How Often Should ICRA Monitoring Be Done During Healthcare Construction

THE DIRECT ANSWER

ICRA monitoring is daily at minimum during active construction for Class III and above: barrier integrity, pressure differential readings, and housekeeping checked every workday and documented. Class IV/V projects add continuous manometer monitoring with data logging and alarming . Lower classes (I/II) are verified on completion of the task. The frequency scales with the class — and any excursion (lost pressure, breached barrier) triggers immediate corrective action, not a note for tomorrow.

MONITORING BY CLASS

- Class I/II: verify controls on task completion — ceiling tiles replaced, area cleaned, dust contained.
- Class III: daily walkthrough — barriers intact and sealed, negative pressure holding, dust mats serviceable, waste contained, adjacent areas clean.
- Class IV/V: daily documented inspections plus continuous differential-pressure monitoring with logging and alarms; anteroom discipline observed.

WHAT GETS CHECKED

- Barrier seals (top, bottom, penetrations), manometer readings against the facility's pressure target (-0.01" w.c. is a common practice, not an ICRA 2.0 or CDC requirement), NAM operation and exhaust routing, door discipline (no propping), dust migration into adjacent occupied areas, sticky mat.

FIELD QUESTION

How often must ICRA barriers be inspected?

Daily during active construction for Class III and above, with continuous pressure logging for Class IV/V.

From Healthcare Facility Hub - free, like everything on the site. The full article is at the link below.

Caution: codes, editions, and targets vary by facility and authority having jurisdiction (AHJ). Figures marked as common practice are facility targets, not code requirements. Confirm against your AHJ and the current code text before acting.