Healthcare Facility Hub • Jobsite Pack

Sheet 1: Side-by-Side Quick-Reference Matrix

Current version — Oct 31, 2026
Update history: healthcarefacilityhub.org/icra-vs-ilsm-difference/

Project: Emergency Dept Phased Renovation **Location:** Tower B, 3rd Floor **Date:** 2026-10-31

Operating Mandate: ICRA controls infection risk from construction (dust, water, air); ILSM controls life-safety risk (fire, egress, alarms, sprinklers). In occupied hospital environments, both run simultaneously under distinct ownership.

Core Dimension	ICRA Track (Infection Prevention)	ILSM Track (Life Safety / Facilities)
Risk Controlled	**Infection Risk:** Opportunistic airborne pathogens (Aspergillus), construction dust, water line stagnation, fungal spores.	**Life-Safety Risk:** Fire, smoke movement, blocked evacuation corridors, impaired sprinklers, deactivated alarms.
Governing Trigger	Construction, renovation, demolition, or maintenance activity in or adjacent to patient care areas.	A fire protection or life safety feature impaired, degraded, or taken out of service (construction or mechanical failure).
Signature Controls	Floor-to-ceiling poly/drywall barriers, negative air machines with HEPA filters, anterooms, walk-off mats, damp mopping, pipe flushing.	Continuous fire watch patrols, temporary detection/pull stations, marked egress detour routes, contractor training, daily inspections.
Responsible Owner	**Infection Preventionist (IP)**, collaborating with Facilities & General Contractor Project Team.	**Life Safety Officer / Facilities Director**, operating under the Hospital Fire Safety Plan.
Close-Out Standard	Work completes, terminal cleaning completed, particulate counts verified, barriers dismantled, clinical sign-off.	Impaired system restored, hydrostatic/alarm testing verified, AHJ/underwriter notified, fire watch terminated.

The Independent Close-Out Rule: Finishing ICRA cleaning and removing dust barriers does *not* close the ILSM record. Restoring sprinkler zones or fire alarms does *not* end dust containment. Each track must reach independent verified completion.

Project Name: _____ **Building / Floor:** _____ **Assessment Date:** _____

STEP 1: PROJECT SCOPE TRIAGE MATRIX

Project Operating Characteristics	Observed Condition	Program Triggered
Scenario A: Contained Interior Refresh Drywall patch, painting, flooring on unoccupied floor. Detection and suppression 100% intact. No egress corridors obstructed.	[ ] Yes — Matches Scenario [ ] No	**ICRA-ONLY** (Containment precautions active; no life-safety impairment)
Scenario B: System Impairment / Failure Sprinkler zone shut for valve failure, fire pump offline, or smoke barrier breach under repair. No construction or dust release.	[ ] Yes — Matches Scenario [ ] No	**ILSM-ONLY** (Compensating measures active; no dust/infection hazard)
Scenario C: Occupied Hospital Renovation Demolition/construction releasing dust, combined with sprinkler shutoff for piping tie-ins, corridor barriers, or alarm zone bypass.	[ ] Yes — Matches Scenario [ ] No	**BOTH (DUAL-TRACK)** (Parallel execution; dual documentation required)

STEP 2: SPECIFIC IMPAIRMENT & EXPOSURE TALLY

ICRA Exposure Triggers:
[ ] Airborne dust generated by demo / sawing / cutting
[ ] Patient care areas adjacent to work zone
[ ] HVAC ductwork shared with occupied rooms
[ ] Plumbing water supply shutdown / stagnation risk

ILSM Impairment Triggers:
[ ] Sprinkler zone isolated / drained for piping tie-in
[ ] Smoke detection heads covered or zone bypassed
[ ] Required egress corridor narrowed, blocked, or altered
[ ] Fire / smoke compartment barrier penetration open

Trigger-Test Determination Sign-Off

We have reviewed the project scope and determined that the required compliance track is: [ ] ICRA-Only [ ] ILSM-Only [ ] Both (Dual-Track).

Infection Preventionist Signature: _____ Date: _____ Badge / ID: _____

Life Safety Officer Signature: _____ Date: _____ Badge / ID: _____

Project: _____ **ICRA Class:** [ ] I [ ] II [ ] III [ ] IV **Date / Shift:** _____

Status	ICRA Control Category	Verification & Operational Standard	Verified By
[ ] Pass [ ] Fail	**Containment Barriers**	Floor-to-ceiling fire-rated poly or solid drywall erected before demolition begins. All seams taped air-tight. Anteroom entry operational with overlapping door flap or zipper.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Negative Pressure**	HEPA-equipped negative air units operating continuously (24/7). Differential pressure verified inward (-0.02" w.g. or visible inward flutter). Exhaust ducted outside or certified HEPA.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Cleaning & Housekeeping**	Sticky walk-off mats at anteroom exit changed when loaded. Work area damp-mopped and HEPA vacuumed daily. Debris transported in sealed, clean-wiped carts through approved routes.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Water Controls**	Domestic water lines isolated properly. Dead-leg pipe sections prevented or flushed. Stagnant line mitigation active to prevent biofilm and waterborne bacteria colonization.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Active Monitoring**	Continuous differential pressure datalogger or daily manometric check logged. Daily barrier breach visual inspection completed. Airborne particulate sampling conducted if required.	Init: _____ Time: _____

Infection-Prevention Owner Block (Daily Sign-Off)

I certify that the above ICRA containment precautions have been visually inspected and meet the approved Infection Control Risk Assessment permit standards for this site.

Infection Preventionist Signature: _____ Print Name: _____ Date / Time: _____

Project: _____ **Active Impairments:** [ ] Sprinkler [ ] Alarm [ ] Egress [ ] Barrier **Date / Shift:** _____

Status	ILSM Measure Category	Verification & Compensatory Standard	Verified By
[ ] Pass [ ] Fail	**Fire Watch Patrols**	Dedicated personnel conducting continuous physical rounds every 15–30 minutes through affected zones. Two-way communication active. Written fire watch log kept on site.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Temporary Detection**	Temporary smoke/heat detectors or manual pull stations installed to cover impaired zones. Verified communicating with master fire alarm annunciator panel.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Egress Management**	All emergency corridors free of debris, carts, and obstructions. Temporary lighted exit signs posted for modified paths. Secondary escape routes unobstructed and unlocked.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Staff Notification & Training**	Clinical staff, emergency responders, and local Fire Department / AHJ notified of impairment. Construction crew trained on RACE/PASS and hot work protocols.	Init: _____ Time: _____
[ ] Pass [ ] Fail	**Increased Inspections**	Daily inspections of temporary wiring, fire extinguishers, smoke barrier integrity, combustible loading, and daily hazardous waste removal.	Init: _____ Time: _____

Life-Safety / Facilities Owner Block (Daily Sign-Off)

I certify that compensatory ILSM actions are actively maintained, fire safety systems meet temporary protection criteria, and the hospital fire safety plan is enforced.

Life Safety Officer Signature: _____ Print Name: _____ Date / Time: _____

MANDATORY INDEPENDENT CLOSE-OUT RULE: Finishing ICRA cleaning and removing dust barriers does *not* close the ILSM record. Restoring a sprinkler or alarm does *not* end containment. Each track requires separate verified completion criteria and separate authorized signatures.

TRACK A: ICRA CLOSE-OUT SEQUENCE & SIGN-OFF

Status	Required ICRA Close-Out Verification Step	Verification Record
[ ] Done	**Construction Phase Complete:** All dust-generating trade activities 100% finished inside containment.	Date: _____ Time: _____
[ ] Done	**Terminal Cleaning Complete:** All horizontal surfaces damp-wiped, floors HEPA-vacuumed and wet-mopped.	Environmental Services Lead: _____
[ ] Done	**Air Settling & Flushout:** Negative air run for mandatory post-cleaning period prior to barrier removal.	Flush Duration (hrs): _____
[ ] Done	**Barrier Dismantling:** Barriers carefully collapsed inward, bagged air-tight, and removed via sealed route.	Superintendent Initials: _____

Track A ICRA Final Closure Sign-Off (Infection Prevention Only)
I confirm the containment area has been inspected, terminally sanitized, and is cleared to return to clinical patient care.

Infection Preventionist Signature: _____ Date: _____ Time: _____

TRACK B: ILSM CLOSE-OUT SEQUENCE & SIGN-OFF

Status	Required ILSM Close-Out Verification Step	Verification Record
[ ] Done	**Life Safety Feature Restored:** Sprinkler lines hydrostatically tested, heads clear, riser valve reopened.	Fire Protection Tech: _____
[ ] Done	**Fire Alarm Operational:** Smoke/heat detectors unmasked, panel supervisory/trouble clear, central station ok.	Alarm Tech Initials: _____
[ ] Done	**Egress & Barrier Restored:** Corridors restored to full code width, temporary signs removed, smoke doors verified.	Life Safety Inspector: _____
[ ] Done	**Official De-notification:** Local Fire Department / AHJ and property insurance underwriter formally closed.	AHJ Close Ticket #: _____
[ ] Done	**Fire Watch Stood Down:** Dedicated fire watch patrols formally terminated only after systems certified.	Fire Watch End Time: _____

Track B ILSM Final Closure Sign-Off (Life Safety / Facilities Only)
I confirm all impaired life safety features are 100% restored, tested, and verified. Compensatory ILSM measures are formally closed.

Life Safety Officer Signature: _____ Date: _____ Time: _____