How to Perform an Infection Control Risk Assessment Before a Hospital Renovation

THE DIRECT ANSWER

Perform an ICRA in seven steps : (1) assemble the multidisciplinary team, (2) define the construction activity type (A–D), (3) assess the patient risk group and surrounding areas, (4) use the matrix to determine the Class of Precautions (I–V), (5) specify the minimum controls for that class in an ICRA permit, (6) verify barriers and controls are in place before work starts, and (7) monitor daily, document everything, and decommission by inspection. The assessment happens before design is finalized — it shapes the construction documents, not the other way around.

STEP 1 — ASSEMBLE THE TEAM

- Infection preventionist, facilities/engineering, project manager, nursing rep from affected units, safety officer, contractor superintendent. The ICRA is a team product.

STEP 2 — CLASSIFY THE ACTIVITY

- Type A (non-invasive) through Type D (major demolition/construction). Be honest about dust, duration, and disruption — underestimating the activity type is the most common ICRA failure.

FIELD QUESTION

When should the ICRA be performed?

Before design is finalized — the assessment shapes the construction documents.

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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.