



## Objectives



Identify infection risks from routine maintenance work



Apply the ICRA Process to small jobs from an IP perspective



Implement oversight strategies to ensure compliance and protect patients

# DISCLAIMER

**SMALL JOBS. BIG RISKS. REAL RESPONSIBILITY.**

The guidelines and instructions presented here are not meant to supersede manufacturers' instructions, contractors' job site requirements, or healthcare facilities' policies or procedures nor are they meant to replace any current local, state, provincial, or federal safety rules or regulations.

**It is essential that you always follow all current local, state, provincial, or federal safety rules, regulations, and guidelines whenever you perform any of these tasks.**

No statements made in this presentation should give the impression that Carpenters Training Institute their affiliates, representatives, or employees have assumed any part of the employer's legal responsibility to provide a "safe and healthful workplace," as mandated by the Occupational Safety and Health Act of 1970.

**SMALL JOBS. BIG RISKS.**

- Follow the Rules.
- Protect Patients.
- Protect Each Other.
- Own the Risk. Do It Right.

But ICRA is just for Construction and Renovation...








**CMS Condition of Participation**

### Hospital Infection Control Worksheet

Cite: 42 CFR 482.42(a)

**1.A.6** The hospital has infection control policies and procedures relevant to construction, renovation, maintenance, demolition, and repair, including the requirement for an infection control risk assessment (ICRA) to define the scope of the project and need for barrier measures before a project gets underway.

## Why Small Jobs Are Not “Low Risk”

Task Type	Routine Examples	Primary Infection Risk	ICRA Trigger	Typical Controls
 Ceilings / Above-Ceiling	<ul style="list-style-type: none"> <li>Ceiling tile replacement</li> <li>Cable pulls</li> <li>Inspections</li> </ul>	Dust, fungal spores, hidden airflow pathways	Above-ceiling access in occupied areas	<ul style="list-style-type: none"> <li>Barriers</li> <li>HEPA vacuum</li> <li>Surface cleaning</li> </ul>
 Plumbing	<ul style="list-style-type: none"> <li>Sink repair</li> <li>Pipe access</li> <li>Drain work</li> </ul>	Aerosolized waterborne pathogens, biofilm	Work near patient sinks or immunocompromised patients	<ul style="list-style-type: none"> <li>Splash control</li> <li>Cleaning</li> <li>PPI</li> </ul>
 Walls / Penetrations	<ul style="list-style-type: none"> <li>Drilling</li> <li>Mounting equipment</li> <li>Wall openings</li> </ul>	Dust release, contamination pathways	Penetration into patient-adjacent spaces	<ul style="list-style-type: none"> <li>Dust control</li> <li>Barriers</li> <li>Cleaning</li> </ul>
 HVAC / Airflow	<ul style="list-style-type: none"> <li>Vent removal</li> <li>Filter changes</li> <li>Diffuser adjustment</li> </ul>	Altered pressure, airborne spread	Any change to airflow in patient areas	<ul style="list-style-type: none"> <li>Coordination with Facilities</li> <li>Airflow verification</li> </ul>
 Electrical / Low Voltage	<ul style="list-style-type: none"> <li>Outlet replacement</li> <li>Data drops</li> <li>Alarm wiring</li> </ul>	Dust from drilling or ceiling access	*Quick* jobs in patient care areas	<ul style="list-style-type: none"> <li>Sit containment</li> <li>HEPA vacuum</li> </ul>
 Flooring / Surfaces	<ul style="list-style-type: none"> <li>Tile replacement</li> <li>Grinding</li> <li>Carpet removal</li> </ul>	Dust, debris, surface contamination	Work while space is occupied	<ul style="list-style-type: none"> <li>Containment</li> <li>Off-hour scheduling</li> </ul>
 Doors / Casework	<ul style="list-style-type: none"> <li>Door frames</li> <li>Cabinets</li> <li>Handrails</li> </ul>	Dust, high-touch contamination	Corridor or patient room work	<ul style="list-style-type: none"> <li>Barriers</li> <li>Cleaning</li> <li>Hard hygiene</li> </ul>

## ICRA Refresher for Oversight

# ICRA

Infection Control Risk Assessment

1. Identify patient risk group
2. Identify project type
3. Determine project classification (I-IV or I-V if using ICRA 2.0)
4. Assess surrounding areas
5. Specify controls
6. Document and validate



## When Should a Job Trigger ICRA?

- Any work that:
  - Disturbs dust or surfaces near patient areas
  - Impacts airflow or ventilation
  - Water work
  - Is adjacent to immunocompromised patients
- IP intervention is necessary even for those minor jobs



## The Construction Control Roadmap





### Establishing Infection Prevention's Role in "Small Jobs"

- Encourage the establishment of a process
  - Identify authority
  - Assess risk early
  - Classify work correctly (ICRA)
  - Recommend mitigation strategies
- Monitor compliance
- Provide training
- Ensure access

### Oversight Strategies for ALL Jobs- Big and Small

1. Policies and Governance
  - Infection control policies that address construction, renovation, demolition, repair, and maintenance
  - Policies require ICRA before work begins
  - IP role and authority in ICRA review is clearly defined
2. ICRA Process
  - ICRA required for **all work** that impacts patient areas, airflow, or water regardless of scope
  - ICRA completed prior to work
  - IP review and approves ICRA



Compliance Gap	IP Risk Mitigation Strategy
⚠️ Work starts without IP notification	✅ Require IP notification before any work impacting patient space or airflow
⚠️ Incomplete or incorrect ICRA	✅ Review and validate ICRA classification before approval
⚠️ Barriers not installed or improperly used	✅ Verify barrier setup prior to work and during spot checks
⚠️ No HEPA vacuum or dust control	✅ Require HEPA vacuum use for all dust-generating tasks
⚠️ HVAC adjustments without coordination	Coordinate airflow changes with facilities and IP
⚠️ Work performed during patient occupancy	✅ Schedule work during low census or off-hours when possible
⚠️ Lack of post-work cleaning	✅ Require terminal or enhanced cleaning before space reopens
⚠️ No post-work inspection	✅ Conduct IP sign-off before returning space to use
⚠️ Poor documentation	✅ Standardize documentation and retain ICRA records
⚠️ Maintenance staff unaware of ICRA expectations	✅ Ongoing education and quick-reference guidance

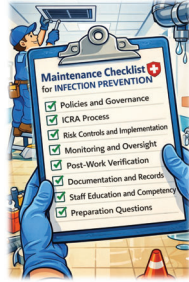
### Oversight Strategies for ALL Jobs- Big and Small

3. Risk Controls and Implementation
  - Standardize barrier selection based on ICRA classification
  - Implement dust control measures
  - HVAC/Airflow changes coordinated with IP and Facilities
  - PPE defined and verified
4. Monitoring and Oversight
  - Address responsibility, frequency, and record-keeping for rounding or spot checks
  - How will non-compliance be addressed?
  - How will breached controls be addressed?



## Oversight Strategies for ALL Jobs- Big and Small

5. Post-Work Verification
  - Terminal clean completed per policy
  - Barriers removed safely
  - Airflow restored and verified
  - Final sign off by IP
  
6. Documentation and Records
  - Retain ICRA records, monitoring, and audits
  - Post-work approval documented
  - Ensure easy retrieval of documents



**QUESTIONS?**  
**WE'RE HERE TO HELP**  
**BUILDING SAFER SPACES TOGETHER!**

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**BUILDING INFECTION PREVENTION**

**SAFER SPACES STRONGER TEAMS**

## Oversight Strategies for ALL Jobs- Big and Small

7. Staff Education & Competency
  - ICRA training
  - Quick reference tools
  
8. Preparation Questions
  - How do you know an ICRA is completed before work begins?
  - How are small maintenance tasks identified for IP review?
  - Who monitors compliance during the work?
  - How do you verify the area is safe before reopening?



Do I need an ICRA?

**Small Jobs, Big Risks:**  
**Infection Prevention**  
**Leading ICRA Oversight**

**CONSTRUCTION!**  
**AREA**  
**DUST & DEBRIS**