

**Title: Proactive Construction Risk Assessment (PCRA)**

**Policy #: EC-81**

**Purpose:** The purpose of this Proactive Construction Risk Assessment (PCRA) policy is to identify potential risks that could arise from construction related activities and to develop risk mitigation recommendations (RMRs) to minimize the risks. Elements considered in the assessment include, but are not limited to:

- Air Quality/Pressure Management
- Utility Impairments
- Noise
- Vibration
- Hazardous Materials

**Scope:** This policy applies to all medical center locations where patient care is delivered. The implementation of PCRA is required prior to the commencement of any construction related activity.

***Procedure(s) for Implementation:***

Prior to the beginning of each project, this assessment tool (Attachment A) shall be completed by the Pre- Assessment team. At a minimum, the team shall consist of the following:

- BIDMC Project Manager
- Contractor's Project Manager

Others to be considered:

- BIDMC Department Representative(s) within affected area
- Environmental Health and Safety
- Maintenance Operations
- Infection Control
- Public Safety

The RMRs identified upon completion of the PCRA shall be implemented by the project team. The project team shall consist of the following:

- BIDMC Project Manager
- Contractor's Project Manager
- BIDMC Department Representative(s) within affected area

Prior to the start of the Project these RMRs shall be reviewed with the individuals or parties completing the work and the BIDMC Department Representative(s) within affected area and shall become part of the project record. During the execution of the Project, RMRs and their associated documentation shall become part of the BIDMC project record.

The BIDMC Project Manager shall initiate other assessments e.g., Interim Life Safety Management (ILSM), Infection Control Risk Assessment (ICRA) as required.

**Attachment A: Proactive Construction Risk Assessment Form**

**Approved By:**

**Vice President Sponsor: Walter Armstrong, Sr. VP, Capital Facilities and Engineering**

**EOC Committee: 9/12/18**

**K. Murray & W. Armstrong  
Co-Chairs**

**Requestor(s) Name(s): Jarrod Dore, Dir. of Capital Facilities**

**John Pagani, Dir. Infrastructure and Engineering**

**Original Date Approved: 7/2015**

**Next Review: 9/2021**

**Revised: 9/18**

**Eliminated:**

The purpose of the Proactive Construction Risk Assessment (PCRA) is to identify potential risks associated with the Project and develop risk mitigation recommendations (RMRs) to minimize these risks. The PCRA shall be completed prior to the start of construction.

**Project Description:**

**BIDMC Project Manager:**

**Air Quality Impact – direct or via HVAC systems**

Please describe anticipated impacts to air quality. *Examples of impacts: dust, fumes, VOCs, odors or hazardous air pollutants, etc.*

*Click here to enter text.*

*Air Quality RMRs to be implemented:*

Wet Methods to be used for dust suppression:	<input type="checkbox"/>
Low VOC and minimally hazardous chemical products to be used:	<input type="checkbox"/>
HEPA air filtration system to be used:	<input type="checkbox"/>
Containment barriers to be used:	<input type="checkbox"/>
Air monitoring to be conducted at regular intervals:	<input type="checkbox"/>
Work to be performed outside, away from air intakes:	<input type="checkbox"/>
Other RMRs to be implemented:	Click here to enter text.

**Utility Impairments**

Please describe anticipated utility impairments. *Examples of utilities: electricity, water, chilled water, natural gas, medical gas, steam, tele/data.*

*Click here to enter text.*

*Utility Impairment RMRs to be implemented:*

Shutdown policy shall be followed:	<input type="checkbox"/>
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**Noise**

Please describe anticipated noise impacts.

*Click here to enter text.*

*Noise RMRs to be implemented:*

Noise generating work to be performed during least impactful times and with prior notification to those affected:	<input type="checkbox"/>
Other precautions to be taken to minimize noise:	Click here to enter text.

**Vibration**

Please describe anticipated vibration impacts.

*Click here to enter text.*

*Vibration RMRs to be implemented:*

Vibration generating work to be performed during least impactful times and with prior notification to those affected:	<input type="checkbox"/>
Other precautions to be taken to limit vibration impact:	Click here to enter text.

**Hazardous and Flammable Materials**

Please describe hazardous materials or compressed gases which may be encountered. *Examples: Flammable materials, bio-hazardous materials, radioactive materials, chemical, gases, asbestos, mold etc.*

*Click here to enter text.*

*Hazardous and Flammable Material RMRs to be implemented:*

Review Hazardous Materials and Waste Management Plan (EOC-03):	<input type="checkbox"/>
All hazardous waste to be stored, managed and disposed of in accordance with BIDMC, MA State and Federal regulations:	<input type="checkbox"/>
Safety Data Sheets of all hazardous materials shall be available:	<input type="checkbox"/>
Bulk flammables and compressed gases to be stored outside of buildings when not in use:	<input type="checkbox"/>
Compressed gas to be used in accordance with BIDMC policy (EC-62):	<input type="checkbox"/>
All applicable permits shall be obtained for Hot Work:	<input type="checkbox"/>
Additional ventilation to be provided:	<input type="checkbox"/>
All abatement work to be done by licensed individuals in accordance with BIDMC, MA State and Federal regulations:	<input type="checkbox"/>
Other hazardous material precautions to be taken:	Click here to enter text.

**Traffic Impacts**

Please describe anticipated impacts to campus roadway and pedestrian operations.

*Click here to enter text.*

*Traffic RMRs to be implemented:*

New paths of travel to be marked for pedestrian and/or vehicular traffic:	<input type="checkbox"/>
Traffic police details to be scheduled:	<input type="checkbox"/>
Other pedestrian or vehicular traffic mitigation plans:	Click here to enter text.

**Fall Protection**

Please describe any fall projection requirements.

*Click here to enter text.*

*Fall Protection RMRs to be implemented:*

Fall protection shall be compliant with OSHA 1926 subpart M:	<input type="checkbox"/>
Scaffolding shall be designed and assembled according to OSHA 1926 Subpart L:	<input type="checkbox"/>
Job specific fall protection plan to be submitted to PM before the commencement of the work:	<input type="checkbox"/>
Other fall protection measures to be taken:	Click here to enter text.

**Confined Space Concerns**

Please describe any confined spaces per EC-72.

*Click here to enter text.*

*Confined Space RMRs to be implemented:*

Contractor to comply with confined space entry training and EC-72:	<input type="checkbox"/>
Other confined space safety plans to be implemented:	Click here to enter text.

**Personal Protective Equipment (PPE)**

Please describe PPE requirements.

*Examples: overhead, eye, respiratory, or hot/cold hazards.*

*Click here to enter text.*

*PPE RMRs to be implemented:*

Appropriate PPE to be used by contractor and site visitors:	<input type="checkbox"/>
PM to perform site inspections to ensure the contractor is wearing appropriate PPE:	<input type="checkbox"/>
Other PPE Precautions to be taken:	Click here to enter text.

**Additional RMRs to be implemented:**

Click here to enter text.

BIDMC Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Project Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Reviewers as Necessary:

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_