Should Patients Be Relocated During Major Hospital Renovation?

THE DIRECT ANSWER

Sometimes — and the decision belongs in the ICRA, made before construction starts. Relocation is strongly recommended for the highest-risk patients (bone marrow transplant, solid organ transplant, prolonged neutropenia) when major demolition or construction occurs nearby. For lower-risk populations, well-executed ICRA precautions — containment, negative pressure, HVAC isolation — can make staying safe. The deciding factors: patient vulnerability, construction intensity, proximity, and whether the precautions can truly be maintained for the project's duration.

WHEN RELOCATION IS THE RIGHT CALL

- Major demolition (Type D activity) adjacent to BMT, transplant, or neutropenic units
- Environmental hazards uncovered: mold, sewage, asbestos disturbance
- HVAC systems serving the unit must be shut down or heavily disrupted
- The facility can't credibly maintain Class IV/V precautions for the full duration
- A prior aspergillosis case linked to construction on the campus

WHEN STAYING WORKS

- Lower-acuity units at greater distance, with verified barriers, continuous negative pressure, isolated HVAC, and active surveillance — staying is reasonable and often necessary (you can't relocate an entire ICU). The key word is verified : precautions on paper don't protect anyone.

FIELD QUESTION

Do patients need to leave during hospital renovation?

The highest-risk patients (transplant, neutropenic) should be relocated from near major construction; others can stay under verified ICRA precautions.

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.