

## Planning Work in Occupied Spaces

In healthcare facilities thousands fall victim every year to infections caused by dust stirred up during construction projects. By taking the time to preplan our work we can identify several key items prior to mobilization to reduce these risks. These preconstruction plans are needed for any work a round patients, hospital staff, patient care devices/equipment and/or building services .

1. Who are we impacting (staff, nursing, patients, ORs, locked areas etc.)?

Walking the affected work areas prior to mobilization will help us figure out who is really affected by our work. Things to consider, is it: inside a patient room, in a public corridors, near working staff, etc.

After identifying the "who" we are impacting during the planning phase we must then coordinate with the responsible parties of the work area, for example:

Supervisor/Manager of the area (Charge Nurse/PCD/etc.)

The Administrator of the Department (Building Admin. /Nursing Director/Facilities Mgmt. etc.)

Coordination is the key element in working in the occupied areas. The immediate supervisors or managers will tell us "when" the work can be :Scheduled to minimize our impact on patients and staff.

2. What type of work are we doing in and how does it affect patients and staff?

What are we doing in the space: cutting or creating dust? Are we working above the ceilings? Are we doing hotwork? All of these are important questions that we need to answer in preplanning.

Figuring out the "what" will help us plan a strategy to properly protect the area, ourselves, and the people around us. (ie.

Working inside a plastic protection area, working in a mobile tent, setting up edge guard, wearing coveralls, etc.)

3. Planning checklist to work in the occupied area?

Where are you working (floor, unit, room, etc.)?

Do you have an above ceiling permit? Do you need one?

Who does your work affect (Nursing, Facilities, Patients, Admin, etc.)?

What protective measures are you taking to protect patients and hospital staff?

Will you need EVS to clean up the areas after?

Are you interrupting any utility services? If so :

What measures if any will need to be in place to support the staff and patients?

Who will need to sign off on this work before we start? Is your PTP or MOP in place? o Have the proper people been notified of the service interruption?

Have you identified the proper Lock Out Tag Out procedures?

4. Planning for Infection Control

Are you using a HEPA cart, plastic with zip poles, edge guard barriers, negative air machines and/or are you building temporary walls? We use these as a means to seal our workspace as well as to help keep dust and other harmful contaminants from leaving our work area. These are necessary precautions to protect the patients and staff who occupy the areas around our construction space.

During the course of any work shift the Infection Control Barriers, must be checked periodically and repaired/cleaned as needed. All work spaces are to remain negative to the surrounding spaces during any working shift, and if needed permanently for the duration of the project.

All site doors are used for access while still maintaining negative air and cannot be propped, wedged open or blocked. Leaving a site access door open will diminish the effectiveness of the negative air in the site allowing construction dust to leave the area. Remember active hospital areas are dust free zones; therefore, HEPA vacuums or HEPA filters must be used at all times.

In situation where coveralls are required in work areas, coveralls must be removed before exiting and worn upon entering.

Sticky mats or walk off mats are required when working in any occupied area. These mats help to remove the dust that accumulates on our work boots when we leave the construction site. It is not only the laborers' responsibility to maintain these mats and anyone can help control the spread of construction dust by peeling spent sheets. Taking the time to take a few extra steps on these mats when leaving the site can go a long way to limiting dusty foot prints in the hallway.

Everyone working on site is responsible for preventing the spread of dust! Protecting patients is everyone responsibility so if you see dust outside the site or an issue with a construction barrier make sure you notify Lendlease personnel.

5. Clean up of Jobsite

It is important that work areas are cleaned prior to and after dust/debris barriers are removed. Removing barrier before the work area is properly cleaned can expose patients and staff to dust that was inside the site.

Taking the time to wipe down any surfaces adjacent to the work area will help control any dust that may have escaped the site.

Remember, your actions have a direct impact on the safety and the well-being of patients, visitors and the people around you.

