Application

CLEVELAND CLINIC
Environmental Safety Committee
Construction and Renovation Risk Assessment Subcommittee (CRRAS)
(Joint Commission Standard EC.02.06.05)

Demolition, Renovation and Construction Risk Assessment Application

Note: This form is used to describe and report work activities that could adversely impact patients, visitors, or Cleveland Clinic Foundation workers. The Risk Assessment Permit will be issued by the CRRAS in response to this application.

EC.02.06.05 Intent Statement
The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for life safety, air quality requirements, infection control, utility requirements, noise, vibrations, and other hazards that affect care, treatment, and services.

The hospital takes action based on its assessment to minimize risks during demolition, construction, or renovation.

Policy
The affected department’s director (typically, Construction, Facilities Engineering, ITD, and management companies) and the project manager shall:

• Ensure the CRRAS is apprised of all demolition, construction and renovation work;
• Ensure the CRRAS receives any requested information in a timely fashion;
• Ensure no demolition, construction or renovation work is conducted until the CRRAS risk assessment is completed (unless the CRRAS determines a risk assessment will not be conducted);
• Ensure the CRRAS is informed of any changes in the demolition, construction, or renovation work not considered in the original risk assessment;
• Ensure the specific, construction-related requirements of the CRRAS are incorporated into the contract documents; and
• Ensure the constructor implements and maintains the required controls.

Determination of need for risk assessment:

Do patients occupy the work area?  Yes ☐  No ☐
Do employees occupy the work area?  Yes ☐  No ☐
Do patients occupy adjacent (side or above/below) areas?  Yes ☐  No ☐
Do employees occupy adjacent areas?  Yes ☐  No ☐
Asbestos Management drawings (atginc.com) indicate ACM in area?  Yes ☐  No ☐
Constructed prior to January 1, 1980?  Yes ☐  No ☐
Are there any other reasons a risk assessment should be conducted?  Yes ☐  No ☐

Why?  _______________________________________

If you checked “yes” to any of the above questions, you must complete this application.
Scope of Work and Drawings
➢ Briefly describe the demolition, renovation and construction project and the areas impacted.

Project # ______________________

Project Manager/Department _____________________________ Phone # _____________________________

PRINT NAME

Project Location (be as specific as you can - give room numbers)
________________________________________________________________

Start Date _________________________ Anticipated length of project ____________________________

Brief description ________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

(If you need additional space, attach separate sheet of paper)

➢ Attach drawings delineating the affected area(s).

Risk Criteria
(√ all risks that are present )

General Hazards
➢ Describe air handler(s) servicing the affected area and list other areas serviced

☐ Noisy operations: drilling, impact devices, coring, chipping, hammering, sawing, etc.
☐ Vibration: jack hammer, impact devices, etc.
☐ Trip or bump hazards: cords over floor, uneven walking surfaces, dangling wires or equipment, gang boxes, etc.
☐ Exposed electrical circuits
☐ Illumination impaired
☐ Lockout/tagout required: electrical, mechanical, pneumatic, hydraulic, etc.
☐ Confined space entry: pits, tanks, sewers, silos, air handlers, etc.
☐ Internal combustion engines or heaters used in a patient or CCF employee occupied building

Life Safety
☐ Open flame, welding, brazing, or cutting (CCF Open Burning Permit required)
☐ Flammable gases: propane, butane, acetylene, MAP, storage tanks, etc. (City of Cleveland required permit)
☐ Means of egress obstructed or changed
☐ Fire detection or suppression system impaired, defeated, removed, or modified
☐ Ceilings tile removal (CCF permit required)
☐ Temporary construction partitions (fire resistive and smoke tight and proper location)
☐ Combustible materials storage on the worksite
Wall or floor penetrations through fire rated barriers (CCF permit required)

**Asbestos and Lead-Based Paint**
- Suspect or presumed asbestos containing materials (PACM)
  - Structural member demolition
  - Pipe or joint lagging, packings or gaskets
  - Spray-applied fireproofing
  - Acoustic plaster
  - Decorative plaster: cornice or molding
  - Floor tile, sheet flooring or mastics
  - Existing roofing
  - Transite
  - Ceiling tile moved or removed
  - Drywall and joint compound
  - Unknown
- Suspect or presumed lead-based paint
  - Cutting, grinding, or burning any painted surfaces
  - Unknown

**Infection Control, Industrial Hygiene, and IAQ**
- Dusty operations – exterior
  - Heavy equipment

Location of nearest air intakes

Select the "construction / renovation project type" from the table below:

<table>
<thead>
<tr>
<th>Type A</th>
<th>Type B</th>
<th>Type C</th>
<th>Type D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inspection and Non-Invasive Activities.</strong> Includes, but is not limited to:</td>
<td><strong>Small scale, short duration activities which create minimal dust</strong> Includes, but is not limited to:</td>
<td><strong>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</strong> Includes, but is not limited to:</td>
<td><strong>Major demolition and construction projects</strong> Includes, but is not limited to:</td>
</tr>
<tr>
<td>- removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet</td>
<td>- installation of telephone and computer cabling</td>
<td>- sanding of walls for painting or wall covering</td>
<td>- requires heavy demolition or removal of a complete cabling system</td>
</tr>
<tr>
<td>- painting (but not sanding), wall covering</td>
<td>- access to chase spaces</td>
<td>- removal of floor coverings, ceiling tiles and casework</td>
<td>- new construction.</td>
</tr>
<tr>
<td>- electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.</td>
<td>- cutting of walls or ceiling where dust migration can be controlled.</td>
<td>- new wall construction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- minor duct work or electrical work above ceilings</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- major cabling activities</td>
<td></td>
</tr>
</tbody>
</table>

Enter "Construction Project Type": _____________
Identify the "patient risk groups" that will be affected from the table below. If more than one risk group will be affected, select the higher risk group. If unable to identify the risk group then enter the unit location(s).

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High risk</th>
<th>Highest Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office areas</td>
<td>Cardiology</td>
<td>Emergency Department</td>
<td>Areas caring for immunocompromised patients including solid organ and bone marrow transplant</td>
</tr>
<tr>
<td>Corridors</td>
<td>Echocardiography</td>
<td>General Radiology/CT/MRI</td>
<td>Oncology outpatient</td>
</tr>
<tr>
<td>Engineering spaces</td>
<td>Endoscopy</td>
<td>(not interventional)</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Unoccupied units</td>
<td>Nuclear Medicine</td>
<td>Post Anesthesia Care Units / Recovery Rooms</td>
<td>Operating Oncology</td>
</tr>
<tr>
<td></td>
<td>Physical Therapy</td>
<td>Adult Intensive Care Units</td>
<td>Central sterile supply</td>
</tr>
<tr>
<td></td>
<td>Radiology/MRI</td>
<td>Nuclear Medicine</td>
<td>Cardiac cath. and Interventional radiology</td>
</tr>
<tr>
<td></td>
<td>Respiratory Therapy</td>
<td>Physical Therapy</td>
<td>Dialysis</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy</td>
<td>Hydrotherapy</td>
<td>Transplant clinic</td>
</tr>
<tr>
<td></td>
<td>General store rooms</td>
<td>Kitchen /Galley areas</td>
<td>Anesthesia areas</td>
</tr>
<tr>
<td></td>
<td>Linen storage area</td>
<td>Echocardiography</td>
<td>Pharmacy admixture area</td>
</tr>
<tr>
<td></td>
<td>Medical outpatient</td>
<td>Laboratories</td>
<td>Newborn nursery</td>
</tr>
<tr>
<td></td>
<td>Cafeteria seating areas</td>
<td>Laundry</td>
<td>Same day surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Outpatient areas</td>
<td>M31 Neonatal ICU</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All general patient care units</td>
<td>M43 Pediatric ICU, M40</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General pharmacy (not admixture areas)</td>
<td>IVF lab</td>
</tr>
</tbody>
</table>

Enter "patient risk group" (if unknown enter unit location(s)): ________________

Determine Construction "Project Class":
Match the Patient Risk Group (Low, Medium, High, Highest) with the planned Construction Project Type (A, B, C, D) on the following matrix, to determine the construction project class (I, II, III or IV)

<table>
<thead>
<tr>
<th>Patient Risk Group</th>
<th>TYPE A</th>
<th>TYPE B</th>
<th>TYPE C</th>
<th>TYPE D</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW Risk Group</td>
<td>I</td>
<td>II</td>
<td>II</td>
<td>III/IV</td>
</tr>
<tr>
<td>MEDIUM Risk Group</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>HIGH Risk Group</td>
<td>I</td>
<td>II</td>
<td>III/IV</td>
<td>IV</td>
</tr>
<tr>
<td>HIGHEST Risk Group</td>
<td>II</td>
<td>III/IV</td>
<td>III/IV</td>
<td>IV</td>
</tr>
</tbody>
</table>

Enter "project class": ___________________________

Identify the areas surrounding the construction / renovation project
Location / Unit below: ____________________________
Location / Unit above: ____________________________
Locations / Units lateral: _________________________
Other potentially affected areas: __________________
- ITD work
  - Wire pull
  - Quad installation

- Ceiling tile removal
  - Single tiles – visual inspection only
  - Intermittent tiles – for wiring
  - Multiple tiles – significant ceiling work

- HVAC system impaired, defeated, removed, or modified
- Need to recirculate air from site to other areas (i.e., not able to vent to outside)
- Construction workers travel through direct patient care areas to enter/exit site
- Debris will be move through hallways or patient care areas
- Patients will travel past or through the construction area

**Identify any containment measures in current construction plans** i.e., type of barriers (solid wall / plastic), HEPA filtration, negative air etc. for dust containment:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

- Positive pressure isolation or negative pressure **isolation rooms** affected by the project
  - List room numbers and dates out-of-service

- Mold risk present (evidence of leaky pipes, wet surfaces, or wall cavities)
  - Small isolated area 10 sq. ft or less
  - Mid-sized isolated area 10-30 sq. ft
  - Large isolated area 30-100 sq. ft
  - Extensive contamination of mold

- Legionella risk (hot water tanks, stagnant water or water storage devices affected)

- Cooling towers affected
  - Location and location of nearest air intakes

- Plumbing, service taps or water hoses affected
  - Describe backflow prevention
Hazardous materials
- Solvents
- Paints, varnishes, polyurethanes, or epoxies
- Adhesives
- Roofing coal tar related products
- Chemical strippers
- Corrosives or caustics
- Compressed gases
- Odorous materials or irritants:__________________________________________________
- Hazardous materials not otherwise listed:________________________________________
- Laboratories: chemical, biological, radiological
- Local ventilation systems: fume hood, biological safety cabinet, glove box, slot hood, canopy
- Underground storage tank removal
- Contaminated soils or ground water

Utilities impacted
- Hazardous energy sources: electrical, mechanical, pneumatic, hydraulic, etc.: Lockout/Tagout
- Electrical shut-off
- Water supply compromised
- Oxygen or other medical gas shut-off
- Suction shut-off
- Underground utilities

Radioactive materials and X-rays
- Radioactive materials currently used in the project area
- Radioactive materials formerly used in the project area
- X-ray facility in the project area
- X-ray facility above, below, adjacent, or across from the project area
- Accelerator facility in the project area
- Accelerator facility above, below, adjacent, or across from the project area

Project Manager signature       Date       Pager #

PRINT NAME

Submit completed application to the CRRAS c/o EHS, HS1-02.
Submit application at least 14 calendar days before the specified project start date.
Applications that do not specify a project start date are assigned the lowest priority.

CRRAS
Original document developed 07/16/02
Revised 02/09