INFECTION PREVENTION RISK ASSESSMENT

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Infection Prevention Management Plan

- A formal infection prevention plan can include, but is not limited to:
  - Define program and scope of service
  - Authority statement
  - Demographic information
  - Surveillance and methods employed for surveillance

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Management/IP Plan

Infection Control Mission/Vision Statement

(sample) The mission of the Infection Prevention & Control (IPC) program is to establish a comprehensive program to ensure that the organization has a functioning coordinated process in place to reduce the risks of endemic and epidemic healthcare acquired infections in patients (residents), healthcare workers, students and visitors on an ongoing basis and to optimize use of resources through a strong and preventive program.

3

Management/IP Plan

Scope of Care/Services

(sample) Reducing the risk of infection is achieved through surveillance, prevention and control of infections throughout the organization. The IPC program is directed by _____ (the infection preventionist, chair of the infection prevention committee and/or healthcare epidemiologist) to develop alternative techniques to address the real and potential exposures, select and implement the best techniques to minimize adverse outcomes, and evaluate and monitor the results and revise techniques as needed.

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Management/IP Plan

IPC Authority Statement

(sample) In the interest of early and complete reporting, authority is given by the medical staff to nursing service to report any actual or suspected infection. Nursing service is also authorized to institute the isolation procedure appropriate to diagnosis by the attending physician with regard to a given patient. When any action concerning the physical care of the patient is to be taken, the medical staff member or designee shall be first notified.

In the absence of appropriate orders from the attending physician, the infection control practitioner shall have the authority to institute any appropriate control measures when it is reasonably felt a danger exists to any patient or personnel.

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Management/IP Plan

Identify Demographics

(sample) The type of patients (residents) served are _____ and the age ranges of patients (residents) served is ____throughout ____.

Persons served also include internal and external healthcare providers, students, trainees, volunteers and visitors.

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Management/IP Plan

Plan should outline demographics, including, but not limited to:

- Number of beds / patient encounters
- Number of buildings
- Services provided (e.g., oncology, NICU, memory care)
- Ages of patients (residents) cared for
- Number of staff
- Geography / climate
- Population numbers, including area the facility encompasses- sq. miles

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Management/IP Plan

Risk Assessment

(sample) The facility performs an annual risk assessment to determine areas of focus for the annual Infection Control Plan. The document is designed to identify new, special or emerging infection risks in order to plan programs, processes or procedures to eliminate the effect of the risk. The risk assessment is a dynamic document allowing reassessment when conditions have changed. A multidisciplinary team performs the risk assessment using the previous year's healthcare associated infection data and Infection Control program summary.

Insert a copy of completed Risk assessment grid

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Management/ IP Plan

Corresponding policies can include, but are not limited to:

- Hand Hygiene Program
- Antibiotic Stewardship Program
- Outbreak Investigations
- Transmission Based Precautions
- Infection Control Education
- Influenza Campaign
- Influx of Potentially Infectious Patients
- Environment of Care
- Bloodborne Pathogen Management and Training

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Purpose of an Infection Prevention (IP) Risk Assessment

1

Determine infection prevention priorities

2

Use assessment components to develop effective IPC plan and program.

3

Develop a strategy for improvement and evaluation for highest risk areas.

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Frequency of an IPC Risk Assessment

Establish baseline risk assessment

Any time circumstances change, or significant changes occur

- New services added
- New programs added
- Response to external events
- New risk identified, with need to reprioritize
- Change in regulations

Review and update risk assessment annually

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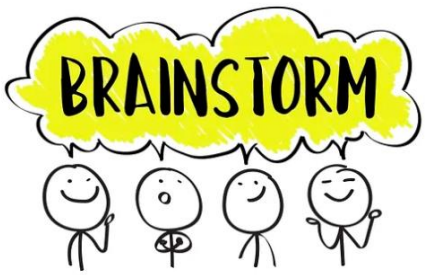
It's a Team Effort

- Infection Preventionist(s)
- Administration
- Nursing Leadership
- Medical staff
- Pharmacy
- Environmental Services
- Safety/Risk Officer
- Engineering/Facilities
- Nursing Staff
- Quality Director
- Employee Health
- Lab
- PT/OT
- Respiratory Therapy
- Education



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Risk Assessment Team Sport

- Input from everyone
- Do as a group or one-on-one with key personnel
- First time is most difficult
- You'll guide the process, but everyone contributes

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Identify Sources of Risks

- Unusual occurrences
- Potentially compensable events
- Significant/sentinel events
- Medical/legal claims
- Regulatory complaints
- Audits
- Surveys
- Community standards of care/practice

- Risks may have subcategories
  - e.g., SSI (list individual procedures performed)

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Areas to Score

Probability- Likelihood this event will occur/fail

Impact- How severe/harm if the event does occur

Preparedness – Infection Prevention Systems in place/Quantity of supplies/Staff awareness

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Example Risk Assessment

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for res				(Are processes/resources in pl			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Patient/Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g.,*Salmonella, Shigella*)																

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Scoring Key Examples

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for res				(Are processes/resources in pla			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	

Probability					Impact					Preparedness				
5	4	3	2	1	5	4	3	2	1	1	2	3	4	5
Frequent	Probable	Occasional	Rare	Improbable	Catastrophic	Major	Moderate	Minor	No impact	Extremely high	High	Moderate	Low	Extremely Low
Almost certain	Quite likely	May occur	Not likely but possible	Not likely	Life threatening, Death	Severe or severly exacerbated injury or illness or significantly reduced life expectancy	Mildly exacerbated injury or illness, temporary harm	Trivially exacerbated injury or illness, may require first aid	No harm	extremely well prepared/ staff have drilled and know response	Staff have drilled	Staff know policy and procedure	Staff aware there is a procedure or policy	No awareness by staff

PROBABILITY	SEVERITY					
	HUMAN IMPACT	***PROPERTY IMPACT***	***BUSINESS IMPACT***	***PREPARED-NESS***	***INTERNAL RESPONSE***	***EXTERNAL RESPONSE***
Likelihood this type of infection or problems with this process will occur in our patient population.	*Severity of this for the patient*	*Additional cleaning / isolation / staffing needs due to this infection / problem*	*Increased length of stay/cost to the facility due to this infection / problem*	*Identification & prevention of this disease, infection, process problem, or care of this type patient in place*	*Staff knowledge & compliance of policy for prevention of this particular problem*	*External support/regulations for this type procedure/problem: OSHA, TJC, CDC, NIOSH etc.*
0-not applicable *1-unlikely* *2-seldom* *3-occasional* *4-likely* *5-frequent*	*0-not applicable* *1-extremely low or none* *2-low* *3-moderate* *4-high* *5-extremely high*	*0-not applicable* *1-extremely low or none* *2-low* *3-moderate* *4-high* *5-extremely high*	*0-not applicable* *1-extremely low or none* *2-low* *3-moderate* *4-high* *5-extremely high*	*0-not applicable* *1-extremely high* *2-high* *3-moderate* *4-low* *5-extremely low or none*	*0-not applicable* *1-extremely high* *2-high* *3-moderate* *4-low* *5-extremely low or none*	*0-not applicable* *extremely high* *2-high* *moderate* *4-low* *5-extremely low or none*

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Customizing your Template

Facility Onset/Device Related Risks

- CAUTI
- Foley bundle non-compliance
- CLABSI
- Central-line bundle non-compliance
- MDRO (MRSA, VRE, ESBL, novel or targeted drug resistant infections)
- C. Diff
- Wound infection

Outbreak Related Risks

- Epidemic/Pandemic (e.g., COVID-19)
- Respiratory illness
- Gastrointestinal illness
- Foodborne illness
- Waterborne illness
- TB
- Weather related event
- Bioterrorism

IPC Practice Failure Risks

- Non-compliance
  - Hand hygiene
  - Standard and transmission-based precautions
  - Environmental disinfection
- Occupational exposures
- Improper disposal of medical waste and sharps
- Annual fit testing not completed
- Knowledge deficit of policies and procedures
- IP unable to devote anticipated hours to job

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Sources of Information to Determine Risk

- Occurrence reports
- Significant/sentinel events
- Regulatory complaints / Survey findings
- Audits data
- Medical/legal claims
  - Potentially compensable events
- Standards of care/practice

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Example Risk Assessment Scoring

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for res				READINESS TO PREVENT (Are processes/resources in pl			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)		2				2				2				2		8
Central line-associated bloodstream infection (CLABSI)				0				0				0			1	1
Tracheostomy-associated respiratory infection				0				0				0			1	1
Percutaneous-gastrostomy insertion site infection			1			2				2				2	1	7
Wound infection	3				3						1				1	8
Other (specify):																

Higher score = Higher risk

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FY2023 Risk Assessment for _____		Health Care Worker Related Risks			
		0=N/A 1=Low 2=Moderate 3=High	0=N/A 1=Low 2=Moderate 3=High	0=N/A 1=High 2=Moderate 3=Low	Probability x Impact x Preparedness
	PROBLEM/RISK	PROBABILITY	IMPACT	PREPAREDNESS	FINAL SCORE
1	Hand Hygiene non-compliance	2	2	1	4
2	Transmission based precautions non-compliance	2	2	1	4
3	Standard Precautions non-compliance	1	2	1	2
4	Aseptic technique non-compliance	1	3	2	6
5	Infection Prevention Policy and Procedures staff knowledge deficit	2	3	2	12
6	Sharps/Splash occupational exposure	1	3	2	6
7	Delayed recognition of employee outbreak (I.E. Pertusis or COVID-	2	3	2	12
8	Influenza immunization not received	1	1	1	1
9	Annual PPD/N-95 Fit test not complete	1	3	2	6
10	HCW immunizations not up to date	3	3	2	18
11	Universal Masking non-compliance	3	2	2	12
12	Social distancing non-compliance	3	2	1	6
13	HCW working while infectious	3	3	2	18

Additional Example

The higher the final score, the higher the risk

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Next Steps. . .

- Prioritize surveillance activities using risk assessment
  - Outcome surveillance – healthcare-acquired and community acquired infections
    - Includes plan for identification of outbreaks
  - Process surveillance – Do staff follow the facility's IPCP policies (e.g., monitoring hand hygiene, blood glucose monitoring practices)
- Set goals to ensure that the data collected are consistent, useful, actionable and timely
- Use the risk assessment and surveillance information to adjust policies and procedures with the goal of reducing infections.
- Drive education / training efforts

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Developing an Action Plan

Priority #	Priority	Goal	Objective	Strategies	Progress/Analysis	Evaluation
1.						
2.						
3.						
4.						
5.						

Based on the scoring of your risk assessment and the consensus of your team, you will prioritize the elements you will need to work on in the coming year.

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Goals

Priority #	Priority	Goal
1.	CDI HAI	Decrease NHSN SIR by the end of FY2023
2.	Healthcare worker eye exposures	Reduce number of incident reports of eye exposures
3.	Hand hygiene non-compliance	Improve hand hygiene compliance

Goals-

- May not be strictly measurable or tangible
- Outcome to achieve long-term

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Objectives

Priority #	Priority	Goal	Objectives
1.	CDI HAI	Decrease NHSN SIR by the end of FY2023	• Reduce NHSN SIR by 10% in FY23 • SIR Rate in FY22 was 2.53 • Target: NHSN SIR of 2.28 or less for FY23
2.	HCW eye exposures	Reduce number of incident reports of eye exposures	25% reduction in incident reports of employees reporting eye exposure during calendar year 2023
3.	Hand Hygiene non-compliance	Improve hand hygiene compliance	Overall Hand Hygiene compliance will be 90% or better for FY2023

Objectives:
- What you want to accomplish
- Specific action supports the goal
- Measurable and tangible
- Mid to short term

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Strategies

Priority #	Priority	Goal	Objective	Strategies
1.	CDI HAI	Decrease NHSN SIR by the end of FY2023	• Reduce NHSN SIR by 10% in FY23 • SIR Rate in FY22 was 2.53 • Target: NHSN SIR of 2.28 or less for FY23	Q1 1. Assess which unit has highest rate 2. Develop education and auditing tool 3. Assess which unit has lowest rate and look at what they are doing.
2.	Healthcare worker eye exposures	Reduce number of incident reports of eye exposures	25% reduction in incident reports of employees reporting eye exposures during calendar year 2023	Q1 1. Survey employees on *why exposures are occurring* 2. *Audit use of PPE/standard precautions*

Strategies
- Action Plans/steps to achieve the objective
- The HOW and WHAT
- Assign responsibility – don't try to do all by yourself

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Progress/Analysis

Priority #	Priority	Goal	Objectives	Strategies	Progress/Analysis
1.	CDI HAI	Decrease NHSN SIR by the end of FY2023	• Reduce NHSN SIR by 10% in FY23 • SIR Rate in FY22 was 2.53 • Target: NHSN SIR of 2.28 or less for FY23	Q1 1. Assess which unit has highest rate 2. Develop education and auditing tool 3. Assess which unit has lowest rate and look at what they are doing.	Q1 1. Unit assessments done 2. Education power point on C. diff done 3. Audit tool completed
2.	Healthcare worker eye exposures	Reduce number of incident reports of eye exposures	25% reduction in incident reports of employees reporting eye exposures during calendar year 2023	Q1 1. Survey employees on why exposures are occurring 2. Audit use of PPE/standard precautions	Q1 1. Surveys completed 2. Audit completed

Progress/Analysis-
Update and analyze your progress on at least on a quarterly basis.

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Evaluation

Priority #	Priority	Goal	Objective	Strategies	Progress/ Analysis	Evaluation
2.	Healthcare worker eye exposures	Reduce number of incident report of eye exposures	25% reduction in incident reports of employees reporting eye exposures during calendar year 2023	Q1. 1. Survey employees on why exposures are occurring 2. Audit use of PPE/standard precautions	Q1. 1. Survey completed 2. Audit completed	Q.1 1. Lack of understanding by staff on when to use eye protection 2. 40% compliance rate with use of PPE and standard precautions
				Q2. 1. Develop education on standard precautions 2. Audit where PPE is stored	Q2. 1. PPE education and quiz ready for distribution 2. Audit by floor of PPE storage completed	Q2 1. Education used during skills days to reach everyone 2. PPE found not to be at point of care.

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Evaluation

Priority #	Priority	Goal	Objective	Strategies	Progress/ Analysis	Evaluation
2.	Healthcare worker eye exposures	Reduce number of incident reports of eye exposures	25% reduction in incident reports of employees reporting eye exposures during calendar year 2023	Q3. 1. Unit base teams to problem solve how to get PPE at point of care e.g. patient rooms	Q3. 1. Units have identified safe/convenient place to store PPE near patient care 2. Education rolled out at skills days 3. Unit meetings to orientate staff to placement of PPE	Q3. 1. PPE package in each room 2. All staff completed education 3. Unit meetings held
				Q4. 1. Audit use of PPE/standard precautions 2. Review number of incident report for eye exposure	Q4. 1. PPE/standard precaution compliance rate 80% 2. Incident reports down 5%	Q4. 1. PPE needs to be restocked in room after use – will need to develop plan 2. Continue to monitor incident reports since goal of 25% not attained 3. Need to audit replacement of PPE 4. Compare use of PPE and standard precaution compliance

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CONSTRUCTION RISK ASSESSMENT

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ICRA Types of Work

Step One:
Using Table 1, Identify the Activity Type (A-D).

Infection Control Risk Assessment 2.0 (ICRA 2.0) | ASHE

Type A	**Inspection and non-invasive activities.** Includes but is not limited to: • Removal of ceiling tile for visual inspection-limited to 1 tile per 50 square feet with limited exposure time. • Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris. • Clean plumbing activity limited in nature.
Type B	**Small-scale, short duration activities that create minimal dust and debris.** Includes but is not limited to: • Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces). • Fan shutdown/startup. • Installation of electrical devices or new flooring that produces minimal dust and debris. • The removal of drywall where minimal dust and debris is created. • Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.
Type C	**Large-scale, longer duration activities that create a moderate amount of dust and debris.** Includes but is not limited to: • Removal of preexisting floor covering, walls, casework or other building components. • New drywall placement. • Renovation work in a single room. • Non-existing cable pathway or invasive electrical work above ceilings. • The removal of drywall where a moderate amount of dust and debris is created. • Dry sanding where a moderate amount of dust and debris is created. • Work creating significant vibration and/or noise. • Any activity that cannot be completed in a single work shift.
Type D	**Major demolition and construction activities.** Includes but is not limited to: • Removal or replacement of building system component(s). • Removal/installation of drywall partitions. • Invasive large-scale new building construction. • Renovation work in two or more rooms.

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ICRA Patient Risk Group

Step Two:
Using Table 2, identify the Patient Risk Group(s) that will be affected. If more than one risk group will be affected, select the higher risk group.

Low Risk **Non-patient care areas such as:**	**Medium Risk** **Patient care support areas such as:**	**High Risk** **Patient care areas such as:**	**Highest Risk** **Procedural, invasive, sterile support and highly compromised patient care areas such as:**
• Public hallways and gathering areas not on clinical units. • Office areas not on clinical units. • Breakrooms not on clinical units. • Bathrooms or locker rooms not on clinical units. • Mechanical rooms not on clinical units. • EVS closets not on clinical units.	• Waiting areas. • Clinical engineering. • Materials management. • Sterile processing department - dirty side. • Kitchen, cafeteria, gift shop, coffee shop, and food kiosks.	• Patient care rooms and areas • All acute care units • Emergency department • Employee health • Pharmacy - general work zone • Medication rooms and clean utility rooms • Imaging suites: diagnostic imaging • Laboratory.	• All transplant and intensive care units. • All oncology units. • OR theaters and restricted areas. • Procedural suites. • Pharmacy compounding. • Sterile processing department - clean side. • Transfusion services. • Dedicated isolation wards/units. • Imaging suites: invasive imaging.

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ICRA Class of Precautions

Step Three:

Match the Patient Risk Group (*Low, Medium, High, Highest*) from Step Two with the planned Construction Activity Project Type (*A, B, C, D*) from Step One using Table 3 to find the Class of Precautions (*I, II, III, IV or V*) or level of infection control activities required. The activities are listed in Table 5 – Minimum Required Infection Control Precautions by Class.

	Construction Project Type			
Patient Risk Group	**TYPE A**	**TYPE B**	**TYPE C**	**TYPE D**
LOW Risk Group	I	II	II	III*
MEDIUM Risk Group	I	II	III*	IV
HIGH Risk Group	I	III	IV	V
HIGHEST Risk Group	III	IV	V	V

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ICRA Mitigation activities

Class of Precautions	Mitigation Activities (Performed Before and During Work Activity)
Class I	1. Perform noninvasive work activity as to not block or interrupt patient care. 2. Perform noninvasive work activities in areas that are not directly occupied with patients. 3. Perform noninvasive work activity in a manner that does not create dust. 4. Immediately replace any displaced ceiling tile before leaving the area and/or at end of noninvasive work activity.
Class II	1. Perform only limited dust work and/or activities designed for basic facilities and engineering work. 2. Perform limited dust and invasive work following standing precautions procedures approved by the organization. 3. This Class of Precautions must never be used for construction or renovation activities.
Class III	1. Provide active means to prevent airborne dust dispersion into the occupied areas. 2. Means for controlling minimal dust dispersion may include hand-held HEPA vacuum devices, polyethylene plastic containment, or isolation of work area by closing room door. 3. Remove or isolate return air diffusers to avoid dust from entering the HVAC system. 4. Remove or isolate the supply air diffusers to avoid positive pressurization of the space, 5. If work area is contained, then it must be neutrally to negatively pressurized at all times. 6. Seal all doors with tape that will not leave residue. 7. Contain all trash and debris in the work area. 8. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 9. Install an adhesive (dust collection) mat at entrance of contained work area based on facility policy. Adhesive mats must be changed routinely and when visibly soiled. 10. Maintain clean surroundings when area is not contained by damp mopping or HEPA vacuuming surfaces.

Class I precautions require fewer interventions

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ICRA Mitigation activities

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.

Class V	1. Construct and complete critical barriers meeting NFPA 241 requirements including: Barriers must extend to the ceiling, or if ceiling tile is removed, to the deck above, and all penetrations through the barrier shall meet the appropriate fire rating requirements. 2. All (plastic or hard) barrier construction activities must be completed in a manner that prevents dust release. Plastic barriers must be effectively affixed to ground and ceiling and secure from movement or damage. Apply tape that will not leave a residue to seal gaps between barriers, ceiling or floor. 3. Seal all penetrations in containment barriers, anteroom barriers, including floors and ceiling using approved materials (UL schedule firestop if applicable for barrier type). 4. Construct anteroom large enough for equipment staging, cart cleaning, workers. The anteroom must be constructed adjacent to entrance of construction work area. 5. Personnel will be required to wear disposable coveralls at all times during Class V work activities. Disposable coveralls must be removed before leaving the anteroom. 6. Remove or isolate return air diffusers to avoid dust entering the HVAC system. 7. Remove or isolate the supply air diffusers to avoid positive pressurization of the space. 8. Negative airflow pattern must be maintained from the entry point to the anteroom and into the construction area. The airflow must cascade from outside to inside the construction area. The entire construction area must remain negatively pressurized. 9. Maintain negative pressurization of the entire workspace using HEPA exhaust air systems directed outdoors. Exhaust discharged directly to the outdoors that is 25 feet or greater from entrances, air intakes and windows does not require HEPA-filtered air. 10. If exhaust is directed indoors, then the system must be HEPA filtered. Prior to start of work, HEPA filtration must be verified by particulate measurement as no less than 99.97% efficiency and must not alter or change airflow/pressure relationships in other areas. 11. Exhaust into shared or recirculating HVAC systems, or other shared exhaust systems (bathroom exhaust) is not acceptable. 12. Install device on exterior of work containment to continually monitor negative pressurization. To assure proper pressure is continuously maintained, it is recommended that the device(s) have a visual pressure indicator. 13. Contain all trash and debris in the work area. 14. Nonporous/smooth and cleanable containers (with a hard lid) must be used to transport trash and debris from the construction areas. These containers must be damp-wiped cleaned and free of visible dust/debris before leaving the contained work area. 15. Worker clothing must be clean and free of visible dust before leaving the work area anteroom. 16. Workers must wear shoe covers prior to entry into the work area. Shoe covers must be changed prior to exiting the anteroom to the occupied space (non-work area). Damaged shoe covers must be immediately changed. 17. Install an adhesive (dust collection) mat at entrance of contained work area based on facility policy. Adhesive mats must be changed routinely and when visibly soiled. 18. Consider collection of particulate data during work to monitor and ensure that contaminates do not enter the occupied spaces. Routine collection of particulate samples may be used to verify HEPA filtration efficiencies.

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ICRA Rounding

Inspect work areas daily, or more frequently as necessary:

Compliant?

Need to stop work?

Daily Infection Control Checklist
Construction Site Monitoring

Worksite Location_____
Date/Time_____
Reviewer_____

Item	Met	Not Met	Corrective Action
General cleanliness of work area satisfactory			
Work areas separated from patient areas by barriers			
Work barriers intact, Seam sealed			
Doors and openings Closed			
All holes and penetrations are covered			
Vents blocked or Filtered			
Ceiling tiles Intact			
Negative pressure machines Running			
Clean dust mats/sticky mats in work area			
Clean dust mats/sticky mats at entrance area			
Adjacent areas clean (i.e., no dust tracks)			
No debris or unsecured tools in area			
Construction debris removed from site			
Debris removed in covered-container with seal			
Brick removal-debris wet and covered			
Compressed gas cylinders			
All fire detection and suppression equipment operable			
Exits and corridors clear and unobstructed			
Fire extinguishers accessible in construction area			
Temporary access and egress routes identified and clear			
Roads unobstructed for public and emergency access			
Signage in place (Not an Exit, Construction Area, etc)			

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Monitoring

In addition to daily checklist, any time you walk by a construction area be observant:

- Do I see dust?
- Footprints?
- Wet ceiling tiles?
- Opened doors- unzipped or tape loose on plastic?
- Debris removal in carts and covered?

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References

Holmes K, McCarty, J, Steinfeld, S, Infection Prevention and Control Programs. In: Boston K.M., et al, eds. APIC Text Online. Available at https://text.apic.org/toc/overview-of-infection-prevention-programs/infection-prevention-and-control-programs. Accessed September 6, 2024.

CDC Nursing Home Infection Preventionist Training. Module 1 – Infection Prevention and Control Program. https://www.cdc.gov/long-term-care-facilities/hcp/training/index.html

Joint Commission Resource, *5 Sure-Fire Methods Identifying Risks for Infections.* Available at *https://www.jointcommission.org/-/media/tjc/documents/resources/hai/5_sure-fire_methods.pdf*

Infection Control during Hospital Renovation and Construction; Policies, Procedures and Strategies to Protect Patients and Workers. Laborers' Health and Safety Fund of North America *https://tools.niehs.nih.gov/wetp/public/Course_download2.cfm?tranid=9803*

ASHE. Infection Control Risk Assessment 2.0. Matrix of Precautions for Construction, Renovation, and Operations. Access download at https://www.ashe.org/icra2

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Risk Assessment Templates

APIC IC Risk Assessment Analysis (Excel Document)
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fhigherlogicdownload.s3.amazonaws.com%2FAPIC%2Feb3f0499-9134-44a4-9b14-f1d9f3915c3f%2FUploadedImages%2FICRiskAssessmentAnalysis.xls&wdOrigin=BROWSELINK

APIC Risk Assessment Template for Infection Surveillance, Prevention and Control Programs in Ambulatory Healthcare Settings
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fapic.org%2FResource_%2FTinyMceFileManager%2FEducation%2FASC_Intensive%2FResources_Page%2FASC_Risk_Assessment_Template.docx&wdOrigin=BROWSELINK

CDC IPC Risk Assessment Spreadsheet for Long Term Care
https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cdc.gov%2Flong-term-care-facilities%2Fmedia%2Fexcel%2FIPC-RiskAssessment.xlsx&wdOrigin=BROWSELINK

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