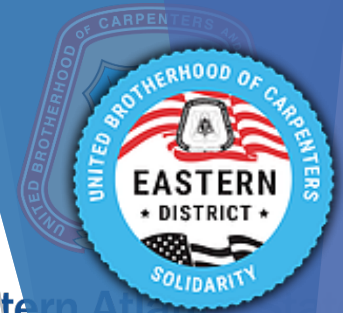




ICRA

Infection Control Risk Assessment What Have We Learned



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Topics



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- ▶ Importance and Affects
- ▶ History of Training Development
- ▶ Contributors
- ▶ What is next?
- ▶ What has changed?
- ▶ Moving Forward



Today's Discussion

- ▶ Construction containment practices as related to Infection Control.



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Importance of ICRA Awareness

- ▶ Recognize Hazardous Materials
- ▶ Control Exposure
- ▶ Limit Routes of Entry
- ▶ Understand Health Effects
- ▶ Site-Specific Considerations
- ▶ Understand Work Practices
- ▶ Understand that Interim Life Safety Measures **MUST REMAIN IN PLACE** play during construction



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Who does ICRA affect?

- ▶ Primarily affects patients receiving care in health care facilities
- ▶ Anyone sensitive to particulates in the air
- ▶ Can affect anyone who may be immune compromised
- ▶ Newborn Babies, The Elderly, Those on life saving equipment
- ▶ *Our Coworkers*
- ▶ Students at our education centers



What are the affects?

- ▶ Patients can become sick or die from poor practice
- ▶ Delay in Care
- ▶ Added cost to health care
- ▶ Stress to Care Givers and Families
- ▶ Liability



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HAI Statistics



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- ▶ Approximately +2 million hospital acquired infections per year
- ▶ Approximately 100,000 of those people die
- ▶ A percentage of those are related to construction, renovation or maintenance
 - ▶ Can you guess what that percentage is?
 - ▶ ANSWER: 5%-10% (5,000 - 10,000)



Impact of Particulates



1 ft

1 ft

1 ft

$$1 \times 1 \times 1 = 1 \text{ cu feet}$$

EXAMPLE:

500,000 particulates per cubic foot (.3 microns and larger)

How many milk crates fit in the room?

Room 10'10'10 would be **1000 cubic feet**

$$1,000 \times 500,000 = 500,000,000 \text{ particulates}$$

The size of a mold spore 2 - 5 microns



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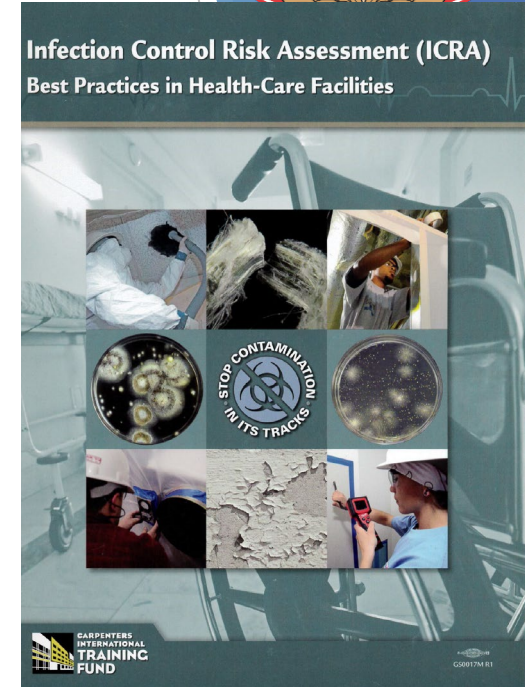
History of Training Development



2008

A collaborative group came together to build a nationwide Carpenter curriculum for health care construction protocols

- ▶ This group consisted of:
 - ▶ Carpenters International
 - ▶ Centers for Disease Control
 - ▶ Infection Control Practitioners
 - ▶ Environmental Experts



History of Training Development

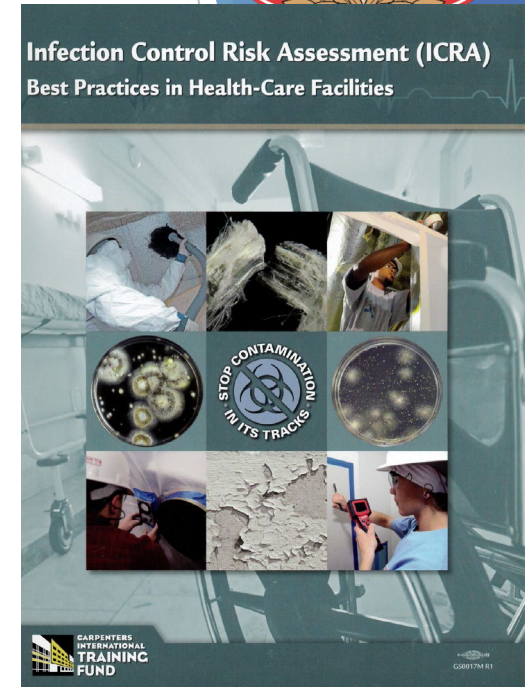


2010-

In collaboration with UPMC, this curriculum was the groundwork for the very first 8-hour awareness curriculum in the country. This course is available to:

- ▶ All Health Care employees
- ▶ All Signatory trades workers
- ▶ Construction Management

Through technological advancement, and best practice this curriculum is constantly evolving and is now on its 12th edition!



ICRA 8-Hour Class

- ▶ For anyone working in and around the containments
- ▶ To have all understand

WHY

containments are being built

- ▶ To provide consistent protocols



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ICRA 24-Hour Class

For all Carpenters onsite to have an understanding of :

▶ Why

▶ How

containments are built to provide consistent protocols in order to protect everyone



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What has contributed to the success as we see it?

- ▶ The relationships that we have built
- ▶ The SME's we are fortunate to have
- ▶ The dedication of the Instructors
- ▶ The support of the health care community
- ▶ The performance of our craftspeople
- ▶ Employee portability



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Regulatory Agencies and Organizations

▶ Association for Professionals in Infection Control and Epidemiology



- ▶ Centers for Disease Control (CDC)
- ▶ The Joint Commission
- ▶ Centers for Medicare and Medicaid
- ▶ American Society for Healthcare Engineering (ASHE)
- ▶ Facilities Guidelines Institute (FGI)
- ▶ Infection Control Professionals (IP)



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What is next?

- ▶ As time goes, things change and perceptions of the Carpenters role in Infection Control has gone from *being directed* to *becoming the director* in containment practices
- ▶ These containment practices are beginning to be used in many other environments outside of Healthcare
 - ▶ Computer Software Industry
 - ▶ Food Service Industry
 - ▶ Work at Educational Facilities
 - ▶ Work in all construction phases is starting to look for particulate containment while construction work is progressing
 - ▶ *In October 2017, OSHA rolled out the Silica standard*



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What has changed?

- ▶ Pre-Construction Activities have increased
 - Job sequence changed to address patient safety

- ▶ Work Activities

- Barriers
- Negative Air
- Material Delivery and Storage
- Increased Understanding of the work environment
- Continue Life Safety during work being done

- ▶ Work Area Classifications

- Primarily based around Patient risk group



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Where is Construction Infection Control headed?

- ▶ IRCA is becoming more the normal process while doing construction, renovation or maintenance in health care facilities
- ▶ There is an increased understanding by all parties addressing the effects that poor practices can have
- ▶ There is increased oversight by regulatory agencies
- ▶ Record keeping and reporting protocol is tighter than in the past
- ▶ Other Markets (schools, high tech manufacturing, end users requiring Clean Air Quality standards)



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Moving Forward/Challenges

- ▶ Educate the entire workforce
- ▶ Engage those within the oversight groups
- ▶ Build solid relationships
- ▶ Create a team approach with the end users
- ▶ Understand the realities of poor performance
- ▶ Realize its not business as usual
- ▶ Solve intricate problems with the Infection Control Department, Facilities and Design Team



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Largest Challenges

- ▶ Have consistent oversight
- ▶ Have all engaged in the process
- ▶ Create a level playing field for all involved as we protect the patient



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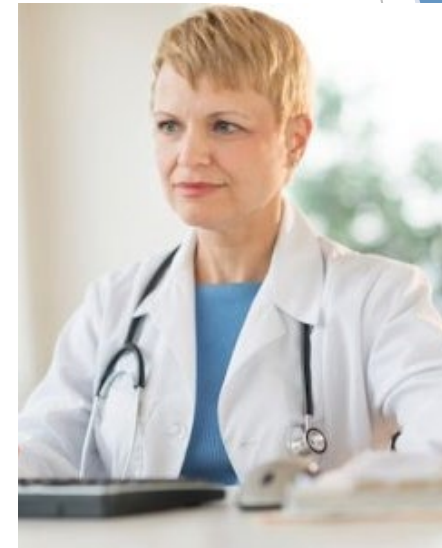




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Sensitive Concerns for Infection Prevention (IP)

- ▶ Not included or not respected in planning or during the project
- ▶ Not familiar with construction terms
- ▶ Embarrassed to ask questions
- ▶ Not listening to their concerns
- ▶ Not putting patient safety first
- ▶ Not respected for the responsibility they are being asked to do
- ▶ Their signature is on the ICRA Permit



Infection Prevention Job Site Concerns

- ▶ Tacky Mats not peeled
- ▶ Demo carts not clean or covered properly
- ▶ Equipment not clean and properly covered moving in and out of site
- ▶ Barriers in disrepair
- ▶ Trades people not wearing PPE in respect to patients
- ▶ Trades people moving around hospital not tidy
- ▶ HEPA equipment not clean or area around it not clean
- ▶ Job site not kept clean



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(IP) Job Site Concerns Continued

- ▶ HEPA exhaust turbulent
- ▶ Control of contractors at site
- ▶ Lack of consistent behavior within same company from location to location
 - ▶ *Employee portability*
- ▶ Lack of respect, understanding or care that the hospital environment is unique and different from typical construction sites
- ▶ Manager buy in and understanding.



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Any questions?

