounding areas in relation to the area of work, assessing potential impact.

	Above	Below	Lateral	Lateral	Behind	Front
Identify Risk Group (Low to Highest)						
Identify Precaution Class (I to IV)						

Precautions to consider. Indicate all that are applicable:

Class I**Prior to beginning work**

Communicate work details with owner's representative

During work

Execute work by methods to minimize raising dust from construction operations

Upon completion of work

Immediately replace a ceiling tile displaced for visual inspection

Wet mop and/or vacuum before leaving the work area

Other (explain):

Class II**Prior to beginning work**

Seal unused doors with duct tape, post signage (to ensure doors are kept closed)

Block off and seal local supply air vents

Provide filtration at local exhaust or return openings to prevent duct contamination

Place dust mat at entrance and exit of work area(s)

Establish travel routes for workers, materials and debris

Re-route staff and patient traffic around the controlled work area

During Work

Provide active means to prevent air-borne dust from dispersing into atmosphere

Water mist work surfaces as necessary to control dust while cutting

Contain construction waste before and during transport in covered containers

Other (explain):

Class III (in addition to items identified for Class I & II work)**Prior to beginning work**

Isolate HVAC sys in work area to prevent contamination of the duct system

Contain the work area with dust barriers

Construct 1-hour rated sheetrock air-tight dust barriers

Construct sheetrock air-tight barriers

Construct poly air-tight barriers

Work will be completed within a control cube

Maintain negative air pressure within work area

6 air exchanges per hour non-critical 12 air exchanges per hour critical

Air to be discharged outside of the building

Air will be re-circulated outside of the contained work area/within the building using HEPA filtration

Provide critical power circuits for negative air equipment in the event of a power loss

Provide visual indication of negative pressure

Post ICRA worksheets, controls list and contact information at work entrance

Review site conditions with Owner PM, Safety, Engineering and/or Infection Control Staff

During Work

Clean waste containers, including wheel, prior to leaving the work area

Monitor and record negative pressure readings daily

Inspect dust barriers daily, record condition

New ventilation sys are to be protected from construction dust until work is completed

Upon Completion of Work

Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Services Department

Review site conditions with Owner PM, Safety, Engineering and/or Infection Control Staff before removing dust barriers

Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction

Other (explain):

Class IV (in addition to items identified for Class I, II & III work)

Prior to beginning work

Construct anteroom and require all personnel to pass through this room as they enter and leave the work area. Anteroom will have a negative pressure relationship to the non-construction, adjacent areas.

Staff will be vacuumed clean prior to leaving the anteroom

Staff will wear cloth or paper coveralls that are removed each time they exit the work site

All personnel entering work site are required to wear shoe covers

During Work

Provide visual indication of negative pressure (manometer readings recorded)

Upon Completion of Work *(no additional requirements)*

Other (explain):

Utility Interruption / Impacts

During the course of the project activities, are any of the following items likely to be interrupted or impacted in any area outside of the designated work area? (choose all that apply. If left blank, then No or N/A is implied):

Water supply	Oxygen	Fire Sprinkler
Sewer service	Nurse call system	Fire Alarm
Roof / Storm Drain	Building automation system	Steam
Normal power	Pneumatic tube system	Chilled water
Emergency power	Overhead paging system	Natural gas
Ventilation system	Medical gas/vacuum	Elevator(s)
Medical air	Other (explain):	

For any of the systems where interruptions are foreseen, please explain the steps which will be taken to mitigate the impacts (use space below):

Document any preventative measures taken to insure that no unplanned interruption will occur (use space below):

Noise and Vibration Assessment

List any activities that will generate noise and/or vibration likely to be disruptive (use space below):

Time / Duration:

List mitigation strategies (use space below):

Environmental

Person(s) responsible for daily cleaning inside the work area:

Yes No Is terminal cleaning required at the end of the day? If yes, list person(s) responsible below:

Yes No Are there any special needs required for terminal cleaning at the end of each project? If yes, use space below to explain:

Security

Will personnel be working in a security sensitive area? (if yes, check all that apply below. If left blank, No or N/A is implied)

Women's services (OB, L&D, Nursery)

Cashier's office

Emergency department

Radiation area

Psychiatry

IT control room

Medical records

Key control area

Pharmacy

Other (list):

Additional recommendations to reduce/mitigate risk for this work (use space below):

Safety Hazards

Provide a list of any hazardous materials / chemicals used or stored within the project area (use space below):

Yes	No	Is the work likely to generate any noxious or unusual odors? (if yes, use space below to explain steps / controls that will be implemented to control or minimize the impact):
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Yes	No	Are there any known contaminants? (if yes, place a check mark next the known or suspected contaminate and explain steps / controls that will be implemented to control or minimize the impact):
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Contaminate:	Steps to minimize / eliminate impact:
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Asbestos

Lead

Mold

Radioactive

Biohazards

Chemicals

Silica

Polychlorinated Biphenyls

Other (explain):

Does the planned work include any of the following? (if yes, place a check mark next the activity and explain the steps or controls that will be implemented to mitigate the risks involved. OK to reference a supplemental plan such as "confined space plan" / "fall protection plan" / etc.):

Confined space entry

Lock out tag out

Scaffolding

Fall Protection

Energized work

Excavation / protective systems

Cranes or hoisting equipment

Interruption of normal pedestrian
/ vehicle traffic

Other (explain):

Additional Comments

List any additional comments / concerns (use space below):

Review / Approval (signature required)

Project Manager: (printed)

Signature

Date:

Project Safety Officer: (printed)

Signature

Date: