

APPENDIX B of
INFECTION CONTROL RISK ASSESSMENT

DAILY MONITORING LOG

DATE: _____ TIME: _____ PROJECT: _____

Responsible Person _____ CONTRACTOR _____

OBSERVATIONS BY: _____

INFECTION CONTROL INTERVENTION (as indicated on ICRA authorization)	Yes	No	N/A	Verbal Notification Given To, Corrective Action Taken, Other Comments.
HEPA Vacuum, personnel & cart cleaning supplies available at the work zone entrance.				
Construction barriers intact, no visual evidence of dust escaping the work zone				
Traffic restricted to construction personnel and traffic control signs posted and intact				
Construction personnel using designated entrances/exits and are following designated travel routes				
Walk off/adhesive mats clean & adequate to contain construction dust				
Portable air scrubber working properly ducting intact, filters certified as necessary. No dust accumulation at exhaust location.				Particulate count (weekly/daily): % reduction of particles if highest risk area
Negative air pressure maintained & documented in comments				Pressure differential: _____
All windows closed behind barrier. Debris chute (if applicable) closed if not in use				
HVAC vents remain isolated/filtered				
Daily cleaning of the work zone. Ante Room clean. Entrance/exit & adjacent areas free of dust & debris				
Carts appropriately covered during transport of debris and materials				
No food trash found in work zone, or cavities in the work zone; no visible signs of vermin				
New contractors instructed in all ICRA requirements.				
Additional Comments:				

Reviewed & Approved

Hospital Epidemiology: August 2017, November 2017, June 2018, October 2018

IV.L-22

APPENDIX D

MOBILE DUST CONTAINMENT UNIT (MCU) USAGE CHECKLIST

Before using the MCU, check the following:		YES	NO
1	Before entering the clean space, have you raised the top extension and cleaned the entire MCU, all surfaces, inside and outside, along with the wheels?		
2	Is the HEPA vacuum in good working order with a clean filter and bag?		
3	Enter date of most recent annual evaluation (within last 12 months) to document the integrity of the unit and HEPA filter efficiency	Date:	
4	Are all of the door and top seals in place, with no gaps and in good condition?		
5	Are the power cords and GFCI clean and in good condition?		
6	Are your cords elevated off the floor, or taped to the floor to prevent trip hazards?		
7	Do you clean sticky mats on the floor inside the MCU to clean the soles of your shoes before exiting it?		

* **If there are any NO answers to questions #1 through #6, please correct the condition before proceeding**

With the MCU in place, and before usage:		YES	NO
7	Will the ceiling tiles you are going to remove be fully covered by the MCU		
8	Are all the tiles on the perimeter of the MCU flat and with no penetrations that will affect the sealing of the MCU to the ceiling?		
9	Are there any hospital carts or equipment in the way of setting up the MCU correctly?		
10	Are there any objects on the walls that will affect the MCU placement?		

* **If there are any YES answers to questions #7 through #10, have you addressed it?**

* **If there are any YES answers to questions #7 through #10 that cannot be corrected, DO NOT PROCEED. NOTIFY CONTRACTOR AND/OR CONTRACTOR'S REP IMMEDIATELY**

With the MCU in use:	
11	Ensure the HEPA vacuum is always running while using the MCU
12	Only open the door of the MCU if the HEPA vacuum is running. Minimize opening and closing the door of the MCU in the clean work area
13	If you need to relocate the MCU to a new work location, first move the MCU to a safe area and clean the MCU before proceeding with work in the new work location
14	Wear a coverall when in the MCU. Remove it while in the MCU after your work is done and leave the dirty coverall in the MCU
15	Keep all demolished material in the MCU until the MCU has been moved to a safe working location
16	If asked, immediately shut down and close up all work activity, move the MCU to a safe environment and notify contractor and/or contractor's rep

Responsible Person or Contractor's Representative – contact information:

APPENDIX E

INFECTION CONTROL RISK ASSESSMENT

ICRA PRE DUST GENERATING ACTIVITY CHECKLIST

DATE: _____ TIME: _____ PROJECT: _____

Responsible Person _____ CONTRACTOR _____

OBSERVATIONS BY: _____

INFECTION CONTROL INTERVENTION (as indicated on ICRA authorization)	Yes	No	N/A	Verbal Notification Given To, Corrective Action Taken, Other Comments.
HEPA Vacuum, personnel & cart cleaning supplies, cart covers available at the work zone entrance.				
Construction barriers intact, including above ceiling barriers where required. Unused doors taped.				
Traffic restricted to construction personnel and traffic control signs posted and intact				
ICRA Authorization Form, emergency contacts, and sleeve for daily logs posted.				
Construction personnel trained on designated entrances/exits				
Walk off/adhesive mats adequate to contain construction dust				
Air scrubber machine(s) cleaned, new filters, ducting cleaned and intact, and required speed setting indicated prior to activation.				
Baseline particle concentration tests conducted and recorded in notes. Take as a percent reduction from outside building entrance particle count. Test at discharge only required if discharging into adjacent spaces or near pedestrian pathways. Outside air (main entrance) particle count: _____				Percent reduction: Outside of barrier: HEPA OFF: ON: Inside of barrier - HEPA OFF: ON: Supply grill outside of barrier - At HEPA Discharge -
Negative air pressure established and documented in notes column. (-0.01 minimum required)				Pressure differential: _____
Check adjacent pressure sensitive areas (i.e. soiled utility rooms) outside barrier for changes in pressure.				
HVAC supply turned down, returns covered per ICRA Authorization Form				
Patients removed and supplies/equipment removed or covered				
Contractors instructed in all ICRA requirements.				