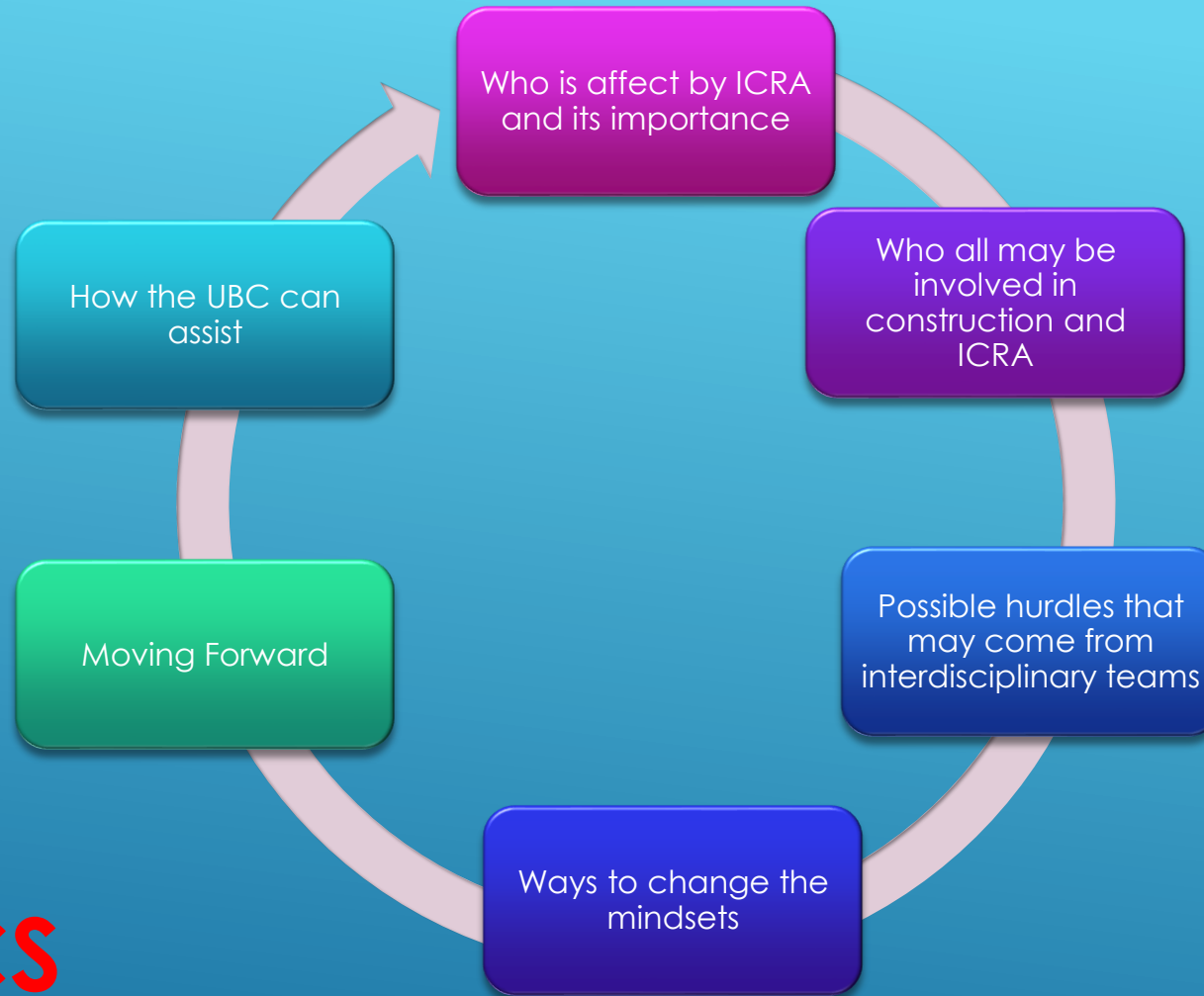


JAY SCHUELLY BUSINESS REPRESENTATIVE SOUTHEASTERN CARPENTERS REGIONAL COUNCIL



No Financial
Disclosures

TOPICS





[HTTPS://HEALTH.GOV/HCQ/TRAI
NINGS/PARTNERING-TO-
HEAL/INDEX.HTML](https://health.gov/hcq/trainings/partnering-to-heal/index.html)


Press **Esc** to exit full screen


Partnering to Heal

Click on a character below to begin



 INSTRUCTIONS FOR USE

 WATCH THE INTRO VIDEO

 VIEW RESOURCE LIBRARY

[BACK](#)

WHO DOES ICRA AFFECT?

- ▶ Primarily affects patients receiving care in health care facilities
- ▶ Can affect anyone who may be immune compromised
- ▶ Anyone sensitive to particulates in the air
- ▶ New Born Babies.
- ▶ The Elderly.
- ▶ Even those that work in the facilities.



WHAT ARE THE AFFECTS OF A POOR ICRA?



HAIS- @5%

- ▶ 36,241,815 hospital admissions in the US in 2020 (36-37 million annually)
- ▶ 1,812,090 affected by an acquired HAI
- ▶ 90,000+ deaths
- ▶ 88,792 affected by construction related HAI
- ▶ 5,000 die from construction related HAI
- ▶ The current cost of an HAI ranges from \$14,000 to \$45,000 with an average cost of \$31,000

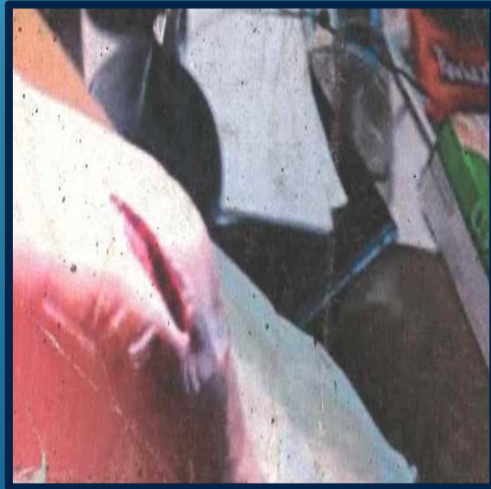
The average odds of contracting an HAI is approximately 1 in 28.



HOW HAIS MAY AFFECT CONSTRUCTION PROFESSIONALS

- Here's a floor layer that acquired a staph infection while installing 3 new VCT tiles in a freight elevator.
- In this case, he should have worn his knee pads.
- Always wear your PPE !!!

HAI Infection/ Healed



THE TEAM... BIG OR SMALL



- ▶ Facility Executives
- ▶ Infection Preventionists
- ▶ Patient Quality & Safety Personnel
- ▶ Nurse Management
- ▶ Doctors
- ▶ Life Safety Team (ILSM)
- ▶ Risk Management
- ▶ Regulatory Compliance
- ▶ Construction, Planning, Design
- ▶ Epidemiologists
- ▶ Information Technology (IT)
- ▶ Environmental Services Team
- ▶ Security Team
- ▶ Facility Maintenance

HEALTHCARE FACILITY



- ▶ Corporate Executives
- ▶ Engineers
- ▶ Architects
- ▶ Project Managers
- ▶ Superintendents
- ▶ Carpenters
- ▶ Pipefitters
- ▶ Plumbers

- ▶ Electricians
- ▶ Ironworkers
- ▶ Sheetmetal workers
- ▶ Insulators
- ▶ Painters
- ▶ Laborers
- ▶ HVAC

CONSTRUCTION TEAM





HURDLES



- ▶ To many people involved
- ▶ Not the right people involved at the right time
- ▶ New team members (The Newbies)
- ▶ Getting the project done on time, on budget (are corners being cut)

HURDLES



CONCERNS OF 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



sig

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



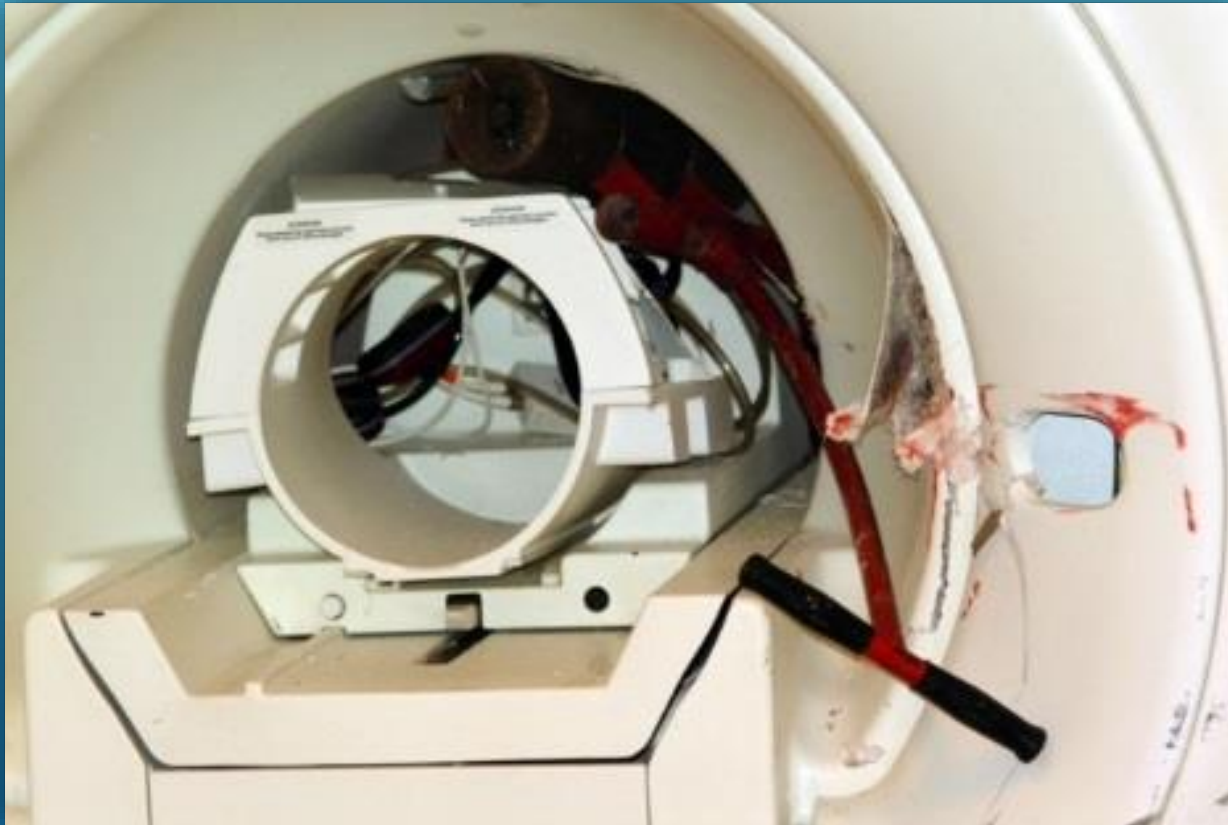
(IP) JOB SITE CONCERNS CONTINUED

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



PERSONAL RESPONSIBILITY

► Awareness of your environment



100 lb. floor-roller pulled into MRI machine.

This cost the flooring contractor \$35,000 to repair the damage, and an additional \$20,000 to restart the MRI machine.

As of 2018, MRI machines may cost in upwards of \$100,000 to restart.



PERSONAL RESPONSIBILITY

- ▶ *Awareness of your environment*



Baker scaffold pulled
into an MRI machine



MOVING FORWARD

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

_____ is committed to implementing the highest level of infection control protection to its patients and staff. Consistent with that commitment, _____ will require that all construction carpenters performing any work in its health care facilities complete an Infection Control Risk Assessment (ICRA) Training and Certification Program of no less than twenty-four (24) hours, which will include no less than eight (8) hours of hands-on-training utilizing and understanding the latest ICRA construction techniques established and utilized in industry-standard approved programs.

Each construction firm contracted to perform work at _____ will responsible for verifying that its employees, supervisors, and employees performing any carpentry work, including employees, supervisors and employees of every subcontractor performing any work at any tier, has completed the aforesaid approved training. _____ recognizes the twenty-four (24) hour UBC Construction ICRA Best Practices in Healthcare program as acceptable training and certification.



FIRST DO NO HARM

It's in our best interest and the patient's best interest to "first do no harm".

Whether you are here because you care for patients or your work has the ability to affect a patient our efforts must be intentional when it comes to following Construction ICRA protocols.

If we as health-care professionals and construction professionals can do our jobs and do no harm- then we are doing the right thing for the health-care industry.

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 COMPLEX
PROBLEMS WITH THE
INFECTION
CONTROL
DEPARTMENT,
FACILITIES AND
DESIGN TEAM



COMMUNICATE
COMMUNICATE
COMMUNICATE



- ▶ With a team approach, positive outcomes will increase!
- ▶ An effective team
 - ▶ listens to one another
 - ▶ Utilizes each strength
 - ▶ Works toward common goal



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 are still in play during construction







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
- ▶ Hospitals are being cited for Construction Infractions where they were not in the past
- ▶ Record keeping and protocol is tighter than in the past
- ▶ Those in charge are more aware of things affecting the status of the Hospital through regulation
- ▶ Other Markets (schools, high tech manufacturing, end users requiring Clean Air Quality standards)



American Journal of Infection Control Article

Development ,Implantation and Monitoring of a Comprehensive
Infection Control Risk Assessment (ICRA) program for construction and renovation

Results :from 250 Construction renovations Projects, completed in a 3 year period.

During these time no HAI's related to construction where recognized by means of active
surveillance reports

concluded by clinical microbiology and pathology.

Additional cost of implementing ICRA is approximately 3% of construction cost .

Considering that treating an aspergillus infection is estimated cost of \$100,000

With additional possible cost due to litigation.

The money invested in the ICRA process is a solid investment and promotes patient safety

Solid Investment \$\$\$\$



Hospital-wide collaborative program between infection control and construction personnel to protect patients during construction and renovation

The University Hospital, Cincinnati, Ohio

ISSUE: In the 21st century, one of the most challenging tasks for the infection control practitioner (ICP) is establishing shared responsibility and trust with contractors, architects, and maintenance and engineering personnel.

PROJECT: Most contractors are not accustomed to taking special precautions during demolition. Because of a previous *Aspergillus* outbreak in our heart transplant population, we already had an established IC training program for contractors. We expanded and codified it in response to a major hospital renovation. IC, in-house design and construction, and outside contractors meet before the initiation of all major renovation projects to anticipate IC concerns and proactively plan for IC interventions. Now, all contractors and maintenance staff are now required to receive IC training at the time of their employment. A hospital identification badge with attached sticker that indicates the IC training date is required. Infection control risk assessments (ICRAs) are initiated by project managers and completed jointly with IC. ICPs make rounds on all projects at least weekly, and large projects are visited daily. We established a team comprised of ICP, project manager, construction manager, and area nurse manager to monitor and make recommendations for improvement continually during the project. Staff members are educated about construction so they can help monitor airflow and cleanliness.

RESULTS: Our contractors are more compliant with our IC specifications because they now understand why we insist on them. Through the years of major construction, the workers have jumped on the bandwagon. It is not unusual for construction or maintenance staff to contact IC for advice. There were 4 years of extensive construction without any hospital-acquired *Aspergillus* infections. In the fifth year, after a neighboring institution started demolition and new construction, we identified two possible nosocomial infections and took immediate steps to make more corrections. There have been no further infections.

LESSONS LEARNED: IC compliance is based on trust, education, and ongoing monitoring. Proactive education and collaboration lead to long-term relationships, trust, and patient safety.



- ▶ All parties involved in a healthcare facility construction project should receive ICRA training!
 - ▶ Medical staff- construction worker- decision makers- IT
- ▶ Why? It can help all disciplines involved in that project understand some of what the others are looking at in the project!

TRAINING



HOW CAN THE CARPENTERS UNION HELP?

- ▶ Help point you in the direction of contractors that are experienced in working at health care facilities that are focused on getting the job done right, on time, on budget, with patient safety as top priority!
- ▶ Provide skilled and highly trained craftsmen for these contractors.
 - ▶ From start until finish a carpenter is always there.
- ▶ Provide ICRA training to carpenters, other craft, and even for your healthcare facility staff
 - ▶ And its free of charge for the healthcare facility



HISTORY OF TRAINING DEVELOPMENT

- ▶ In 2008, a collaborative group came together to build a curriculum for health care construction protocols
- ▶ This group consisted of:
 - ▶ Carpenters International Training Center
 - ▶ Center for Disease Control
 - ▶ Environmental Experts
 - ▶ Infection Control Practitioners



ICRA: BEST PRACTICES IN HEALTH CARE CONSTRUCTION

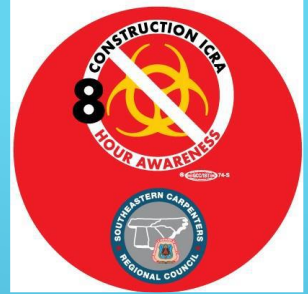
ICRA 24-HOUR

- ▶ Training provided to all UBC members: from Apprentice to Superintendent
- ▶ The course: combination of classroom (16 hours) and hands-on training (8 hours) in healthcare facility-simulated environments
- ▶ Training focuses on how to contain pathogens, control airflow, and building containment areas to protect patients, staff, and visitors.
 - ▶ Also covers working with hospital staff, ICRA & ILSM teams, and understanding the ICRA Matrix.
- ▶ Successful completion through coursework and testing earns Qualifications for ICRA-24-Hour and Bloodborne Pathogens.
 - ▶ ICRA 24-Hour requires a refresher class every 4 years and Bloodborne Pathogens requires annual refreshers.
 - ▶ They are also issued a ICRA 24-hour badge which includes their name, photo, course taken, and expiration date of course. Along with a hard hat sticker.





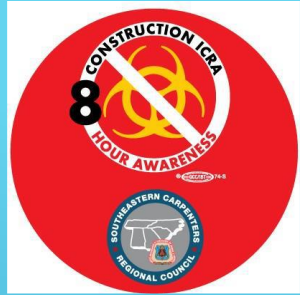
ICRA: CONSTRUCTION TRADES BEST PRACTICES AWARENESS/ ICRA 8-HOUR CLASS



- ▶ 8-hour course is provided to Healthcare Professionals & Construction Related Professionals that are affiliated with the local building trades.
- ▶ The course is free of charge to Healthcare facilities.
- ▶ Initial offering of course would be given to healthcare facility IP's and those in decision making positions.
- ▶ Then we look to establish a Strategic Patient Safety Partnership with the Healthcare facility.



STRATEGIC PATIENT SAFETY PARTNERSHIP



- ▶ This is an agreement between the UBC and healthcare facility that would require all professionals that are connected with the construction aspects at their facilities and all building trades contractors to take an 8-hour ICRA course (or an equivalent, if contractor is not affiliated with the building trades), with the UBC 8-hour course being recognized as one of the course offerings.
- ▶ Agreement would also require all Carpenters be required to complete a 24 hour ICRA training course (with 8 hours being hands-on training). The UBC 24-hour course being recognized as one of the course offerings.
- ▶ This Partnership is designed to have an established training requirement for all aspects of construction. Our concern is patient safety and allowing the best trained contractors the ability to bid on projects at the healthcare facility.



BENEFITS

What's in it for Professionals?

The ability for my loved ones or myself to visit our local healthcare facility and feel confident that we're in a safer environment for receiving the care we need.

What's in it for the Healthcare Organization?

The ability to have a workforce of healthcare industry professionals and construction related professionals who understand why and how to protect the patients, visitors, and themselves during maintenance projects and construction projects in a healthcare environment.





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ICRA
WE GET IT!