

Protect Patients. Stay Compliant. Build with Confidence.

# 4 Essential Steps for Healthcare Construction Containment Planning

**Follow these 4 ICRA 2.0 steps** before any construction or renovation project in a healthcare facility.



## 1 Step 1: Identify the Type of Work Being Performed

- **Type A** – Non-invasive inspection and basic maintenance
- **Type B** – Small-scale, short-duration work that creates minimal dust
- **Type C** – Larger, dust-generating renovation in a single room
- **Type D** – Major demolition or construction, multiple rooms, new systems

*Why it matters:* Determines how much dust, debris, and disruption will occur—affecting the level of required controls.



<b>Type A</b>	<b>Inspection and non-invasive activities.</b> Includes but is not limited to: <ul style="list-style-type: none"> <li>• Removal of ceiling tile for visual inspection – limited to 1 tile per 50 square feet with limited exposure time.</li> <li>• Limited building system maintenance (e.g., pneumatic tube station, HVAC system, fire suppression system, electrical and carpentry work to include painting without sanding) that does not create dust or debris.</li> <li>• Clean plumbing activity limited in nature.</li> </ul>
<b>Type B</b>	<b>Small-scale, short duration activities that create minimal dust and debris.</b> Includes but is not limited to: <ul style="list-style-type: none"> <li>• Work conducted above the ceiling (e.g., prolonged inspection or repair of firewalls and barriers, installation of conduit and/or cabling, and access to mechanical and/or electrical chase spaces).</li> <li>• Fan shutdown/startup.</li> <li>• Installation of electrical devices or new flooring that produces minimal dust and debris.</li> <li>• The removal of drywall where minimal dust and debris is created.</li> <li>• Controlled sanding activities (e.g., wet or dry sanding) that produce minimal dust and debris.</li> </ul>
<b>Type C</b>	<b>Large-scale, longer duration activities that create a moderate amount of dust and debris.</b> Includes but is not limited to: <ul style="list-style-type: none"> <li>• Removal of preexisting floor covering, walls, casework or other building components.</li> <li>• New drywall placement.</li> <li>• Renovation work in a single room.</li> <li>• Non-existing cable pathway or invasive electrical work above ceilings.</li> <li>• The removal of drywall where a moderate amount of dust and debris is created.</li> <li>• Dry sanding where a moderate amount of dust and debris is created.</li> <li>• Work creating significant vibration and/or noise.</li> <li>• Any activity that cannot be completed in a single work shift.</li> </ul>
<b>Type D</b>	<b>Major demolition and construction activities.</b> Includes but is not limited to: <ul style="list-style-type: none"> <li>• Removal or replacement of building system component(s).</li> <li>• Removal/installation of drywall partitions.</li> <li>• Invasive large-scale new building construction.</li> <li>• Renovation work in two or more rooms.</li> </ul>

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**Step 2: Determine the Patient Risk Level of the Affected Area**

Use ASHE's ICRA risk group definitions:

- **Low** – Non-patient care: offices, break rooms, public corridors
- **Medium** – Support zones: kitchens, materials management, waiting areas
- **High** – Direct patient care: ER, inpatient units, pharmacy, imaging
- **Highest** – Critical care: ORs, ICUs, transplant units, oncology, sterile areas

*Why it matters:* Higher-risk patient populations require stricter containment and infection prevention.



Low Risk	Medium Risk	High Risk	Highest Risk
<p>Non-patient care areas such as:</p>	<p>Patient care support areas such as:</p>	<p>Patient care areas such as:</p>	<p>Procedural, invasive, sterile support and highly compromised patient care areas such as:</p>
<ul style="list-style-type: none"> <li>• Public hallways and gathering areas not on clinical units.</li> <li>• Office areas not on clinical units.</li> <li>• Breakrooms not on clinical units.</li> <li>• Bathrooms or locker rooms not on clinical units.</li> <li>• Mechanical rooms not on clinical units.</li> <li>• EVS closets not on clinical units.</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting areas.</li> <li>• Clinical engineering.</li> <li>• Materials management.</li> <li>• Sterile processing department - dirty side.</li> <li>• Kitchen, cafeteria, gift shop, coffee shop, and food kiosks.</li> </ul>	<ul style="list-style-type: none"> <li>• Patient care rooms and areas.</li> <li>• All acute care units.</li> <li>• Emergency department.</li> <li>• Employee health.</li> <li>• Pharmacy - general work zone.</li> <li>• Medication rooms and clean utility rooms.</li> <li>• Imaging suites: diagnostic imaging.</li> <li>• Laboratory.</li> </ul>	<ul style="list-style-type: none"> <li>• All transplant and intensive care units.</li> <li>• All oncology units.</li> <li>• OR theaters and restricted areas.</li> <li>• Procedural suites.</li> <li>• Pharmacy compounding.</li> <li>• Sterile processing department - clean side.</li> <li>• Transfusion services.</li> <li>• Dedicated isolation wards/units.</li> <li>• Imaging suites: invasive imaging.</li> </ul>

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## Step 3: Match Work Type to Risk Group to Determine Class of Precautions

Use the ICRA matrix to find the correct class:

- **Class I-II** – Minimal containment, low risk
- **Class III** – Moderate containment, basic barriers, dust control
- **Class IV** – Full containment, negative air, HEPA filtration
- **Class V** – Highest level: sealed containment, pressurization control, anterooms, protective PPE protocols

*Why it matters:* This is where your infection control permit and containment plan are built from.

### 4

## Step 4: Assess Surrounding Areas and Specify Controls

Review adjacent units in all directions and identify:

- Risk groups and potential exposure
- Noise, vibration, and dust control needs
- Impacted systems: med gas, HVAC, data, water, fire safety
- Pressure differentials and vertical pathway risks (shafts, elevators)

*Why it matters:* Containment is not just about the space under construction—it's about every space it can affect.

Patient Risk Group	Construction Project Type			
	Type A	Type B	Type C	Type D
<b>LOW Risk Group</b>	I	II	II	III*
<b>MEDIUM Risk Group</b>	I	II	III*	IV
<b>HIGH Risk Group</b>	I	III	IV	V
<b>HIGHEST Risk Group</b>	III	IV	V	V

## SwiftWall® Makes ICRA Compliance Simple

Whether you're working under Class III, IV, or V protocols, **SwiftWall modular wall systems** are engineered for ICRA 2.0 compliance, rapid deployment, and reliable infection control.

- **SwiftWall Max:** Stackable aluminum system ideal for Class IV & V containment. Non-combustible, ASTM E136 and E84 compliant, supports negative air and high pressure environments. Suitable for Type I and II construction.
- **SwiftWall Flex:** Adjustable-height panel system ideal for Class IV & V applications. Provides airtight seals, supports negative air environments, and adapts to changing ceiling conditions. ASTM E84 compliant.
- **SwiftWall Pro:** Durable and reconfigurable panel system ideal for Class III containment and beyond. Offers a clean, professional finish for occupied renovations, and integrates with Flex or Max when higher containment is needed. ASTM E84 compliant.
- Anteroom kits and negative pressure modules available
- Designed to reduce jobsite dust, limit disruption, and meet ICRA 2.0 expectations

*Why it matters:* Determines how much dust, debris, and disruption will occur—affecting the level of required controls.