

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 w/limited exposure time)

☐ Yes ☐ No

Limited building system maintenance (Fire suppression, electrical/carpentry/Painting not creating dust)

☐ Yes ☐ No

Clean plumbing activity limited in nature.

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

☐ Yes ☐ No

Above ceiling work (inspection/repair of firewalls and barriers, conduit/cabling, access to chase spaces)

☐ Yes ☐ No

Fan shutdown/start up, installation of elec. devices that produce minimal dust and debris

☐ Yes ☐ No

Removal of drywall, controlled sanding activities (wet or dry) where minimal dust/debris is created

☐ **Type C** (Large-scale, longer duration activities that create a moderate amount of dust and debris). Includes but is not limited to:

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Dry sanding where a moderate amount of dust is created |
| ☐ Yes | ☐ No | Removal of floor coverings, ceiling tiles, casework, and other building components |
| ☐ Yes | ☐ No | New drywall placement, dry sanding creating a moderate amount of dust and debris |
| ☐ Yes | ☐ No | Minor ductwork or electrical work above ceilings including major cabling activities |
| ☐ Yes | ☐ No | Work creating significant vibration and/or noise |
| ☐ Yes | ☐ No | Work in a single room, or 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, in two or more rooms). Includes but is not limited to:

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Removal or replacement of building system components |
| ☐ Yes | ☐ No | Removal/Installation of drywall partitions |
| ☐ Yes | ☐ No | Invasive large-scale new building construction |

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

☐ **Group 1 - Low risk group (non-patient care areas)**

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | Office areas, lobbies, non-patient corridors - not on clinical units |
| ☐ Yes | ☐ No | Facility support (i.e., breakrooms, bathrooms, mechanical rooms, EVS closets) - not on clinical units |
| ☐ Yes | ☐ No | Non-patient care areas not included in groups 2, 3 or 4 |

☐ **Group 2 - Medium risk group (patient care support areas)**

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Waiting areas |
| ☐ Yes | ☐ No | Clinical engineering |
| ☐ Yes | ☐ No | Materials Management |
| ☐ Yes | ☐ No | Sterile processing department (dirty side) |
| ☐ Yes | ☐ No | Kitchen, cafeteria, gift shop, coffee shop and food kiosks |

☐ **Group 3 - High risk group (patient care areas)**

- | | | | | | |
|------------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Patient care rooms and areas | ☐ Yes | ☐ No | Pharmacy – general work zone |
| ☐ Yes | ☐ No | All acute care units | ☐ Yes | ☐ No | Medication rooms / clean utility rooms |
| ☐ Yes | ☐ No | Emergency department | ☐ Yes | ☐ No | Imaging suites: diagnostic imaging |
| ☐ Yes | ☐ No | Employee health | ☐ Yes | ☐ No | Laboratory |

☐ **Group 4 - Highest risk group (procedural, invasive, sterile support and highly compromised patient care areas)**

☐ Yes ☐ No All transplant and intensive care units

☐ Yes ☐ No All oncology units

☐ Yes ☐ No Sterile processing – clean side

☐ Yes ☐ No Transfusion services

☐ Yes ☐ No OR theaters and restricted areas

☐ Yes ☐ No Dedicated isolation wards/units

☐ Yes ☐ No Procedural suites

☐ Yes ☐ No Imaging suites: invasive imaging

☐ Yes ☐ No Pharmacy compounding

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
Med Risk Group	☐ I	☐ II	☐ III*	☐ IV
High Risk Group	☐ I	☐ II	☐ IV	☐ V
Highest Risk Group	☐ III	☐ IV	☐ V	☐ V

Infection control permit and approval will be required when Class of Precautions III (type C) and all Class of Precautions IV or V are necessary.

Environmental conditions that could affect human health, such as sewage, mold, asbestos, gray water and black water will require Class of Precautions IV for LOW and MEDIUM Risk Groups and Class of Precautions V for HIGH and HIGHEST Risk Groups.

*Type C and Type D work areas that cannot be sealed and completely isolated from occupied patient spaces should be elevated to include negative air exhaust as listed in Class IV precautions.

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 - Before and during work activities

- ☐ Communicate work details with owner's representative
- ☐ Perform noninvasive work activity as to not block or interrupt patient care, or in areas not directly occupied with patients.
- ☐ Execute work by methods to minimize creating dust from construction activities
- ☐ Immediately replace any displaced ceiling tile before leaving the area and/or at the end of noninvasive work activity

Upon completion of work activities

- ☐ Wet mop and/or HEPA vacuum before leaving the work area

Class II – Before and during work activities (Strictly designated for minor maintenance and engineering activities involving minimal dust and must never be used for construction or renovation activities)

- ☐ Perform only limited dust work and/or activities designed for basic facilities and engineering work
- ☐ Perform limited dust and invasive work following standing precautions procedures approved by the facility

Upon Completion of work activities

- ☐ Wet mop and/or HEPA vacuum before leaving the work area

Class III – Before and during work activities

Prior to beginning work

- ☐ Isolate HVAC system 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
- ☐ Install an adhesive (dust collection) mat at entrances of contained work area
- ☐ Work will be completed within a control cube
- ☐ Maintain negative air pressure within work area
- ☐ 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
- ☐ Seal all doors with tape that will not leave residue
- ☐ Clean waste containers, including wheels and hard cover, prior to leaving the work area
- ☐ Monitor and record negative pressure readings daily
- ☐ Inspect dust barriers daily, record condition
- ☐ New ventilation systems are to be protected from construction dust until work is completed

Upon completion of work activities

- ☐ 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 & V (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. Anterooms will have a negative pressure relationship with 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 ensure 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):

☐ 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):

Contaminate:

Steps to minimize / eliminate impact:

☐ 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):

Approval (Signature Required)

_____	_____	_____
Project Manager (printed)	Signature	Date

Review (Signature Required)

_____	_____	_____
Centennial Representative	Signature	Date