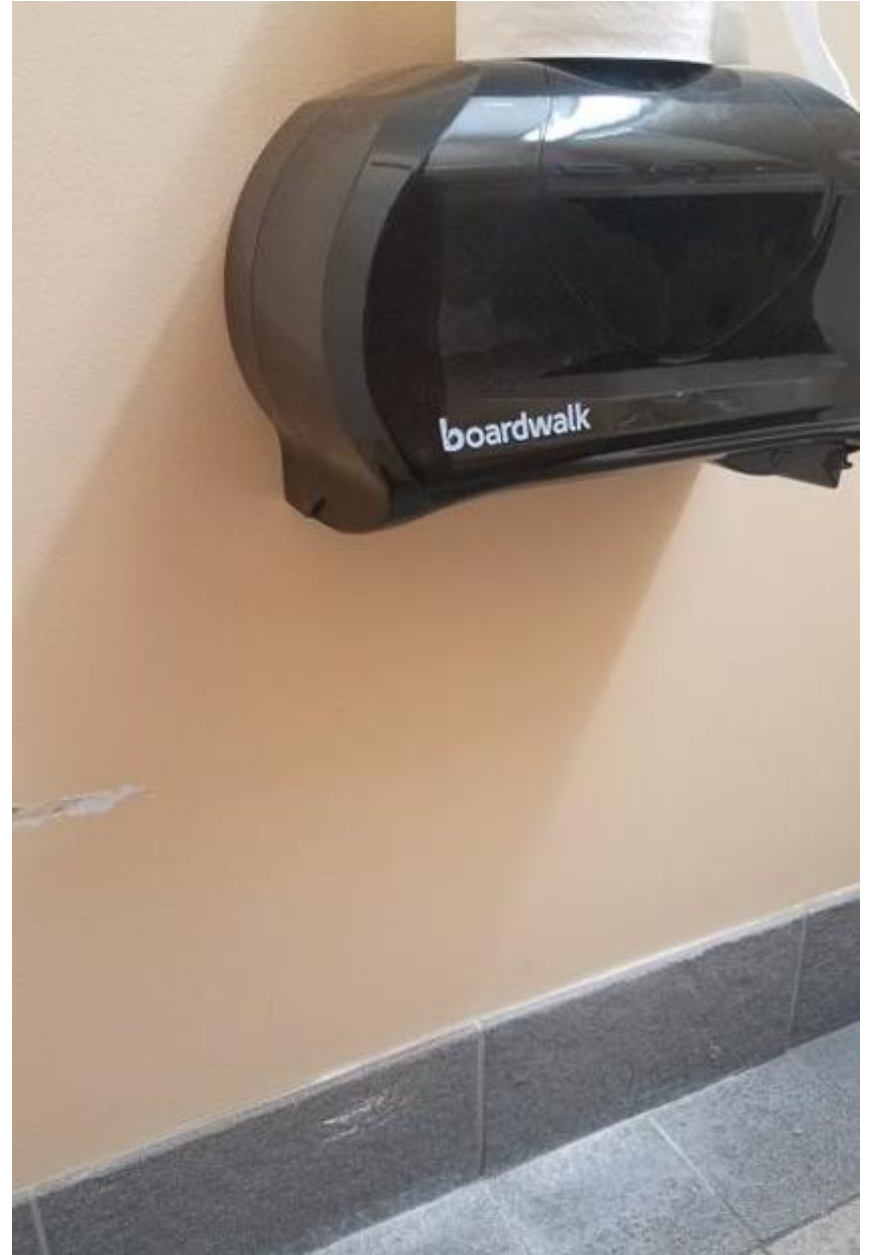


# The Missing Link in Long Term Care Construction

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# Objectives



1

Upon completion, participants will be able to identify resources available that address the healthcare construction and renovation Infection Control Risk Assessment process and components.

2

Upon completion, participants will be able to determine patient safety elements to consider when planning for an upcoming project.

3

Upon completion, participants will be able to replicate the construction and renovation ICRA process within their facility.

## Frustrations



## CMS Expectations

“The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.”



# Traditional ICRA Implementation

<b>TYPE A</b>	<p><b>Inspection and noninvasive activities</b> Includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>Removal of ceiling tiles for visual inspection only (for example, limited to one tile per 50 square feet)</li> <li>Painting (but not sanding)</li> <li>Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or accessing ceilings other than for visual inspection</li> </ul>
<b>TYPE B</b>	<p><b>Small-scale, short-duration activities that create minimal dust</b> Includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>Installation of telephone and computer cabling</li> <li>Access to chase spaces</li> <li>Cutting of walls or ceilings where dust migration can be controlled</li> </ul>
<b>TYPE C</b>	<p><b>Work that generates a moderate to high level of dust or requires demolitic removal of any fixed building components or assemblies</b> Includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>Sanding of walls for painting or wall covering</li> <li>Removal of floor coverings, ceiling tiles and casework</li> <li>New wall construction</li> <li>Minor duct work or electrical work above ceilings</li> <li>Major cabling activities</li> <li>Any activity that cannot be completed within a single work shift</li> </ul>
	<p><b>Major demolition and construction projects</b></p>

Low Risk	Medium Risk	High Risk	Highest Risk
<ul style="list-style-type: none"> <li>Office areas</li> </ul>	<ul style="list-style-type: none"> <li>Cardiology</li> <li>Echocardiography</li> <li>Endoscopy</li> <li>Nuclear medicine</li> <li>Physical therapy</li> <li>Radiology/MRI</li> <li>Respiratory therapy</li> </ul>	<ul style="list-style-type: none"> <li>Critical care unit</li> <li>Emergency room</li> <li>Labor and delivery</li> <li>Laboratories (specimen)</li> <li>Medical units</li> <li>Newborn nursery</li> <li>Outpatient surgery</li> <li>Pediatrics</li> <li>Pharmacy</li> <li>Postanesthesia care unit (PACU)</li> <li>Surgical units</li> </ul>	<ul style="list-style-type: none"> <li>Any area caring for immunocompromised patients</li> <li>Burn unit</li> <li>Cardiac cath lab</li> <li>Central sterile supply</li> <li>Intensive care unit</li> <li>Negative pressure isolation rooms</li> <li>Oncology</li> <li>Operating rooms, including C-section rooms</li> </ul>

Patient Risk Group	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
<b>LOW Risk Group</b>	I	II	II	III/IV
<b>MEDIUM Risk Group</b>	I	II	III	IV
<b>HIGH Risk Group</b>	I	II	III/IV	IV
<b>HIGHEST Risk Group</b>	II	III/IV	III/IV	IV

# Facility Guidelines Institute (FGI)

## Adoption of FGI Residential *Guidelines* by Facility Type and State

Facility Type	State Adopted		
<b>Adult day care facility</b>	Delaware* New Hampshire**	New York	Vermont*
<b>Assisted living facility</b>	Colorado (intellectually/developmentally disabled) Delaware* Florida**	Louisiana New Hampshire** Tennessee Utah (dementia unit)	Vermont* Washington State** West Virginia
<b>Hospice facility</b>	Alaska Colorado Connecticut Delaware	New Hampshire Rhode Island Tennessee Utah	Vermont* Virginia* Washington State** West Virginia*
<b>Nursing home</b>	Alaska Arizona Colorado Connecticut Delaware* D.C.* Florida** Georgia	Iowa Louisiana Nebraska Nevada New Hampshire New Jersey* New York North Dakota**	Rhode Island Tennessee Utah Vermont* Virginia* Washington State** West Virginia* Wyoming
<b>Other</b>	North Dakota ("basic care" facility)		

\*Regulations say "current" or "latest" edition

\*\*Adopted 2014

No asterisk indicates a previous version was adopted.

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Plan  
Design  
Implement  
Commission

# Center for Medicare & Medicaid

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- Environment
- Hazards
  - Over which facility has control
  - Free from accident hazards is possible
- Avoidable Accident
  - Identify hazards and assess resident risk
  - Evaluate, analyze, and eliminate hazards and risk
  - Implement interventions
  - Monitor effectiveness and modify as needed
- Water Management Program
  - Established program
  - Risk Assessment
  - Monitoring of control measures and corrective actions



## 2003 Guidelines for Environmental Infection Control in Health-Care Facilities

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- Multidisciplinary team
- Education
- Mandatory adherence
- Surveillance
- Infection Prevention Measures
  - Utility, HVAC, or plumbing shut down
  - Barrier specifications
  - Dust containment
  - Air pressurization



# Pre-Planning Staff Questions

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Purpose or goal of the space

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What operations will occur in the space

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Where will each function occur within the space and what resources are needed

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Is there enough space to perform all functions, ensure privacy, and remain productive

---

Will bulk body fluid or waste removal or negative pressure room be needed

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Will chemicals be used that require chemical or biological hoods or eye wash stations or emergency shower

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Does equipment generate heat or humidity or noise or vibration

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## Pre-Planning Staff Questions

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What type of surfaces or finishes are needed

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What lighting is needed while avoiding visual distraction

---

What are potential infection sources

---

Will family, POA, visitors use the space

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Will the area serve individuals who have memory or behavioral needs



## Pre-Planning Staff Questions

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Are there any ergonomic considerations

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How will residents be mobilized or transferred

---

What is the security risk

---

Will residents need to be visualized at all times

---

Are their current concerns or needs for the space



## Risk Matrix and Bidding

**Resident Area Risk Rating: Choose all impacted by the work.**

Risk Level	Areas	
<b>Low Risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>▪ Office areas</li> <li>▪ Non-resident areas</li> <li>▪ Mechanical &amp; Maintenance Spaces</li> <li>▪ Parking</li> </ul>	<ul style="list-style-type: none"> <li>▪ Infectious or Hazardous Waste Containment or Storage</li> <li>▪ Conference Rooms</li> <li>▪ Space not occupied by residents</li> <li>▪ Space occupied only by employees</li> </ul>
<b>Medium Risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>▪ Lobby</li> <li>▪ Reception</li> <li>▪ Public corridors outside of Resident wing or units</li> <li>▪ Cafeteria</li> </ul>	<ul style="list-style-type: none"> <li>▪ Materials Management</li> <li>▪ PT/OT/Speech</li> <li>▪ Family Support Area</li> <li>▪ Receiving Dock or Station</li> <li>▪ Dietary or Food Service</li> </ul>
<b>High Risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>▪ Linen Storage</li> <li>▪ Clean Storage</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lab Support Space</li> </ul>
<b>Critical Risk</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>▪ All Resident Care Rooms</li> <li>▪ Medication Rooms</li> <li>▪ Storage Area for Medication or Treatment Carts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sterile Storage</li> <li>▪ Pharmacy</li> <li>▪ Negative Pressure Isolation Rooms</li> </ul>

## Risk Matrix and Bidding

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<p>Type A  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Inspection and Non-Invasive Activities</b> includes normal maintenance activity and the following:</p> <ul style="list-style-type: none"> <li>▪ Inspection or removal of access panel(s)</li> <li>▪ Minor repair</li> <li>▪ Minor electrical work</li> <li>▪ Plumbing repair</li> <li>▪ Removal of three ceiling tiles for visual inspection</li> <li>▪ painting (no patching or sanding)</li> <li>▪ Activities with little to no drilling, cutting, Or other dust raising activity</li> </ul>
<p>Type B  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Small scale, short duration activities</b> which minimal dust generation (finish in one shift or work can stop at the end of the shift and return to normal function) includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ Minor cutting or drilling of plaster or dry wall where dust migration can be controlled</li> <li>▪ Carpet removal</li> <li>▪ Sanding or other dust making activity within a room or other controlled area</li> <li>▪ Cabling</li> <li>▪ Access to chase spaces</li> </ul>
<p>Type C  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Medium scale</b> (start and finish within one calendar week) includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ Remove hard surface flooring</li> <li>▪ Sanding of walls for painting or wallcovering</li> <li>▪ Wall demolition and construction</li> <li>▪ Ductwork</li> <li>▪ Major ceiling work</li> <li>▪ Any activity which cannot be completed within a single work-shift</li> </ul>
<p>Type D  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Large Scale construction or demolition</b> (takes longer than seven days)</p>

# Risk Matrix and Bidding

## Resident Risk

LOW Risk

MEDIUM Risk

HIGH Risk

### Class II

Yes

No

### Contractor:

- All items in Class I
- A control cube must be used if the ceiling space is in a critical area, work needs to be left unattended, or core drilling is occurring.
- If pulling wire/cable from another floor or wing, only 3 ceiling tiles can be removed combined all areas without a cube barrier.
- Construction supply and waste must follow approved route for disposal and be always covered or bagged.
- Carts for waste will be wiped down prior to leaving the construction area.
- If work is in critical area, notify housekeeping as soon as possible but no later than the start of the work. They will complete the terminal clean.

### Construction Coordinator:

- All items in Class I.
- Coordinate terminal clean with Housekeeping in critical areas.

### Class of Work

#### Class I

Yes

No

#### Contractor:

- Execute work by method
- Obtain an Above Ceiling more tiles. ACWP must
- Limit ceiling tile removal immediate view. If you
- Immediately replace any ceiling tile displaced for visual inspection.
- Report any missing, broken, or stained tiles to Construction Coordinator.
- Bag all debris and give to Construction Coordinator.
- Final clean with HEPA vacuum.

#### Construction Coordinator:

- Ensure above practice are implemented and maintained.
- Track all ACWP upon issuance and return.

# Construction Classification

Barrier construction will consist of the following:			
<input type="checkbox"/> ECU	<input type="checkbox"/> Existing Structure	<input type="checkbox"/> Barrier Created	
		<input type="checkbox"/> Seven Days or Less	<input type="checkbox"/> Longer than Seven Days
<ul style="list-style-type: none"> <li>• Plug HEPA in and ensure the</li> </ul>	<ul style="list-style-type: none"> <li>• Use current door and add a</li> </ul>		

Defined route for
Chute: <input type="checkbox"/> No <input type="checkbox"/> Yes Location:
Air
A
i
Positive Pressur
Negative Pressu
Biohood
Will the AHU be served by this Air

Class III or IV <input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor:	Class IV <input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor:
	<ul style="list-style-type: none"> <li>• All items in Class I &amp; II.</li> <li>• Validate construction workers bath and breakroom location.</li> <li>• Conduct daily work site inspection and note corrections.</li> <li>• Barrier must remain intact through the entire project.</li> <li>• Until approved by IP or designee and sign posted, work cannot be started.</li> <li>• Record baseline/beginning HEPA meter reading and change filter when unit is not effective. You cannot clean or vacuum the filter and re-use.</li> <li>• Prevent foot or cart traffic from tracking dust outside of the barrier with a walk-off mat:               <ul style="list-style-type: none"> <li>o Surface must be large enough to capture all traffic in and out.</li> <li>o There are to be no footprints outside of the barrier.</li> <li>o If tact mats, exchange when ¼ of mat is no longer sticky.</li> <li>o If wet mat, vacuum daily and when visibly dirty. Replace weekly.</li> </ul> </li> <li>• To the extent possible, control dust from cutting with detergent/water mist, wet sanding, wet coring, or HEPA vacuum att:</li> </ul>		<ul style="list-style-type: none"> <li>• All material must be wrapped, HEPA vacuumed, or disinfected prior to entering or exiting the construction project.</li> <li>• Before construction the hardscape barrier, a temporary softscape barrier will be constructed unless using prefabricated panels or construction completed of barrier off site.</li> <li>• Barriers go all the way to the deck (do not end at suspended ceiling).</li> <li>• Critical location requires an anteroom.               <ul style="list-style-type: none"> <li>o Air will be monitored to ensure the anteroom is negative to occupied area and negative to the construction space.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Seal holes,</li> <li>• Wet-wipe to</li> <li>• Work site w</li> <li>• Remove de</li> <li>• Prevention               <ul style="list-style-type: none"> <li>o Insulation</li> <li>o Heat tape</li> <li>o Water at</li> </ul> </li> <li>• If work on A</li> </ul>		
	<p><b>Construction C</b></p> <ul style="list-style-type: none"> <li>• Prior to the               <ul style="list-style-type: none"> <li>o Notify are will be rer</li> <li>o Post the following:                   <ul style="list-style-type: none"> <li>▪ Construction Risk Assessment</li> <li>▪ Daily checklist for contractor</li> </ul> </li> </ul> </li> <li>• Responsible for contractor compliance and weekly verification.</li> <li>• Schedule commissioning and turnover of the project.               <ul style="list-style-type: none"> <li>o Schedule housekeeping for terminal cleaning at least three days in advance.</li> <li>o Follow re-occupancy checklist prior to IP inspection.</li> </ul> </li> </ul>		
	<p><b>Infection Preventionist:</b></p> <ul style="list-style-type: none"> <li>• Inspect and approve barrier.</li> <li>• Approve re-occupancy of area following the checklist.</li> </ul>		

## Pre-Work Construction Coordinator and Contractor Questions

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How will planned and unplanned utility, HVAC, or plumbing shutdowns be addressed

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Will offensive odors be generated and when

---

Will it generate significant noise or vibration and when

---

Have all trade members received training in healthcare construction

---

Will potentially asbestos material be disturbed

---

Will confined spaces be entered or created

---

Will hot work be performed

---

Will a fire or smoke barrier be breached

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# Implementation

- ICRA signed and posted
- Validation of all measures in place prior to the start of work
  - Limit dust
  - Barrier is intact
  - Construction space is negative to surrounding space
  - Fire Safety
  - General Safety
- Validation weekly

Description of work to be reviewed.	Approved	Not Approved
√=I have checked, and we are following the risk mitigation plan. If gaps exist, document on the back including actions to resolve.		
Is perimeter sealed as tight as possible for job conditions <input type="checkbox"/> As Is <input type="checkbox"/> Cube or ECU <input type="checkbox"/> Poly Sheeting with framing <input type="checkbox"/> Drywall <input type="checkbox"/> Pre-made Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are doors acting as a barrier <input type="checkbox"/> Existing <input type="checkbox"/> Temporary Door <input type="checkbox"/> Zipper <input type="checkbox"/> Poly Sheeting Overlapping Flap	<input type="checkbox"/> closed <input type="checkbox"/> latched <input type="checkbox"/> weather stripping <input type="checkbox"/> sweep	<input type="checkbox"/> Not able to close, zipper, or latch the door <input type="checkbox"/> Existing door missing sweep or weather stripping <input type="checkbox"/> Poly does not contain weighted stud at bottom
Exhaust machine is present, running, and discharging appropriately filtered air <input type="checkbox"/> Large HEPA <input type="checkbox"/> Medium HEPA <input type="checkbox"/> Small HEPA <input type="checkbox"/> Exhaust to outside the barrier <input type="checkbox"/> Exhaust to inside the barrier Weekly Particle Count Outside of barrier: _____ <input type="checkbox"/> Industrial fan to the outside	<input type="checkbox"/> Yes, present and running <input type="checkbox"/> Yes, exhausting acceptably filtered air	<input type="checkbox"/> No, not present or running <input type="checkbox"/> Not exhausting acceptably filtered air
Is walk off mat in place <input type="checkbox"/> Tack <input type="checkbox"/> Wet carpeting with water source	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is carpeting which will not be removed covered with sticky back plastic	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> No
Is the work area under negative pressure (e.g., .02 inches water gauge)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No or unable to verify
Exhaust <input type="checkbox"/> NA <input type="checkbox"/> Sealed <input type="checkbox"/> Filtered <input type="checkbox"/> Removal is part of scope	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Returns <input type="checkbox"/> NA <input type="checkbox"/> Sealed <input type="checkbox"/> Removal is part of scope	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supply <input type="checkbox"/> NA <input type="checkbox"/> Sealed <input type="checkbox"/> Removal is part of scope	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Debris transportation bagged or covered <input type="checkbox"/> Not observed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supply and waste follow approved routes <input type="checkbox"/> Not observed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standing water is not evident	<input type="checkbox"/> Yes	<input type="checkbox"/> No

# Commissioning

Cleaning of the Site			
Items to Complete		Contractor	Infection Preventionist
Ceiling tiles seated except those displaced due to barrier	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
All remaining wall penetrations sealed or covered	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walls with cleanable primer – final coat can be applied after barrier removal	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gang boxes and construction materials removed	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Validate sinks work properly and hot water does not exceed 120 degrees F	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flush all water lines for 5 minutes for both hot and cold lines	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soap dispensers are hung but not filled.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paper towel dispensers are hung but not filled.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check floor drains and ensure traps have water seals to prevent sewer gases from entering the room		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sharps containers are wall mounted but not filled		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shipping cartons and debris removed		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HEPA set to re-circulated within the space		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exhaust port from HEPA is sealed	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction crew has completed an initial cleaning with HEPA vacuum to remove as much dust and debris from the space		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Poly barrier around hardscape barrier in Critical Risk area	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminal Cleaning completed with HEPA recirculating in the space before, during, and after. <input type="checkbox"/> Contractor <input type="checkbox"/> Housekeeping <input type="checkbox"/> Outside Company Date: _____ Time: _____ AM/PM Initials: _____			
Minimally 2 hours after terminal clean, check horizontal surfaces for settle down dust including inside surface of barrier:		<input type="checkbox"/> No, settle down dust was found – proceed <input type="checkbox"/> Yes, settle down dust was found – continue to run HEPA and have site re-cleaned.	
If needed, 2 <sup>nd</sup> Terminal Cleaning completed with HEPA recirculating in the space before, during, and after. <input type="checkbox"/> Contractor <input type="checkbox"/> Housekeeping <input type="checkbox"/> Outside Company Date: _____ Time: _____ AM/PM Initials: _____			

# Commissioning

Barrier Removal		
Low, Medium, or High Risk	Critical Risk	
<ul style="list-style-type: none"> <li>• If up more than 24 hours, remove the barrier with the HEPA machine still running.</li> </ul>	<ul style="list-style-type: none"> <li>• Build poly barrier around initial barrier.</li> </ul>	
<ul style="list-style-type: none"> <li>• Remove initial barrier with the HEPA machine still running.</li> <li>• Materials are covered and removed from area.</li> <li>• HEPA vacuum any immediate soiling found trapped by/within barrier.</li> <li>• Finish with damp dusting and mopping</li> </ul>		
Final Cleaning completed with HEPA recirculating in the space before, during, and after. <input type="checkbox"/> Contractor <input type="checkbox"/> Housekeeping <input type="checkbox"/> Outside Company Date: _____ Time: _____ AM/PM Initials: _____		
Minimally 2 hours after terminal clean, check horizontal surfaces for settle down dust:	<input type="checkbox"/> No settle down dust was found – proceed	<input type="checkbox"/> Yes, settle down dust was found – continue to run HEPA and have site re-cleaned.
If needed, 2 <sup>nd</sup> Final Cleaning completed with HEPA recirculating in the space before, during, and after. <input type="checkbox"/> Contractor <input type="checkbox"/> Housekeeping <input type="checkbox"/> Outside Company Date: _____ Time: _____ AM/PM Initials: _____		

# Commissioning

Construction Manager Re-occupancy Checklist			
HVAC filters are changed if needed, tested, and balanced	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vents and ductworks are cleaned	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate temperature and humidity controls	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate fire alarm and protections systems are active	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate fire extinguishers are present	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate security systems are in place	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Final painting of walls if needed	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evaluate laminar flow or bio-hoods and validate working correctly	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate pressurized rooms have the correct number of air exchanges and are pressurized correctly	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Validate all equipment is functioning as designed	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educate staff on any new equipment and validate PM recorded	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install refrigerators and validate reach correct temperature and determine monitoring method	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install ice machines	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hand Hygiene products are stocked including paper towels	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only cleaning supplies under sinks	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Free standing eyewash stations are installed	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insert sharps containers	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No clean products are stored with dirty	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place lined trash containers	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Placed lined dirty linen hampers	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ensure stored linen is covered	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rooms are stocked with necessary supplies	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Summary

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Plan + Design  
+ Implement + Commission  
= Meet CMS and goals in LTC

# References

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- Draft 2022 Residential Document, [https://fgiguilines.org/revision-process/comment\\_period/2022-draft-residential-document/](https://fgiguilines.org/revision-process/comment_period/2022-draft-residential-document/)
- What is the requirement for an organization to have a pre-construction risk assessment?, <https://www.jointcommission.org/standards/standard-faqs/hospital-and-hospital-clinics/environment-of-care-ec/000001278/>
- Public Health Ontario Environmental Cleaning of Health Care Facilities CRMD Guide, <https://www.publichealthontario.ca/-/media/documents/c/2015/crmd-environmental-cleaning-healthcare-facilities.pdf?la=en>
- APIC Infection Prevention Manual for Construction & Renovation, <https://secure.apic.org/web/ItemDetail?iProductCode=SLS9808&Category=BOOKS>
- CDC 2003 Guidelines for Environmental Infection Control in Health-Care Facilities, <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm>



Questions