

Building a Collaborative ICRA 2.0 Program Through Education, Engagement, and Standardization

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Speakers

Chelsea Anderson is an Infection Prevention Specialist at Essentia Health, where she has served in this role for the past 3 years. Prior to transitioning into infection prevention, she spent more than 15 years at Essentia in Fargo as a bedside ICU nurse and nursing supervisor. Chelsea is certified in infection control and has a strong passion for making a healthy difference in people's lives. She also enjoys collaborating with many different disciplines across the healthcare system to drive meaningful change and improve processes. In her current role, she played a significant part in revising the ICRA policy and standard work and in developing and delivering the education that followed those updates. She is co-presenting with Josh Zacharias, Facilities Director, and has partnered closely with him throughout the ICRA 2.0 project.

Josh Zacharias serves as the Facilities Director for the Western Minnesota Essentia Health sites and oversees the Life Safety and Compliance team for the health system. He has been with Essentia Health for 14 years and brings extensive background in health care construction, having previously worked as a Master Electrician on health care projects. Josh is passionate about the patient-centered maintenance approach and has collaborated closely with Infection Prevention to revise Essentia's ICRA policy and procedures. He contributes to advancing health care facilities through service on multiple ASHE task forces and currently serves as Vice President of the Minnesota Health Care Engineers Association (MHCEA).



Disclosure

- Chelsea Anderson, RN, CIC, and Josh Zacharias, CHFM, report no relevant financial relationships with ineligible companies.
- No commercial support was received for this presentation.
- The presenters have no financial interest in products, services, or vendors discussed.
- This presentation reflects the presenters' experience implementing an ICRA 2.0 program at Essentia Health.
- Organizational policies, procedures, and standard work should be reviewed before applying these concepts in another setting.

All recommendations should be interpreted in accordance with current regulatory requirements, applicable standards, and local organizational policy.

Learning Objectives

	By the end of this presentation, participants will be able to:
Describe	Describe how a multidisciplinary healthcare system aligned policy and standard work with ASHE's ICRA 2.0 framework.
Identify	Identify strategies used to educate and engage infection prevention, facilities, PDC, contractors, and multidisciplinary team members in the ICRA process.
Explain	Explain how collaboration between Infection Prevention and Facilities leadership supported efficient implementation and problem-solving.
Recognize	Recognize the value of a standardized weekly ICRA approval meeting in supporting risk mitigation, communication, and regulatory readiness.

Why This Work matters



- Construction, renovation, and maintenance are unavoidable in healthcare
- These activities create infection prevention risk
- Risk management must be proactive and standardized
- Patient safety and life safety are both impacted

The Risk Landscape

Dust, debris &
moisture

Airflow
disruption

Water

Equipment
movement

Staff/contractor
traffic

Work happening
in occupied
healthcare space

Existing process needed greater consistency

Alignment needed with ASHE ICRA 2.0

Collaboration could be strengthened

Education needed to reach multiple audiences

Documentation could be standardized

Opportunity for Improvement

Project Goals



ALIGN POLICY AND
STANDARD WORK WITH
ICRA 2.0



IMPROVE CONSISTENCY
IN REVIEW AND
APPROVAL



EDUCATE STAFF AND
CONTRACTORS



BUILD BROADER
STAKEHOLDER
AWARENESS



SUPPORT REGULATORY
READINESS AND PATIENT
SAFETY

Infection Prevention + Facilities
leadership partnership

Shared ownership

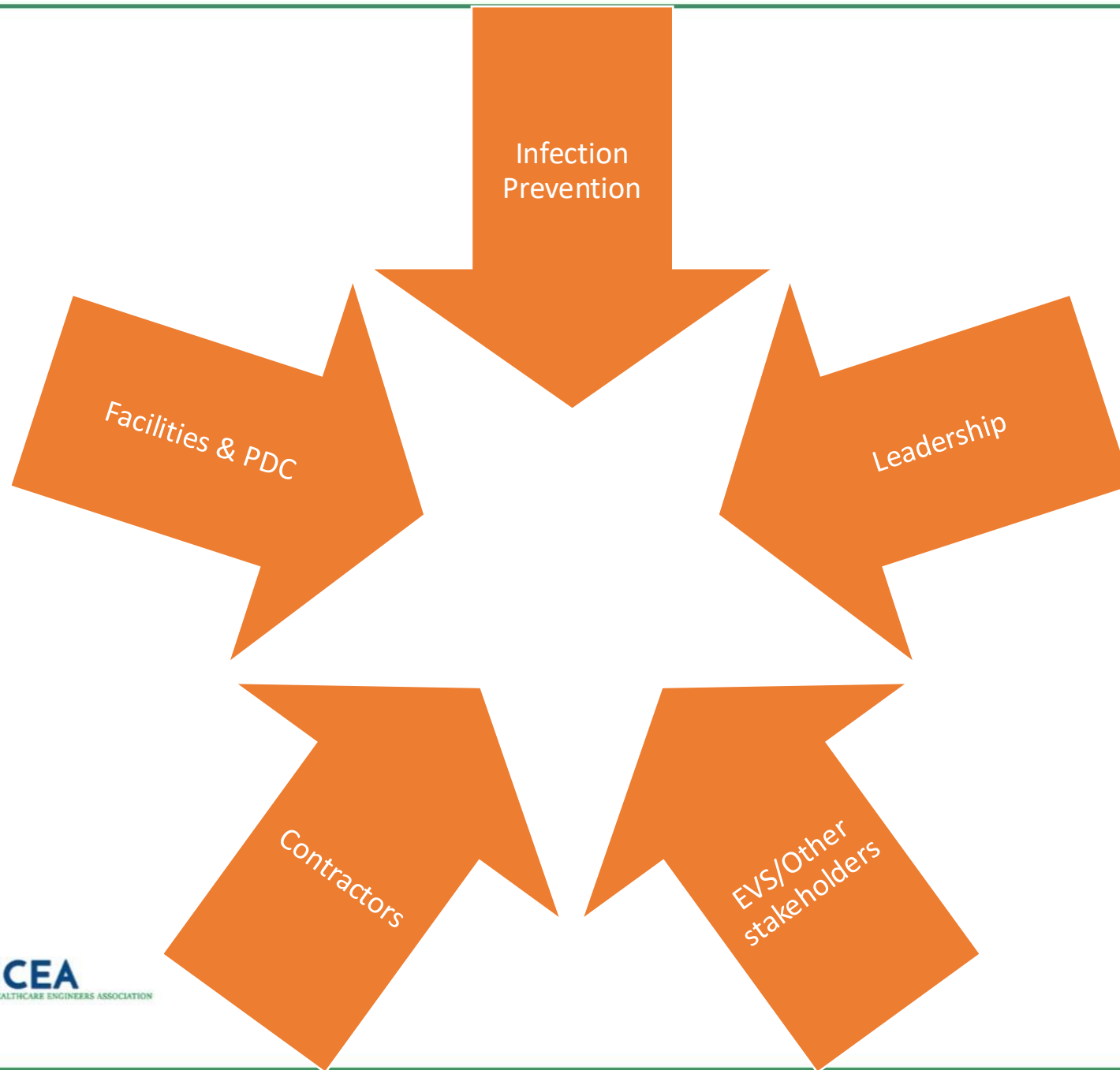
Joint problem-solving

Efficient implementation

Sustainable change

Why
Collaboration
Was Critical





Who is
Collaborating

Reviewed
existing
policy

Revised for
ASHE ICRA
2.0
alignment

Kept
consistency
with Essentia
workflows

Established
updated
standard
work

Building the Foundation — Policy and Standard Work

From Policy to Practice



Policy alone does not change practice



Standard work supports day-to-day use



Clear expectations reduce variation



Consistency supports reliability

In-person training sessions

Audience-specific education

Lecture

Case scenarios

Hands-on activities

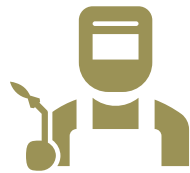
Practical application focus

Education Strategy Overview

Core Training Audience



Infection
Prevention staff



Facilities/Maintenance
/PDC



Contractors



Focus on shared
understanding and
implementation

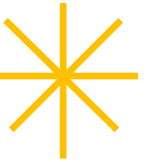
Why Hands-On Learning Was Important

- Supports practical understanding
- Builds confidence
- Encourages discussion
- Helps apply concepts to real projects

Targeted Contractor Education

- Additional sessions for contractors
- Needed due to large-scale projects
- Reinforced expectations and communication
- Improved consistency across teams

Expanding the Education Reach



Condensed course developed for:

- Quality partners

- Operational Leaders and Department Staff

- Environmental Services

- Other multidisciplinary team members



Why Broader Education Matters



Supports accountability



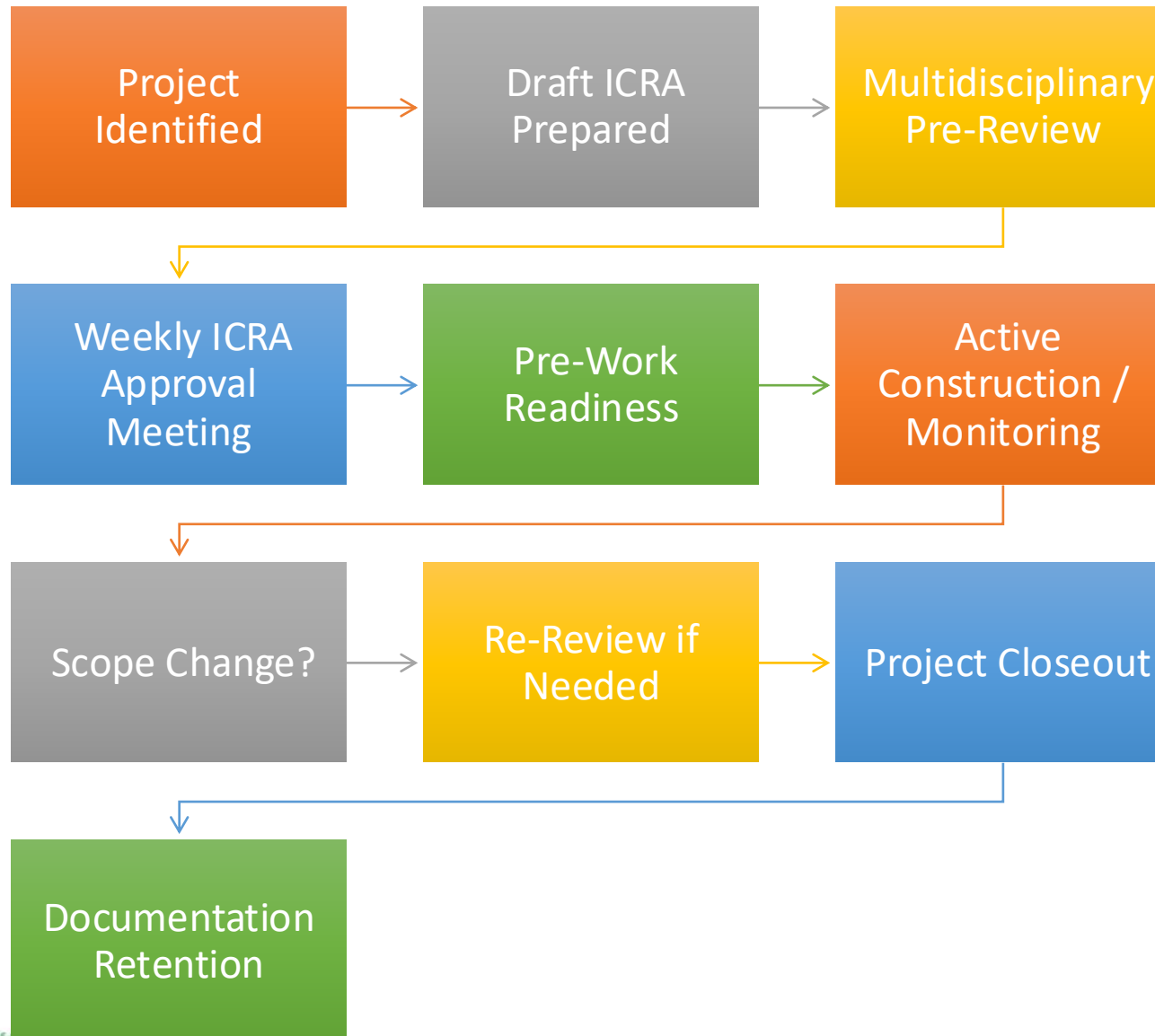
Improves communication



Increases organizational awareness



Builds a culture of infection prevention



ICRA End-to-End Process Flow

Weekly ICRA Approval Meeting

Standardized weekly multidisciplinary review

Active and upcoming projects reviewed

Required materials:

- Draft ICRA permit

- Project timeline

- Workforce details

- Mitigation class

- Blueprints

- ILSM permit

- Hot Work permit



What Happens in the Weekly Review

1

Review project
risk

2

Confirm
controls

3

Address
barriers

4

Clarify
documentation

5

Ensure
regulatory
readiness

ICRA PROJECT TRACKING DASHBOARD										BY CLASSIFICATION (Risk Level)		TIMELINE SUMMARY			
Last Updated: 07/28/2026 4:07 PM										Class 1:	0	Starting This Week:	2		
										Class 2:	10	Ending This Week:	2		
										Class 3:	22	TBD Start Dates:	6		
										Class 4:	34	TBD End Dates:	13		
										Class 5:	18	Need Signatures:	11		
ICRA Review	Add Project		Infection Prevention		Start Date		End Date		Classificatio	Barrier Assessment		Barrier Assessment			
Mar	Date	Project Name	Project Mana	Contracto	(Propose	(Propose	Facili	Department / Unit	n #	ICRA Permit Link	Blueprints Link	Pre-Proje	Post-Proj	ILS	Hot Wo
									4						
East	5/28/2026	3rd fl wall removal in hallway			7/15/2026	TBD		3rd floor med hall/med room	4	SJMC 3rd Hall	Hallway.png	Yes		N/A	N/A
East	5/28/2026	3rd fl install med room door			7/20/2026	TBD		3rd floor med hall/med room	4	SJMC 3rd Floor Med Room.pdf	Med map.png	Pending		N/A	N/A
East	5/28/2026	3rd fl nurses station remodel			6/22/2026	7/20/2026		3rd floor nurses station	4	SJMC 3rd Floor Nurse Station.pdf	Phase I No Ante .png	Yes		N/A	N/A
East	6/18/2026	Cafe wall leak inspection/repair			6/18/2026			Cafe (food serving space)	4	Cafe.pdf	Cafe Map.png			N/A	N/A

ICRA Project Tracker



ICRA 2.0™ Infection Control Risk Assessment and Permit		Project Name: _____		
		ICRA Number: _____	Requested by: _____	
Location of Work Activity: _____		Project Start Date: _____		
Estimated Duration: _____		Completion Date: _____		
EH Project Manager: _____		Phone: _____		
Onsite Facilities/Maintenance: _____		Phone: _____		
Contractor Performing Work: _____		Phone: _____		
Please note that the above signature is approval of the work activity as described and assessed documented here. Should the scope of work change or the discovery of additional toxic or biological substances. STOP WORK and seek additional approval and guidance before proceeding.				
1. Type of Activity		Explain this reasoning for this assessment		
☐ Type A: Non-invasive				
☐ Type B: Small-scale, short duration				
☐ Type C: Large-scale, longer duration				
☐ Type D: Major demolition, construction				
2. Patient Risk Area		Describe key patient risks		
☐ Low: Non-patient care areas				
☐ Medium: Patient care support areas				
☐ High: Patient care areas				
☐ Highest: Invasive, sterile or highly compromised care				
3. Class of Precautions				
	TYPE A	TYPE B	TYPE C	TYPE D
Low	☐ I	☐ II	☐ II	☐ III*
Medium	☐ I	☐ II	☐ III*	☐ IV
High	☐ I	☐ III	☐ IV	☐ V
Highest	☐ III	☐ IV	☐ V	☐ V
4. Surrounding Area				
Unit	Below, Above, Lateral, Behind & In Front: _____			
Risk group	_____			
Controls:	☐ Noise ☐ Vibration ☐ Dust ☐ Ventilation		☐ Pressurization ☐ Vertical Shafts ☐ Elevators ☐ Stairs	
Systems impacted:	☐ Data ☐ Mechanical ☐ Med Gas ☐ Hot/Cold Water		☐ RO Water ☐ Electrical ☐ Other	
Facilities (sign)	_____		Date _____	
Project Manager (sign)	_____		Date _____	
Infection Prevention (sign)	_____		Date _____	
IP or designee (barrier approval)	Initials: _____	Date: _____	IP or designee (clean/precaution discontinue)	Initials: _____ Date: _____

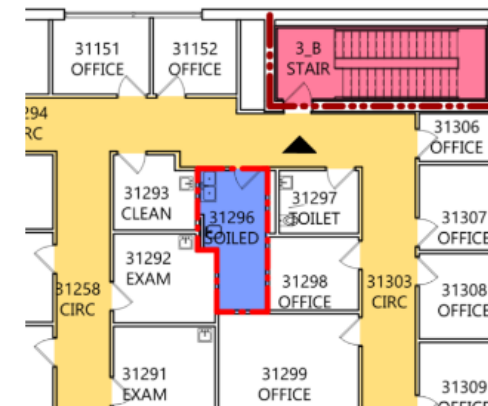
ICRA Permit



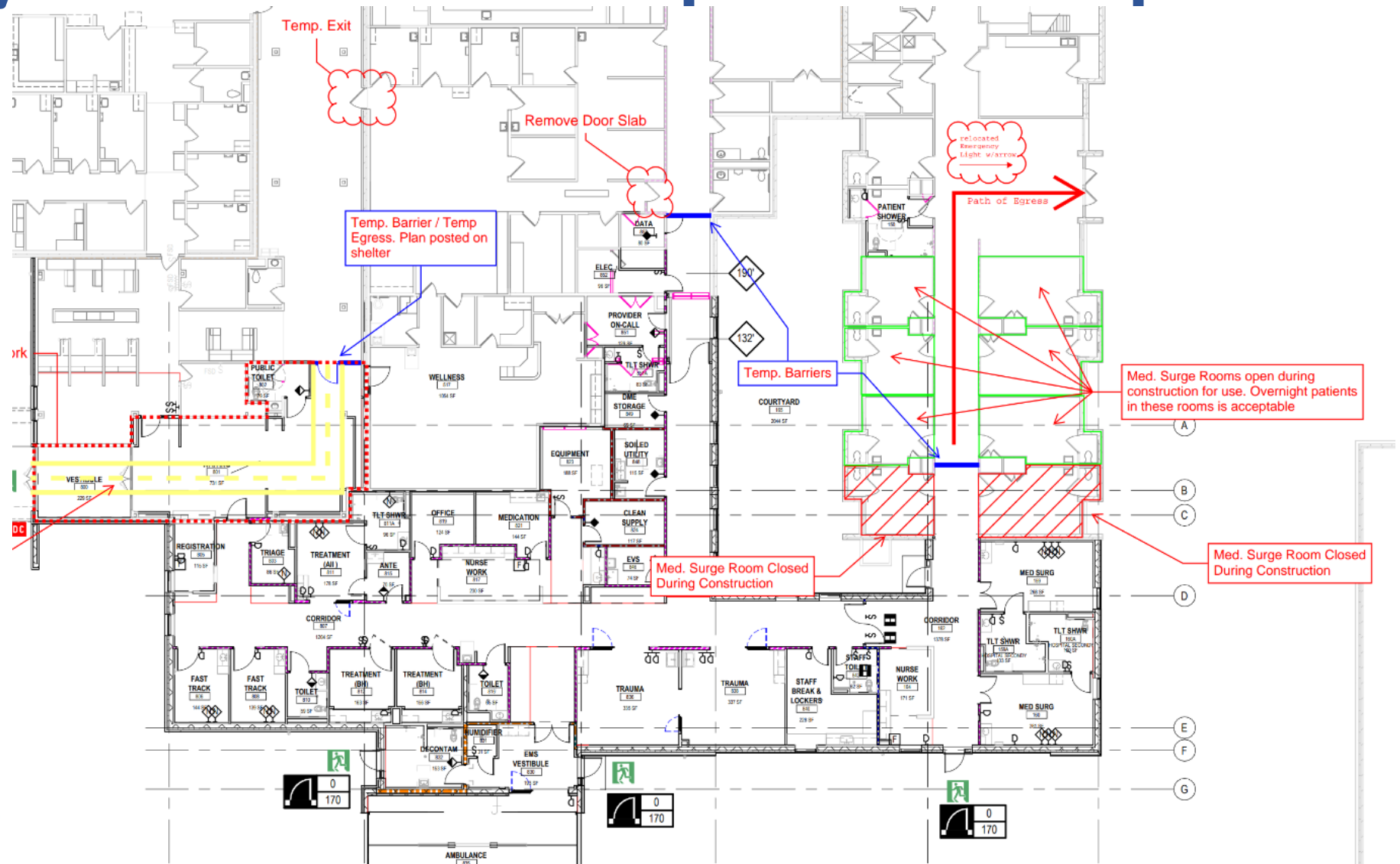
Weekly Review: Blueprint Deep Dive



- Sticky mats at all entrances. Construction side of enclosure
- ICRA barriers will be poly walls
- Air machine will create negative pressure.
- HEPA used to filter air into hallway, carbon pre-filer
- Manometer to be used to monitor pressure.
- Clothes must be cleaned before entering patient areas.
- Return/Supply ducts to be sealed/covered



Weekly Review: Blueprint Deep Dive



Challenges We Encountered



Multiple projects at once without system alignment



Contractor turnover / varying experience



Keeping expectations consistent



Balancing project budget, timelines, and safety



Coordinating across departments

Additional contractor education

Standardized review meetings

Clear documentation expectations

Leadership support

Shared problem-solving

How We
Addressed the
Challenges

Improved consistency

Better communication

Increased engagement

Stronger documentation

More reliable process

Early Outcomes

Lessons Learned

01

Collaboration is essential

02

Education must be audience-specific

03

Contractors must be included

04

Standardization improves reliability

05

Sustainability requires ongoing review

Sustainability and Next Steps



Continue weekly approval meetings



Ongoing staff and contractor education



Monitor compliance and process reliability



Refine workflows as needed



Maintain alignment with ASHE guidance

Key Takeaways

Education +
engagement +
standardization +
collaboration =
sustainable ICRA 2.0

Shared ownership
supports patient safety
and life safety

References

- American Society for Health Care Engineering. *ICRA 2.0: Infection Control Risk Assessment*.
- CDC/HICPAC. *Guidelines for Environmental Infection Control in Health-Care Facilities*.
- Centers for Disease Control and Prevention. *Environmental Infection Control*.
- Facility Guidelines Institute. *Guidelines for Design and Construction of Hospitals*.
- Essentia Health. *ICRA Policy and Standard Work*. Internal document.
- Essentia Health. *ICRA Project Tracker and Permit Tools*. Internal documents.

Closing

- Questions?
- Thank you