

waterborne transmission of *Legionella spp.* and other opportunistic pathogens.

- (3) General design requirements for architectural details, surfaces, and furnishings. See sections 2.4-2.2.8 (Hand-Washing Stations), 2.4-2.3 (Surfaces), and 2.4-2.4.2 (Casework, Millwork, and Built-Ins).

1.2-3.2.2.2 Construction process elements. The following shall be evaluated for infection control risk:

- (1) The effects of disrupting essential services to residents and staff
- * (2) The specific hazards and protection levels for each designated area
- (3) Location of residents according to their susceptibility to infection and the identification of risks to each
- (4) Impact of movement of debris, traffic flow, spill cleanup, and testing and certification of installed systems
- (5) Assessment of external and internal construction activities
- (6) Location of known hazards

1.2-3.2.3 Infection Control Risk Mitigation Recommendations (ICMRs)

The following shall be included in the RSRA report:

- ***1.2-3.2.3.1** Specific methods for avoiding transmission of airborne and waterborne biological contaminants during construction and commissioning, when HVAC

and plumbing systems and equipment (e.g., ice machines) are started/restarted

- ***1.2-3.2.3.2** Provisions for monitoring infection control risk, including:

- (1) Written procedures for emergency suspension of work
- (2) Protective measures indicating the responsibilities and limitations of each party (care provider, designer, contractor, and monitor)

1.2-3.2.3.3 Recommendations for resident placement and relocation during construction and commissioning

- ***1.2-3.2.3.4** Standards for barriers and other protective measures required to protect adjacent areas and susceptible residents from airborne contaminants

1.2-3.2.3.5 Temporary provisions or phasing for construction or modification of HVAC and water supply systems

1.2-3.2.3.6 Protection from demolition

1.2-3.2.3.7 Training for facility staff, visitors, and construction personnel

- ***1.2-3.2.3.8** Impact of potential utility outages or emergencies, including the need to protect residents during planned and unplanned utility outages

APPENDIX

A1.2-3.2.2.2 (2) Hazards specific to different types of essential service disruptions should be proactively determined. A plan should be developed to ensure continued provision of service in the event of planned and unplanned disruptions.

A1.2-3.2.3.1 Responsibilities for performing risk-mitigation procedures should be included in infection control risk mitigation recommendations to assure the proper actions are taken at the appropriate time.

A1.2-3.2.3.2 Monitoring efforts will be determined by the care provider and may be conducted by staff responsible for infection control, safety staff, or independent outside consultants.

A1.2-3.2.3.4 Ventilation of the construction zone

- a. Airflow into the construction zone from occupied spaces should be maintained by means of a dedicated ventilation/exhaust system for the construction area.

- b. Locations of exhaust discharge relative to existing fresh air intakes and filters, as well as the disconnection and sealing of existing air ducts, should be reviewed as required.

- c. If the existing building system or a portion thereof is used to achieve this requirement, the system should be thoroughly cleaned prior to occupancy of the construction area.

- d. Construction barriers in high-risk areas (e.g., areas serving immunocompromised residents and All rooms) should have visual display of airflow direction.

A1.2-3.2.3.8 Disaster plans for water supply and ventilation emergencies

- a. The care provider should provide a written plan for what will happen in the event of a water outage. This should include:
 - Where supplies are located
 - Who is responsible for what
 - Who is to be notified