Infection Control Risk Assessment (ICRA) Information

- The requirement for a facility to develop an Infection Control Risk Assessment (ICRA) comes from the 2006 AIA Guidelines for Design and Construction of Health Care Facilities.
  - Facilities that are exempt from the requirement by WDH Chapter 3 Construction Rules and Regulations for Healthcare Facilities include adult day care facilities, assisted living facilities, boarding homes, hospice facilities that do not provide inpatient care, home health agencies, and intermediate care facilities for individuals with intellectual disabilities.
- It is required for any project (other than the aforementioned exemptions) that includes demolition and/or renovation of existing space or addition that communicates with surrounding spaces that are to continue healthcare services during and/or after the construction of the project.
- It is required for any project (other than the aforementioned exemptions) that includes new construction that will be utilized for healthcare services once the construction is complete.
- In general terms, it is a plan to mitigate any infection/health risks associated with the demolition and construction of a project.
- It should be developed by a collaboration of the facility’s administrator, the facility’s infection control practitioner, the facility’s registered dietitian (if project includes renovation of kitchen/dining areas), the design team, and, if possible, the contractors.
- At their discretion, facilities may use the ICRA form created by the Wyoming Department of Health Healthcare Licensing and Surveys (HLS), the facility may develop their own form, or use a form developed by others. However, at a minimum, the document should:
  - Provide a scope of demolition and construction of the project.
  - Identify infection/health risks associated with the demolition/construction activities.
    - Including the impact of disrupting essential services to patients and employees.
  - Identify precautions and preventive measures the construction team and/or facility will take including (but not limited to):
    - Patient/resident placement or relocation plans.
    - Placement of effective barriers to protect susceptible patients from airborne contaminants such as Aspergillus sp.
    - Air handling and ventilation strategy to prevent circulation of contaminants from the construction area to the occupied area.
    - Piping strategy to protect susceptible patients from waterborne contaminants such as Legionella sp. and waterborne opportunistic pathogens.
    - Identify responsible parties for such actions; titles only, not specific names.
  - Identify testing procedures to monitor effectiveness of the precautions/preventive measures and detect infection/health risks.
    - Identify responsible parties for such actions; titles only, not specific names.
- If specific names are used in the ICRA (such as John Doe of Doe Construction or the superintendent of Doe Construction) and that individual or company moves on for one reason or another before the project is complete, that individual or company would still be legally responsible for that portion of the ICRA. Therefore it is
suggested that titles be used to describe the responsible parties (i.e. the general contractor’s superintendent or the administrator of John Doe Healthcare Facility). Note that the name of the healthcare facility is appropriate to use, as the ICRA is written specifically for that facility.

- HLS will review the submitted ICRA only to verify one was developed. HLS will NOT review it for accuracy of risks or effectiveness of proposed solutions. Ultimately, it is the facility’s responsibility to ensure they are providing a safe environment to the occupants of the building during and after the project.

- For more information and guidance regarding the development of an ICRA please review:

- Once the ICRA is complete, please e-mail to plans-ohls@wyo.gov.