

| PRE-CONSTRUCTION RISK ASSESSMENT CHECKLIST – Page 1/2 | | | | | |
|---|---|--------|----|--|---|
| Project: 402-22-755 Replace Laundry HVAC | | | | Project Location: Laundry Building 212 | |
| Assessment Date: 05/24/2022 | | | | Project Manager: Mickey O'Brion | |
| Evaluation Factor | | Status | | | Condition |
| | | Yes | No | N/A | If "Yes", Action Plan to be implemented |
| CONSTRUCTION SAFETY AND SECURITY | | | | | |
| 1 | Will construction safety signs and/or barricades be required? | X | | | Assure that appropriate construction barriers are built and construction signage is posted. |
| 2 | Will secured access to the construction site be required? | X | | | Assure that access to construction site is secured to prevent the entrance of unauthorized persons. |
| 3 | Construction work will primarily be outside. | | X | | Place appropriate barricades and signage. Notify hospital staff and security, and arrange appropriate detours for patients, visitors and staff. |
| 4 | Construction work will primarily be inside. | X | | | Place appropriate barricades and signage. Notify hospital staff and Police, and arrange appropriate detours for patients, visitors and staff. |
| 5 | Will hot work operations be performed? | X | | | Issue "Hot Work Permit" in accordance with VACHS policy. |
| LIFE SAFETY/ INTERIM LIFE SAFETY | | | | | |
| 1 | Will construction obstruct any means of egress? i.e., corridors, stairwells, exits? | | X | | Implement ILSM to include adjusting "EXIT" signage to compensate for temporary changes to egress path. |
| 2 | Will construction restrict access to other departments/services? | | X | | Provide temporary signage directing patients and staff. |
| 3 | Will construction affect the fire alarm or the fire sprinkler system? | | X | | Implement ILSM for areas impacted by shutdown of the system. Notify the Safety Office if an extended shutdown is required. |
| 4 | Will construction compromise smoke barriers and/or fire barriers? | | X | | Implement ILSM Assure that additional fire extinguishers are available within the affected area. |
| 5 | Will construction impact exterior fire service systems, i.e., siamese connections, fire hydrants? | | X | | Implement ILSM to include notifying the West Haven Fire Department of impact to exterior fire service systems. |
| 6 | Will construction impact interior fire service systems, i.e., fire sprinkler and/or standpipes? | X | | | Implement ILSM for areas impacted by shutdown of the system. Notify the Safety Office if an extended shutdown is required. |

| PRE-CONSTRUCTION RISK ASSESSMENT CHECKLIST – Page 2/2 | | | | | |
|---|--|--------|--|-----|---|
| Project: 402-22-755 Replace Laundry HVAC | | | Project Location: Laundry Building 212 | | |
| Evaluation Factor | | Status | | | Condition |
| | | Yes | No | N/A | If "Yes", Action Plan to be implemented |
| LIFE SAFETY/ INTERIM LIFE SAFETY cont... | | | | | |
| 7 | Will asbestos containing materials be disturbed during construction? | | X | | Assure that appropriate procedures are being followed in accordance with EPA and CT-DPH regulations and VA Specification requirements for the proper containment and removal of the asbestos containing material. |
| 8 | Will any hazardous materials be used on the project? | | X | | Contractor should have SDSs available on site with proof of training for review upon request. |
| 9 | Will hazardous materials emit odors that need to be contained to the construction area? | | | X | Follow FMS Policy 39 for dust control procedures during construction. |
| AIR QUALITY & INFECTION CONTROL | | | | | |
| 1 | Will construction consist of demolition of walls and/or ceilings? | X | | | Follow infection prevention procedures during construction. Verify item 7 above. |
| 2 | Has COR obtained Infection Control Construction Permit? | X | | | Follow Infection Control Risk Assessment |
| UTILITY/ COMMUNICATION SYSTEMS | | | | | |
| 1 | Will construction disrupt any utilities, i.e., electrical, water, etc. supporting patient care operations? | | X | | Coordinate utility shutdowns in accordance with FMS Policy 33. |
| 2 | Will construction disrupt nurse call/code blue system? | | X | | Coordinate utility shutdowns in accordance with FMS Policy 33. |
| 3 | Will construction disrupt communication systems, i.e., telephone, computer, overhead paging, pocket pager, two-way radio system(s), alarms, door locks, cameras, security systems? | | X | | Coordinate utility shutdowns in accordance with FMS Policy 33. Coordinate interruption of communications system(s) with Biomed, IRM and VA Police. |
| 4 | Will temporary electrical service be required to be installed? | | | X | Provide in accordance with the NEC and OSHA standards. |
| 5 | Will construction affect Air/Oxygen/Vacuum system? | | X | | Coordinate utility shutdowns in accordance with FMS Policy 33. Coordinate with SPD and Nursing Service. Perform recertification of modified medical gas and oxygen in accordance with NFPA 99. |
| NOISE & VIBRATION | | | | | |
| 1 | Will construction cause noise and vibration in-patient care areas? | | X | | Coordinate phasing of demolition and new construction work with affected Services to minimize impact to patient care operations. Follow VA specifications on maximum noise level tolerances allowed. |
| EMERGENCY PROCEDURES | | | | | |
| 1 | Will construction affect emergency access of local Police or Fire Departments to the facility? | | X | | Notify the local authorities of construction activities and alternate access to the facility. |

Infection Control Risk Assessment Matrix of Precautions for Construction & Renovation

PROJECT NAME: 402-22-755 Replace Laundry HVAC

SCOPE:

STEP 1: Using the following table, identify the Type of Construction Activity

| | |
|---------------|---|
| TYPE A | Inspection and Non-Invasive Activities. Includes, but is not limited to: <ul style="list-style-type: none"> Removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet. Painting (but not sanding). Wall covering, electrical trim work, minor plumbing and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection. |
| TYPE B | Small scale, short duration activities that create minimal dust. Includes, but is not limited to: <ul style="list-style-type: none"> Installation of telephone and computer cabling. Access to chase spaces. Cutting of walls or ceiling where dust migration can be controlled. |
| TYPE C | Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to: <ul style="list-style-type: none"> Sanding of walls for painting or wall covering Removal of floor coverings, ceiling tiles and casework. New wall construction. Minor duct work or electrical work above ceilings. Major cabling activities. Any activity that cannot be completed within a single work shift. |
| TYPE D | Major demolition and construction projects. Includes, but is not limited to: <ul style="list-style-type: none"> Activities that require consecutive work shifts. Requires heavy demolition or removal of a complete cabling system. New construction. |

STEP 1: Determination: TYPE []

STEP TWO: Using the following table, identify the Patient Risk Groups that will be affected.

| Low Risk | Medium Risk | High Risk | Highest Risk |
|--|---|---|---|
| Office areas, Nonclinical administration, IT spaces | Blind Rehabilitation Nuclear Medicine Physical Therapy Primary Care Clinics Radiology/MRI Respiratory Therapy CLC | Cardiology Clinical Labs Distribution (supply areas) Echocardiography Endoscopy Emergency Room Medical–Surgical Units Pharmacy | Bronchoscopy Cardiac Cath Lab Intensive Care Units (ICUs) Interventional Radiology Operating Rooms (OR) & One Day Surg (APU) Outpatient chemotherapy infusion units PACU SPS (Sterile Processing Services) |

STEP 2: Determination: RISK []

| CONSTRUCTION PROJECT CLASS | | | | |
|----------------------------|----------|-----------|------------|---------------|
| Patient Risk Group | TYPE A | TYPE B | TYPE C | TYPE D |
| LOW Risk Group | I | II | II | III/IV |
| MEDIUM Risk | I | II | III | IV |

| | | | | |
|------------------------|-----------|---------------|---------------|-----------|
| HIGH Risk Group | I | II | III/IV | IV |
| HIGHEST Risk | II | III/IV | III/IV | IV |

STEP 3: Project/ Construction Class: CLASS []

DESCRIPTION OF REQUIRED INFECTION CONTROL PRECAUTIONS BY CLASS

| | During Construction Project | Upon Completion of Project |
|------------------|--|--|
| CLASS I | <ol style="list-style-type: none"> 1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace a ceiling tile displaced for visual inspection | |
| CLASS II | <ol style="list-style-type: none"> 1. Remove or isolate HVAC system in areas where work is being performed to prevent contamination of duct system 2. Provide active means to prevent airborne dust from dispersing into atmosphere (plastic cube controls, etc.) 3. Water mist work surfaces to control dust 4. Seal unused doors with duct tape as needed. 5. Block off and seal air vents. 6. Place dust mat at entrance and exit of work area. Change mats when no longer effective. 7. Contain construction waste before transport in tightly covered containers. Tape covering unless solid lid. | <ol style="list-style-type: none"> 1. Upon completion of project, contain construction waste before transport in tightly covered containers. 2. Vacuum area with HEPA filtered vacuum before leaving work area and /or wet mop work and adjacent surfaces with disinfectant. 3. Remove isolation of HVAC system in areas where work was being performed. |
| CLASS III | <p>As above and:</p> <ol style="list-style-type: none"> 1. Complete all critical barriers (i.e., sheetrock, plywood, plastic) to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 2. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. Perform continuous monitoring with specified devices and document on log daily or more often as needed. 3. It is recommended that personnel entering work site should wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 4. Tacky mat is required outside work area | <ol style="list-style-type: none"> 1. Contain construction waste before transport in tightly covered containers. Tape covering unless solid lid. 2. Vacuum with HEPA filtered vacuum before leaving work area and wet mop work and adjacent surfaces with disinfectant. 3. Remove isolation of HVAC system in areas where work was being performed. 4. Do not remove barriers from work area until project is thoroughly cleaned by the owner's EMS and inspected by the Safety Department and Infection Control Department. |

| | | |
|-----------------|---|---|
| CLASS IV | As above and : | 1. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. |
| | <ol style="list-style-type: none"> 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, i.e., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method before construction begins. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Seal holes, pipes, conduits and punctures appropriately. 5. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site, or they can wear cloth or paper coveralls that are removed each time they leave the work site. 6. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 7. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Control Department, and thoroughly cleaned | <ol style="list-style-type: none"> 2. Cover transport receptacles or carts. Tape covering unless solid lid. 3. Vacuum work area with HEPA filtered vacuums. 4. Wet mop area with disinfectant. 5. Remove isolation of HVAC system in areas where work is being performed. |

STEP 4: Identify areas surrounding the project area, assessing potential impact (above, below, behind, front, lateral)

| | Above | Below | Lateral |
|----------------|--------------|--------------|----------------|
| Area(s) | | | |
| Impact | | | |

STEP 5: Identify site(s) of activity (e.g., patient's rooms, medication rooms, etc.)

STEP 6: Additional Comments

| | |
|-----------------------------------|--------|
| Infection Control Approval | |
| Signature: | Date : |
| COR /Project Manager | |
| Signature: | Date |
| Safety Officer | |
| Signature: | Date |

Attachment D

CONSTRUCTION SAFETY ROUNDS LOG - Safety/ILSM /Infection Control Checklist

Signature of Construction Superintendent _____

Signature of Contracting Officer Representative (COR): _____

Signature of Person completing rounds (if other than above) _____

| | | | | | | | | |
|-----------------------|--------------------|------------|------------|----------------------------|------------|------------|------------|------------|
| PROJECT TITLE: | | | | NAME OF CONTRACTOR: | | | | |
| STATION: | | | | CONTRACT NUMBER: | | | | |
| AREA: | | | | PROJECT NUMBER: | | | | |
| PROJECT COR: | | | | WEEK STARTING: | | | | |
| CHECK ✓ | DAYS WORKED | SUN | MON | TUE | WED | THU | FRI | SAT |

If issues found, write on back of this form & note remediation on back

| Safety/ ILSM/ IC issues | S | M | T | W | Th | F | S | Comments |
|---|---|---|---|---|----|---|---|----------|
| Subcontractors are trained in safety/environmental issues | | | | | | | | |
| Means of egress is clear in construction and adjacent areas | | | | | | | | |
| Construction exits designated during construction? | | | | | | | | |
| Doors are closed to construction site and proper signage is in place | | | | | | | | |
| Did personnel receive training for alternative exits and/or ILSM? | | | | | | | | |
| Access for the fire department and emergency services is clear | | | | | | | | |
| Fire sprinkler / fire alarm systems and smoke detectors are active. Temporary systems are in place. Fire extinguishers readily available in construction area | | | | | | | | |
| Area is secured from public and at the end of the day | | | | | | | | |
| NO Smoking Policies are being followed | | | | | | | | |
| Exterior balconies, corridors and stairways are clear of storage | | | | | | | | |
| Flammables and combustibles kept to a minimum and in proper containers. SDS are maintained on site and all products are labeled | | | | | | | | |
| Utility systems returned to operation in occupied areas | | | | | | | | |
| Lock out/ tag out in place | | | | | | | | |
| Buildings, grounds and equipment are maintained in a safe manner | | | | | | | | |
| Hard hats are used regularly per protocols | | | | | | | | |

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Extension cords protected/disconnected at end of day | | | | | | | | |
| Exterior storm drains flushed and cleared of debris | | | | | | | | |
| All external openings in walls/roof are sealed from inclement weather | | | | | | | | |
| Construction storage/field offices maintained and secured | | | | | | | | |
| Dust barriers are maintained, secured & tested. Barriers are monitored consistently for <i>integrity</i> & NPV airflow (<i>clean to dirty</i>) | | | | | | | | |
| Negative air pressure ventilation in work area is maintained utilizing HEPA equipped air filtration units | | | | | | | | |
| A log is maintained to document ongoing negative pressure ventilation in area | | | | | | | | |
| Compliance with traffic patterns for both construction worker & debris / worker movement (e.g., <i>clean covered cart</i> , <i>dedicated elevator</i> , <i>designated route</i> , etc. | | | | | | | | |
| Windows & doors are properly closed & sealed to prevent circulation of dust/debris | | | | | | | | |
| Walk off mats are provided & changed when needed. Floors are free of visible dirt outside construction area | | | | | | | | |
| All areas are cleaned daily and more often as needed by contractor or FMS | | | | | | | | |
| There are no signs of water leakage | | | | | | | | |
| There are no signs of pests (i.e., mice, insects, birds, squirrel, etc.) | | | | | | | | |
| All construction debris is transported in tightly covered containers | | | | | | | | |
| Emergency recall numbers left at work site | | | | | | | | |
| | | | | | | | | |
| COMMENTS FROM ISSUES NOTED ON DAILY ROUNDS | | | | | | | | |
| 1. | | | | | | | | |
| 2. | | | | | | | | |

3.

4.

5.