

# Minidoka Memorial Hospital

*Office of Planning, Design & Construction*

## Pre-Construction Risk Assessment

It is recognized that renovation, construction, and some maintenance & repair activities have the potential to impact patient care processes within the Environment of care. The purpose of this Pre-Construction Risk assessment process is to identify potential risks that could arise from these activities and to develop risk mitigation strategies to minimize these risks. Elements to be considered in this process include, but are not limited to:

- Life Safety Code deficiencies (ILSM)
- Air Quality/Pressure Management (ICRA)
- Utility interruptions/impacts
- Noise
- Vibration
- Environmental Services
- Other Safety Hazards

Prior to the beginning of each identified activity this assessment tool will be completed by the Pre-assessment team. Members of this team will vary with the scope and nature of the work but should include the following:

- Project Manager
- Engineering Representative
- Safety Office Representative
- Infection Prevention Office Representative
- Environmental Services Representative
- Contractor Representative
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Others to be considered:

- Department Representative from area being affected
- Risk Management Representative
- Design team Representative

At the conclusion of the risk assessment process a set of risk mitigation recommendations (RMR) will be generated. These RMR's will be reviewed with the individuals or parties completing the work and will become part of the project documentation.

Project Name: \_\_\_\_\_

Project Information: \_\_\_\_\_ Tracking # \_\_\_\_\_

Project Name: \_\_\_\_\_

Location/Area of Activity: Building: \_\_\_\_\_ Level: \_\_\_\_\_ Room #(s): \_\_\_\_\_

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Contractor(s): \_\_\_\_\_

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Building Rehabilitation Classification per/2012 NFPA 101 Chapter 43:

- Repair
- Renovation
- Modification
- Reconstruction
- Change of use or occupancy classification
- Addition

Activity Description:

\_\_\_\_\_

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Please identify the Departments, Phone #'s and contacts for those located in proximity to this work:

Area Above: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Area Below: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Adj. Services: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Adj. Services: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Adj. Services: \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Applicable Risk Assessment Elements:

- Life Safety Code deficiencies (ILSM)
- Air Quality/Pressure Management (ICRA)  
Attach drawing showing locations of the following:  
Barrier type and locations, entrances, Negative air unit location and discharge, pressure monitor type and location
- Utility interruptions/impacts
- Noise & Vibration
- Life Safety Code deficiencies (ILSM)
- Environmental Services Requirements
- Other Safety Hazards

Life Safety Code/ Fire Safety Deficiencies

Please review each of the following categories and indicate whether they are applicable to the scope of work that is planned. Any “Yes” answer requires that an interim measure be developed to ensure safety and that the measure be clearly articulated

1. **EXITS** - Does the project have the potential of affecting a required exit or other means of egress? Yes  No   
**If “ Yes” identify interim measures to be taken:**

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2. **EXITS** - Would the affected exit be used by anyone other than construction staff? Yes  No   
**If “ Yes” identify interim measures to be taken:**

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3. **EMERGENCY ACCESS** - Does the project have the potential for obstructing access? Yes  No   
**If “ Yes” identify interim measures to be taken:**

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4. **EMERGENCY RESPONDERS** - Does the Project have the potential for obstructing access of emergency response staff to the construction area? Yes  No   
If "Yes" identify interim measures to be taken:

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5. **FIRE PROTECTION** - Will the project activity affect the fire detection system? Yes  No   
If "Yes" identify interim measures to be taken:

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6. **FIRE PROTECTION** - Will the project activity affect the fire suppression systems? Yes  No   
If "Yes" identify interim measures to be taken:

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7. **FIRE PROTECTION** - Does project activity require additional fire fighting equipment be available? Yes  No   
If "Yes" identify interim measures to be taken:

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8. **FIRE RESPONSE TRAINING** - Does the project activity require that construction staff receive additional fire fighting equipment training? Yes  No   
If "Yes" identify interim measures to be taken:

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9. **COMBUSTIBLE LOAD** - Will the project require the storage of flammable or combustible material that may require special consideration? Yes  No   
If "Yes" identify interim measures to be taken:

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10. **TEMPORARY PARTITIONS** - Will the project require temporary partitions? If yes, partitions are to be smoke tight and constructed of limited combustible materials Yes  No   
If "Yes" identify interim measures to be taken:

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11. **FIRE DRILLS** - Does the project warrant additional fire drills? Yes  No   
If "Yes" identify interim measures to be taken:

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12. **IMPACT ON RATED STRUCTURES** - Will project plans/activities affect structural features impacting fire protection such as rated doors or walls? Yes  No   
If "Yes" identify interim measures to be taken:

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13. **HAZARD SURVEILLANCE** - Will the project require increased hazard surveillance inspections? Yes  No   
If "Yes" identify interim measures to be taken:

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Frequency:                      Continuously \_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

14. **HOT WORK** - Hot work to be conducted in support of the project? Yes  No

**If “ Yes” identify interim measures to be taken:**

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15. **AREA POSTING** - Interim Life Safety Measures Poster required to be posted in the area? Yes  No

**If “ Yes” identify interim measures to be taken:**

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**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 4 hours or more, a fire watch will be provided in accordance with the following table:

Time Down	# of Zones Affected	Occupancy Type	Type of Fire Watch Required
< 4 Hrs.	1 or More	All*	Additional Duty**
4-8 Hrs.	1 or 2	All	Additional Duty
4-8 Hrs.	3 or more	All	1 person Additional Duty for every 30 zones OR
4-8 Hrs.	3 or more	All	Specially assigned/Dedicated***
>8 Hrs.	1 or 2	All	Additional Duty
>8 Hrs.	3 or more	All	Specially assigned/Dedicated

\* **All:** Covers all occupancies; e.g. vacant space, construction, closed clinic, storage etc. This column remains in the table to acknowledge that type of Occupancy (people, activities and combustibles present) is a risk factor and when considered might give cause to modify "Acceptable Fire Watch".

\*\* **Additional duty:** Normal staffing assigned the additional duty of fire watch. For example, as long as there is adequate staffing to continuously patrol the affected area, clinical staff can fulfill this role.

\*\*\* **Specially Assigned/Dedicated:** Specially assigned person(s) beyond normal staffing with the sole Responsibility of performing fire watches duties. For example, hiring an additional Security Guard for the night with assigned fire watch duties only.

**NOTE** - Smoking is not allowed anywhere within the Medical Center. Construction staff found smoking in a MMH facility/construction site will be suspended from the project.

**Minidoka Memorial Hospital  
Infection Control Risk Assessment  
Construction/Renovation Activity/Risk Group Worksheet**

Tracking # \_\_\_\_\_

**Please indicate the type of work involved:**

\_\_\_\_\_ **Type A**

*Inspections and Non-invasive activities*

Includes activities that do not generate dust or require cutting of walls, drilling, sanding or access to ceilings other than for visual inspection such as:

- \_\_\_\_\_ Removal of ceiling tiles for visual inspection limited to 2 tiles per 50 square feet
- \_\_\_\_\_ Minor Electrical work
- \_\_\_\_\_ Minor plumbing repairs without solder and torches
- \_\_\_\_\_ Hardware repair of doors and windows
- \_\_\_\_\_ Sign repair or replacement
- \_\_\_\_\_ Painting (but not sanding) wall covering

\_\_\_\_\_ **Type B**

*Small scale, short duration activities, which will only create minimal dust.*

*Includes, but is not limited to:*

- \_\_\_\_\_ Installation of telephone and computer cabling
- \_\_\_\_\_ Access to chase spaces
- \_\_\_\_\_ Small carpentry ASSEMBLY projects
- \_\_\_\_\_ A maximum of 4 ceiling tile replacements within 50 square feet
- \_\_\_\_\_ Short duration cutting, drilling, or sanding of very small areas where dust creation is small and migration can be controlled
- \_\_\_\_\_ Minor mechanical repairs; re-lamping; hand-tool operations.

\_\_\_\_\_ **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:*

- \_\_\_\_\_ Sanding of walls for painting or dry wall construction, or of any wall covering
- \_\_\_\_\_ Any drilling of more than a very short duration
- \_\_\_\_\_ Any use of power cutting or sanding tools in patient occupancy areas
- \_\_\_\_\_ Removal of any floor coverings, ceiling tiles, or casework covering more than 20% of the total area
- \_\_\_\_\_ New wall, ceiling, or floor construction
- \_\_\_\_\_ Any above ceiling duct work, plumbing work or electrical work likely to generate moderate amounts of dust
- \_\_\_\_\_ Major cabling activities
- \_\_\_\_\_ Any extensive (greater than 35 square feet) use of cleaners, strippers, paints, solvents, sealers, or adhesives
- \_\_\_\_\_ Any work taking more than 8 hours to complete

\_\_\_\_\_ **Type D**

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

- \_\_\_\_\_ Any significant water damage of carpeting, ceiling tiles, insulation and dry wall that is more than 48 hours old;
- \_\_\_\_\_ Major demolition
- \_\_\_\_\_ Major construction, over several days
- \_\_\_\_\_ New construction

**Please indicate the Patient risk Groups that will be affected:**

\_\_\_\_\_ **GROUP 1 – Lowest Risk Group**

- \_\_\_\_\_ Office areas, lobbies, non-patient corridors
- \_\_\_\_\_ Facility Support (i.e.: Engineering, Housekeeping, etc.)
- \_\_\_\_\_ Non-patient care areas not included in Groups 2, 3 or 4.

\_\_\_\_\_ **GROUP 2 – Medium Risk Group**

- \_\_\_\_\_ Pediatrics
- \_\_\_\_\_ Patient care units not listed in Groups 3 or 4
- \_\_\_\_\_ Admissions & Public areas
- \_\_\_\_\_ Patient Care lobbies & Corridors
- \_\_\_\_\_ Cafeteria/Kitchen

\_\_\_\_\_ **GROUP 3 – Medium-high Risk Group**

- \_\_\_\_\_ Emergency Department
- \_\_\_\_\_ Radiology/MRI/Nuclear Medicine/Echo
- \_\_\_\_\_ Radiation Oncology
- \_\_\_\_\_ PT Tank areas
- \_\_\_\_\_ Laboratories
- \_\_\_\_\_ Newborn Nursery
- \_\_\_\_\_ Dialysis units
- \_\_\_\_\_ Endoscopy
- \_\_\_\_\_ Outpatient Oncology areas
- \_\_\_\_\_ Radiation Oncology

\_\_\_\_\_ **GROUP 4 – Highest Risk**

- \_\_\_\_\_ Operating Rooms/PACU/Pre-op hold areas
- \_\_\_\_\_ Cardiac Cath. Lab
- \_\_\_\_\_ Central Sterile Reprocessing
- \_\_\_\_\_ Birthing Pavilion and delivery operating rooms
- \_\_\_\_\_ Intensive Care Units, (incl. PICU)
- \_\_\_\_\_ Labor and Delivery (BP)
- \_\_\_\_\_ ICN
- \_\_\_\_\_ Bone Marrow Transplant/solid organ transplant Areas
- \_\_\_\_\_ Pharmacy Compounding area
- \_\_\_\_\_ Other areas where invasive surgical procedures may be done, ED Trauma Room, clinic procedure rooms etc.



**Please circle the appropriate Construction/Renovation class**

Risk Level	Type A	Type B	Type C	Type D
Group 1	Class I	II	II	III/IV
Group 2	I	II	III	III/IV
Group 3	I	II	III/IV	III/IV
Group 4	III	III/IV	III/IV	III/IV

**Precautions to be considered, Please indicate all that are applicable:**

**Class I**

**Prior to beginning work**

Communicate work details with area manager.

**During Work**

Execute work by methods to minimize raising dust from construction operations.

Immediately replace any ceiling tile displaced for visual inspection.

**Upon Completion of work**

Wet mop and/or vacuum before leaving work area.

Other: \_\_\_\_\_

**Class II (In addition to items identified for Class I work)**

**Prior to beginning work**

Seal unused doors with duct tape, post signage indication that doors are to be 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.

Establish travel routes for workers, materials and debris

Re-route staff and patient traffic around 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.

Change dust mats at entrance and exit of work area as needed.

**Upon Completion of work**

- Wipe surfaces with disinfectant.
- Wet mop and/or vacuum before leaving work area.
- Unblock local supply air vents.
- Unseal doors, remove signage

Other: \_\_\_\_\_

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**Class III (In addition to items identified for Class I & II work)**

**Prior to beginning work**

- Isolate HVAC system in area where work is being done 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 dust barriers
  - Construct poly air-tight barriers
  - Work will be completed with-in a control cube
  
- Maintain negative air pressure within work site at a minimum of .01” WG

**Class III, Prior to beginning work (Cont)**

- Air to be discharged outside of the building
- Air will be re-circulated outside of the contained work area/within the building using HEPA equipped air filtration units.
- 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 DHMC Project, Safety, Engineering or Infection Control staff.

**During Work**

- Clean waste containers, including wheels, 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 construction work is complete

**Upon Completion of Work**

- Do not remove barriers from work area until complete project is thoroughly cleaned by Environmental Services Dept.
- Review site conditions with DHMC Project, Safety, Engineering or Infection Control staff before removing dust barriers.
- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.

Other: \_\_\_\_\_

**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 leave the work site.
- \_\_\_ All personnel entering work site are required to wear shoe covers.

**During Work**

No additional requirements

**Upon Completion of Work**

No additional requirements

Other Requirements:

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**Utility Interruptions and/or Impacts:**

During the course of the project activity are any of the following likely to be interrupted or impacted in any area outside of the work area?

Yes    No    NA

- Water Supply
- Sewer service
- Roof/Storm drainage
- Normal Power
- Emergency Power
- Ventilation systems
- Oxygen
- Medical Air
- Medical Vacuum
- Other Med Gas; \_\_\_\_\_

Room number that the sprinkler valve serving the area is located in: \_\_\_\_\_

For any of the systems where interruptions are foreseen please explain steps to be taken to mitigate the impacts.

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Please document any preventative measures that will be taken to insure that an unplanned interruption will not occur:

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## Noise and Vibration Assessment

Please list any activities that will generate noise and/or vibration likely to be disruptive:

**Activity:**

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Time & Duration: \_\_\_\_\_

**Mitigation Strategies:**

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**Activity:**

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Time & Duration: \_\_\_\_\_

**Mitigation Strategies:**

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## Environmental

- Who is responsible for daily cleaning inside the work area? \_\_\_\_\_
- Is Terminal cleaning required at the end of each work day? \_\_\_\_\_
- If Yes, who is responsible for Terminal cleaning? \_\_\_\_\_
- Are there any special needs required for terminal cleaning at the end of the project? \_\_\_\_\_
- If Yes, List special needs: \_\_\_\_\_  
\_\_\_\_\_

**Communications Required**

Please note any special communications that need to be completed before, during or after the project.

**Does the Insurance Co. need to be notified of any project activities?**

Yes  No

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**Safety Hazards**

**Please provide a list of any Hazardous Materials used or stored within the project area**

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**Is the work likely to generate any noxious or unusual odors?**

Yes  No

If Yes, what steps are to be taken to minimize impact?

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Are there any known contaminants?

Yes  No

- Asbestos**
- Lead**
- Mold**

If Yes, what steps are to be taken to minimize impact?

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Does the planned work include any of the following?

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Confined Space Entry</b>           | <input type="checkbox"/> <b>Excavation requiring protection</b>                      |
| <input type="checkbox"/> <b>Lock Out Tag Out Procedures</b>    | <input type="checkbox"/> <b>Cranes or hoisting equipment</b>                         |
| <input type="checkbox"/> <b>Scaffolding</b>                    | <input type="checkbox"/> <b>Interruption of normal pedestrian or vehicle traffic</b> |
| <input type="checkbox"/> <b>Work requiring Fall Protection</b> | <input type="checkbox"/> <b>Live Electrical Work</b>                                 |

**Additional Recommendations to reduce/mitigate risk for this work:**

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**Signatures:**

Project Manager	_____	Date _____
Engineering Representative	_____	Date _____
Safety Office Representative	_____	Date _____
Infection Prevention Office Representative	_____	Date _____
Environmental Services Representative	_____	Date _____
Contractor Representative	_____	Date _____
Other	_____	Date _____

