

**BSOM Policy Draft:
Prospective Health Review of Facility Construction/Renovations/Acquisition**

Purpose and Scope: At East Carolina University, major construction projects managed by Facilities Engineering and Architectural Services (FEAS) involve a variety of ECU offices (including the ECU Office of Prospective Health) in the planning and design process to ensure that ECU facilities are constructed to allow for compliance with federal, state and local laws, regulations and codes.

At Brody School of Medicine, expansion of physical facilities may bypass the ECU process, as facilities are gained by leasing, renovation of existing space, build-to-lease agreement or other alternative means; however, all BSOM physical facilities must comply with current regulations, and ECU policy, for use in teaching, research, patient care or other services.

Policy: To ensure that all BSOM clinical, research, and teaching facilities meet health and safety requirements regarding Infection Control and Radiation and Biological Safety and to protect employee, patient and public safety and health, Prospective Health review of BSOM-initiated projects is required.

- I. **Notification of Office of Prospective Health** The Office of Prospective Health will be notified by the responsible administrator about planned facility acquisition or construction or renovation:
 - A. Timing:
 1. There are several stages when input is needed.
 - a. During the planning phase of all space modification/acquisition projects, e.g., the pre-design conference for new facility construction or extensive renovations; and
 - b. When design drawings are available for any new construction or renovation, for lease of an existing facility, or renovation of a current facility; and
 - c. Post-construction walk-through for final inspection, prior to opening for patient care or laboratory use.
 2. Implementation
 - a. Projects managed by ECU FEAS: FEAS will contact PH at each stage
 - b. Projects managed by Group Practice Administration: Group Practice Administration will contact PH at each stage
 - c. All other projects: responsible BSOM departmental administrator will contact PH
 - B. Affected facilities/physical locations
 1. All clinical sites where direct patient care will be provided.
 2. All sites adjacent to a clinical site where immunosuppressed patients are seen.
 3. Any project on a room or facility which uses radioactive materials or radiation sources or equipment that generates radiation (ionizing or non-ionizing) for diagnostic, treatment or research purposes OR relocates such equipment OR is conducted immediately adjacent/physically contingent to such a room or facility.
 4. Any project to construct a laboratory for clinical or research purposes in which infectious micro organisms or recombinant

DNA will be used which requires containment greater than hazard level 2,* OR installation of a Biological Safety Cabinet OR any construction or renovation work conducted immediately

5. Any project in or adjacent an animal housing room or facility.
6. Any renovations in areas which housed radioactive materials, or infectious micro organisms immediately prior to planned work, to rule out residual contamination.

C. Contact with Prospective Health

1. Use Appendix A to document planned use of new/renovated space and for information about features of concern OR
2. Contact Prospective Health office (744-2070) to discuss whether review is needed

II. **High Risk Clinical Sites and dust control:** Some clinical sites care for high risk patients especially susceptible to opportunistic infection with airborne micro organisms generated by very minor routine construction or maintenance activities. In these clinical areas, airborne dust must be actively controlled using the protection/containment procedures outlined in the ECU Infection Control Policy to prevent an infectious hazard.

- A. High Risk Patient Areas: High risk patients are those who are significantly immune suppressed due to disease, neoplasm, or infection, such as HIV/AIDS or from medical treatment with radiation or anti-neoplastic drugs. High risk patient areas at BSOM currently include:
1. Leo Jenkins Cancer Center (all areas)
 2. Pediatric Hematology Oncology (presently includes exam rooms 20-32 and infusion room in Pediatrics Clinic)
 3. Infectious Disease Clinic (presently Brody 1C-10 to 2C-40 and nurses station and Pediatrics Infectious Disease at Doctors Park #2)
 4. Transplant Surgery (presently in Leo Jenkins Cancer Center)
- B. Construction activities which can present a hazard: Any work which breaches the physical perimeter of a clinic seeing high risk patients, including:
1. Lifting ceiling tiles
 2. Any maintenance/repair activities conducted above the ceiling
 3. Pulling telephone or computer cables
 4. Accessing chase spaces
 5. Cutting wall or ceiling tiles
 6. Minor work in ducts
 7. Any work conducted inside wall spaces that requires the removal of wall plates/covers
- C. Implementation
1. Facilities Services has tagged the above High Risk Patient Areas in their computerized work order system, to generate a reminder to Facilities personnel to use dust containment precautions for work in these areas.
 2. ECU ITCS, One Card and BSOM Telecommunications offices are aware of the need for dust control in High Risk Patient Care areas at BSOM and have been advised to inform their personnel and

subcontractors.

3. If construction activities are initiated in designated high risk patient areas without dust control precautions, contact Office of Prospective Health, ASAP.

D. Details of required dust containment for High Risk Patient Areas

1. Consult the ECU Infection Control Policy <http://www.ecu.edu/prospectivehealth/infectioncontrol/Policies/04Consultforhighriskptareas.pdf> for additional information OR
2. Contact the Office of Prospective Health prior to initiating minor construction activities in a High Risk Patient Area (744-2070).

*As defined by CDC and NIH in Biosafety in Microbiological and Biomedical Laboratories; includes all infectious agents associated with human disease.