

## **LIST OF EXHIBITS**

<b>EXHIBIT NO 1</b>	<b>Contractor Safety Requirements</b>
<b>EXHIBIT NO 2</b>	<b>Release Pursuant Clause Form</b>
<b>EXHIBIT NO 3</b>	<b>*Progress Payment</b>
<b>EXHIBIT NO 4</b>	<b>*Contract Progress Report</b>
<b>EXHIBIT NO 5</b>	<b>Policy Memorandum No. 07-29, Parking and Motor Vehicle Operation</b>
<b>EXHIBIT NO 6</b>	<b>Designated Parking for Contractors and Contractor's Employees</b>
<b>EXHIBIT NO 7</b>	<b>Hot Work Policy, Standard Operating Procedure Number 31</b>
<b>EXHIBIT NO 8</b>	<b>Confined Space Entry, SOP Number 20</b>
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<b>EXHIBIT NO 10</b>	<b>Excavation/Trenching, SOP Number 45</b>
<b>EXHIBIT NO 11</b>	<b>Electrical Safety, Policy Memorandum 138-15</b>
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<b>EXHIBIT NO 13</b>	<b>Request for Information (RFI) Form and Instructions</b>
<b>EXHIBIT NO 14</b>	<b>Daily Log</b>
<b>EXHIBIT NO 15</b>	<b>*Transmittal of Shop Drawings, Samples, Test Report, Manufacturer's Data/Certificates</b>
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<b>EXHIBIT NO 17</b>	<b>Workplace Violence Prevention, Policy Memorandum 07-09</b>
<b>EXHIBIT NO 18</b>	<b>Electronic Fund Transfer - SF 3881 ACH Vendor/Miscellaneous Payment Enrollment Form</b>
<b>EXHIBIT NO 19</b>	<b>Disclosure of Lobbying Activities Standard Form LLL (for contracts in excess of \$100,000.00)</b>
<b>EXHIBIT NO 20</b>	<b>Employee and Non-Employee Identification</b>
<b>EXHIBIT NO 21</b>	<b>Safety and Infection Control Handbook for Contractors</b>

**\*Sample is provided for contractor's information. The use of this format is desired by the Department of Veterans Affairs; however, you may develop your own format, providing that all pertinent information on the sample is incorporated into the form you submit and that the form you use is acceptable to the Contracting Officer.**

## EXHIBIT 1

### CONTRACTOR SAFETY REQUIREMENTS

1. **GENERAL:** During any construction an/or renovation project within this VA Medical Center or grounds, numerous potential hazardous working conditions may develop and/ or exist. These conditions can result in serious personal injuries and/or extensive property damage to patients, employees and volunteers if not identified and if corrective action is not taken to prevent injury or damage to property and personnel. Adherence to OSHA regulations is not sufficient to provide the degree of safety which is required. Extra precautions should be observed when working around persons who are not accustomed to being exposed to construction hazards. Persons who may be aged, have impairments, use wheelchairs, or have mental or psychiatric conditions must be considered when preparing the job site, when work is in progress, and when leaving the work site unattended for any length of time. Consider the safety and health of patients, visitors and VA employees in the area. Never leave hazards unattended or unsecured when on break. Psychiatric, blind, hearing impaired, and wheelchair patients are to be expected. Extra caution must be exercised when working in buildings which are occupied and doing business.
  - a. The Contractor shall provide and maintain work environments and procedures which will safeguard the public and Government personnel, property, materials, supplies, and equipment exposed to contractor operations and activities.
  - b. The Contractor shall provide appropriate safety barricades, signs, signal lights, attendants, and fire watches to warn and protect against hazards which are created by the contractor.
  - c. The contractor shall secure all areas under their control to prevent entry from unauthorized VA employees, patients, and visitors. Provisions shall be made for entry into these areas by emergency personnel. Providing keys or combinations to locks is one method of complying with this requirement.
2. **HOT WORK:** In addition, extra precautions must be taken to prevent fires because of the occupancy of the Medical Center. Extra caution will be exercised when doing "hot work". Fire watches must be posted during the hot work and for 30 minutes after "hot work" is completed. (See "Hot Work Policy")
3. **HAZARD COMMUNICATIONS:** The Contractor, when introducing hazardous materials, must inform the Government and provide copies of the appropriate Material Safety Data Sheet.
4. **INTERIM LIFE SAFETY MEASURES:** Any construction/renovation project that is conducted at this Medical Center will include the activation of Interim Life Safety Measures during all phases of construction until completion of any construction or renovation project. The Joint Commission on Accreditation of Health Care Organizations requires that special measures be implemented during construction operations. Contractor will ensure:
  - a. Exits provide free and unobstructed egress. Coordination will be made with the facility Safety Officer and the Contracting Officer's Technical Representative (COTR) when any exit must be closed due to construction.

2. b. Free and unobstructed access to an ambulance entrance will be maintained.

c. Fire alarm, detection, and suppression systems are not impaired. A temporary, but equivalent system shall be provided when any fire system is impaired. Coordination with the facility Safety officer and COTR is required.

d. Temporary construction partitions are smoke tight and built with non-combustible materials.

e. Provide additional fire fighting equipment in construction areas.

f. Enforce no-smoking policy in any building.

g. Storage is limited in buildings to a minimum; good housekeeping reduces the fire load, remove debris daily from within the building.

**5. NOTIFICATION:** Whenever the Contracting Officer becomes aware of any condition, which poses a danger to the public, patients, or Government employees, the Contracting Officer shall notify the Contractor orally, with written confirmation, and request immediate initiation of corrective action. The Contractor shall take immediate action. If the Contractor fails to take corrective action, the Contracting Officer may issue an order stopping all or part of the work until satisfactory corrective action has been taken.

**EXHIBIT 2**

**RELEASE OF CLAIMS**  
**(Reference FAR 52.232-5 (h)(3))**

**CONTRACT NO.** \_\_\_\_\_

**For and in consideration of the payment of the sum now due by reason of performance of the above contract, the undersigned contractor hereby releases and discharges the United States of America of and from all liabilities, obligations, and claims whatsoever under or arising out of said contract, except for the following:**

- 1. Specific Claims. (List below. If none, state "NONE")**

**All other terms and conditions of the above mentioned contract remain in full force and effect.**

**IN WITNESS WHEREOF, this release has been duly executed this**

\_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month and year)

**CONTRACTOR:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**EXHIBIT 3**  
**DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER**  
**CHILLICOTHE, OHIO 45601**

PROGRESS PAYMENT  
NUMBER \_\_\_\_\_

PERIOD ENDING \_\_\_\_\_  
OBLIGATION NO. \_\_\_\_\_

TO:

For work performed under Contract Number \_\_\_\_\_, dated, \_\_\_\_\_ for \_\_\_\_\_, located at the Department of Veterans Affairs Medical Center, Chillicothe, Ohio.

**ORIGINAL CONTRACT PRICE**

Suppl. Agrmts. Previously reported (☐ Add/☐

Suppl. Agrmts. this period (☐ Add/☐ \_\_\_\_\_

Net Contract Change (☐ Add/☐ Deduct) \_\_\_\_\_

**TOTAL CONTRACT PRICE**

Value - work in place end last period \_\_\_\_\_

Value - work installed this period \_\_\_\_\_

Value - unused material previously paid for \_\_\_\_\_

Value - unused material this period \_\_\_\_\_

Total Earned to date \_\_\_\_\_

**WORK UNCOMPLETED**

Total Previous Payments \_\_\_\_\_

**AMOUNT THIS ESTIMATE**

I hereby certify, to the best of my knowledge and belief, that...

- (1) The amounts requested are only for performance in accordance with the specifications terms, and conditions of the Contract;
- (2) Payments to subcontractors and suppliers have been made from pervious payments received under the Contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code; and
- (3) This request for progress payment does not include any amounts, which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.
- (4) This certification is not to be construed as a final acceptance of a subcontractor's performance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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I certify that the articles and/or services represented by this estimate have been received and/or rendered in accordance with the Contract.

STEVEN BENSON, P.E., P.S. \_\_\_\_\_ Date: \_\_\_\_\_

Chief, Engineering Service

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I approve the payment of this estimate in the amount of \$ \_\_\_\_\_, and I certify that the articles and/or services represented hereon have been received and/or rendered in accordance with the terms of the Contract.

Date: \_\_\_\_\_

Contracting Officer

INSTRUCTIONS FOR PROGRESS PAYMENT FORM 0301A 93 (Revised 5-22-98)

- (1) Enter Progress Payment Number, i.e., 1, 2, 3, etc.
- (2) Enter Period Ending Date, i.e., month, day and year.
- (3) Enter Obligation Number from Form 1442 Solicitation, Offer, Award item 23.
- (4) Enter Name, Address, City, State and Zip Code to whom payment is to be made ~ Must match "Payment Payable To", from P&D Form 0301B.
- (5) Enter Contract Number from Form 1442 item 4.
- (6) Enter Date of Contract from Form 1442 item 31c.
- (7) Enter Contract Title.
- (8) Enter Original Contract Price from Form 1442 item 22.
- (9) Enter Supplemental Agreements previously reported and note as either ADD or DEDUCT, if applicable.
- (10) Enter Supplemental Agreements for this reporting period and note as either ADD or DEDUCT, along with the SA numbers, i.e., 1, 2, 3, if applicable.
- (11) Enter Total of SA's for this reporting period, if applicable.
- (12) Enter Total of SA's and note as either ADD or DEDUCT, if applicable.
- (13) Enter Summation of SA's and Original Contract Price.
- (14) Enter Work in Place to Date of Last Period, total of column "Value of Work In-Place, End Last Period" of Contract Progress Report, P&D Form 0301B.
- (15) Enter Work Installed This Period, total of column "Value of Work Installed This Period" of Contract Progress Report, P&D Form 0301B.
- (16) Enter Value of Unused Material Previously Paid For. This is material that has been paid for, but not yet installed.
- (17) Enter Value of Unused Material This Period. This is material just stored this period, accompanied with supplier's invoice addressed to Contractor/Subcontractor stating that the material is for this particular project at the VAMC.
- (18) Enter total of (13), (14), (15) and (16). This should equal the total of (21), (22) and (23) of Contract Progress Report Form, P&D Form 0301B.
- (19) Enter difference of Total Earned to Date from Total Contract Price, i.e., (12) - (17).
- (20) Enter Total Previous Payments, i.e., \$0.00 if first payment or summation of payments 1, 2, 3, etc.
- (21) Enter difference of previous payments from Total Earned to Date, i.e., (17) - (19).
- (22) Official's signature.
- (23) Enter date signed.
- (24) Enter Official's name.
- (25) Enter Official's title.

In addition to the information included on this form, the contractor will attach a listing of the total amount of each subcontractor under this contract.

The contractor will also provide a listing of the amounts previously paid to each subcontractor and supplier under the contract.

## EXHIBIT 4

## CONTRACT PROGRESS REPORT

Name and Address of Contractor (1)			Payment Payable To: (2)		
Defective Invoice, Contact: (3) Name: Phone:			Invoice Number (4)	Period Ending (5)	
Project Title (6)			Project Number (7)	Contract Number (8)	
Item No.	Branch of Work	Total Value	Value of Work In-Place, End Last Period	Value of Work Installed This Period	Material Stored To Date
1.	(9)	(10)	(11)	(12)	(13)
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.	ORIGINAL PROJECT TOTAL	(14)	~~~~~	~~~~~	~~~~~
33.	Supplemental Agreements --- Add	(15)	(16)	(17)	(18)
34.	Supplemental Agreements --- Deduct	(19)	~~~~~	~~~~~	~~~~~
35.	TOTALS	(20)	(21)	(22)	(23)

INSTRUCTIONS FOR PROGRESS REPORT FORM 0301B 93 (Revised 5-22-98)

- (1) Enter Name, Address, City, State and Zip Code of Contractor.
- (2) Enter Name, Address, City, State and Zip Code to whom payment is to be made.
- (3) Enter Name and Phone Number of person to contact in the event of a defective invoice.
- (4) Enter Invoice Number, i.e., 1, 2, 3, etc.
- (5) Enter Period Ending Date, month, day and year.
- (6) Enter Contract Title from Form 1442.
- (7) Enter Project Number from Form 1442.
- (8) Enter Contract Number from Form 1442 item 4.
- (9) Enter Description of Work, i.e. title of Specification Sections, noting material and labor as separate line items as a minimum.
- (10) Enter Total Value of each Description of Work ~ this value will not change during the life of the contract.
- (11) Enter Value of Work Installed End Last Period, i.e., if first payment will be \$0.00.
- (12) Enter Value of Work installed this period. Do not include stored material not used.
- (13) Enter Value of Total Material Stored to Date ~ to be accompanied with supplier's invoice addressed to contractor/subcontractor stating material is for this particular project. Note: When stored material is installed it is to be added to the Installed This Period column.
- (14) Enter Original Project Total. This is total of each item listed.
- (15) Enter Summation of Supplemental Agreements ADD.
- (16) Enter Summation of Supplemental Agreements ADD In-Place End Last Period.
- (17) Enter Summation of Supplemental Agreements ADD Installed This Period.
- (18) Enter Summation of Supplemental Agreements ADD Materials Stored to Date.
- (19) Enter Summation of Supplemental Agreements DEDUCT.
- (20-23) Enter sum of each column.



EXHIBIT 5

POLICY MEMORANDUM  
NO. 07-29

VA Medical Center  
Chillicothe, Ohio  
September 7, 2011

PARKING AND MOTOR VEHICLE OPERATION

1. PURPOSE: To establish regulations for operating privately-owned motor vehicles on the medical center grounds.

2. POLICY: It is the policy of this medical center to promote safe vehicle control on the roadways, maximize the utilization and benefit of parking facilities, and provide for consistent enforcement of the regulations governing these areas.

3. PROCEDURES:

a. Vehicle Registration: All employees parking a privately-owned vehicle on medical center property are required to register that vehicle using VA Form 10-6196, Privately-Owned Motor Vehicle Registration. This includes contractors, volunteers, consultants, etc. These forms are completed at the Police Operations Center, Building 18 lower level, during the in-processing procedure. A parking decal is issued for each vehicle and is displayed on the backside of the rear view mirror or attached to an index card placed on the driver's side dashboard of the vehicle. Any changes in vehicle such as color, plate number or new vehicle are reported to the Police Operations Center within five workdays. When a vehicle is traded or sold, the employee is responsible for removal and destruction of the decal. Failure to register and display an identification sticker may result in a citation or restriction from use of parking facilities.

b. Traffic Regulations:

(1) All motor vehicle laws of the State of Ohio are observed while operating a vehicle at this medical center.

(2) Parking is allowed in designated areas only. Cars are parked between the marked lines.

(3) Vehicle ignition keys are removed and the vehicle locked when left unattended in any parking area.

(4) The Department of Veterans Affairs assumes no responsibility for the safety of employees' cars, and any such parking is at the risk of the employee.

(5) In addition to the requirements of the Ohio State Motor Vehicle Code, a PEDESTRIAN HAS THE RIGHT OF WAY when crossing a highway or street from any point within the geographical limits of the medical center grounds. Vehicles stop for pedestrians in a crosswalk.

1 . Policy Memorandum No. 07-29

c. Parking Allocations:

(1) Reserved parking areas are designated for handicapped, outpatients, physicians, consultants, volunteers, AFGE Union, and Credit Union (short term). Personnel not designated to use these parking spaces use general parking lots.

(2) The ambulance ramp to Building 31 and the two adjacent spaces are reserved for emergency vehicles loading/unloading at Urgent Care.

d. Enforcement:

(1) Courtesy Violation Notice (CVN): This violation notice is merely a reminder to the offender that s/he is in violation of posted rules and regulations governing VA property and the offense is punishable under the law. The yellow copy of the notice is forwarded to the appropriate service chief/care line manager. Service chiefs/care line managers are responsible for making sure their employees are familiar with and comply with parking and motor vehicle regulations, and for counseling employees upon receipt of the second CVN.

(2) Uniform Violation Notice (UVN): This notice is used by the medical center police officer to notify a violator, in writing, that s/he has violated the statutory authority contained in Title 38, United States Code, Section 218(b), 38 Code of Federal Regulations 1.218 and VA Regulations 1.218(b) for traffic, parking, and petty offenses. Any person receiving a UVN is required to comply with the instructions contained on the ticket at the time of issuance. This notice involves forfeiture of collateral and/or appearance before the District Court Magistrate.

(3) Arrest: The Rule of Court, Southern District of Ohio, dictates the amount of collateral to be posted for a specific offense and those offenses requiring a mandatory appearance before a U.S. Magistrate. However, the Rule of Court does not prohibit the officer from making an arrest and taking the offender directly before a U.S. Magistrate to answer the charge placed against the offender.

(4) Towing: A privately owned vehicle may and will be towed from the medical center grounds when immediate removal is necessary to ensure public safety, or after 96 hours when abandoned. Owners of towed vehicles are liable for charges for towing and storage before the vehicle is released by the towing company.

e. Traffic Accidents: The Chief, Protective Services, or his/her designated Police Officer, investigates and prepares required reports for all motor vehicle accidents on medical center grounds, and may, when authorized, participate in investigations which involve government vehicles off medical center grounds. Neither the Department of Veterans Affairs nor the United States Government assumes responsibility for accidents occurring on the medical center grounds between privately owned motor vehicles. Such

3 . Policy Memorandum No. 07-29

accidents are reported to the VA Police as required by law.

4. REFERENCES: DM&S Supplement, MP-1, Part I, Chapter 2, Section B  
VA Regulation 1.218(b)  
U.S. District Court, Southern District Rule No. 5.  
Title 38, U.S. Code, Section 218(b).  
Title 38 Code of Federal Regulations, Section 1.218.  
AFGE Master Agreement.

5. RESCISSION: Policy Memorandum No. 07-29, Parking and Motor Vehicle Operation, dated September 8, 2009.

6. RESCISSION DATE: September 7, 2013

//s//

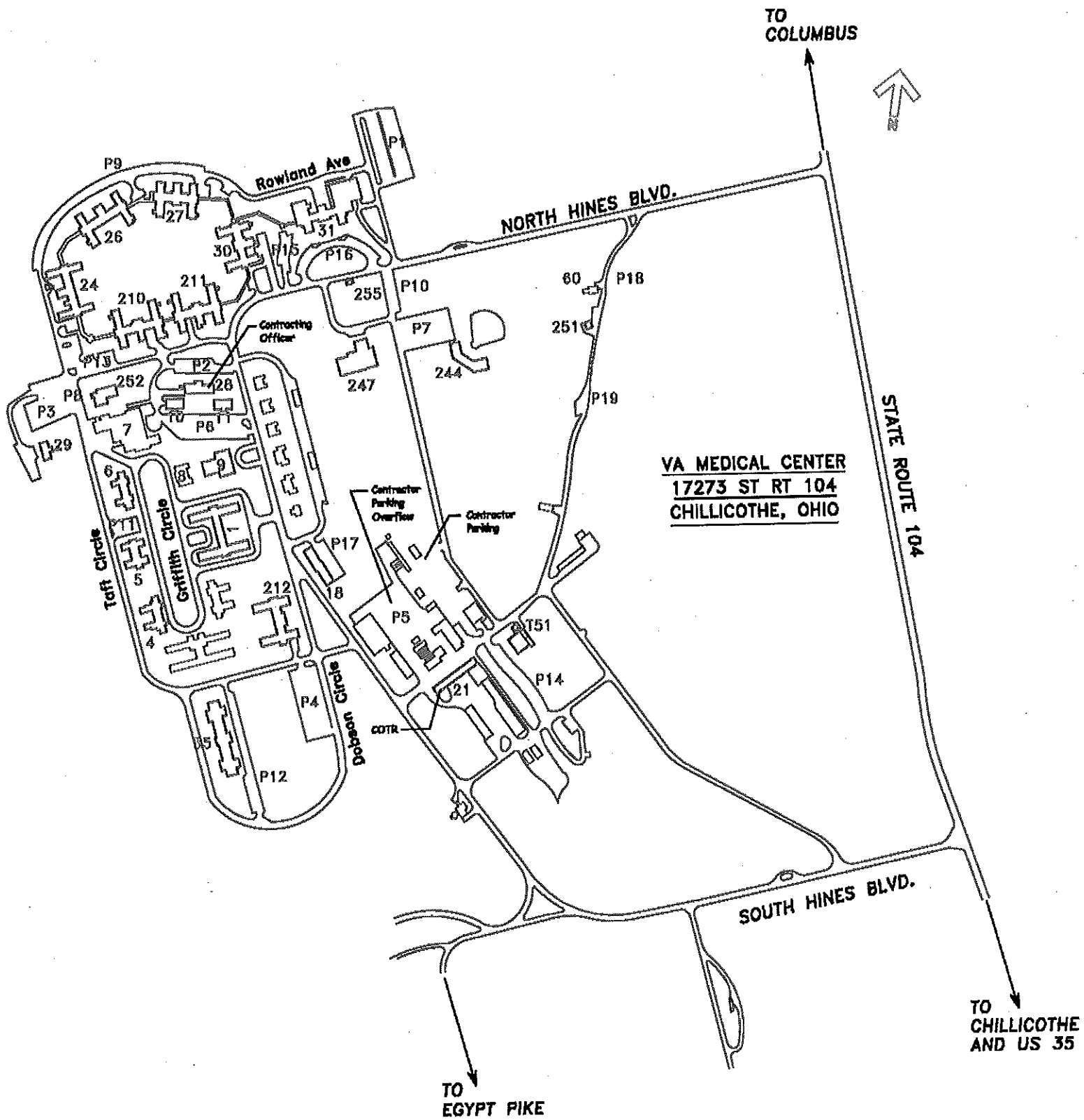
JEFFREY T. GERING, FACHE  
Medical Center Director

Distribution: F  
161M3 (10)  
07 (25)  
AFGE

## **EXHIBIT 6**

### **DESIGNATED PARKING FOR CONTRACTORS AND CONTRACTORS'S EMPLOYEES**

- 1. All contractors and/or all contractors' employees performing work at this facility are required to park their vehicles in the designated parking area(s) as shown on the attached drawing.**
- 2. The parking requirements will be strictly adhered to by all contractors and their employees, and will be strictly enforced by the VA Contracting Officer and/or the VA Contracting Officer's Technical Representative.**
- 3. Failure to observe the required parking, may result in actions such as, but not limited to, parking fines, removal from facility, etc.**



Engineering Section  
Standard Operating Procedure  
Number 31

VA Medical Center  
Chillicothe, Ohio  
February 24, 2011

## HOT WORK OPERATIONS

1. PURPOSE: To establish policy and procedures for hot work operations under the responsibility of Facilities Management Service, Engineering Section. Hot work is defined as cutting and/or welding with portable gas and/or arc equipment.

2. POLICY: VA employees and contractors will perform hot work operations in compliance with the hot work permit system. Hot work operations include cutting, welding, Thermite welding, brazing, soldering, thermal spraying, thawing pipe or any similar operation. Minor repairs such as soldering electronic equipment are exempt from the scope of this policy.

3. RESPONSIBILITIES:

a. Chief, Facilities Management Service (FMS) is responsible for assuring that the policy and procedures are followed and the employees are trained in the use of this policy.

b. The Fire Chief or Crew Chief is responsible for approving Appendix A, Hot Work Permit.

c. The Assistant Chief, Engineering shop supervisors, and Contracting Officer Technical Representatives (COTRs) are responsible for following the procedures established by this policy.

d. Engineering employees are responsible for adhering to the procedures in this policy and conducting all hot work in a safe manner.

e. The supervisor or contractor foreman is responsible for the details of hot work operations including:

- (1) Obtaining daily permits.
- (2) Assuring that combustible materials are located at least 35 feet from the hot work site or covered to prevent the passage of sparks.
- (3) Securing or covering cracks or openings in walls, floors, doors and windows within 35 feet from the hot work site to prevent the passage of sparks.
- (4) Assuring that fire resistant guards are provided for floors, walls, and partitions of combustible construction.
- (5) Assuring that hot work is not conducted on pipes or other metal in contact with combustible material if it is close enough to cause ignition by conduction.

## 2. Engineering Section SOP No. 31

- (6) Assuring that fully-charged, operable fire extinguishers are at the work area.
- (7) Assuring that sprinkler heads are covered with wet rags.
- (8) Assuring that personnel are protected against heat and sparks.
- (9) Assuring that a firefighter or other designee is posted as fire watch.
- (10) Assuring that pipes or other enclosures are isolated, open to the atmosphere, and internal spaces are checked for combustible vapors/materials.
- (11) Assuring that hot work is not conducted on any piece of equipment under pressure.

## f. Those performing the hot work operations:

- (1) Are permitted to work only when conditions are safe.
- (2) Secure a supervisor's permission before commencing any work.
- (3) Continue to work only so long as conditions remain unchanged.

## g. The fire watch is responsible for:

- (1) Having fire extinguishers available.
- (2) Being familiar with facilities and procedures for sounding alarms.
- (3) Watching hot fires during the hot work and for 30 minutes thereafter.
- (4) Extinguishing fires that are within their limited means, otherwise sounding alarms.

4. PROCEDURES: Once the need for hot work has been identified, the following procedures will be observed:

a. The supervisors or COTR completes and signs Appendix A, Hot Work Permit, and obtains concurrence from the Maintenance and Operations (M&O) Supervisor, Assistant Chief Engineer, or Chief, FMS.

(1) After normal duty hours, the senior shop mechanic on duty acts as supervisor to include completing and signing the permit. The Assistant Chief or Chief, FMS are notified by telephone.

b. Upon completion of the hot work, the supervisor or COTR informs the Fire Chief, Assistant Chief Engineer, or M&O Supervisor and signs the Final Inspection section on the Hot Work Permit.

c. The Assistant Chief Engineer and M&O Supervisor assure that training on the use of this policy is given to employees involved with hot work on an annual basis.

3. Engineering Section SOP No. 31

EXHIBIT 7

5. REFERENCES: NFPA 241 and 51B.

VA Office of Facilities Information Letter, IL 08-89-01 (dated 02/27/89).

6. RESCISSION: Engineering Section SOP No. 31, same subject, dated October 31, 2006.



STEVEN BENSON, PE, PS  
Chief, Facilities Management Service

Attachment

Dist: Engineering Section Supervisors  
Fire Department (07F)  
Safety and Occupational Health Manager (001S)



Appendix A  
Engineering Section SOP 31

VA Medical Center  
Chillicothe, Ohio  
February 24, 2011

**HOT WORK PERMIT**  
**(Cutting or Welding with Portable Gas/Arc Equipment)**

Date: \_\_\_\_\_ Building/Floor: \_\_\_\_\_

Service/Contractor: \_\_\_\_\_

Work Required: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Fire Watch Required? \_\_\_\_\_

The work location has been examined. Necessary precautions have been taken and permission to proceed is granted.

Permit Expires: \_\_\_\_\_

Signature: \_\_\_\_\_  
Supervisor/COTR

Signature: \_\_\_\_\_  
Fire Chief/Crew Chief

Concur: \_\_\_\_\_  
(138B) / (138D)

Time Started: \_\_\_\_\_

Time Completed: \_\_\_\_\_

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**FINAL INSPECTION**

Work area and areas adjacent to which sparks and heat may have spread (including floors above and below and opposite sides of walls) were inspected 30 minutes after the completion of work and were found to be fire safe.

Signature: \_\_\_\_\_  
Supervisor/COTR

**ATTENTION:** Prior to approving any hot work permit, the Fire Chief or his/her appointee inspects the work area and confirms that precautions have been taken to prevent fire in accordance with NFPA 51B.

**PRECAUTIONS:**

- Sprinklers in service.
- Combustible floors wet down, covered with damp sand, metal, or other shields.
- No combustible material or flammable liquids.
- Unmovable combustibles and flammable liquids protected with covers, guards, or metal shields.
- Wall and floor openings covered.
- Covering suspended beneath work to collect sparks.

**WALL/CEILING WORK:** Construction noncombustible and without combustible covering. Remaining combustibles moved away from opposite side of wall.

**ENCLOSED EQUIPMENT WORK:** Equipment (tanks, containers, ducts, dust collectors) is cleaned of all combustibles and containers are purged of flammable vapors.

**FIRE WATCH:** Watch is provided during and 30 minutes after operation. The area is supplied with an extinguisher and personnel are trained in the use of equipment and the process of fire alarm notification.

**FINAL INSPECTION:** Made 30 minutes after the completion of any operation.

## EXHIBIT 8

Engineering Section  
Standard Operating Procedure  
Number 20

VA Medical Center  
Chillicothe, Ohio  
February 29, 2012

### CONFINED SPACE ENTRY

1. PURPOSE: To establish guidelines and procedures for working in confined spaces.

2. POLICY: To provide maximum safety protection for employees and contractors who are performing work in confined spaces.

#### 3. RESPONSIBILITIES:

a. The Chief, Facilities Management Service (FMS), is responsible for ensuring projects, maintenance and repairs in confined spaces utilize only authorized entrants under properly executed Confined Space Entry Permits, Attachment A, and ensures permit spaces are identified.

b. The Safety and Occupational Health (OSH) Manager or Industrial Hygienist provides technical guidance to affected employees for entry into a confined space. Additional responsibilities include:

(1) Inspecting the confined space prior to entry for compliance to this policy.

(2) Performing atmospheric testing and completing the Confined Space Pre-Entry Checklist, Attachment B.

(3) Providing confined space entry training.

c. The Fire Department provides rescue services and emergency rescue personnel to be utilized as entry attendants for confined spaces that can present special hazards. Emergency rescue personnel are responsible for completing annual confined space rescue training.

d. The entry supervisor is knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure. Additional responsibilities include:

(1) Determining when responsibility for a permit space entry operation is transferred and, at intervals dictated by the hazards and operations performed within the space, that entry operations remain consistent with terms of the entry permit and that acceptable entry conditions are maintained.

(2) Ensuring that equipment needed for safe entry into any permit required space is available and in proper working order.

(3) Verifying that rescue services are available and that the means for summoning rescue services are operable.

## 2. Engineering Section SOP No. 20 EXHIBIT 8

(4) Removing unauthorized individuals who enter or attempt to enter the permit space during entry operations.

(5) Verifying, by checking that appropriate entries are made on the permit, that tests specified by the permit are conducted and that procedures and equipment specified by the permit are in place prior to signing and approving the permit and allowing entry to begin.

(6) Terminating the entry and cancelling the permit following task completion.

e. Entry attendants are knowledgeable of permit space hazards, prohibited conditions, the role to remain outside and in communication with entrants, prevention of unauthorized entry, procedures to request rescue and emergency services, and performance of non-entry rescue. The entry attendants' primary duty is to monitor and protect authorized entrants. Entry attendants are trained on the procedures contained in this policy and are knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure.

f. Authorized entrants are trained on the procedures contained in this policy and are knowledgeable of the hazards associated with permit required spaces, including information on the mode, signs or symptoms, and consequences of the exposure. Additional responsibilities include:

(1) Maintaining proficiency in dealing with the hazards of permit required spaces, proper equipment use, communications systems, acceptable entry and prohibited conditions, immediate evacuation conditions, and safe work task performance.

(2) Alerting the attendant when a prohibited condition is detected or when any warning sign or symptom of exposure to a dangerous situation is recognized.

(3) Exiting the permit space as quickly as possible when:

(a) A prohibited condition is detected.

(b) An order to evacuate is given by the attendant or the entry supervisor.

(c) An evacuation alarm is activated.

(d) Any warning sign or symptom of exposure to a dangerous situation is recognized.

g. Contractors performing work in a confined space at this facility are required to adhere to the requirements of this SOP.

## 4. DEFINITIONS:

a. Confined Space: An enclosed space that is large enough and so configured that an employee can bodily enter and perform assigned work, has limited or restricted means for entry or exit, and is not designed for continuous employee occupancy. Examples of confined spaces are listed in Attachment C, Confined Spaces, and include storage pits,

### 3. Engineering Section SOP No. 20 EXHIBIT 8

vats, tanks, boilers, ventilation/exhaust ducts, sewers, tunnels, manholes, underground utility vaults or pipelines, and excavations.

#### b. Permit Required Confined Space:

- (1) Contains or has a known potential to contain a hazardous atmosphere.
- (2) Contains material with the potential for engulfing of an entrant.
- (3) Has internal configurations that could trap or asphyxiate an entrant.
- (4) Contains any other recognized serious safety or health hazards.

c. Hazardous Environment/Atmosphere: An atmosphere presenting a potential for death, disablement, injury, or acute illness from one (1) or more of the following causes:

- (1) Less than 19.5 percent or more than 23.5 percent oxygen.
- (2) A flammable gas or vapor in excess of 10 percent of its lower explosive limit (LEL).
- (3) An airborne combustible dust at a concentration that obscures vision at a distance of five (5) feet or less.
- (4) An atmospheric concentration that exceeds the listed numerical value of any toxic, corrosive, or asphyxiant substance listed in the Threshold Limit Value (TLV) book by the American Conference of Governmental Industrial Hygienists (ACGIH) or the permissible exposure limit (PEL) that is reasonably expected to be present.
- (5) A biological or radiological hazard or one that is otherwise known to present a safety or acute health hazard.

- (6) Any condition immediately dangerous to life or health.

d. Entrapment: An area that contains material with the potential to engulf the entrance.

e. Lower Explosive Limit (LEL): The lowest concentration of gas or vapor (percent by volume in air) that will burn or explode if an ignition source is present.

f. Isolation: A process to remove a confined space from service and to completely protect against the inadvertent release of material by the following:

(1) Blanking: The absolute closure of a pipe, line or duct by fastening a solid plate or cap across the pipe, line or duct capable of withstanding the maximum upstream pressure.

(2) Double Block and Bleed: Isolating a confined space from a line, duct or pipe by locking and tagging two (2) closed in-line valves, and locking and tagging open a drain or bleed in the line between the two (2) closed valves to the outside atmosphere.

#### 4. Engineering Section SOP No. 20 EXHIBIT 8

(3) Lockout: The placement of a locking device on an energy-isolating device, in accordance with an established procedure, to ensure that the energy-isolating device and the machine or equipment being controlled cannot be operated until the locking device is removed. Lockout devices require a tagging device to be used in conjunction with the locking device unless specifically not required by a documented lockout/tagout procedure. Refer to Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout).

(4) Mechanical Isolation: Isolation achieved by disconnecting linkages or removing drive belts or chains of moving parts. Equipment with moving mechanical parts is also blocked in such a manner that there can be no accidental rotation.

g. Permissible exposure limit (PEL): Regulatory limits on the amount or concentration of a substance in the air, as established by the Occupational Safety and Health Administration (OSHA).

h. Purging and Ventilation Purging: The method by which gases, vapors or other airborne impurities are displaced from a confined space to adjust the atmosphere to acceptable standards. This is accomplished by using fluids or vapors (gas, water steam and/or cleaning solutions) or by forced air ventilation.

i. Ventilation: The movement or circulation of fresh air to keep hazards away after purging. Ventilation is used after entry is made into a space to:

- (1) Supply continuous fresh air for entrants inside to breathe.
- (2) Remove potentially hazardous conditions before they become hazardous.
- (3) Supply cool air for comfort.

#### 5. PROCEDURES:

a. When entry to a confined space is necessary, the following procedures are followed on a daily basis:

(1) The area is inspected by the work supervisor and the OSH Manager or Industrial Hygienist to determine potential hazards, isolation requirements, types of equipment to be used, number of employees required to enter the space and standby personnel required.

(2) The equipment or area is isolated and allowed to ventilate. Confined entry points are posted with "Danger, Do Not Enter" signage until such time as requirements have been met.

(3) The Assistant Chief, Engineering Section, or designee, issues the Confined Space Entry Permit, Attachment A. The OSH Manager and Fire Department are notified of the proposed entry permit. Emergency standby equipment is available at the location of the confined space.

(4) The OSH Manager or Industrial Hygienist conduct atmospheric testing and inspect the job site for general safety, isolation, and standby equipment. Prior to entry, the OSH

5. Engineering Section SOP No. 20 EXHIBIT 8

Manager or Industrial Hygienist completes and signs the Confined Space Pre-Entry Checklist, Attachment B, and documents test results.

- (5) Each point of entry must have a completed and signed entry permit posted.
  - (6) At the conclusion of the workday, the entry permit is removed and "Danger, Do Not Enter" signage is posted.
  - (7) Entry to a confined space is not permitted until it has been properly prepared, hazards have been identified, standby equipment has been placed on site, and an entry permit has been completed and posted.
  - (8) The entry permit details the requirements for entry into the confined space.
  - (9) Prior to entering the confined space, each employee reviews the entry permit for specific requirements, reviews emergency procedures, and inspects the confined space for location of entry and exit points.
  - (10) Retesting of the atmospheric conditions is completed at lunch break or at four-hour intervals.
  - (11) Every confined space is considered immediately dangerous to life and health until it is tested and proven otherwise.
  - (12) No compressed gas cylinders are permitted inside of the confined space.
  - (13) Portable electrical tools, equipment, and lighting are powered through a ground fault circuit interrupter.
- b. Entry attendants assigned to remain outside of the confined space are equipped with radios, harness, and lifeline. Entry attendants:
- (1) Maintain visual or verbal contact with those in the confined space at all times.
  - (2) Maintain safety lines, if in use.
  - (3) Summon rescue personnel, if necessary.
  - (4) Summon a supervisor if entry is made in violation of this policy.
  - (5) Review the conditions for entry into the space as indicated on the Confined Space Entry Permit, Attachment A.
  - (6) Do not enter or leave the confined space at any time, unless relieved of standby duties.
  - (7) Continuously maintain an accurate count of authorized entrants in the permit space.

6. Engineering Section SOP No. 20 EXHIBIT 8

(8) During an emergency situation, make rescue attempts using lifelines from outside the confined space while awaiting the arrival of rescue personnel.

(9) Remain aware of possible behavioral effects of hazard exposure in authorized entrants.

c. Fire Department personnel accomplish rescue of persons from a confined space. Emergency rescue personnel are trained in rescue techniques, self-contained breathing apparatus (SCBA) use, use of rescue equipment, and the procedures contained in this policy. Emergency rescue personnel are utilized as entry attendants for confined spaces that can present special hazards, as determined by the supervisor and/or safety representative. Rescue equipment may include:

(1) Harness.

(2) Life line.

(3) SCBA.

(4) Stokes litter.

(5) Tripod retrieval system.

(6) Standard firefighter clothing and personnel protective equipment.

e. Isolating equipment for entry is accomplished by blinding or air gapping lines to and from the equipment. Small screwed lines are disconnected and plugged. Isolation is made as close in proximity as possible to the equipment to be entered.

(1) Double blocks and bleeders are not permitted as a substitute for blinding, except when approved by the OSH Manager or Industrial Hygienist.

(2) Where several pieces of equipment are isolated as a unit, each piece of interconnected equipment is open to the atmosphere and made safe for entry.

(3) Equipment entered is electrically isolated in accordance with Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout). Tagging without locking out equipment is not sufficient for confined space entry.

(4) A record is maintained of blinds, plugs and/or other types of isolation for each entry. Records are used to validate the removal of any type of isolation device. Removing one point of isolation voids the entry permit.

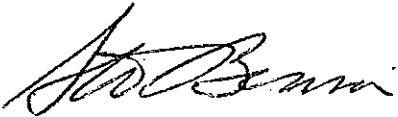
h. Authorized entrants communicate with the attendant, as necessary, to enable the attendant to monitor entrant status and to alert entrants should the need to evacuate the space arise.

6. REFERENCES: Engineering Section SOP No. 30, Control of Hazardous Energy (Lockout/Tagout)



7. Engineering Section SOP No. 20 EXHIBIT 8

7. RESCISSION: Engineering Section SOP No. 20, Confined Space Entry, dated October 9, 2007.



STEVE BENSON, PE, PS, CHFM  
Chief, Facilities Management Service

Attachments: 3

Dist: Engineering Section Supervisors (138)  
Safety and Occupational Health Manager (001S)  
Industrial Hygienist (001S)  
Fire Department (07F)

**CONFINED SPACE ENTRY PERMIT**

RESCUE/FIRE: Ext. 444

SAFETY: Ext. 7952/7153

PERMIT VALIDATION PERIOD: Date \_\_\_\_\_ Time From \_\_\_\_\_ To \_\_\_\_\_

LOCATION OF WORK \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

**REQUIREMENT CHECK LIST:**

ITEM	YES	NO	CONDITION MET
ISOLATION/BLINDING			
ELECTRICAL LOCK/TAGOUT			
VENTILATION MECHANICAL			
RESCUE EQUIPMENT			
HOT WORK PERMIT			
CONTINUOUS MONITORING			
SPECIAL CLOTHING			
RESPIRATORS			
CLEANING/SLUDGE REMOVAL			
MECHANICAL ISOLATION			
OTHER			
LIFELINES			
FULL BODY HARNESS			
RETRIEVAL DEVICE			
FIRE EXTINGUISHER			
SPECIAL LIGHTING			

**RECORDKEEPING:**

**NAMES OF EMPLOYEES ENTERING AREA:**

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**SUPERVISOR IN CHARGE:**

a. \_\_\_\_\_

**NAME OF STANDBY PERSON:**

a. \_\_\_\_\_

**HAZARDOUS CONTAMINATES FOUND:**

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

**INITIAL EACH TEST COMPLETED AND INDICATE TIME OF TEST (After Initial entry, retest is required after lunch or at 4-hour intervals):**

TEST	COMPLETION TIME	INITIALS	RETEST TIME	INITIALS
OXYGEN DEFICIENCY				
FLAMMABLE VAPORS				
TOXIC VAPOR				
LOCKOUT/TAGOUT				
BLINDING/ISOLATION				
OTHER				

**NOTE: STANDBY EQUIPMENT IS REQUIRED AT ALL CONFINED SPACE ENTRIES. STANDBY PERSON IS REQUIRED AT ALL CONFINED SPACE ENTRIES. RESCUE HARNESS MUST BE WORN BY ALL PERSONS ENTERING A CONFINED SPACE.**

**SIGNATURES:**

CHIEF, FACILITIES MANAGEMENT SERVICE (verbal contact after hours) \_\_\_\_\_

SUPERVISOR (or designee) IN CHARGE \_\_\_\_\_

TESTING OPERATOR \_\_\_\_\_

**ENTRY CANNOT BE MADE UNTIL ALL CONDITIONS ARE MET AND ALL SIGNATURES OBTAINED.**

EXHIBIT 8

Engineering SOP No. 20  
Attachment B  
February 29, 2012

**Confined Space Pre-Entry Checklist**

A confined space is either entered through an opening other than a door (such as manhole or side port) or requires the use of a ladder or rungs to reach the working level. Test results must be satisfactory. This checklist must be completed whenever the job site meets this criteria. See Engineering Section SOP No. 20, Attachment C, Confined Space Listing.

- |  | Yes | No  |
|--|-----|-----|
| 1. Did your survey of the surrounding area show it to be free of hazards such as drifting vapors from tanks, piping, or sewers?                    | ( ) | ( ) |
| 2. Does your knowledge of industrial or other discharges indicate this area is likely to remain free of dangerous air contaminants while occupied? | ( ) | ( ) |
| 3. Are you certified in operation of the gas monitor to be used?   | ( ) | ( ) |
| 4. Has a gas monitor functional test (Bump Test) been performed this shift on the gas monitor to be used?  | ( ) | ( ) |
| 5. Did you test the atmosphere of the confined space prior to entry?   | ( ) | ( ) |
| 6. Did the atmosphere check as acceptable (no alarms given)?   | ( ) | ( ) |
| 7. Will the atmosphere be continuously monitored while the space is occupied?  | ( ) | ( ) |

Contact the Fire Department (ext. 444) in the event of an emergency.

**NOTE:** If any of the above questions are answered "no," DO NOT ENTER and contact your immediate supervisor.

Job Location: \_\_\_\_\_

Signature \_\_\_\_\_  
Industrial Hygienist or Designee

Date \_\_\_\_\_

**CONFINED SPACES LISTING**

1. Manholes:

<b>ELECTRICAL DISTRIBUTION SYSTEM MANHOLES</b>				
1A	8A	20	30	41
1B	8B	21	31	42
1C	9	22	32	43
2A	10	23	33	44
2B	11	24	34	45
2C	12	24A	34A	46
3	13	25	35	47
4	14	26	36	48
5	15	27	37	49
6	16	27A	37A	
6A	17	28	38	
7	18	29	39	
8	19	29A	40	

<b>SIGNAL DISTRIBUTION SYSTEM MANHOLES</b>			
1	11	24	35A
2	12	25	36
2B	13	26	37
2C	14	27	38
3	15	27A	39
4	16	29	40
5	17	29A	
6	18	30	
7	19	31	
7A	20	32	
8	21	33	
9	22	34	
10	23	35	

<b>STEAM DISTRIBUTION SYSTEM MANHOLES</b>					
1	1H	PT17	PT81	5A	11
1A	1I	PT18	2	6	13
1B	1J	PT41	3	6A	13A
1C	1K	PT42	3A	7	13B
1D	PT9	PT43	3B	8	13C
1E	PT12	PT44	4	8A	15
1F	PT13	PT45	4D	9	15A
1G	PT16	PT46	5	10	D



STORM MANHOLES					
1	19	37	53	71	89
2	20	38	54	72	90
3	21	39	55	73	91
4	22	39A	56	74	92
5	23	40	57	75	
6	24	41	58	76	
7	25	42	59	77	
8	26	43	60	78	
9	27	43A	61	79	
10	28	44	62	80	
11	29	45	63	81	
12	30	46	64	82	
13	31	47	65	83	
14	32	48	66	84	
15	33	49	67	85	
16	34	50	68	86	
17	35	51	69	87	
18	36	52	70	88	

SANITARY SEWER MANHOLES					
1	17	33	49	63B	78
2	18	34	50	63C	79
3	19	35	51	64	80
4	20	36	52	65	81
5	21	37	53	66	82
6	22	38	54	67	83
7	23	39	55	68	
8	24	40	56	69	
9	25	41	57	70	
10	26	42	58	71	
11	27	43	59	72	
12	28	44	60	73	
13	29	45	61	74	
14	30	46	62	75	
15	31	47	63	76	
16	32	48	63A	77	

3. Engineering SOP 20  
Appendix C

EXHIBIT 8

2. Miscellaneous Confined Spaces:

- a. Three boilers in Building 259, two chambers in each. Boilers and condensate receiver and deaerator.
- b. Pump service at the pond.
- c. Crawl space under Building 21.
- d. Incinerator, two chambers and a recovery boiler.
- e. Zeolite Building 218, three tanks inside and one outside.
- f. Dust collector outside Building 22.
- g. Dust collector outside Building 3.
- h. Water plant Building 256 - two automatic gravity filters and one water softener tank.
- i. Two water storage tanks on top of the hill.
- j. Building 27 tunnel.

EXHIBIT 9

POLICY MEMORANDUM  
NO. 00-44

VA Medical Center  
Chillicothe, Ohio  
January 6, 2010

SEXUAL HARASSMENT

1. PURPOSE: This memorandum advises employees of the policy regarding the prevention of sexual harassment and educates employees as to the process for reporting it.
2. POLICY: It is the policy of the VHA to maintain a work environment free from sexual harassment and intimidation. All VHA employees receive a minimum of two hours training on the program for the prevention of sexual harassment within 60 days of employment and thereafter a minimum of two hours refresher training every two years. Sexual harassment is unacceptable conduct in the workplace and is not tolerated. This policy applies to all employees and covers employees outside of the workplace while conducting government business, and non-employees while conducting business in the VA workplace. Sexual harassment is illegal. Prevention is the best tool for eliminating sexual harassment. Employees are expected to refrain from all forms of sexual harassment. Employees engaging in sexually harassing activities may be subject to appropriate disciplinary action. Managers and supervisors who tolerate such behavior by failing to take appropriate action, or who retaliate against employees who report incidents of sexual harassment are also subject to disciplinary action.
3. DEFINITIONS:
  - a. Sexual harassment is a violation of Section 703 of Title VII. It is a form of employee misconduct that seriously undermines the integrity of the employment relationship. Specifically, sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature not only when the conduct is made as a condition of employment, but when the conduct creates an intimidating, hostile or offensive working environment. Sexual harassment is not limited to explicit demands for sexual favors. It also may include such actions as:
    - (1) Sex-oriented verbal kidding, teasing or jokes;
    - (2) Repeated sexual flirtations, advances or propositions;
    - (3) Continued or repeated verbal abuse of a sexual nature;
    - (4) Graphic or degrading comments about an individual or his or her appearance;
    - (5) The display of sexually suggestive objects or pictures;
    - (6) Subtle pressure for sexual activity; and



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(7) Physical contact such as patting, hugging, pinching, or brushing against another's body.

b. Although sexual harassment can take a variety of forms, two distinct categories of such claims are consistently recognized:

(1) Quid Pro Quo sexual harassment occurs when sexual favors are sought in return for job security, benefits, or opportunities. It can be in the form of a threat, such as "perform sexual favors or get fired," or "your job will become intolerable unless sexual favors are granted." Even if the supervisor does not follow through with any action, the threats alone may constitute a hostile work environment. Sexual harassment may also include rewarding an employee in return for sexual favors, such as giving cash awards, higher ratings, or promotions. Quid Pro Quo sexual harassment involves a manager or supervisor, that is, someone with supervisory authority who can carry out the threat or promise. The VHA is strictly liable for Quid Pro Quo sexual harassment carried out by managers or supervisors. Based on recent Supreme Court decisions, it does not matter if the employer did not know or could not have known of the harassment. Therefore, any form of sexual harassment or retaliation is not tolerated.

(2) Hostile work environment sexual harassment occurs when sexual comments or conduct unreasonably interfere with an individual's work performance or create an intimidating, hostile, or offensive work environment. A supervisor or co-worker may be responsible for this type of conduct, or a non-employee in certain circumstances. Hostile environment harassment can be established even if others do not find the conduct offensive. It may also be established even if both males and females are subjected to the conduct, if the conduct affecting one gender is more egregious. The medical center is held liable for preventing a hostile work environment. Supervisors must show:

(a) They exercised reasonable care to prevent and correct, promptly, any sexually harassing behavior; and

(b) The victim of the harassment unreasonably failed to take advantage of any preventive or corrective opportunities provided.

c. Jokes, remarks, teasing, rude or obnoxious behavior, pranks, non-sexual conduct or questions that contain sexual overtures can also be a form of sexual harassment and are not acceptable in the professional work environment and are not condoned. Supervisors who tolerate such behavior by failing to take immediate appropriate action, or who retaliate against employees, who report incidents of sexual harassment, are also subject to disciplinary action.

## 4. RESPONSIBILITIES:

a. Supervisors at all levels share in the responsibility of preventing sexual

### 3. Policy Memorandum No. 00-44

harassment and taking action if incidents of sexual harassment are brought to their attention. An employer is responsible for its acts and those of its agents and supervisory employees with respect to sexual harassment regardless of whether the employer knew or should have known of their occurrence. Supervisors/managers who tolerate sexually harassing behavior by failing to take immediate appropriate action, or who retaliate against employees who report incidents of sexual harassment, are also subject to disciplinary action.

b. The Equal Employment Opportunity (EEO) Program Manager provides assistance to the Medical Center Director in his/her capacity as EEO Officer. The EEO Program Manager provides guidance and assistance to supervisors and employees.

c. EEO Counselors seek to resolve, on an informal basis, matters giving rise to allegations of sexual harassment.

d. Employees are responsible for refraining from and reporting acts of sexual harassment. Employees engaging in sexually harassing activities are subject to appropriate disciplinary action.

### 5. PROCEDURES:

a. An employee who believes that he/she has been a victim of sexual harassment by a VA employee, volunteer, contractor, patient, etc., may contact one of the following sources to obtain information and to seek assistance:

- (1) Immediate or higher level supervisor.
- (2) Office of Resolution Management EEO Counselor.
- (3) Federal Women's Program Manager.
- (4) EEO Program Manager.
- (5) Office of Inspector General.
- (6) Union Representative.

b. Personnel management within the medical center is implemented free from prohibited personnel practices and consistent with merit system principles as outlined in the provisions of the Civil Service Reform Act of 1978. Employees avoid conduct which undermines these merit principles. At the same time, it is not the intent of the medical center to regulate the social interaction of relationships freely entered into by Federal employees.

### 6. REFERENCES: VHA Directive 2008-018, dated August 7, 2008,

4. Policy Memorandum No. 00-44

The Prevention of Sexual Harassment.

7. RESCISSION: Policy Memorandum No. 00-44, Sexual Harassment dated August 14, 2007.

8. RESCISSION DATE: January 6, 2012

(00E)

JEFFREY T. GERING, FACHE  
Medical Center Director

Distribution: F  
161M3 (10)  
AFGE (10)

## EXCAVATION/TRENCHING

1. **PURPOSE:** To establish minimum requirements for trenching and excavations to ensure the safety of all Veterans, employees, structures, and utility systems.

2. **POLICY:** This policy is applicable to all open excavations made in the earth's surface, including trenching. Any exceptions are certified in writing by a registered Professional Engineer (PE). Excavations for which adequate safe guards cannot be provided, as outlined in this policy and applicable OSHA standards, is not performed by facility personnel.

### 3. DEFINITIONS:

a. Competent Person: Person(s) capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees and has the authorization to take prompt corrective measures to eliminate such conditions. The competent person(s) is authorized to stop work.

b. Soil Classification: Soil at trenching/excavation sites is classified as class C, as outlined in OSHA standard CFR 1926.650.

c. Excavation: Any man-made cut, cavity, trench, or depression in the earth's surface, formed by earth removal.

d. Protective system: A method of protecting employees from cave-ins, collapse of adjacent structures, or from material that could fall or roll from an excavation face or into an excavation.

e. Trench: An excavation less than 15 feet wide. For the purpose of this SOP, a trench is classified under the general heading of an excavation.

### 4. PROCEDURES:

a. A competent person inspects each excavation worksite before work begins and determines the need for a protective system. A protective system is required at depths of five (5) feet or at depths less than five (5) feet if hazardous conditions exist.

b. Personal protective equipment (PPE) for employees working at an excavation worksite includes a hard hat, safety glasses, steel toe safety shoes, gloves and other equipment deemed necessary for the protection of the employee.

c. The competent person from Engineering Section completes daily inspections to determine if situations exist that may endanger employees. Additional inspections are made after rainfall or other condition change that may affect the site.

2. Engineering Service Sop No. 45 EXHIBIT 10

d. Electrical equipment used at the worksite is protected by a ground fault circuit interrupter.

e. Excavation worksites are evaluated to determine if it is a permit-required confined space. If the atmosphere contains less than 19.5 percent oxygen or a hazardous atmosphere exists or could reasonably be expected to exist, such as in excavations in landfill areas or in areas where hazardous substances are stored nearby, the atmosphere in the excavation is tested before employees are allowed to enter.

f. Employees are prohibited from working in excavations that contain an accumulation of water unless adequate precautions have been taken.

g. Underground utilities (electric, water, gas, sewer, steam, telephone) are identified, located and marked prior to the commencement of work. As the excavation operation approaches the location of the utility, caution and detection equipment is used to protect the safety of employees. If the exact location of the utility cannot be determined, that utility is shut off and secured under the provisions of the OSHA standards for lockout/tagout, or only hand-digging with insulated tools is permitted.

h. In open excavations, underground utilities are protected and supported at all times.

i. Overhead utility lines are turned off prior to the commencement of work. When boomed equipment is used in excavation work, there is a minimum clearance of ten (10) feet from the boom to overhead lines.

j. No employee are permitted to work in an excavation underneath, or in close proximity to, any powered equipment operating over or near an excavation/trench.

k. Warning systems for mobile equipment are provided.

l. Fall protection is provided to protect employees, patients and visitors. This includes the use of guardrails, bridges, barriers, fencing, covers, or other fall protection system.

m. A stairway, ladder, ramp, or other safe means of egress is located in excavations that are four (4) feet or more in depth so as to require no more than 25 feet of lateral travel to exit.

n. Protection of employees from excavated soil/materials and equipment is provided by placing and keeping such materials at least two (2) feet from the edge of any excavation.

o. Employees exposed to vehicular traffic operating in the area of an excavation are provided with and instructed to wear a warning vest marked with a reflective or highly visible material.

p. Vibration caused by vehicular traffic, movement/operation of equipment or the positioning of heavy equipment can cause excavation failure. Equipment is kept far enough from the edge of the excavation to avoid imposing strain from vibration or overloading on trench walls. Additional bracing/shoring may be required. Barricading may be required to prevent movement of the equipment/vehicle toward the excavation. These conditions are addressed and adequate precautions are taken.

3. Engineering Service Sop No. 45 EXHIBIT 10

q. Protective systems for excavations are designed for class C soil. This includes sloping of the excavation wall at a rate of 1 ½-foot out for each one (1) foot of depth (benching is not permitted), use of hydraulic sheet pile used in compliance with manufacturer's instructions, and use of a certified trench box, timber trench shoring or other designed system developed and approved by a registered professional engineer. Design systems or other protective systems meet OSHA standard CFR 1926.650/651/652/653 requirements.

r. Any area of an excavation that requires a protective system that is unprotected, is marked in such a manner as to not allow an employee to enter the area. Employees are kept back from the unprotected area at least one (1) linear foot for each foot of depth from the end of the protective system.

s. Sidewalks and pavements are not undermined unless a support system is used to protect against collapse.

t. Excavations below the level of the base or footing of any foundation or retaining wall are not permitted, except when:

(1) An approved support system, such as underpinning, is used.

(2) A Registered Professional Engineer approves the determination that the excavation is far enough away that it does not affect the foundation.

(3) A Registered Professional Engineer approves the determination that such excavation work does not endanger employees.

u. An employee identified as a "competent person" is trained initially, and every two (2) years thereafter, in accordance with OSHA standards.

5. REFERENCES: CFR 1926.650/651/652/653

6. RESCISSION: Engineering Service SOP same subject dated January 16, 2000.



STEVEN BENSON, PE, PS, CHFM  
Chief, Facilities Management Service

Dist: Engineering Section Supervisors (138C/D)  
Safety and Occupational Health Manager (001S)

EXHIBIT 11

POLICY MEMORANDUM  
NO. 138-15

VA Medical Center  
Chillicothe, Ohio  
June 11, 2010

**ELECTRICAL SAFETY**

1. PURPOSE: To set forth requirements for employees dealing with specific hazards requiring special means of protection to prevent serious injury, impairment, or jeopardy to themselves and patients in the use of electricity and electrical devices.

2. POLICY: It is the policy of this medical center to provide the safest possible environment. Electrical equipment, appliances, and wiring systems are installed, maintained, and used in accordance with the National Electrical Code, VA directives, and other known electrical safety guides.

3. RESPONSIBILITY:

a. Engineering Service is responsible for the installation and testing of electrical equipment.

b. Each employee is responsible for adherence to regulations contained in this memorandum regarding use of electrical devices and for ensuring that patients under their direct care are properly supervised when using such devices. Employees are responsible for:

- (1) Using equipment for the intended purpose only.
- (2) Checking equipment before each use.
- (3) Removing unsafe or defective equipment from use.
- (4) Identifying defective equipment with a Do Not Use tag.
- (5) Reporting defective equipment to the supervisor.

4. PROCEDURES:

a. Areas of patient susceptibility to electricity are:

(1) Non-Patient Areas: Administrative areas and areas where patients have little or no direct contact with electrical and electronic equipment.

(2) Patient Areas: Areas where patients have or may have direct contact with non-invasive therapy and/or electrical or electronic monitoring equipment.

## 2. POLICY MEMORANDUM NO. 138-15

(3) Electrically Susceptible Patient Care Areas (ESPCAs): Areas such as operating rooms and special care units that have patients who are or may be subjected to invasive monitoring or therapy using direct pathways to the cardiac musculature.

b. The medical center electrical distribution system is checked annually for deficiencies, such as worn equipment, worn relays, leakage, frayed cables, and loose connections. Receptacles in the Laboratory are tested for correct polarity, retention force, and Ground Fault Circuit Interrupter (GFCI) function, if provided. Only qualified electricians through Engineering Service perform tests, repairs and/or modifications to any electrical equipment or devices.

c. The medical center electrical distribution equipment is cleaned, inspected, tested, and adjusted every three years by a qualified company.

### d. Equipment Guidelines:

(1) Prior to the local purchase of any equipment, the requisition is reviewed by Engineering Service to ensure that items such as allowable leakage current and ground lead resistance limits are incorporated into the technical requirements on the requisition.

(2) Upon receipt at the medical center, electrical and medical equipment is inspected by Engineering Service for compliance with manufacturers' specifications and leakage current limits before delivery to the using area. If there are limitations as to use, this is also noted on the equipment (restrictions from ESPCAs, anesthetizing location, etc.) before delivery. Information Technology equipment is inspected by the Chief Information Office computer technicians for compliance with specifications before delivery to the users.

### e. Equipment Testing Program:

(1) Equipment is entered in the VISTA equipment inventory and categorized by Acquisition and Materiel Management Service (A&MMS).

(2) Engineering Service assesses equipment categories to determine frequency of preventive maintenance and inspections.

(3) Equipment performance and safety tests are performed at determined frequency on designated medical equipment.

(4) Results of the testing program are maintained in Engineering Service.



### 3. POLICY MEMORANDUM NO. 138-15

(5) If equipment is found to be defective, it is tagged and removed from service. Deficiencies and any actions taken are reported to the person responsible for the operation of the clinical or administrative unit inspected.

(6) Personnel in ESPCAs inspect equipment before each use for such hazards as broken or damaged plugs, frayed line cords, abnormal operation, obvious chassis damage, overheating, or tingling sensations. If a hazard is suspected, that equipment is not used unless it is life support equipment in which case it is tagged by the using personnel and closely monitored until repaired or replaced.

(7) Biomedical and electronic equipment that is loaned to or rented by the medical center for medical care or for evaluation purposes is inspected for compliance with VA standards as well as leakage current and grounding resistance limits prior to its use and thereafter at a frequency determined by the area of usage. Engineering Service maintains inspection records.

#### f. Equipment Restrictions:

(1) Extension cords are not used unless authorized and made available by Engineering Service. A ground fault circuit interrupter protects extension cords used outside, in construction, maintenance, or in wet locations. Engineering Service accomplishes any modifications of the electrical distribution system.

(2) Three-to-two wire adapters are not used. Electrical plugs that do not match outlets are referred to Engineering Service for correction.

(3) Patient-owned, electrical line-operated devices are strictly prohibited from ESPCAs. In other areas of the medical center written permission from the Chief, Engineering Service is obtained prior to their use. When permitted, they are inspected prior to use. Personal equipment resulting in nuisance breaker trips is removed by the owner.

(4) Electrical line-operated equipment used in the patient care vicinity is provided with a three-wire power cord and three-pin grounding hospital-grade plug.

(a) Double insulated appliances are permitted to have two conductor cords and plugs. Line-operated devices with two conductor cords and plugs are not used in psychiatric bedrooms. Receptacles in these areas are the safety type requiring grounding plug for operation.

(b) Electrical line-operated items donated or purchased are inspected by Engineering Service prior to use. The using service/care line personnel visually inspect these items for deficiencies, such as damaged cords, cracked housings, etc., prior to

#### 4. POLICY MEMORANDUM NO. 138-15

each use. If discrepancies are discovered, the item is removed from service until repairs are made.

(c) Engineering Service inspects non-Nutrition and Food Services coffee makers and microwave ovens and their location to determine the adequacy of electric circuitry and the safety of the coffee makers or microwave ovens prior to use. A request is submitted to Engineering Service for an inspection of newly procured coffee makers or microwave ovens. Once inspected, personal equipment that is authorized for use is labeled with an inspection sticker.

(5) The use of personally owned devices is discouraged. Personally owned devices used by medical center employees are inspected for electrical and functional safety prior to use. Personal equipment resulting in nuisance breaker trips is removed by the owner. Once inspected, personal equipment that is authorized for use is labeled with an inspection sticker.

(6) Line-operated devices such as televisions, radios, and electrical razors are prohibited in ESPCAs without written permission of the Chief, Engineering Service. This permission is requested by memorandum by the physician in charge of that area. If the physician has authorized such a device, it is mounted at such a distance that it cannot be reached by the patient or by an individual at the patient's bedside. Battery-operated radios are permitted at the patient's bedside with physician's authorization.

(7) Electric beds are prohibited from ESPCAs unless specifically suited for such areas. Electric beds placed in ESPCAs are approved for such use by the Chief, Engineering Service.

(8) Bedside lamps in ESPCAs are grounded and permanently affixed in the patient's bedside area.

(9) Line-operated devices used in close proximity to a sink or tub are protected with a ground fault circuit interrupter (GFCI).

(10) Portable space heating devices are prohibited in patient treatment and sleeping areas. Portable space heaters with enclosed elements that limit maximum surface temperatures to 212 degrees Fahrenheit are permitted in non-sleeping, employee-only areas, with the exception of nursing stations. Once inspected, personal equipment that is authorized for use is labeled with an inspection sticker. Appliances with open heating elements, including toasters and toaster ovens, are prohibited in any building.

g. Employee Education:

5. POLICY MEMORANDUM NO. 138-15

(1) For informational purposes, a copy of High Voltage Systems - Methods, Products, and Code Rules is on file in Building T228 for employees working with this system.

(2) Annual training is conducted for medical center employees in equipment and utility use and safety. Training is documented in Learning Management System.

(3) Personnel in ESPCAs receive instructions in electrical safety as applicable to their situation. This may include the grounding system, isolated power system, and dangers of high frequency current. Instruction is accomplished by scheduling safety training classes through Learning Management System.

5. REFERENCES: NFPA 70-1996

NFPA 99-1996, Chapter 3

DM&S Supplemental, MP-3, Chapter 2.22

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2010

6. RESCISSION: Policy Memorandum No. 138-15, Electrical Safety, dated September 4, 2009.

7. RESCISSION DATE:

//s//

JEFFREY T. GERING, FACHE  
Medical Center Director

Distribution: F

161M3 (10)

138 (15)

## EXHIBIT 12

Engineering Section  
Standard Operating Procedure  
Number 14

VA Medical Center  
Chillicothe, Ohio  
January 31, 2011

### CONSTRUCTION FIRE SAFETY

1. PURPOSE: To establish policy and procedures for interim life safety during construction and maintenance.

2. POLICY: Interim life safety precautions are implemented to maximize fire safety during construction whenever construction or maintenance work affects fire safety of buildings or occupants.

3. RESPONSIBILITIES:

a. The Chief, Facilities Management Service (FMS) is responsible for assuring the fire safety of building occupants.

b. Supervisors and Contracting Officer Technical Representatives (COTRs) are responsible for adhering to the procedures established by this policy.

4. PROCEDURES:

a. When welding, cutting, soldering, and/or doing other hot work, a Hot Work Permit (Cutting and Welding with Portable Gas or Arc Equipment) is completed and procedures in Engineering Section SOP No. 31, Hot Work Policy, are followed.

b. Work requiring deactivation of any part of the fire alarm, sprinkler, standpipe, or smoke detection systems is reported to the Fire Chief. If systems cannot be reactivated by the end of the workday, the Chief, FMS, the Fire Chief, and the Safety Manager are notified and temporary systems are provided. Temporary systems are inspected and tested at least monthly. A fire watch is utilized when fire alarm or sprinkler systems are out of service for four hours or more. This may be accomplished with ward staff and/or Fire Department personnel.

c. Free and unobstructed egress is provided through primary or alternate exits. Free and unobstructed access to emergency services is maintained.

d. When construction compromises fire safety, specific interim life safety measures (ILSM) are specified and documented to compensate for the deficiencies. The Fire Department determines the need for ILSM and develops measures in consultation with the Safety Manager. Measures may include:

(1) Alternate exit and evacuation plans and personnel training.

(2) Daily inspection of access to emergency services.

- (3) Temporary fire alarm, detection, and suppression systems.
- (4) Temporary construction partitions.
- (5) Additional fire extinguishers and user training.
- (6) Strict smoking policies to prohibit smoking in and around construction areas.
- (7) Modified storage, housekeeping, and debris removal procedures to reduce fire load.
- (8) Additional fire drills.
- (9) Increased hazard surveillance.
- (10) Additional staff fire safety training.
- (11) Station-wide safety education and training on building deficiencies, ILSM, and construction hazards.

e. Temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development or spread of fire.

f. Affected staff are advised of work being done, how fire safety is affected, and what ILSM are in place. Training is provided and documented.

5. REFERENCES: NFPA 101 Life Safety Code.  
JCAHO Standard EC 2.6  
Engineering Service SOP No. 31, Hot Work Policy

6. RESCISSIONS: Engineering Service SOP No. 14, same subject, dated October 20, 2006.



STEVEN BENSON, PE, PS  
Chief, Facilities Management Service

Distribution: Engineering Section Supervisors  
Fire Department (07F)  
Safety and Occupational Health Manager (001S)  
Planning and Design Section (138B)

## EXHIBIT 13

REQUEST FOR INFORMATION  
DEPARTMENT OF VETERANS AFFAIRS  
VAMC CHILLICOTHE, OHIO

Project Title or Description:	Date:	Date Required:
Contractor's Name and Address:	Contract Number: V538C-	Project Number: 538-
	Specification Section:	Drawing Sheet Number:
Category: <input type="checkbox"/> Information Not Shown on Contract Documents (Spec, Dwg, Etc.) <input type="checkbox"/> Coordination Problem <input type="checkbox"/> Other: <input type="checkbox"/> Conflict in Contract Requirements <input type="checkbox"/> Clarification		
Remarks:		
RFI ACTION		
Reply:		
COTR ~		Date:

## EXHIBIT 14

<b>DAILY LOG - FORMAL CONTRACT</b>			NAME OF CONTRACTOR	
PROJECT TITLE				
WEATHER			CONTRACT NO.	
DATE	DAY	PROJECT NO.		
NAME OF CONTRACTOR OR SUB-CONTRACTOR AND BRANCH OF WORK	WORKER'S NAME	CLASS	HOURS	DESCRIPTION
DELIVERY OF MATERIALS				
REMARKS				
SIGNATURE OF SUPERINTENDENT			DATE	

## EXHIBIT 15

**DEPARTMENT OF VETERANS AFFAIRS – RETURN OF SUBMITTAL  
VAMC CHILLCOTHE, OHIO**

Project Title or Description		Date:	Specification Section
Contractor's Name and Address		Contract Number V538C-	Project Number 538- -
		Submittal Date:	Submittal Number:
Form of Submittal:			
<input type="checkbox"/> Letter of Affidavit of Compliance	<input type="checkbox"/> Shop Drawing	<input type="checkbox"/> Data Sheet	
<input type="checkbox"/> Manufacturer's Literature	<input type="checkbox"/> Brochure	<input type="checkbox"/> Physical Sample	
<input type="checkbox"/> Manufacturer's Catalog Cut	<input type="checkbox"/> Test Report	<input type="checkbox"/> Other (Specify)	
Description	Supplier or Manufacture:		VA File Number
<b>VETERANS AFFAIRS SUBMITTAL ACTION</b>			
Number of Copies Returned: <input type="checkbox"/> <b>APPROVED:</b> Subject to compliance with all contract requirements and to any notations indicated below. <input type="checkbox"/> <b>DISAPPROVED:</b> Resubmit promptly. <input type="checkbox"/> <b>NO ACTION:</b> See remarks.			
REMARKS:			
COTR ~			Date:



EXHIBIT 16

POLICY MEMORANDUM  
NO. 00-14

VA Medical Center  
Chillicothe, Ohio  
June 25, 2010

**MEDICAL CENTER SMOKING POLICY**

1. **PURPOSE:** To state medical center policy and procedures for smoking locations and to outline exceptions.
2. **POLICY:** Smoking is prohibited inside any government building or vehicle by employees, visitors, volunteers, contractors and most patients (one exception is the housekeeping quarters). Exceptions to indoor smoking by patients are outlined in the PROCEDURES section of this policy memorandum.
3. **RESPONSIBILITY:**
  - a. The Medical Center Director is responsible for ensuring that a smoking policy, which provides a safe environment, is established and enforced.
  - b. The Smoking Committee is responsible for ensuring that the smoking policy is current and meets VA Central Office and The Joint Commission requirements and complies with public law. The Committee is also responsible for developing enforcement/compliance programs.
  - c. Primary and Preventive Care Line, nursing staff in Patient Care Services and Urgent Care area personnel are responsible for informing patients, upon admission, of the medical center's smoking regulations.
  - d. Physicians and nurses are responsible for assessing tobacco use, advising their patients of the health risks associated with tobacco products and assisting with cessation motivation and techniques. All healthcare professionals are responsible for assisting in patient education regarding the risks of tobacco use.
  - e. Treatment teams are responsible for monitoring the tobacco use of assigned patients.
  - f. Every employee is responsible for complying with this policy and for reporting observed violations of this policy to his/her supervisor.
  - g. The Chief, Learning Resources Service is responsible for including the smoking policy on the agenda for New Employee Orientation.

4. **PROCEDURES:**

a. Outdoor smoking shelters are provided for use by patients, employees, visitors, volunteers and contractors at this medical center. There is no smoking within 35 feet of any building door. Appendix A shows a map of smoking shelter locations.

2. Policy Memorandum No. 00-14

b. Police officers conduct rounds throughout the medical center buildings in the course of their workday. Results of the rounds are communicated to the Smoking Committee. Efforts to obtain compliance with the smoking policy are used. Individuals observed carrying a lighted tobacco product within the medical center buildings are asked to extinguish the smoking product and proceed outdoors. Violation notices (courtesy or with fines) may be issued for non-compliance. Employees are also subject to appropriate disciplinary actions for non-compliance. Patients are also referred to the treatment team for action.

c. When a patient informs nursing personnel that he/she is going off the unit to smoke, staff are cognizant of the patient's absence and check on the patient if he/she does not return in a reasonable amount of time. Patients with privileges are not routinely escorted off the unit to smoke.

5. **REFERENCES:** VHA Directive 203-035, dated July 1, 2003.  
VHA Directive 203-042, dated August 6, 2003  
The Joint Commission Comprehensive Accreditation Manual for Hospitals, dated June 2010  
Public Law 102-585, Section 526.  
VHA Directive 2008-052, dated August 26, 2008.

6. **RESCISSION:** Policy Memorandum No. 00-14, Medical Center Smoking Policy, dated March 29, 2007.

7. **RESCISSION DATE:** (137)

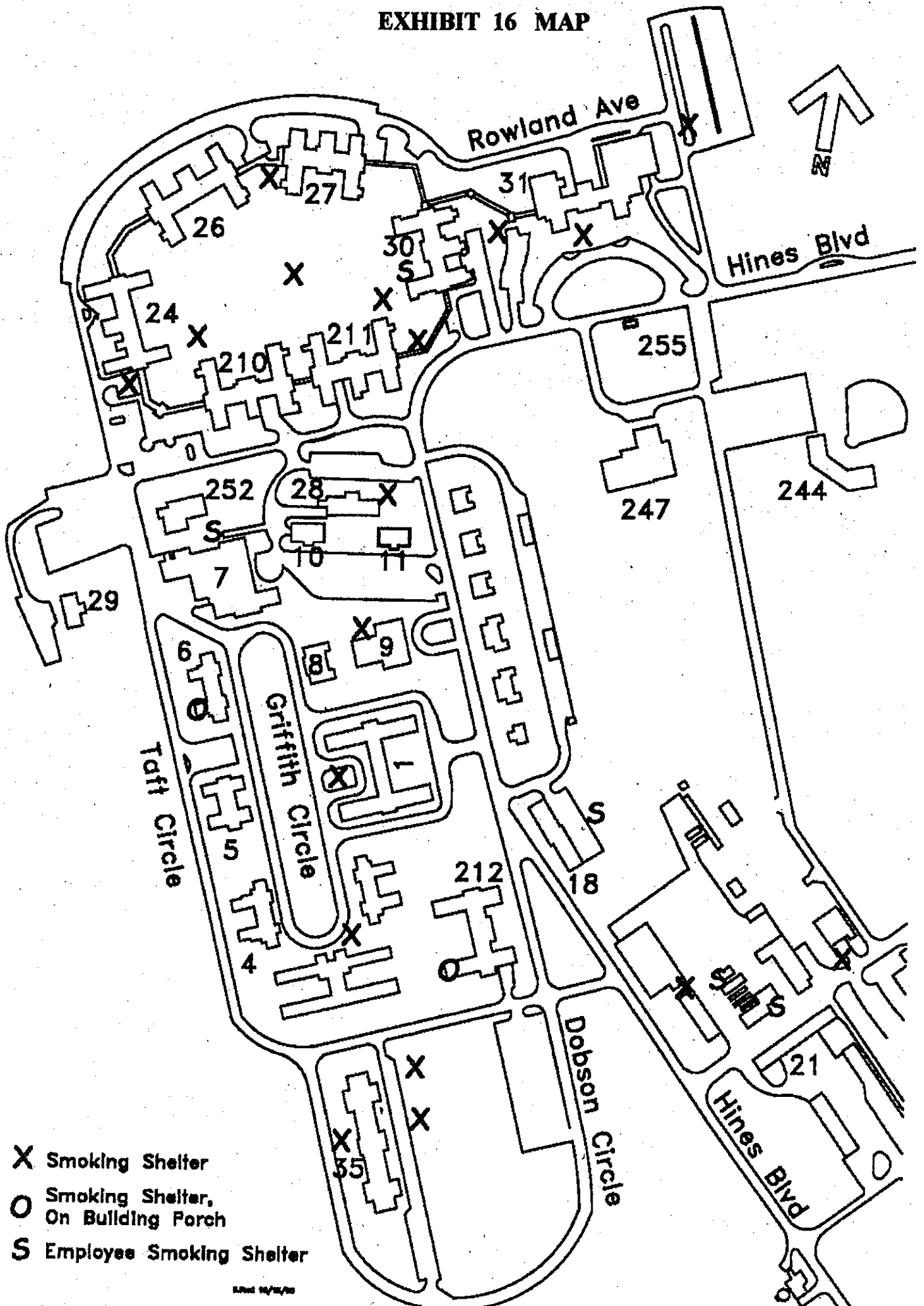
//s//

JEFFREY T. GERING, FACHE  
Medical Center Director

Appendix A

Distribution: F  
161M3(10)

# EXHIBIT 16 MAP



- X** Smoking Shelter
- O** Smoking Shelter,  
On Building Porch
- S** Employee Smoking Shelter

EXHIBIT 17

POLICY MEMORANDUM  
NO. 07-09

VA Medical Center  
Chillicothe, Ohio  
April 1, 2010

WORKPLACE VIOLENCE PREVENTION

1. PURPOSE: To establish a proactive/reactive policy for the prevention of workplace violence involving employees, patients, visitors, and volunteers at this medical center.

2. POLICY:

a. It is the policy of this medical center to promote a safe environment for employees, patients, visitors, and volunteers. The medical center is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. While this kind of conduct is not pervasive at our medical center, no medical center is immune. Every medical center is affected by disruptive behavior at one time or another.

b. Violence, threats, harassment, intimidation, and other disruptive behavior in the workplace are not tolerated. Reports of incidents are taken seriously and are dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

3. DEFINITIONS: As used in this policy, violence is defined as unwanted or hostile physical contact, threats, coercion, or harassment.

a. Physical attack is unwanted or hostile physical contact, such as hitting, fighting, pushing, shoving or the throwing of objects.

b. Threat is the expression of a present or future intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating it has the present ability to do harm, and without regard to whether the expression is contingent, conditional, or future.

c. Harassment is behavior or communication designed or intended to intimidate, menace or frighten another person.

d. Property damage is behavior or acts that contribute to the destruction or damage of private or government property.

4. RESPONSIBILITIES:

a. The Medical Center Director is responsible for:

(1) Providing and maintaining policy and procedures to assure that employees, patients, visitors, and volunteers are provided a safe and healthful work environment.

## 2. POLICY MEMORANDUM NO. 07-09

(2) Implementing a system to notify law enforcement agencies when a patient, beneficiary, volunteer, visitor or employee is assaulted.

b. The Environment of Care Committee is responsible for:

(1) Providing assistance and support for the medical center Violence Prevention Program and serving as the focal point for medical center-wide violent behavior prevention initiatives.

(2) Identifying trends and developing strategies to reduce or eliminate risks associated with violent behavior at the medical center.

c. The Violence in the Workplace (VIWP) Committee is composed of designated representatives from AFGE, the Occupational Safety and Health Manager, Protective Services, Human Resources Management Service, Equal Employment Opportunity (EEO), Rehabilitation Medicine and Services Care Line, Psychologist and the Code Orange Team Coordinator. The VIWP Committee is responsible for:

(1) Acting in an advisory capacity to supervisors in assessing a reported workplace violence incident on request.

(2) Activating the VIWP Committee when any of the members become aware of any incident of violence. An email group is organized and maintained by the chairperson under VHACLL VIWP.

(3) Reviewing the medical center Workplace Violence Prevention Program annually to assure that the program is current and addresses the medical center's needs. The committee meets quarterly and as needed. The minutes of each meeting are forwarded to the Environment of Care Committee.

(4) Identifying trends, developing strategies, and performing workplace analyses as defined by the Occupational Safety and Health Administration (OSHA) in order to review or eliminate risks associated with violent behavior at the medical center.

(5) Reviewing the policy for appropriate revisions and making an annual report by June 30 each year on the status of the workplace violence program to the appropriate supervisory personnel regarding incidents referred.

(6) Performing risk assessments and making recommendations to supervisory personnel in reference to referred incidents.

d. Supervisory responsibilities:

(1) Enforce VA safety rules, regulations, and standards, including those concerning violent behavior.

### 3. POLICY MEMORANDUM NO. 07-09

(2) Investigate injuries or illnesses that occur to employees under their supervision, and preclude recurrence of similar injuries. If a patient(s) is/are involved, a VAF 10-2633, Report of Special Incident Involving a Beneficiary Incident is completed. If a visitor or volunteer is involved, notify the Occupational Safety and Health Manager.

(3) Assure that employees or volunteers who are verbally or physically assaulted, who witness violent behavior in the workplace, or who have demonstrated warning signs associated with potential violent behavior are offered employee assistance, counseling and professional support, as appropriate.

(4) Initiate disciplinary actions, as appropriate, against employees or volunteers who assault patients, volunteers, visitors or other employees.

#### e. Employee and Volunteer responsibilities:

(1) Follow safe work practices (those that minimize the potential for violent behavior).

(2) Immediately report work-related injuries as a result of workplace violence to supervisory personnel.

(3) Complete the Workplace Incident Form, OP-145 (538), available at the Police Operations Center, lower level, Building 18, or electronically through the VA Chillicothe Intranet website. Provide one copy to the appropriate level of supervision, one copy to the VA Police and one copy to the Chairperson, or designee, VIWP Committee, immediately after an incident of workplace violence occurs.

(4) Attend mandatory training related to violent behavior prevention.

#### f. Human Resources Management Service responsibilities:

(1) Assist, when appropriate, investigation of claims of violence raised by employees and others.

(2) Advise managers on how to address and resolve concerns in their areas.

(3) Refer reported potential workplace violence situations to VA Police, appropriate level of supervision, and the Chairperson, Violence in the Workplace Committee.

#### g. The Chief Protective Services is responsible for:

(1) Assisting with educational efforts to ensure that a procedure is in place to provide training to employees and volunteers on violent behavior prevention. The training includes customer service training that addresses methods to recognize potential violent behavior, appropriate responses, methods to obtain assistance, and procedures to summon VA Police. Warning signs, response procedures, prevention techniques and defensive techniques are addressed in this training.

#### 4. POLICY MEMORANDUM NO. 07-09

(2) Reviewing the medical center's Violent Behavior Prevention Program annually to assure that the program is current and addresses the medical center's need.

(3) Reviewing incident investigation reports, conducting incident investigations, if deemed appropriate, and identifying corrective actions to preclude incidents of violence at the medical center.

(4) Assuring that reported incidents of violence involving patients, employees, volunteers, or visitors (either as the victim or perpetrator) are appropriately referred.

(5) Developing recommendations and assuring implementation of corrective action(s) intended to preclude recurrence of violent behavior incidents involving employees (in coordination with the requirements of this program).

(6) Identifying trends and developing strategies to reduce or eliminate risks associated with violent behavior at this medical center. This includes developing a standardized database for gathering and reporting data of violent incidents.

(7) Provide training on workplace violence prevention matters for supervisors and employees, when requested.

h. The Crisis Intervention/Code Orange Response Team: This clinical team responds to emergency requests for help and provides employees with assistance in managing violent behavior. The team provides verbal and physical intervention, as needed, to ensure the safety of persons (patients, volunteers, visitors and employees). Community Based Outpatient Clinic (CBOC) staff contact appropriate community law enforcement agencies for emergency response. CBOC staff also inform medical center staff of this contact with a written summary report.

i. Police: The Chief, Protective Services ensures a Prevention of Violence in the Workplace briefing is provided to new employees. A yearly briefing to incumbent employees is recommended when requested by medical center service chiefs/care line managers and documented as continuing in-service training.

#### 5. PROCEDURES:

a. Acts of violence perpetrated by inpatients are referred to the attending physician, treatment team and VA Police for evaluation and appropriate action. While the patients may or may not be reported to law enforcement authorities, clinical personnel determine the reason(s) for the assault and implement corrective action.

b. Request for review by the Violence in the Workplace Committee can be initiated by a multitude of sources.

c. Any employee who has concerns regarding personal situations that may affect his or her workplace safety (e.g., restraining orders, domestic violence, or stalking) may consult with the VA Police Operations Officer and/or the VIWP Chairperson.

5. POLICY MEMORANDUM NO. 07-09

d. Any supervisor or manager who receives a complaint of violence, threats or harassment, or who has reason to suspect that these acts or behaviors are occurring, involving employees, volunteers, and/or patients, investigates the complaint and contacts the treatment team and/or VA Police, and the VIWP Committee for assistance.

e. Training and education are provided so that staff members are aware of potential security hazards and how to protect themselves and their co-workers through established policies and procedures. Employees receive general awareness training annually. Awareness training is a mandatory segment of new employee orientation.

6. REFERENCES: OSHA, "Elements of a Workplace Violence Prevention Program." Office of Personnel Management, "Dealing with Workplace Violence."

Executive Order 12196.

MP-3, Part III

0 IL 10-97-1006, "Violent Behavior Prevention Program," dated February 3, 1997.

VISN 10 Policy Memorandum, Workplace Violence Prevention, dated April 30, 1999.

Policy Memorandum No. 00-02, Patient Safety Improvement Program

7. RESCISSION: Policy Memorandum No. 07-9, Workplace Violence Prevention, dated February 13, 2008.

8. RESCISSION DATE: April 1, 2012

//s//

JEFFREY T. GERING, FACHE  
Medical Center Director

Distribution: F

161M3 (10)



**EXHIBIT 18****ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**OMB No. 1510-0056  
Expiration Date 06/30/93

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**AGENCY INFORMATION****FEDERAL PROGRAM AGENCY**  
**VA FINANCE CENTER**

AGENCY IDENTIFIER:

AGENCY LOCATION CODE (ALC):

ACH FORMAT:

☐ CCD+ ☐ CTX ☐ CTP

ADDRESS:

**P.O. BOX 149970****AUSTIN, TEXAS 78714**

CONTACT PERSON NAME:

**FSC VENDORING SECTION**

TELEPHONE NUMBER

**(512) 460-5049**

ADDITIONAL INFORMATION:

**FAX # (512) 460-5221****PAYEE COMPANY INFORMATION**

NAME

SSN NO. OR TAXPAYER ID NO.

ADDRESS

CONTACT PERSON NAME:

TELEPHONE NUMBER

( )

**FINANCIAL INSTITUTION INFORMATION**

NAME:

ADDRESS:

ACH COORDINATOR NAME:

TELEPHONE NUMBER

( )

NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

LOCKBOX NUMBER:

TYPE OF ACCOUNT:

☐ CHECKING☐ SAVINGS☐ LOCKBOX

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

(Could be the same as ACH Coordinator)

TELEPHONE NUMBER

( )

NSN 7540-01-274-9925

3881-102

SF 3881 (Rev 12/90)  
Prescribed by Department of Treasury  
31 U S C 3322; 31 CFR 210**AGENCY COPY**

# EXHIBIT 19

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$ _____		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the bar above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# EXHIBIT 19

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:		
<b>6. Federal Department/Agency:</b>			<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____		
<b>8. Federal Action Number, if known:</b>			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):			<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI):		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____		
<b>Federal Use Only:</b>				Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

## EXHIBIT 19-PAGE 2

### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

EXHIBIT 20

POLICY MEMORANDUM  
NO. 07-04

VA Medical Center  
Chillicothe, Ohio  
April 7, 2011

EMPLOYEE AND NON-EMPLOYEE IDENTIFICATION

1. PURPOSE: To establish policy and procedures for the issuance and control of identification badges at this medical center.
2. POLICY: It is the policy of this medical center that anyone who is employed at, volunteers at, desires to conduct business with or is otherwise a guest of this medical center display an approved form of identification at all times.
3. DEFINITIONS: The following definitions apply to this policy:
  - a. Employees: Full-time, part-time, temporary and intermittent Department of Veterans Affairs employees or students (paid or not paid) and any other person who is directly paid by this medical center.
  - b. Non-employees on Official Business: Contractors, vendors, sales representatives, their employees, Fee-Basis Consultants and others seeking to do business with this medical center for the primary purpose of financial gain.
  - c. Non-employees on personal business: Visitors, inpatients, outpatients and others seeking to further their own particular interests.
  - d. Volunteers: The unpaid staff of Voluntary Service.
  - e. Hoptel Guests: Those persons who are utilizing the services of the Hoptel located in Building 29.
4. RESPONSIBILITIES:
  - a. Department of Veterans Affairs employees:
    - (1) Are directed, as a part of the new employee orientation, to the Police Operations Center, lower level, Building 18, for issuance of a photo identification badge and for their initial vehicle registration.
    - (2) If an employee notices a person in need of assistance they approach and offer help to his/her destination, e.g., patient, visitor and others. Should any unidentified person become confrontational, employees do not pursue further inquiry and immediately call VA Police at extension 7004. Employees advise persons required to wear a badge of the policy and call VA Police if the correction is not amicable.
    - (3) Direct persons who identify themselves as potential contractors, vendors, sales

## 2. POLICY MEMORANDUM NO. 07-04

representatives, or others desiring to conduct business with this medical center to the office of Logistics Service, Building 1, first floor, room 128. Note: No employee of this medical center may conduct business with any person who has not registered with Logistics Service and who does not have the proper identification badge in his/her possession at the time. Questions are referred to the Logistics Service Contracting Section at extensions 7011, 7012 or 7014.

(4) Notify Human Resources Management Service (HRMS) of any name change during his/her employment as soon as possible, but no later than thirty days after the change becomes effective. After notifying HRMS, the employee reports to the Police Operations Center for issuance of a new photo identification badge bearing the new name. Employees changing services/care lines or with significant changes in their appearance also promptly report to the Police Operations Center to update their photo identification badge.

(5) With the exception of VA Police and Fire Fighters in uniform, wearing of the photo identification badge by on-duty employees is mandatory at all times. Supervisors may authorize the temporary suspension of the requirement on the work site when an employee is working around equipment and machinery that might pose a safety hazard. Employees on station for off-duty purposes are not required to wear the badge, but must give a reasonable explanation for the visit and cooperate fully to identify themselves when asked. VA Police are contacted for uncooperative employees who are ordered to fully identify themselves by responding Officers. VA Police accomplish a Police report of any misconduct, if necessary, and forward it to the affected service chief/care line manager for whatever action is deemed appropriated.

(6) Surrender the photo identification badge to the Police Operations Center as part of the clearance process. Failure to surrender the badge results in a \$10 charge against the employee's final compensation.

### b. Logistics Service:

(1) Provides orientation for contractors, vendors, sales representatives or others who desire to conduct business with this medical center.

(2) Upon completion of the orientation, provides, collects and maintains an approved color-coded temporary visitor's badge for contractors, vendors, sales representatives or others who desire to conduct business with this medical center.

(3) Provides training to supervisory staff on issues related to ethics and other conduct with contractors, vendors, sales representatives and others who desire to conduct business with this medical center.

c. Service chiefs, care line managers and supervisors assure that all employees under their supervision are:

### 3. POLICY MEMORANDUM NO. 07-04

(1) In compliance with the requirements for the wearing of photo identification badges.

(2) Familiar with the current rules and regulations concerning their business relations with contractors, sales representatives, vendors and others. Guidance and/or training in this area is available from the office of Logistics Service.

d. Contractors, Vendors, Sales Representatives or others:

(1) Register at the Logistics Service Office located in Building 1, first floor, room 128 and provide name(s) along with other required information for themselves and any additional personnel who are working at or visiting this medical center.

(2) Upon each visit to this medical center, obtain and display any required form of identification that is provided.

(3) Complete any and all ethics, safety or other required training upon the first visit or employment day.

(4) Designate a Contract Superintendent/Manager on any construction/service project, who is responsible for assuring that his/her employee(s) properly display the required identification badges.

e. Volunteers are directed to Voluntary Service, located in Building 9, room 213, to be properly registered. After being registered, new volunteers are directed to the Police Operations Center in the lower level of Building 18 for the issuance of a photo identification badge.

f. Protective Services (VA Police):

(1) Issue new employees a photo identification card upon their entrance on duty.

(2) Receive and destroy photo identification badges turned in at the time of an employee's separation.

(3) Provide sequentially numbered and color-coded identification badges and replacement photo identification badges when required.

(4) Challenge and verify the identity of any person(s) not displaying an approved form of identification badge.

g. Hoptel guests are directed to the Patient Business Service administrative staff (or Administrative Officer of the Day (AOD) during non-administrative hours) at Urgent



#### 4. POLICY MEMORANDUM NO. 07-04

Care, located in Building 31. The patient is registered and issued a room key and an approved temporary badge for the duration of his/her stay.

h. Visitors must provide proof of identity and purpose of visit. Refusal to provide any requested information is basis for denial of entry into this medical center and is immediately reported to the VA Police Operations Center at extension 7004.

#### 5. PROCEDURES:

a. No photo identification badge or other form of personnel identification issued by this medical center is used for identification purposes other than at this medical center. The official nature of any identification badge does not extend beyond this medical center. Its use for any other purpose is the responsibility of the bearer.

b. All photo identification badges comply with the VISN 10 design and standards which are:

(1) There are no position designations on the badges, with the exceptions of Medical Center Director, Associate Medical Center Director and Chief of Staff.

(2) Licensing, registering or certifying initials are allowed on the badge ONLY if they are required for the position held by the employee. Professional organization membership designations do not appear on the badges.

(3) Former/current military personnel can request to identify on the badge their branch of service.

c. Special Security Access Badges (where utilized):

(1) Are NEVER loaned to anyone for any reason.

(2) If lost, are immediately reported to the VA Police Operations Center at extension 7004, so that access can be deactivated. Loss of a special access badge results in a \$10 replacement charge.

d. Loss of any type of reusable temporary personnel identification badge results in a charge of \$10, which is payable by bill of collection and/or prior to re-issuance of a replacement.

e. Pins, stickers or other items may not obscure photos, names or other important data on any badge, pass or other form of personnel identification. The personnel identification badge must also be worn close to eye level in a manner that the name is legible at all times. Lanyards or retractable devices are authorized with the badge displayed above the waist at eye level.

f. Non-paid medical care interns or students working under the supervision of VA

5. POLICY MEMORANDUM NO. 07-04

Medical Center personnel may utilize photo identifications from their medical schools.

g. Inpatients, outpatients and visitors are not required to wear an identification badge and their access is limited to public areas of the medical center unless being escorted by an employee. Inpatients also have access to their assigned area(s) on the units. Any failure to provide proper identification and/or purpose of visit is immediately reported to the VA Police Operations Center at extension 7004.

h. Identification badges are not required for any person or group that is being escorted by an employee of this medical center.

6. REFERENCES: Policy Memorandum No. 05-4, Disciplinary and Adverse Actions;  
Policy Memorandum No. 122-05, Hoptel-Lodging of Veterans and  
Family Members  
MP-5, Part I, Chapter 752, Appendix C (17);  
MP-5, Part I, Chapter 790, Paragraph 11;  
Joint Commission Comprehensive Accreditation Manual for  
Hospitals 2011  
IL-2002-013 Under Secretary for Health Information Letter dated  
August 13, 2002

7. RESCISSION: Policy Memorandum No. 07-04, Employee and Non-Employee  
Identification, dated March 30, 2009.

8. RESCISSION DATE: April 7, 2013

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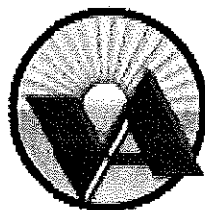
WALTER V. BANKO  
Acting Medical Center Director

Distribution: F  
161M3 (10)

# **Safety and Infection Control Handbook**

for

## **Contractors**



**Project:** \_\_\_\_\_

**COTR:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**FOR MEDICAL EMERGENCIES: 911**

**In case of fire, call 444, (740) 772-7161 (outside line) or activate the nearest pull station.**

## **The Role of the Contractor**

Contract workers are an important part of our Medical Center. Contractors provide services in virtually all areas of the Medical Center from time to time. Some contractors work in direct contact with patients; others work in office areas or mechanical spaces without direct patient contact. Regardless of where contractors work, their activities support the health care and environment of our patients.

It is critically important, therefore, that you, the contract worker, know about the Medical Center, its patients, its rules and regulations, and ways in which your safety and that of our valuable patients and employees can be ensured.

The management, patients, and employees of this health care system appreciate your efforts to help us improve our facility and service to our veterans; however, safety must be stressed at all times.

Please take a moment to review this handbook with all of your employees and make sure everyone is familiar with the safety and infection control requirements. If you have any questions, please feel free to contact the VA COTR that is overseeing your project.

*Thank you.*

## **Topics Covered in this Guide**

- Security and Identification
- Working in a Hospital Environment
- Basic Safety
- Fire Safety
- Confined Spaces
- Trench Excavation Safety
- Infection Prevention and Control
- Environmental Compliance and Green Environmental Management Systems
- Emergency Management
- Summary of Contacts
- Notes from Preconstruction Conference

## **Security and Identification**

Security is a cooperative effort. VA Police enforce federal and local regulations to protect patients, contract workers, volunteers, staff, and visitors. They also protect government and private property and preserve a peaceful and secure environment at the Medical Center 24 hours a day.

All contract workers are required to obey traffic, parking, and security regulations. It is also necessary for everyone to use common sense, cooperate with the police and, of course, keep personal possessions in a safe and secure place.

If you see a suspicious person or any act that may be suspicious and/or criminal, **notify the Police by calling 222** or (740) 773-1141 extension 7004 and/or report your suspicion to a VA employee or your supervisor.

All contractors are required to obtain and wear an identification badge. The contractor/vendor identification badge must be visibly displayed on a shirt or jacket at all times while working at this Medical Center.

The Medical Center and its surrounding grounds are Federal property.

The following items are forbidden in the Medical Center buildings or on the grounds:

**Alcoholic Beverages**

**Firearms**

***Knives with blades over three (3) inches\****

**Fireworks**

*\* excludes any tools of the trade*

## Working in a Hospital Environment

Information concerning patients and their records is **CONFIDENTIAL**.

Speak softly while on the wards, in the library, in the hospital corridors, and in any other areas where people are working or patients are resting.

If patients ask you for help or advice, refer them to a VA employee for assistance.

If you are required to enter an occupied patient room, you must knock, announce your presence and state your business before entering.

Do not sit on any patient beds or handle any medical or patient equipment unless you are specifically assigned to do so as a contract worker. Do not use the nursing counters.

Work behind closed and locked doors whenever possible.

Do not leave any tools or electrical cords unattended at any time.

Contract workers should **NEVER** enter a room that is posted with any type of "ISOLATION" or "NO VISITORS signs," the Special Care Unit, or the Life Support Area on B31 in the Urgent Care area, unless asked to do so by your supervisor. If your supervisor has asked you to enter, confer with the nurse manager in charge of the floor or area before entering. She/he will give you instructions to protect yourself and our patients.

For all "CODES" or emergencies, remove all of your equipment from the hallway and stand clear of the hallways so that emergency personnel and equipment can move freely.

Do not move or touch a patient. Inform the nursing staff of all patient requests.

Wash hands frequently.

Cell phone use is prohibited in ALL patient care buildings and in ALL locations where medical equipment is in use.

## Basic Safety

Contractor must have copy of the project Infection Control Risk Assessment (ICRA), Pre Construction Risk Assessment (PCRA), hot work permit, confined space permit and any other applicable permit on hand and immediately available at each job site at all times while their work is ongoing. Interim Life Safety Measures (ILSM's) must remain posted and viewable at all times through the life of the contract.

Contact the VA COTR with questions about the ICRA or PCRA. Contact the VA Fire Department with questions about ILSM's.

Be careful and observe your surroundings while walking and working.

Do not leave any tools or equipment unattended at any time.

If you see a "Wet Floor" sign, do not walk in the area until the sign is removed.

If you see any safety hazards, report them to the VA COTR overseeing your project.

Be aware of patient and wheelchair traffic. Use caution and pull carts, as opposed to pushing carts, around a blind corner.

Do not open any window without approval from the VA COTR.

All supplies and other deliveries must be stored in a predetermined location, not left on the floor, and never left unattended.

If you spill something, clean it up immediately. Caution others to stay clear of the area until it is cleaned up. Notify the VA COTR.

If you see a spill and you do not know what it is, notify your supervisor, VA COTR and any VA employee nearby. Do not clean it up yourself. Call 911 for emergency spill response.

Contractors working on maintenance or construction projects must have a "competent" person appointed and present at all times. Contractors are required to comply with 29CFR 1910, 29CFR 1926 and other applicable laws, codes and standards.

Work involving hazardous energy sources must be performed in accordance with applicable sections of 29CFR 1910 and VA policy. Contractor must obtain and comply with the VA hazardous energy control policy. Contractor must provide a copy of their policy to VA COTR so affected VA staff comply with contractor policy.

Use only grounded UL-listed extension/flexible cords. Do not allow extension cords to cross a walkway or corridor, creating a trip hazard. Cords shall not be run through walls, ceilings, or floors, through doorways, or concealed behind doors, ceilings, floors, etc. Cords should be used in continuous lengths without splicing or tape and be visually checked prior to each use.

All cord and plug connect equipment such as sump pumps, hand-held motor operated tools, and appliances used outside that operate on greater than or equal to 120 volts, or likely to be used in a wet environment, shall be grounded and equipped with a Ground



Fault Interrupter (GFI). Listed or labeled portable tools and appliances, protected by an approved UL system of double insulation or its equivalent, do not need to be grounded; however, GFI protection must still be used.

All energized parts of more than 50 volts must be guarded against accidental exposure. These may be guarded by a locked room accessible only to qualified persons, elevation to a height of over 10 feet above the floor, or by guards/cabinets that are inaccessible to unqualified workers, staff, patients, or other potentially affected persons.

Scaffolding shall be erected in accordance with applicable sections of 29CFR 1926. Contract Workers who erect, disassemble, move, operate, repair, maintain or inspect a scaffold shall be trained by a competent person. Each contract worker who performs work on a scaffold shall be trained by a person qualified to recognize the hazards associated with the type of scaffold used and to understand the procedures to control or minimize these hazards.

Fall protection must be provided and utilized as required by 29CFR 1926.

If any contractor or contract worker encounters what is believed to be Asbestos Containing Materials, they are to stop and notify their supervisor and the VA COTR for the project.

If working in a known asbestos area, all applicable OSHA regulations shall be followed. Contact the VA COTR and the VA Industrial Hygienist to establish a work plan.

## **Fire Safety**

The Chillicothe VA Medical Center has its own fire department. If you happen to be where a fire breaks out, pull the nearest fire alarm box. The fire alarm is located near the exits. You may also call 444 from a station phone or (740) 772-7161 on an outside line or cell phone.

Make sure you look for and become familiar with the locations of the area where you are working and always maintain a clear exit path. Ensure all contract workers are aware of egress paths from work site.

If the fire alarm system sounds in the area you are working in, stay calm and evacuate the building, closing all doors behind you. Contract Supervisors should account for all their employees during a fire emergency. If anyone is not accounted for, notify the fire department.

Adhere to all safe welding, cutting and burning precautions. Notify Engineering Service and obtain a Hot Work Permit prior to welding, burning, grinding, or utilizing a metal

chop saw.

In order to maintain a safe and healthy environment, smoking is prohibited in all buildings, building entrances/exits, stairwells, attics, closets, offices, etc. Should you choose to smoke, you may smoke outside of the buildings, adhering to a minimum distance of 35 feet from any exit of the any building.

Contract workers must know where exits and extinguishers are located.

The fire department and construction safety committee will conduct a periodic walkthrough of the construction area.

**IN EVENT OF A FIRE:**

**R – Rescue all people from immediate danger**  
**A – Alarm, Pull alarm box or call fire department**  
**C – Confine the fire; close all doors**  
**E – Extinguish/Evacuate**

**FIRE EXTINGUISHER USE:**

**P – Pull the pin on the extinguisher**  
**A – Aim nozzle at the base of the fire**  
**S – Squeeze handle**  
**S – Sweep nozzle from side to side across base of fire**

**Contractors must report all discharges of fire extinguishers to the COTR.**

**Confined Space Entry**

The Medical Center has in place a confined space entry and safety program that is in effect for contractors as well as employees of this facility. This includes, but is not limited to entry permits, required training, personal protective equipment, and other safety requirements. All activities involving confined space must be in compliance with applicable sections of 29CFR 1910 and 29CFR 1926.

The confined space permit of this Medical Center shall be used unless the contractor has a confined space permit system in place, and the Safety Officer of this Medical Center approves it. The VA COTR will arrange a meeting with the Safety Officer as needed.

This facility contains numerous identified permit-required spaces including, but not limited to, tunnels, manholes, boilers, and some crawl spaces.

All entrants, attendants, and supervisors must have documented training, meeting OSHA regulations, for each position. When applicable, provide copies of training certificates to VA COTR.

Prior to entry into any permit-required space, and upon completion of the entry, the VA COTR shall be notified.

The contractor is responsible for meeting all requirements of the applicable OSHA regulations and any other requirements as set forth by this Medical Center.

Attendant duties shall be the responsibility of the contractor. There shall always be a trained contractor representative outside of the space to monitor the status and safety of the entrants.

The contractor is responsible for making arrangements for on-site rescue services.

The contractor shall advise the VA COTR and Safety Office of any hazards that will be created or confronted by the contractor during the entry.

Medical Center employees and contractors entering the same space are required to coordinate with each other so as not to endanger the other during the entry.

### **Trench and Excavation Safety Requirements**

**All trenches, excavation and shoring must comply with applicable sections of 29CFR 1910 and 1926.**

The walls and faces of trenches five (5) feet or more deep, and all excavations in which employees are exposed to changes from moving ground or cave-in, shall be guarded by a shoring system or sloping of the ground.

The portable trench shields may be used for the protection of personnel in lieu of shoring system or sloping.

The portable trench shield should be designed for the conditions expected to be encountered and be maintained in a manner which will provide protection equal to or greater than the sheeting or shoring required for the trench.

Trenches four (4) feet or more deep shall have an adequate means of exit such as ladders, steps, or ramps located so as to require no more than 25 feet of lateral travel. Ladders must be secured and must extend 36 inches above the landing.

In excavations which contract workers may be required to enter, excavated or other material shall be effectively stored and retained at least two (2) feet or more from the edge of the excavations.

Contract workers shall be protected with appropriate personal protective equipment.

Unattended excavations or trenches will be effectively guarded against unauthorized entry by fences, warning lights, signs, and any other means necessary.

Prior to opening an excavation, steps will be taken to determine whether underground utilities such as sewer, telephone, water, fuel, electrical line, or others, will be

encountered.

Prior to entry, the contractor's competent person must inspect the excavation or trench to determine if it is safe and in compliance with 29CFR 1926. If the possibility of cave-in, slides, or any other safety problem is evident, all work will stop until the unsafe conditions are abated.

### **Infection Prevention and Control**

The Infection Control Risk Assessment (ICRA) developed for your project will define the class of your project. Specific requirements are placed on the contractor and contract workers under each class of project. Many basic infection control practices are required for ALL projects, regardless of their class.

The VA Infection Control Practitioner in conjunction with the VA COTR and Contract Officer reserve the right to increase the class of the project or make other changes to the general infection control requirements from time to time if the conditions of the project change, the project scope changes or other unforeseen conditions arise. Unforeseen conditions could include unplanned utility outages, patient influx, discovery of potentially hazardous materials, other undefined and unexpected occurrences, or contractor nonperformance on basic infection control requirements.

Infection control measures may also be adjusted from time to time to maintain operations of the medical facility.

Basic infection control procedures applicable to all construction projects include, but are not limited to the following:

1. Infection Control and Safety, with input from VA COTR will determine the class level of the project prior to start of work. Refer to General Requirement (GR) specification section of the contract documents.
2. The ICRA, PCRA and all other applicable permits must be maintained and immediately accessible at all times at the site until completion of the project.
3. Only authorized personnel may enter the construction area.
4. No food or beverages are taken into the construction area.
5. Doorways and walkways must be kept free of debris.
6. Walk-off mats must be placed at any entry/exit, checked at least twice daily and must be changed frequently to prevent tracking of dust/debris into clean areas.
7. Maintain manpower and equipment including dust mops, wet mops, brooms, buckets, and clean wiping rags for cleaning fine dust from floors and surfaces within the project area and in adjacent occupied areas. Do not create dust during cleanup operations.

8. Contractors are responsible for keeping the construction entrance/exit zones clean. This may include wet mopping and/or vacuuming with HEPA filtered vacuum as needed and at the end of each work day.
9. Clean up dust tracked outside of construction area immediately. Temporary construction barriers and closures above ceiling must be dust tight.
10. Contain work areas outside of construction barriers, including spaces above ceilings, with full height fire rated polyethylene sheet barrier, tightly taped.
11. Removal of debris must be in tightly covered containers. Construction personnel will use a route of travel and exit path away from the project that has been designated by the VA COTR, Infection Control Practitioner, or proposed by the contractor and accepted by aforementioned VA staff.
12. It may be necessary to isolate the HVAC system in the project area prevent contamination of the duct systems. All return air vents and ducts within the project area must be covered or tightly sealed during the duration of the project.
13. During demolition and at other times, as required, dust will be vented to the outside of the building or personnel must use a HEPA-equipped air filtration unit 24 hours/day.
14. Appropriate personal protective equipment (PPE), such as goggles for eye protection, face mask or shield, shoe covers, and clean gown or TyVek™ suit, will be worn upon entering the site.
15. All PPE must be removed at the site of exit from the project to prevent carrying dust to other areas within the facility. Clothes and shoes should be free of loose dirt, dust or debris once PPE has been removed. Soiled clothing must be removed prior to exiting the site and placed in tightly closed bags before being removed from the site.
16. The Infection Control Practitioner will make periodic unannounced compliance rounds. Issues needing attention will be discussed with the COTR and corrected as soon as possible.
17. Appropriate barrier systems for dust control must be in place before any construction starts.
18. It may be necessary to isolate the HVAC system in the area where work is being done to prevent contamination of the duct systems.
19. Once the project has been completed, the VA COTR and Infection Control must be contacted to perform a walk-thru inspection to ensure cleanliness in the area and before work can be released for payment or area open for occupancy. Always notify the VA COTR if infection control has been contacted.
20. An Infection Control Practitioner is available Monday-Friday (except holidays), 8:00 AM to 4:00 PM for consultation at 740-773-1141 x7368/6019.

The requirements of each class of ICRA is listed below as a way of providing examples of the types of infection control requirements you may expect to encounter for these types of construction projects. Infection control requirements are not limited only to those listed. Consult the ICRA developed specifically for your project and the GR specification for your project for more specific infection control requirements.

### **Class 1:**

Class 1 projects include inspection and non-invasive activities or small-scale, short duration activities including but not limited to; painting, wall covering, electrical trim work, minor plumbing, ceiling tiles limited to 1 tile per 50 sq. feet

- Execute work to minimize dust.
- Ceiling tiles removed for visual inspection are immediately replaced.

### **Class 2:**

Class 2 projects include small scale, short duration activities that create minimal dust. Examples of these projects include but are not limited to installation of telephone or computer cables, sanding of walls for painting or drywall covering or access to chase spaces.

- Water mist work surfaces to control dust while cutting.
- Seal unused doors with duct tape.
- Block off and seal air vents.
- Wipe surfaces with disinfectant.
- Contain construction waste before and during transport in tightly covered containers.
- Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
- Place dust mat at entrance and exit of work area as needed.
- Remove or isolate HVAC system in areas where work is being performed.

### **Class 3:**

Class 3 projects include any work which generates a moderate to high level of dust or requires demolition or removal of any fixed components or assemblies. Examples of these projects include but are not limited to removal of floor coverings, multiple ceiling tiles or casework, cutting of walls or ceiling, new wall construction, minor ductwork or electrical work above ceilings, major cabling activities, including those completed by IT, the activity cannot be completed within a single work shift and removal and replacement of roofs in various buildings.

- Obtain infection control permit before construction begins. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.

- Complete all critical barriers before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Contain construction waste before and during transport in tightly covered containers.
- Seal holes, pipes, conduits, etc. appropriately.
- Place dust mat at entrance and exit of work area. Replace as needed.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

*After work is completed:*

- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system.

#### **Class 4:**

Class 4 projects include major demolition, renovation and new construction projects, removal of complete ceiling systems.

- Obtain approval of contractor developed infection control plan by VA Infection Control Practitioner before construction begins.
- Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- Complete all critical barriers or implement control cube method before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Seal holes, pipes, conduits, and punctures appropriately.
- Construct an anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. Detailed information would be included in the infection control plan.
- All personnel entering work site are required to wear shoe covers
- Contain construction waste before and during transport in tightly covered containers. Cover transport receptacles or carts. Tape covering on cart.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

*After work is completed:*

- Vacuum work area with HEPA filtered vacuums.

- Wet mop with disinfectant. Coordinate cleaning with VA COTR, Safety and Infection Control.
- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system

### **Environmental Rules and Regulations / Green Environmental Management Systems (GEMS)**

The VA is required to comply with all federal and state environmental regulations. As such, all contractors working on VA property are required to comply with all applicable environmental regulations. These include, but are not limited to:

National Environmental Protection Act (NEPA)

Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

Endangered Species Act (ESA)

Resource Conservation and Recovery Act (RCRA)

Toxic Substances Control Act (TSCA)

Clean Water Act (CWA)

Pollution Prevention Act

Federal Facilities Compliance Act

Contractors must abide by all applicable environmental permit requirements.

Dispose of all debris on a regular basis in accordance with all applicable laws and regulations including Ohio Environmental Protection Agency (OEPA)

Contractor shall use all reasonable means to divert construction and demolition waste from landfills and incinerators and facilitate their recycling.

Contractor shall be responsible for implementation of any special programs involving rebates or similar incentives related to recycling and any revenues or savings obtained from salvage or recycling shall accrue to the Contractor.

Contractor shall ensure that facilities used for recycling, reuse and disposal shall be permitted for the intended use to the extent required by federal, state and local regulations.

Contractor must provide necessary containers, bins and storage areas to facilitate effective waste management and clearly identify them so that recyclable materials are



separated from trash and can be transported to respective recycling facility for processing.

Contractor shall be responsible for transporting and disposing of materials that cannot be delivered to a source-separated or mixed materials recycling facility to a transfer station or disposal facility that can accept the materials in accordance with state law.

Building or demolition materials with no practical use or that cannot be recycled shall be disposed of at a landfill or incinerator.

With each application for progress payment, the contractor shall submit a summary of construction and demolition debris diversion and disposal, quantifying all materials generated at the work site and disposed of or diverted from disposal through recycling to the VA COTR who will forward to the GEMS Coordinator.

All environmental incidents must be reported immediately to the VA COTR who will notify the GEMS Coordinator.

Questions regarding environmental issues are to be directed to the VA COTR. The GEMS Coordinator will make periodic unannounced compliance rounds.

All contractors are encouraged to read the EPA Myer's Guide prior to start of construction. This guide can be found at:

<http://www.epa.gov/compliance/resources/publications/assistance/sectors/constructmyer/myerguide.pdf>

### **Emergency Management**

Depending on the situation, staff will receive notification of an emergency through activation of the facility siren, overhead announcement on the public address (PA) system, through internal communications when police "silent response" is required or a combination thereof. If you have questions, contact Emergency Management at x6390.

The following are the various plans that may be activated while you are working in and around the medical center. Follow instructions provided by law enforcement, fire department, or other VA COTR.

<b>PLAN</b>	<b>EVENT</b>	<b>PLAN</b>	<b>EVENT</b>
Bravo	Bomb Threat	Papa	Pandemic Influenza
Delta	Civil Disorder	Sierra	Missing Patient/Employee
Echo	External Community Disaster	Tango	Tornado
Elmer	Evacuation	Tempest	Weather Alert
Helen	Hostage Contingency	Tommie	Terrorist Act
India	Station Emergency	Uniform	Utility Interruption
November	Nuclear Disaster	Vista	Computer Down

SUMMARY PAGE OR EMERGENCY CONTACT

FOR CHILLICOTHE VAMC

NAMES AND NUMBERS

COTR: \_\_\_\_\_

Cell# \_\_\_\_\_

After hours call 6172

CONTRACTING OFFICER: \_\_\_\_\_

VA POLICE DEPARTMENT: \_\_\_\_\_

VA FIRE DEPARTMENT \_\_\_\_\_

INFECTION CONTROL \_\_\_\_\_

SAFETY/INDUSTRIAL HYGIENE \_\_\_\_\_

ASSISTANT CHIEF ENGINEER \_\_\_\_\_

CHIEF, FACILITIES MANGEMENT \_\_\_\_\_

EMERGENCY MANAGEMENT \_\_\_\_\_

NOTES: