

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: Unknown

Issue Date: August 1, 2010

HEALTH CARE SYSTEM MEMORANDUM No. 07-10-14

SUBJECT: ISSUANCE OF TEMPORARY IDENTIFICATION BADGES

1. **SUMMARY:** Health Care System Memorandum (HCSM) for issuing temporary identification (ID) badges to vendors, surveyors, professional visitors, contractors, and Veteran Affairs Palo Alto Health Care System (VAPAHCS) personnel.
2. **PURPOSE:** The purpose of this HCSM is to communicate the process for obtaining a temporary ID badge required for access to VAPAHCS facilities. The intent of this policy is to ensure only authorized personnel have access to VAPAHCS facilities.
3. **POLICY:** VAPAHCS facilities will comply with the procedures outlined in this HCSM. Access to VAPAHCS facilities will be restricted to persons with official business on Veteran Affairs (VA) property.
4. **DEFINITIONS:**
 - a. **Common Areas:** Any area where VA information systems are not maintained or stored and a visitor or member of the general public would be permitted to access. Such areas include, but are not limited to, main hallways, public food courts, vending areas, and restrooms.
 - b. **Contractor:** A non-VA person providing services under a VA-issued contract or purchase order.
 - c. **Emergency:** Any situation that compels immediate action in order to avoid or remedy a potentially disastrous event or disruption to a vital facility operation or service.
 - d. **Non-Regular Work Hours:** Weekdays (Monday thru Friday) from 4:00 p.m. to 8:00 a.m., weekends (Saturday and Sunday), and Federal holidays.

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e. Police Dispatch: Refers to the Police Dispatch Office at the Palo Alto Division of VAPAHCS. Vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel at the Menlo Park Division or Livermore Division of VAPAHCS must call the Police Dispatch Office (extension 65891) at Palo Alto Division in order to receive a temporary ID badge.

f. Professional Visitor: A non-VA person visiting the VA in a professional capacity to attend a non-public meeting, presentation, or other non-patient care or non-research related sponsored activity or event. This includes, but is not limited to, persons representing both private and public non-VA organizations.

g. Regular Work Hours: Weekdays (Monday thru Friday) from 8:00 a.m. to 4:00 p.m., excluding Federal holidays.

h. Restricted and/or Sensitive Areas: Any area where VA information systems are maintained or stored and a visitor or member of the general public would not be typically be permitted to access. Such areas include, but are not limited to, operating rooms, private offices, storage space, utilities and secured research areas.

i. Surveyor: A non-VA person surveying the VA for any type of accreditation, audit, or review. This includes, but is not limited to, persons representing both private and public non-VA organizations such as The Joint Commission, Nuclear Regulatory Commission, etc.

j. VA Information Systems: Any records system (hard copy or electronic) that may contain protected and/or sensitive information.

k. VAPAHCS Personnel: A person officially appointed as an employee, contractor, affiliate, volunteer, or any sub category thereof (e.g., without compensation, fee basis, etc.) who possesses a VAPAHCS-issued photo ID badge.

l. Vendor: A non-VA person selling products or services, demonstrating (in a simulated, non-patient care environment only) or providing information on products or services, and/or representing a company selling products or services to the VA.

5. PROCEDURES:

a. Issuance of Temporary ID Badge to Vendors, Surveyors, and Professional Visitors:

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(1) Vendors, surveyors, and professional visitors must obtain a temporary ID badge from Police Service prior to conducting business on VA property. Vendors, surveyors, and professional visitors requesting a temporary ID badge must report to Police Dispatch and use the phone next to dispatch window to contact the service they intend on visiting. The service chief or an authorized representative for the service will vouch for the vendor, surveyor, or professional visitor.

If Police Dispatch receives authorization from the sponsoring service, a temporary ID badge will be issued to the vendor, surveyor, or professional visitor. Vendors, surveyors, and professional visitors will only be issued a temporary ID badge during regular work hours.

If Police Dispatch does not receive authorization from the sponsoring service, a temporary ID badge will not be issued to the vendor, surveyor, or professional visitor, and the vendor, surveyor, or professional visitor will be asked to leave VA property and will be escorted off, if necessary.

As an alternative method to phone approval, the service chief or an authorized representative for the service may vouch for the vendor, surveyor, or professional visitor in advance by e-mailing authorization to the Chief, Assistant Chief, or Captain of Police Service. Authorization via e-mail must include the first and last name of the vendor, surveyor, or professional visitor, the name of the company or organization they represent, if applicable, the date or range of dates in which the authorization applies, and the purpose of the visit.

If the vendor, surveyor, or professional visitor requires access to a restricted and/or sensitive area, the sponsoring service will send a representative, who possesses a VAPAHCS-issued photo ID badge, to Police Dispatch to escort the vendor, surveyor, or professional visitor while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

(2) Police Dispatch will record the vendor, surveyor, or professional visitor's name, company or organization, if applicable, service-level sponsor, purpose of visit, date, time in and time out. Vendors, surveyors, and professional visitors must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company or organization which they represent, if applicable, prior to obtaining a temporary ID badge.

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b. Issuance of Temporary ID Badge to Contractors:

(1) Contractors who are responding to an emergency service call must obtain a temporary ID badge from Police Service prior to providing services on VA property.

(a) Regular Work Hours: During regular work hours, contractors requesting a temporary ID badge will report to Police Dispatch and use the phone next to dispatch window to contact the service which placed the emergency service call. The service chief or an authorized representative for the service will vouch for the contractor.

If Police Dispatch receives authorization from the sponsoring service, a temporary ID badge will be issued to the contractor.

If Police Dispatch does not receive authorization from the sponsoring service, a temporary ID badge will not be issued to the contractor, and the contractor will be asked to leave VA property and will be escorted off, if necessary.

If the contractor requires access to a restricted and/or sensitive area, the sponsoring service will send a representative, who possesses a VAPAHCS-issued photo ID badge, to Police Dispatch to escort the contractor while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

(b) Non-Regular Work Hours: During non-regular work hours, contractors requesting a temporary ID badge will report to Police Dispatch. Administrative Officer of the Day (AOD) will vouch for the contractor requesting a temporary ID badge after validating the need for emergency service.

If AOD can validate the need for emergency service, a temporary ID badge will be issued to the contractor.

If the AOD cannot validate the need for emergency service, a temporary ID badge will not be issued to the contractor, and the contractor will be asked to leave VA property and will be escorted off, if necessary.

If the contractor requires access to a restricted and/or sensitive area, the AOD must arrange an escort by someone who possesses a VAPAHCS-issued photo ID badge while in the restricted and/or sensitive area to prevent unauthorized disclosure of protected and/or sensitive information. No escort is required for access to common areas.

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(2) Police Dispatch will record the contractor's name, company, service-level sponsor, purpose of visit, date, time in and time out. Contractors must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company which they represent prior to obtaining a temporary ID badge.

(3) General laborer or technical trade contractors (e.g., painters, electricians, etc.) sponsored by Engineering Service are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the company they represent and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site and confined to the area in which the work is being performed in order to prevent unauthorized disclosure of protected and/or sensitive information.

(4) Contractors that will be delivering items to, or picking up items from, VAPAHCS facilities are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the company they represent and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site in order to prevent unauthorized disclosure of protected and/or sensitive information.

This exemption does not apply to contractors that will be delivering items to, or picking up items from, VAPAHCS facilities in support of document shredding, records management, or similar services where the contractor will have access to protected and/or sensitive information. Contractors providing such services are not authorized to obtain a temporary ID badge for any reason, and must obtain a VAPAHCS-issued photo ID badge before they are authorized to be on-site. Police Dispatch will direct these contractors to the Personnel Security Section of Human Resources Management Service (HRMS) for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

(5) Contractors who provide regular, on-going or unescorted services to VAPAHCS (e.g. housekeeping contractors, service technicians that regularly perform non-emergency work at VAPAHCS, etc.) are not authorized to obtain a temporary ID badge for any reason, and must obtain a VAPAHCS-issued photo ID badge before they are authorized to be on-site. Police Dispatch will direct these contractors to the Personnel Security Section of Human Resources Management Service (HRMS) for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

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c. Issuance of Temporary ID Badge to VAPAHCS Personnel:

(1) VAPAHCS personnel, who have lost, misplaced, or reported their VAPAHCS-issued photo ID badge stolen, must obtain a temporary ID badge from Police Service prior to resuming their duties on VA property. VAPAHCS personnel requesting a temporary ID badge must report to Police Dispatch. Police Dispatch will contact the person's service to verify whether or not the person is authorized to be on-site.

Under these circumstances, VAPAHCS personnel may be issued a temporary ID badge for a maximum of three (3) days (aggregate or continuous) while attempting to locate their VAPAHCS-issued photo ID badge or obtain a replacement. If the person's VAPAHCS-issued photo ID badge has been lost or stolen, Police Dispatch will direct the person to the Personnel Security Section of HRMS for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

(2) Police Dispatch will record the VAPAHCS personnel's name, position, service-level sponsor, reason for needing temporary ID badge, and date. VAPAHCS personnel must present one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity prior to obtaining a temporary ID badge.

(3) Any person, who has never received a VAPAHCS-issued photo ID badge, will not be issued a temporary ID badge. Police Dispatch will direct these persons to the Personnel Security Section of HRMS for further assistance (VAPAHCS, Palo Alto Division, Building 6, third floor, room A339, extension 69352).

d. Personnel from Other VA Facilities: From time to time, personnel from other VA facilities may need to access or visit VAPAHCS facilities for a legitimate business reason. These individuals are not required to obtain a temporary ID badge or VAPAHCS photo ID badge as long as they are wearing a photo ID badge issued by the VA facility in which they are primarily assigned and are under the direct supervision of someone with a VAPAHCS-issued photo ID badge at all times while on-site in order to prevent unauthorized disclosure of protected and/or sensitive information.

e. Expired Temporary ID Badges:

(1) Temporary ID badges issued by Police Service will physically self-expire 24 hours after issuance. Expired temporary ID badges will display pink diagonal lines throughout in the background of the temporary ID badge.

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(2) Temporary ID badges must to be discarded in secured shredder bins located throughout VAPAHCS or returned to Police Service upon expiration. Additional temporary ID badges should be obtained from Police Service as necessary.

(3) For safety and security reasons, VAPAHCS personnel, who observe a person wearing an expired temporary ID badge, should immediately report that person to their supervisor and Police Service.

f. Special Procedures for VAPAHCS' Outpatient Clinics and Vet Centers: The temporary ID badges referred to throughout this HCSM are only available at the Palo Alto, Menlo Park, and Livermore Divisions of VAPAHCS. All other VAPAHCS facilities (i.e. outpatient clinics and vet centers) must establish a process to ensure that any vendor, surveyor, professional visitor, or contractor submits to the following before being allowed to access the facility:

(1) Signs in at the main reception desk with someone with a VAPAHCS-issued photo ID badge;

(2) Presents one (1) form of Federal or State-issued photo ID from the list of acceptable IDs attached to this HCSM in order to verify their identity and some form of documentation to verify the company or organization which they represent, if applicable;

(3) Receives authorization to be on-site by someone with a VAPAHCS-issued photo ID badge stationed at the facility in which the vendor, surveyor, professional visitor, or contractor is requesting access;

(4) Is escorted to the appropriate location of their official business by someone with a VAPAHCS-issued photo ID badge, and;

(5) Signs out at the main reception desk with someone with a VAPAHCS-issued photo ID badge prior to leaving the facility.

Additionally, if a vendor, surveyor, professional visitor, or contractor needs to access a restricted or sensitive area in order to conduct their official business, someone with a VAPAHCS-issued photo ID badge must escort them at all times when accessing these areas.

g. Non-Compliance: Immediately notify Police Service if any person is found in violation of the procedures outlined in this HCSM.

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For vendors, surveyors, professional visitors, and contractors, repeat violations could lead to the person, and/or the company or organization the person represents, if applicable, being banned from all VAPAHCS facilities indefinitely.

For VAPAHCS personnel, repeat violations could lead disciplinary action and/or termination of appointment.

h. Oversight: VAPAHCS' Personnel Identity Verification (PIV) Card Issuance Manager will be responsible for conducting quarterly reviews of temporary ID badge issuance records to ensure the procedures outlined in this HCSM are being followed. Any adverse findings will be reported to the Office of the Director for review.

i. Exception: The temporary ID badges referred to throughout this HCSM will be issued in-lieu of non-PIV flash badges/passes for common area access. This exception has been reviewed and endorsed by VAPAHCS' Personnel Identity Verification (PIV) Card Issuance Manager as an acceptable business alternative to the issuance of non-PIV flash badges/passes for common area access.

6. RESPONSIBILITIES:

a. Chief, Police Service is responsible for:

(1) Communicating the procedures outlined in this HCSM to all services.

(2) Issuance of temporary ID badges to include, but not limited to, obtaining approval from service-level sponsor and collecting various information and documentation from vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel.

(3) Enforcing compliance with this HCSM through physical inspections and patrols.

b. Sponsoring Service Chief or authorized representative is responsible for:

(1) Providing authorization for vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel to be issued temporary ID badges.

(2) Escorting vendors, surveyors, professional visitors, or contractors at all times while they are in restricted and/or sensitive areas.

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c. VAPAHCS PIV Card Issuance Manager is responsible for conducting quarterly reviews of temporary ID badge issuance records to ensure the procedures outlined in this HCSM are being followed.

d. AOD is responsible for approving the issuance of temporary ID badges to contractors responding to an emergency service call during non-business hours, and for arranging an escort should these contractors require access to sensitive/restricted areas.

7. REFERENCES:

a. VA Handbook 0730-1, Security and Law Enforcement, Appendix B - Physical Security Requirements and Options, dated August 20, 2004.

b. VA Directive 6500, Information Security Program, dated August 8, 2006.

c. VA Handbook 6500, Information Security Program, dated September 18, 2007.

d. VA Directive 6502, VA Enterprise Privacy Program, dated May 5, 2008.

e. VA Directive and Handbook 0710, Personnel Security and Suitability Program, dated September 10, 2004.

f. VHA Handbook 0710.01, Personnel Security and Suitability Program, dated May 18, 2007.

g. VHA Memorandum from Deputy Under Secretary for Health for Operations and Management, Contractors Excepted from Background Investigations and Screenings, dated February 8, 2007.

h. Title 5 CFR Parts 731 and 732.

i. Executive Order 10450, dated April 27, 1953.

j. The Federal Information Security Management Act, dated August 23, 2004.

k. Office of Management and Budget (OMB) Circular A-130, dated February 8, 1996.

l. NIST Special Publication 800-53, dated August 3, 2009.

m. Homeland Security Presidential Directive 12 (HSPD-12), dated August 27, 2004.

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n. OMB Memorandum M-05-24, dated August 23, 2004.

o. Federal Information Processing Standards 201 (FIPS 201) as amended by FIPS 201-1, dated March 2006.

8. **RESCISSION DATE:** August 31, 2013.

9. **RESPONSIBLE OFFICIAL:** Chief, Police Service.

Elizabeth Joyce Freeman
Director

Attachment (1)

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ATTACHMENT A

**LIST OF ACCEPTABLE IDs NECESSARY TO OBTAIN A
TEMPORARY ID BADGE FROM POLICE SERVICE**

The following ID criteria must be met by all vendors, surveyors, professional visitors, contractors, and VAPAHCS personnel. One (1) form of Federal or State-issued photo ID from the list below is required to obtain a temporary ID badge from Police Service. NO EXCEPTIONS WILL BE MADE.

- State-Issued Drivers License
- State DMV-Issued ID Card
- U.S. Passport (unexpired or expired)
- Military ID Card
- Military Dependent's Card
- U.S. Coast Guard Merchant Mariner Card
- Foreign Passport with appropriate stamps
- Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-151 or I-551)
- ID Card issued by Federal or State government agencies provided it includes a photograph

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1207

Effective Date: March 31, 2008

Issue Date: February 20, 2014

HEALTH CARE SYSTEM MEMORANDUM No. 138-14-28

SUBJECT: LOCK-OUT/TAG-OUT

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-11-28, dated December 1, 2011, is rescinded. Changes have been made.

2. **PURPOSE:** This policy establishes the requirements for isolation of both kinetic and potential electrical, chemical, thermal, hydraulic, pneumatic and gravitational energy, prior to equipment repair, adjustment or removal. The purpose of this policy is to ensure that the VA Palo Alto Health Care System (VAPAHCS) is in compliance with the Occupational Safety and Health Administration (OSHA) Standard 29 Code of Federal Regulation (CFR) 1910.147, The Control of Hazardous Energy, and 29CFR 1910.333, Selection and Use of Work Practices - Electrical.

3. **POLICY:** It is the policy of VAPAHCS to ensure that machines and/or equipment are isolated from potential hazardous energy, and locked out and/or tagged out before employees perform any servicing or maintenance activities where unexpected energization, start-up, or release of stored energy could cause injury. Hot tapping of natural gas and steam piping is prohibited. Lock-out devices shall be utilized over tag-out devices whenever practical. Tag-out devices will be utilized when energy isolating devices are not capable of being locked out. VAPAHCS will not permit any hot tapping of natural gas and steam piping systems.

4. **DEFINITIONS:**

a. **Affected Employee:** An employee whose job requires him/her to operate or use a machine or equipment on which servicing and/or maintenance is being performed under lock-out/tag-out or whose job requires him/her to work in an area in which such servicing or maintenance is being performed.

b. **Authorized Employee:** A person who locks out or tags out equipment/machines in order to perform servicing and/or maintenance on the equipment/machines.

c. **Energy Isolating Device:** A mechanical device that physically prevents the transmission or release of energy. Such devices include, but are not limited to: electrical disconnects; double block-and-bleed valves; and line valves. Note: Push buttons, selector switches, and other control circuit type devices are not energy isolating devices.

d. **Energy Source:** Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

e. **Hot Tap:** A technique of attaching a mechanical or welded branch fitting to piping or equipment while in service (i.e., live steam or natural gas lines), and creating an opening in that piping or equipment by drilling or cutting a portion of the piping or equipment within the attached fitting.

f. **Lock-out:** The placement of a lock-out device on an energy isolating device, in accordance with an established procedure, ensuring that the energy isolating device and the equipment being controlled cannot be operated until the lock-out device is removed.

g. **Lock-out Device:** A device that utilizes a positive means such as a lock, either key or combination type, to hold an energy isolating device in a safe position and prevent the energization of equipment/machine.

h. **Periodic Inspection:** Annual review of energy control procedures and employee knowledge of the responsibilities pertaining to energy control procedures being inspected. Inspection is conducted by an authorized employee other than the one(s) utilizing the energy control procedures being inspected.

i. **Tag-out:** The placement of a tag-out device on an energy isolating device, in accordance with an established procedure, to indicate that the energy isolating device and the equipment being controlled may not be operated until the tag-out device is removed.

j. **Tag-out Device:** A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy isolating device to indicate that the energy isolating device and the equipment/machine being controlled may not be operated until the tag-out device is removed.

5. PROCEDURES: Only the standardized devices supplied by VAPAHCS are to be used for lock-out/tag-out. These devices shall not be used for securing any other device or for any other purpose. All devices used to lock-out/tag-out shall be stored in a secure manner to prevent unauthorized use. OSHA 29CFR 1910.147, The Control of Hazardous Energy, refers generally to hazards associated with the accidental starting of all energy-generating machines, devices or things. This policy shall be understood to include the possibility of injury from working near interconnecting machines or equipment. In situations where exposure to interconnecting machines or equipment is required, the authorized employee is required to shut down and lock out such equipment. This lock-out/tag-out policy applies to all sources of energy including, but not limited to, electrical, mechanical, pneumatic, hydraulic, thermal, and gravitational energy. It also covers stored energy that remains in equipment even after it is isolated from its energy source. This can be, but is not limited to, electrical capacitors, springs, flow lines, or pipes. Some machinery and equipment may be powered from multiple sources.

a. Employee Involvement:

(1) Authorized employees: Performance of the lock-out/tag-out of the equipment may only be performed by authorized employees and may only be performed on authorized equipment. VAPAHCS designates authorized employees as the following engineering employee groups: Electricians; Plumbers; Maintenance Mechanics; and Electronic and Biomedical Engineering Technicians.

(2) Affected employees: These employees operate equipment or work in an area where a lock-out is taking place. While they do not perform the lock-out, they must be notified of the lock-out before the lock out procedure begins.

(3) Other employees: These employees are not directly affected by the lock-out but need to recognize when a lock-out is in place. In some cases, the affected employee and the authorized employee may be the same person. An authorized employee, as listed by job title in this policy, is the only one permitted to perform energy shut downs and lock-out procedures.

b. Authorized employees shall follow the Basic Rules of Using Lock-out or Tag-out System Procedures:

(1) All identified equipment/machines capable of causing personal injury upon the unexpected energizing, start-up or release of stored energy shall be locked out or tagged out. Mechanically locking out equipment is required for all situations. If the equipment is not capable of being mechanically locked out, a full review of the equipment and tag-out procedure is required by the supervisor prior to equipment being tagged out. A written explanation as to why a mechanical lock-out device could not be used and the procedure to be used that will provide a level of safety equivalent to that of a mechanical lock-out device shall be filed in the lock-out/tag-out log.

(2) DO NOT ATTEMPT TO OPERATE ANY SWITCH, VALVE OR OTHER ENERGY ISOLATION DEVICE WHERE IT IS LOCKED OUT OR TAGGED OUT.

(3) Preparation for lock-out/tag-out: Locate and identify all isolating devices to be certain which switches, valves or other energy isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical or others) may be involved. Follow the energy control procedures in Attachment A as needed.

(4) Sequence of Lock-out / Tag-out System Procedure:

(a) Notify all affected employees associated with the equipment or machinery that a lock-out or tag-out system is going to be utilized and the reason for its use. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.

(b) If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).

(c) Operate the switch, valve, or other energy isolating device so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems and air, gas, steam or water pressure, etc.) must be dissipated or restrained by method such as repositioning, blocking, bleeding down, or other approved methods.

(d) Lock-out/tag-out the energy isolating devices with the designated individual lock(s) and/or tag(s). Multiple lock-out/tag-out devices shall be used when more than one shop is performing service/maintenance on the equipment/machine.

1. Lock-out devices shall be affixed in a manner to ensure the energy isolating device is in a "safe" or "off" position.

2. Tag-out devices shall be affixed in a manner to clearly indicate that the operation or movement of energy isolating devices from the "safe" or "off" position is prohibited.

3. Tag-out devices shall be located as close as safely possible to the energy isolating device in a position that will be immediately obvious to anyone attempting to operate the device.

4. All tags shall be filled out completely and correctly (i.e., name, date, trade, and the reason for the lock-out).

(5) After ensuring that no employees are exposed, and to verify energy sources are disconnected, operate the push button or other normal operating controls to make certain the equipment will not operate.

(6) The equipment/machine is now locked out or tagged out.

CAUTION: Return operating control(s) to "neutral" or "off" position after test.

c. Procedures Involving More Than One Authorized Employee:

(1) Follow steps in paragraphs 5.a. (4) (a-d), listed above.

(2) In the event an energy isolating device cannot accept multiple locks or tags:

(a) A multiple lock-out or tag-out device (hasp) may be used; or

(b) A single lock may be used to lock-out the equipment/machine with the key being placed in a lock-out box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet.

(c) If a shift change occurs during a lock-out procedure, the authorized employees who are leaving cannot remove their locks until the incoming authorized employees attach theirs. Contractors or others who work on energized equipment must coordinate their work with the VAPAHCS authorized employees as designated in this policy.

(3) As each authorized employee no longer needs to maintain his/her lock-out protection, that employee will remove their lock from the box.

d. Restoring Equipment/Machines to Normal Production Operations:

(1) After the servicing and/or maintenance is complete and equipment/machine is ready for normal production operations, check the area around the equipment/machine to ensure that no one is exposed.

(2) After all tools have been removed from the equipment/machine, guards have been reinstalled and employees have been notified and in the clear, remove all lock-out/tag-out devices. Operate the energy isolating devices per manufacturer instructions to restore energy to the equipment/machine.

(3) In the event an authorized employee is not available (i.e., absent) to remove his/her lock/tag in a multiple lock-out/tag-out:

(a) Contact shall be made with absent employee's supervisor, who will become the authorized employee and will be capable of removing the lock/tag;

(b) Before removal of the lock/tag, the absent employee's supervisor shall attempt to locate the absent employee; and

(c) The supervisor shall notify the absent employee as soon as practical that their lock/tag has been removed.

(4) Notify affected employees associated with the equipment or machinery that the lock-out/tag-out has been removed and equipment/machine is returned to service.

e. Supervisor Actions:

(1) Train Authorized Employees. The training program will include:

(a) Review of facility lock-out/tag-out policy.

(b) Review of service procedures developed for equipment/machine and/or energy type-specific energy control procedures.

(c) Location and identification of designated equipment used in the lock-out/tag-out procedure.

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(d) Documentation of training, to include attendance, date, training content, and signature of trainer.

(e) Conducting training of authorized employees as follows:

1. Upon initial assignment.
2. Whenever there is a change in the employee's job assignment.
3. Whenever a new hazard is introduced due to a change in equipment, machines, or process.
4. Whenever there is a change in the energy control procedure.

(2) Logbooks shall be kept for the recording of lock-out/tag-out use. Logbooks shall include start and stop dates, times, location, name of authorized employee performing lock-out/tag-out procedure and work performed (maintenance, repair, or modification).

(3) Create equipment specific procedures for equipment that:

(a) There is potential for stored or residual energy, or re-accumulation of stored energy after shutdown and lockout.

(b) The equipment has multiple energy sources.

(c) The isolation and lockout will not completely de-energize or de-activate the equipment.

(d) The equipment is not isolated from that energy source and locked out.

(e) Multiple lockout devices are required.

(f) The lockout device is not under the exclusive control of the authorized employee performing the service.

(g) Servicing or maintenance creates a hazard for other employees.

(h) There have been previous accidents involving unexpected activation during servicing.

(4) Conducting periodic inspections in the energy control procedures:

(a) Select an auditor. The inspections are to be performed by an auditor who has been trained in lock-out/tag-out procedures and who is not involved with the process under audit.

(b) Perform inspections annually.

(c) Document inspection, to include identification of equipment/machine, date of inspection, employees included in the inspection, and signature of inspector.

(d) Initiate and follow up on corrective actions taken for deficiencies noted during periodic inspections.

6. RESPONSIBILITIES:

a. The Chief, Engineering Service, is responsible for:

(1) Reviewing all lock-out/tag-out procedures.

(2) Reviewing the annual inspection/audit and taking corrective action as appropriate.

(3) Retaining lock-out/tag-out procedures and audits. Audits are to be retained for three years.

b. The Project Engineer is responsible for:

(1) Obtaining copies of lock-out/tag-out procedures from contractors where implementation of such practice, may affect health care system operations.

(2) Informing all affected health care system employees of contractor lock-out/tag-out operations.

(3) Informing outside contractors of this health care systems lock-out/tag-out policy where such practice may affect contractor or health care system operations.

c. Supervisors are responsible for:

(1) Identifying all equipment/machines requiring inclusion into the lock-out/tag-out program to protect employees from injury during service and maintenance activities.

(2) Developing equipment/machine and/or energy type-specific energy control procedures.

(3) Training authorized employees.

d. Authorized employees are responsible for following the procedures as outlined and described in this policy in sections 5.a. (4) (a-d).

7. REFERENCE:

a. OSHA Control of Hazardous Energy Regulations/LockOut/Tagout: 29 CFR 1910.147.

b. ANSI A10.44-2006: "Control of Energy Sources (Lockout/Tagout) for Construction and Demolition Operations."

8. RESCISSION DATE: February 28, 2017.

9. RESPONSIBLE OFFICIAL: Chief, Engineering Service .

Elizabeth Joyce Freeman
Director

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: August 14, 1995

Issue Date: July 22, 2013

HEALTH CARE SYSTEM MEMORANDUM No. 138-13-14

SUBJECT: UTILITY SHUTDOWN PROCEDURES

1. **SUMMARY:** Health Care System Memorandum No. 138-10-14, dated November 10, 2010, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish policy, procedures, and responsibilities for planned utility system interruptions or temporary shutdown of any utility throughout this Health Care System. These shutdowns are established to minimize disruption and impact on patient care, yet perform necessary utility work.

3. **POLICY:** It is the policy of this Health Care System to protect the health and safety of our patients, employees, and visitors. It is also policy to temporarily shutdown utility systems in order to perform necessary preventative maintenance, repairs, and project-initiated improvements. This policy establishes procedures to notify VA Palo Alto Health Care System (VAPAHCS) staff, patients, and visitors affected by these scheduled temporary utility shutdowns with sufficient notice so coordination efforts can be made to patient care activities.

4. **DEFINITIONS:**

a. **Minor Interruption or Shutdown:** Expected to last no more than four hours and affect no more than one utility service.

b. **Major Interruption or Shutdown:** Expected to last more than four hours and/or affects more than one utility service.

c. **Emergency Interruptions or Shutdowns:** Interruptions or shutdowns necessary to minimize further utility loss or failure, utility system and/or equipment damage, or a safety hazard. Advance notification may not be possible during emergency shutdowns.

d. **Utility System Loss:** Loss of utility service from an adverse event. This usually includes loss of service from utility companies or equipment failure over which VAPAHCS has no control.

e. **Utilities Systems:** Includes, but is not limited to, systems such as electrical power; steam distribution; potable/domestic water; sanitary sewer; natural gas; medical

July 22, 2013

gases; heating, air conditioning, and ventilation (HVAC); vertical transportations (elevators); and fire alarms/fire sprinklers.

5. PROCEDURES:

a. Utility Shutdown Forms: Requests for utility shutdowns will be submitted by the coordinating official, in writing, at least two weeks prior to the planned requested date. All affected Services will be notified in writing via the Utility Shutdown Form (Attachment A). It will be hand-carried by personnel coordinating the shutdown to the offices of affected Services for concurrence signatures. All Utility Shutdown Forms will be concurred by affected Services at least five working days prior to the planned interruption or shutdown.

b. Required Information: Utility Shutdown Forms will identify all pertinent information about the shutdown and indicate the necessary individuals for notification and concurrence. This includes, but is not limited to:

(1) Day of week (all caps), date, and time of temporary utility shutdown;

(2) Utility affected;

(3) Building(s) affected;

(4) Description of the shutdown, including why the shutdown is necessary, what impact it will have on VAPAHCS patient care and staff, and who to contact within Engineering Service;

(5) Description of the Office of Information & Technology (OI&T) systems which will be affected and who to contact within OI&T Service; and

(6) For Major Construction or Project Development shutdowns, a contact person from these sections will be included.

c. Required Concurrence: All Utility Shutdown Forms must receive concurrence from the following Services:

(1) Engineering Service Foreman overseeing the shutdown;

(2) Project Development Contracting Officer's Representative (if applicable);

(3) Major Construction Coordinator and Resident Engineer's Office (if applicable);

(4) Director's Office (Deputy Director, Chief of Staff, Nurse Executive, and the Director);

- (5) Police Service;
- (6) Safety Officer;
- (7) Administrative Officer of the Day;
- (8) Boiler Plant;
- (9) Technical Reviewer, Engineering Service;
- (10) Facilities Manager, Engineering Service;
- (11) Associate Chief, Engineering Service; and
- (12) Chief, Engineering Service.

d. Communications: Once the Utility Shutdown Form has been concurred by all affected Services, copies of the signed Utility Shutdown Forms will be placed on the Utility Shutdown Calendar on the Engineering SharePoint site.

e. Emergency Shutdowns: All personnel responding to emergency situations requiring utility system service interruption or shutdown will take appropriate action as necessary to minimize disruption to patient care. Before an emergency shutdown, occupants of affected areas and applicable Service Chiefs will be notified as soon as possible or practical under the circumstances. Documentation of any emergency shutdowns will be initiated utilizing the Incident Report in VistA as soon as the information becomes available. This will include any subsequent information and the final solution of the emergency situation. All emergency shutdown incidents will be reported to the Environment of Care Committee (EOCC).

f. Restoration of Utility Service: Upon completion of a utility shutdown, Engineering Service will coordinate efforts to:

(1) Verify it is safe to restore the utility service and that all systems and/or equipment in the affected area are working properly. This includes, but is not limited to, checking reset buttons, pilot lights, breakers, flushometers, etc.

(2) Notify affected areas and Service Chiefs that service has been restored and the shutdown is complete.

6. RESPONSIBILITIES:

a. The Chief, Engineering Service, is responsible for ensuring if utilities systems must be interrupted, the temporary shutdown does not seriously impact patient care and all precautions have been made to accommodate alternate utility services. This includes coordinating, planning, scheduling, and providing the necessary tools, equipment, materials, and manpower necessary to accomplish the utility shutdown work. He/she is also responsible for ensuring the Utility Shutdown Form is completed

and receives concurrence in a timely manner. He/she is also responsible for ensuring all utility shutdowns and interruptions are documented and reported in the quarterly Utility Management report to EOCC.

b. The Chief, OI&T, or designee, is responsible for ensuring OI&T systems are minimally interrupted and proper notification to affected area is provided on the Utility Shutdown form.

c. The Resident Engineers Office shall coordinate all utility shutdowns with Engineering Service and Major Construction Section at VAPAHCS.

d. The Chief, Office of Facility Planning and Development, is responsible for advanced planning and coordination of all major construction utility shutdowns and all facility directed construction utility shutdowns. They shall provide appropriate personnel to be available during the shutdowns.

e. Service Chiefs, or designees, are responsible for ensuring all affected staff in their Service are aware and fully understand the impact of the shutdown and will take necessary action(s) to fully coordinate and minimize impact to the Health Care System.

7. REFERENCES:

a. Health Care System Memorandum, "Utilities Management Program."

b. Health Care System Memorandum, "Engineering Work Requests."

c. "Environment of Care Guidebook," VHA Center for Engineering & Occupational Safety and Health (CEOSH).

8. RESCISSION DATE: July 31, 2016.

9. RESPONSIBLE OFFICIAL: Chief, Engineering Service.

Elizabeth Joyce Freeman
Director

Attachment

PAD UTILITY SHUTDOWN

Supervisor in charge:		Cell phone:
------------------------------	--	--------------------

To assure ample, dependable utility service to your area, we plan to make improvements to our facilities on:				
Date(s):		Est. Shutdown Time:		Hours:
Utility		Contingency Time:		Hours:
System:		Total Shutdown Time:		Hours:
Building(s) Affected:			ILSM (if necessary):	
Facility Impact:				
OI&T Impact:				
	OI&T contact:		Phone number:	
Description:				
For questions, contact:		At extension:		At cell:

I fully understand the impact of this shutdown and will take the necessary action(s) to **fully** coordinate and minimize impact to my service/section.



Deputy Director (001)

none



Chief of Staff (11)

none



Safety Officer (SAFE)

none



Police Service (07)

.none



Administrative Officer on Duty

.none



none

.none



none

none

Note: ☒ Indicates that a signature is required.

PAD UTILITY SHUTDOWN

Supervisor in charge:		Cell phone:
------------------------------	--	--------------------

To assure ample, dependable utility service to your area, we plan to make improvements to our facilities on:					
Date(s):		Est. Shutdown Time:		Hours:	
Utility		Contingency Time:		Hours:	
System:		Total Shutdown Time:		Hours:	
Building(s) Affected:				ILSM (if necessary):	
Facility Impact:					
OI&T Impact:					
	OI&T contact:			Phone number:	
Description:					
For questions, contact:			At extension:		At cell:

I fully understand the impact of this shutdown and will take the necessary action(s) to **fully** coordinate and minimize impact to my service/section.

☒ ☐

Boiler Plant

☒ ☐

Technical Review (138C5)

☒ ☐

Chief, Maintenance and Repair (138C)

☒ ☐

Facility Manager (138)

☒ ☐

Associate Chief, Engineering Service (138)

☒ ☐

Chief, Engineering Service (138)

☐ ☐

Note: ☒ Indicates that a signature is required.

PAD UTILITY SHUTDOWN

Supervisor in charge:		Cell phone:	
To assure ample, dependable utility service to your area, we plan to make improvements to our facilities on:			
Date(s):	Est. Shutdown Time:	Hours:	
Utility:	Contingency Time:	Hours:	
System:	Total Shutdown Time:	Hours:	
Building(s) Affected:	ILSM (if necessary):		

I fully understand the impact of this shutdown and will take the necessary action(s) to **fully** coordinate and minimize impact to my service/section.

<input type="checkbox"/>	<input type="checkbox"/>
none	none
<input type="checkbox"/>	<input type="checkbox"/>
none	none
<input type="checkbox"/>	<input type="checkbox"/>
none	none
<input type="checkbox"/>	<input type="checkbox"/>
none	.none
<input type="checkbox"/>	<input type="checkbox"/>
none	.none
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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none	none
<input type="checkbox"/>	<input type="checkbox"/>
none	none
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none	.none
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
none	.none

Note: ☒ Indicates that a signature is required.

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: June 25, 1999

Issue Date: July 31, 2013

HEALTH CARE SYSTEM MEMORANDUM No. 138-13-24

SUBJECT: KEY CONTROL AND DISTRIBUTION

1. **SUMMARY:** This memorandum describes the procedures for managing the key and lock system at the VA Palo Alto Health Care System (VAPAHCS). Health Care System Memorandum No. 138-10-24, dated November 1, 2010, is hereby rescinded. Minor changes have been made.

2. **PURPOSE:** To establish policy and procedures for key control, management of keys, and accountability of keys issued at VAPAHCS. This policy also covers procedures for changing locks, as necessary.

3. **POLICY:**

a. Strict control will be maintained over the distribution of all keys. Keys will only be issued to employees as requested by the service chief or designee responsible for the space and will be restricted to keys needed to perform their assigned duties. Under no circumstances will keys be duplicated by persons other than those authorized by the Chief of Engineering Service.

b. Key control responsibility pertains to room and passage way doors, gates, barriers, or other places securing property of VAPAHCS.

c. VAPAHCS will produce no more than six Grand Master (GM) keys. These six keys will be issued to the Director, Deputy Director, Associate Director, Chief of Staff, Chief of Police Service, and Chief of Engineering Service.

4. **PROCEDURES:**

a. Key Control and Program Oversight:

(1) Engineering Service will maintain records detailing employees and their assigned keys, room numbers assigned to each service, and the associated core installed.

(2) Engineering will determine areas of the medical center that fall into the category of 'common space' in regards to decisions for all key and lock changes.

(3) All uncut key blanks will be kept in a safe and new blanks will be ordered from Best Access Systems when necessary. All key blanks ordered will be recorded and tracked as they are used.

(4) Requests for core changes shall be submitted by Service Chiefs or Administrative Officers (AO) via email to the Engineering Service Key/Lock Administrator. All requests will be reviewed for accuracy and feasibility. Acquiring new space within VAPAHCS requires the concurrence and approval of the Space Committee. Engineering Service will not process core changes for additional space without such approval. All requests for core changes will include the following information:

- (a) List of rooms vacating and/or those moving to; and
- (b) The requested core for each room.

b. Key Requests:

(1) Requests will be submitted using the VAPAHCS Engineering SharePoint sight under Operations, key request portal or by using the Key Request Form (Attachment A). A complete request form will include the necessary information about the employee, key(s) needed or which rooms/areas are needed, and must be signed by the Service Chief or appointed official. If a key is needed to a space belonging to another service, the chief of that service must sign a concurrence included on the Key Request Form. The requesting service will be notified when the key is ready for pick-up. Keys will be available for pick-up in five business days of the request being processed.

(2) Each requested key will be assigned an individual identification number by the Key Administrator. Orders for keys will be sent to the Palo Alto Carpenter Shop through the Engineering Work Order System. The Palo Alto Division Carpenter Shop will mark and cut each key as ordered and return them to Engineering Service Administration, Building 6, for distribution.

c. Key Sign Out:

(1) Each employee receiving a key will be required to sign an electronic receipt acknowledging possession and responsibility for each key. Upon request, a copy of this receipt will be provided to the employee.

(2) Service Chiefs may request keys to be used on a rotating basis within their service. In this case, each key used for rotating basis will be signed out to, and is the responsibility of, the Service Chief or AO. Records of how the keys are distributed within the service must be kept by the Service Chief or designee in order to transfer responsibility to an individual employee should a key be lost.

d. Key Turn In:

(1) When an employee transfers between services, or is terminated from employment, all issued keys shall be returned to the Engineering Service Key

Administrator, Building 6. Upon return, all signed responsibility for keys will be absolved. Upon request, a copy of the employee's key sign out form will be given as receipt to document the return.

(2) All returned keys will be immediately destroyed and all corresponding physical records will be destroyed. All electronic records of key assignments will be maintained for at least three years after a key is returned.

e. Lost or Stolen Keys:

(1) The theft or loss of any key shall be reported immediately to the Police Service, and then to the Service Chief, who will report the incident to Engineering Service.

(a) The individual to whom the stolen/lost key was issued to must prepare a signed written memorandum addressed to his/her Service Chief reporting the circumstances of the theft.

(b) The Service Chief will submit a memorandum to the Chief of Engineering Service indicating:

1. A full description of the circumstances of the theft/loss and any relative comments.

2. The Service Chief, working with Engineering Service, will determine if re-keying of any spaces will be necessary due to the lost key. The responsible Service Chief will provide funding for the rekeying of all affected areas due to negligence.

(2) If an employee is found responsible for the loss of a key, Engineering Service will submit an OF 114, Bill for Collection form, electronically in Veterans Information System Technology Architecture (VistA). A \$25.00 fine will be assigned for each lost key. Once the form is sent to Fiscal Service, a request for a replacement key can be made. Proof of payment must be submitted along with the signed request for a replacement key.

(3) Employees who lose possession of their keys will immediately report the loss to their Service Chief and the Engineering Service Key Administrator. The employee will proceed to the Agent Cashier's office to pay the \$25.00 fine assigned for each key. A replacement key can be requested by the employee's Service Chief if deemed necessary. To process the replacement key request, a copy of the receipt confirming payment to the Agent Cashier must be attached to the new key request form.

f. Keys for Contractors and Consultants: Engineering Service will manage a separate set of locks and keys to be used by contractors. Project Managers, Contracting Officer Representatives (COR), or Service Chiefs must submit a list to the Engineering Key Administrator of all contractors or consultants (including contractor / consultants name, contact information, space, purpose and duration of access). Contractors and consultant names will be maintained on an access list maintained by

the Key Administrator. Contractors will be required to sign out any keys needed through the Engineering Service Key Administrator or boiler plants (Palo Alto Division (PAD) building 40, Menlo Park Division (MPD) Building 114, and Livermore Division (LVM) Building 6). Contractors will not be allowed to take permanent possession of keys unless authorized by the Chief of Operations, Engineering Service.

g. Unauthorized Keys: Unauthorized possession or reproduction of keys has been ruled a Federal petty offense and violators will be prosecuted under United States Code 38CFR1.218 and VA Regulation 219.

h. Contractors or VA employees can request to be placed on a key access list. The COR will submit the full name, purpose, space, and duration of the contract to Engineering Service Physical Security Office or Chief of Operations, Engineering Service.

5. RESPONSIBILITIES:

a. The Chief, Engineering Service, is responsible for establishing and maintaining procedures for the control and monitoring of key and lock distribution, and maintenance of all records to ensure the program is run efficiently and effectively.

b. Service Chiefs are responsible for approving requests for keys under their designated service master.

c. The Chief of Police Service is responsible for conducting periodic audits, done at least annually, to ensure that all key control measures are being properly maintained.

d. Employees receiving keys are responsible for safeguarding all keys assigned and immediately reporting all lost or stolen keys.

6. REFERENCE: Center for Engineering Occupational Safety and Health (CEOSH) Online Publications.

7. RESCISSION DATE: July 31, 2016.

8. RESPONSIBLE OFFICIAL: Chief, Engineering Service.

Elizabeth Joyce Freeman
Director

Attachment

Attachment A

**VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
EMPLOYEE KEY REQUEST AND ISSUE FORM**

NAME: _____
(LAST, FIRST MI)

REQUESTING SERVICE: _____ EXTENSION: _____

TITLE: _____ SSN #: _____

KEY NEEDED: _____ BLDG#: _____ RM#: _____

KEY NEEDED: _____ BLDG#: _____ RM#: _____

KEY NEEDED: _____ BLDG#: _____ RM#: _____

KEY NEEDED: _____ BLDG#: _____ RM#: _____

SERVICE CHIEF APPROVAL/DATE: _____

SERVICE CHIEF APPROVAL/DATE: _____

(If key requested is for another service, service chief of owned space must approve)

I will pick up my keys at: ☐ PAD ☐ LVD ☐ SJC
(Please check one of the above divisions where you will pick up your keys)

Key(s) will be available for pick-up 2 days from the receipt of this form. Please follow up with the Key Administrator to guarantee prompt pick-up of your key(s).

I understand that I am responsible for the safekeeping of the keys issued to me and that any loss/theft of the keys will be reported immediately to my service chief and the VA Palo Alto Health Care System (VAPAHCS) Police Service. I will not give or loan my keys to anyone not authorized to be in possession of VAPAHCS space keys. I also understand that possession and/or use of VAPAHCS space keys not properly issued to me is a violation of Title 38 CFR 1.218 (b) O (41), and that I am subject to a \$250.00 fine and/or 180 days in jail or both. I shall reimburse VAPAHCS for the replacement of any keys lost by me, and am liable for cost replacement of any cores if deemed necessary. I agree that if I fail to return keys issued to me or lose keys any money due can be recovered from my salary or retirement fund at a cost of \$25.00 per key.

Effective Date: September 14, 1998

Issue Date: December 6, 2012

HEALTH CARE SYSTEM MEMORANDUM No. SAFE-12-02

SUBJECT: PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-09-02, dated December 21, 2009, has been rescinded. Minor changes have been made.

2. **PURPOSE:** To establish safety guidelines that govern the issuance of personal protective equipment (PPE). In many VA Palo Alto Health Care System (VAPAHCS) workplaces, chemical, physical, biological, radiation and laser hazards can create a potential for injury. We can protect against these hazards by using appropriate personal protective equipment for the job and by following established safety guidelines.

3. **POLICY:** PPE will be used when engineering controls and management practices are not feasible or not yet installed. VAPAHCS will provide each employee with all (PPE) that will protect the employee from identified hazards associated with specific assigned tasks.

4. **PROCEDURES:**

a. PPE for eyes, face, head and extremities, protective clothing and respiratory devices shall be provided, used and maintained in a sanitary and reliable condition. PPE will be used when hazards of process or environment, chemical hazards, radiological hazards or mechanical irritants are encountered in a manner capable of causing injury or impairment of any part of the body through absorption, inhalation or physical contact. The specific details of respiratory protection are covered by HCSM No. SAFE-11-14.

b. Service chiefs will ensure that a hazard assessment, PPE selection, and training are accomplished in each work area under his/her area of responsibility. The Hazard Assessment and PPE Selection Survey Form (available through the Facility Industrial Hygienist (FIH) in the PPE Guide) shall be utilized for the purpose of documentation and certification of this process. This process shall be performed through a written certification that identifies:

- (1) The person certifying that the assessment has been performed;
- (2) The date(s) of the hazard assessment;
- (3) The area performed in; and

December 6, 2012

(4) The document as a certification of hazard assessment.

c. Hazard assessments shall be completed on each assigned task within a service.

d. The procedures set forth in HCSM No. QM-12-86, "Standard Precautions, Isolation Procedures, and Hand Hygiene," shall be followed in determining additional requirements, and PPE that may be needed under the Infection Control Program.

e. Procurement and Replacement of PPE:

(1) Employees will replace protective safety equipment that becomes worn out or outdated at the expense of the Health Care System (HCS) upon proper notification to the Supervisor.

(2) In the event that a HCS-furnished piece of PPE is willfully or negligently damaged, lost, or not properly cared for, the employee to whom the equipment was issued may be held responsible for its replacement.

f. Disposition of PPE upon Termination:

(1) Articles such as hard hats, goggles, hearing protectors, respirators, gloves, etc., will remain the property of the HCS.

(2) Personal items such as safety shoes, prescription eye glasses, items that are not easily interchangeable, and expendable items will become the property of the individual.

g. Supervisors of employees utilizing safety PPE shall maintain control records of all expendable and non-expendable equipment.

h. Hazard Assessment. These guidelines outline general compliance for identifying, organizing and analyzing sources of hazards and selection criteria for PPE. They may not be inclusive, and are not intended to diminish the responsibility of the service chief to comply with the requirements of this program.

(1) The object of the Certified Hazard Assessment is to specify PPE needs of each employee. It will ensure that supervisors make themselves aware of both present and likely hazards in their areas of responsibility. After analyzing these hazards and determining that guards, engineering controls and management practices are not feasible to protect employees, supervisors must select and have each affected employee use the types of PPE appropriate for identified workplace exposure.

(2) A walk-through survey by the service chief, foreman, or supervisor should include observations on the likelihood of injury or illness which may occur from the following:

(a) Sources of motion such as machinery or processes where an injury could result from movement of tools, machine elements or particles, or movement of personnel that could result in collisions, blows, or tripping around stationary objects.

(b) Sources of extreme temperatures (high or low) that could result in burns, eye injury, or ignition of protective equipment.

(c) Types of chemical exposures such as splash, vapor, spray, or immersion that could cause chronic illness or physical injury.

(d) Sources of harmful dust that can accumulate or become airborne and cause a physical hazard to the eyes or a respiratory hazard.

(e) Sources of light radiation, such as welding, brazing, cutting, furnaces, heat treating, lasers, or high intensity lights.

(f) Sources of falling objects or potential for dropping objects that could pose a compression or projectile hazard to head, face, hands or feet.

(g) Sources of sharp objects, which might pierce the body, feet or cut the hands.

(h) Sources of rolling or pinching objects, which could crush the feet or hands.

(i) Layouts of workplace and location of co-workers.

(j) Any electrical hazards.

(k) Sources of radiation exposure that may be encountered in the Radiological Department or from portable sources.

(l) Sources of exposure from chemotherapy drugs or other therapeutic chemicals that may expose employees to harmful exposure.

(m) Sources of exposure from blood borne pathogens.

(n) Sources of exposure from hazardous waste.

(o) Sources of inclement weather, or areas such as walk-in refrigerators.

(p) Sources of exposure from noise.

(q) Animal exposures that may include traumatic injury, biologic exposure (e.g., rabies), or toxic exposure (e.g., snakes).

i. PPE

(1) Eye and Face Protection:

(a) Appropriate eye wear or face shields are required when an employee is exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, potentially injurious radiation, and blood or body fluids.

(b) Side shields are required, but detachable side shields are permitted. Those wearing prescription glasses must be provided either eye protection worn over the prescription lenses without disturbing their positioning, or they must wear prescription safety glasses with side shields.

(c) The filter lens shade must be specified when prescribing eye protection for welding, cutting or brazing.

(d) Equipment purchased after July 5, 1994, must comply with the American National Standards Institute (ANSI) standard Z87.1-edition in effect at time of purchase.

(2) Head Protection:

(a) Helmets are required in areas where there is a potential for injury from falling objects, and when near exposed electrical conductors which could contact the head.

(b) A Class A hard hat may be selected when there may be contact with conductors up to 2,200 volts. Class B hard hats must be selected when there may be contact with high voltage conductors (up to 20,000 volts). Class C hard hats provide impact and penetration resistance, but they are often made of aluminum and are prohibited where there may be electrical hazards.

(c) Equipment purchased after July 5, 1994, must comply with ANSI standard Z89.1-edition in effect at time of purchase.

(3) Foot Protection:

(a) Safety shoes or boots are required for employees working where there is a danger of foot injuries due to falling and rolling objects or objects piercing the sole and where the feet are exposed to electrical hazards. Some situations may require metatarsal protection (stiff shields for the top part of the foot).

(b) Safety shoes or boots with impact protection should be required when employees carry or handle materials such as packages, objects, parts or heavy tools that could be dropped; and for other activities where objects may fall onto

December 6, 2012

the feet. Safety shoes or boots with compression protection would be required for work activities involving wheeled carts that carry heavy materials or when handling heavy bulk rolls (paper, fabric, carpet, etc.), around heavy pipes, or similar situations where a heavy object may roll over a person's foot.

(c) Safety shoes or boots with puncture protection would be required where an employee could step on sharp objects such as nails, wire, tacks, screws, large staples, or scrap metal.

(d) Special insulating or conductive shoes may be necessary for certain types of electrical work.

(e) Equipment purchased after July 5, 1994, must comply with the ANSI Standard Z41-edition in effect at time of purchase.

(4) Hand Protection:

(a) Appropriate gloves must be selected when employees are exposed to skin absorption of harmful substances, chemical burns, thermal burns, harmful temperature extremes, severe cuts or lacerations, severe abrasions, punctures, and blood or body fluids.

(b) No gloves provide protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn and whether it can be reused. The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

(c) Review the Material Safety Data Sheet or glove permeation rate data found in a vendor's catalog to specify the type of protective glove for chemical exposure. If a specific chemical or chemicals cannot be found in a vendor's catalog, contact the glove vendor or chemical manufacturer for recommendation. Complete a report of contact for documentation and forward copy to the Safety and Emergency Management Service (SAFE).

(5) Hearing Protection: Please see the HCMS No. SAFE-12-17, "Hearing Conservation Program", for requirements.

(6) Respiratory Protection: Please see the HCSM No. SAFE-11-14, "Respiratory Protection Program," for requirements.

(7) Bloodborne Pathogens: Please see the Infection Control Manual for program PPE requirements.

(8) Protective Clothing: Protective clothing intended for the protection of employees from inclement weather or working in areas such as walk-in refrigerators, shall meet the requirements essential for the protection of the employee while engaged in the assigned task.

(a) Chemotherapy Drugs: Please see the HCSM No. 11-08-08 "Parenteral Chemotherapy and Biotherapy: Prescribing, Preparation, Administration, Handling, and Disposal", for requirements.

(b) Radiation Exposure: Please see the Stanford/VA Palo Alto Health Care System Radiation Safety Manual, for program requirements.

(9) Chemical Protective Clothing (CPC): The need and use of CPC will be evaluated by the FIH or the Safety Program Manager before purchasing, in accordance with National Institute for Occupational Safety and Health (NIOSH).

j. Cleaning and Maintenance:

(1) It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision.

(2) All PPE should be inspected, cleaned, and maintained at regular intervals so that the PPE provides the required protection.

(3) It is important to ensure that contaminated PPE, which cannot be decontaminated, is disposed of in a manner that protects employees from exposure to hazards.

k. Training.

(1) Each employee that is required to wear PPE will be trained by the supervisor so that each employee knows and can demonstrate an understanding of the following:

- (a) When PPE is necessary and what PPE must be worn.
- (b) The limitations of the issued PPE.
- (c) How to put on, adjust, wear, and remove PPE properly.
- (d) How to inspect PPE so that defective or damaged PPE is removed from service.
- (e) Proper storage of the PPE.

(2) The supervisor conducting the training shall verify that each employee has received and understood the required training through a written certification that contains the name of each employee trained, the date(s) of training, and that identifies the subject of the certification.

(3) Circumstances where re-training is required include, but are not limited to situations where:

(a) Changes in the workplace render previous training obsolete.

(b) Changes in the types of PPE.

(c) Inadequacies in an employee's knowledge or use of assigned PPE indicate that the employee must be retrained.

(4) All HCS safety training on PPE requirements will be documented on the Education Training Tracking System (ETTS), available through Veterans Health Information Systems and Technology Architecture (VISTA). This documentation will be utilized to comply with regulatory requirements and as an agenda item for the Safety Advisory Committee.

5. RESPONSIBILITIES:

a. Service Chiefs are responsible for:

(1) Ensuring that personnel in their area of responsibility are not exposed to potential occupational safety and health hazards, by procuring only PPE, which is recommended for the intended use and meets the regulatory requirements for that protection;

(2) Conducting a Hazard Assessment and PPE Selection Survey (available through the FIH in the PPE Guide) for every position under his/her supervision to determine that each employee is receiving the proper PPE and in-service training in the use and care of that equipment. All requests for PPE will be submitted for approval to the Facility Safety Officer (FSO), FIH or the subject matter expert in Safety or Engineering Service before ordering;

b. The Chief, Logistics, is responsible for ensuring no PPE items are ordered without the "Safety Office Approval" appearing in the Special Remarks section of the Integrated Funds Distribution Control Point Activity Accounting and Procurement (IFCAP) request.

c. Supervisors are responsible for:

(1) Determining the PPE needs, requirements and training for each employee under his/her supervision and for working with the service chief in obtaining the proper items through the normal purchasing procedures;

- (2) Enforcing all safety and health procedures;
- (3) Ensuring that employees under his/her supervision wear all the protective items that have been provided when accomplishing assigned tasks; and
- (4) Ensuring all PPE is properly maintained and kept in proper working condition.

d. Employees:

(1) The employee is required to properly wear or use the PPE issued by the Supervisor. Non-compliance in the proper use and care of this equipment will subject the employee to disciplinary action.

(2) All PPE issued to employees shall be worn or used as a condition of employment. Employees not in possession of this provided equipment upon reporting to work will take annual leave until they are properly utilizing the required item(s).

(3) Each employee will properly clean, maintain and store all safety PPE issued.

(4) Each employee is responsible for attending all required formal and in-service training classes for which they are scheduled.

e. The FSO is responsible for reviewing and approving/disapproving each Hazard Assessment and PPE Selection Survey form submitted to the Safety Office by individual services.

f. The FSO and FIH are responsible for reviewing all submitted purchase requests for PPE ordered by the HCS to ensure that:

- (1) The hazards of concern cannot be eliminated; and
- (2) That such equipment meets the regulatory requirements for the exposure and for the equipment requested. This action will be accomplished within six (6) working days.

g. The FSO or FIH, upon request, will provide consultation services on eliminating hazard exposures, on PPE needs and on regulatory requirements for the supervisor. The FSO or FIH will also provide review services on request for concurrence of need before the service implements the purchase request.

h. At the written request of the service chief involved, the FSO or FIH will supply the needed expertise in specific areas to enable supervisors to set up an effective presentation for in-service safety training on PPE.

6. REFERENCES:

- a. 29 CFR1910.132-138 General Industry Standards.
- b. Personal Protective Equipment (PPE) Guidebook, 1995, Department of Veterans Affairs.
- c. The American National Standards Institute (ANSI) standards:
 - (1) Eye and Face Protection: ANSI Z87.1-1989;
 - (2) Head protection: ANSI Z89.1-1986; and
 - (3) Foot Protection: ANSI Z41.1-1991.

7. RESCISSION DATE: December 31, 2015.

8. RESPONSIBLE OFFICIAL: Chief, Safety and Emergency Management Service.

Elizabeth Joyce Freeman
Director

Attachment (1)

Attachment A

Certification of PPE Training

Employee Name: _____ Job Title: _____

SSN: _____ Service: _____

By signing below, I certify that I have received training specific for PPE required to complete my assigned tasks/procedures, demonstrated proficiency in the use and maintenance of such PPE, and training received included each item listed below.

When PPE is necessary;
What PPE must be worn;
How to put on, adjust, wear, and remove PPE properly.
The limitations of the issued PPE.
The proper care, maintenance, useful life, and disposal of the PPE.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: September 17, 1998

Issue Date: December 4, 2012

HEALTH CARE SYSTEM MEMORANDUM No. SAFE-12-04

SUBJECT: LIFE SAFETY MANAGEMENT PROGRAM

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-09-04, dated December 26, 2006, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish a Life Safety Management Program in accordance with recommendations and standards developed by the National Fire Protection Association (NFPA) and The Joint Commission (TJC).

3. **POLICY:** It is the policy of the VA Palo Alto Health Care System (VAPAHCS) to maintain an effective Life Safety Management Program.

4. **PROCEDURES:**

a. The Facility Safety Officer shall:

(1) Develop an effective fire emergency plan. This shall include conducting fire drills in accordance with TJC requirements.

(2) Manage a program of maintenance, testing, and inspection of all portable fire extinguishers.

(3) Provide a quarterly report and annual evaluation of the Life Safety Management Program to the Environment of Care Committee for review.

(4) Review projects for compliance with Fire and Safety codes and in conjunction with the Construction Safety Committee, determine need for, and adequacy of Interim Life Safety Measures (ILSMs).

(5) Review all areas/activities where the Life Safety features of a building are compromised and determine/implement ILSMs as required.

b. The Chief, Engineering Service, shall ensure the following:

(1) All interior design materials and furnishings purchased for the health care system conform to current safety, flammability, and durability standards contained in the Life Safety Code.

(2) All buildings that house patients overnight, or in which patients receive treatment, are maintained to be in compliance with the current edition of the Life Safety Code and/or documented equivalent measures for compliance.

(3) The statement of conditions is reviewed whenever there are program changes, remodels, or renovations, or when construction projects impact Life Safety Features, and is updated as needed. This responsibility shall be shared with the Safety Officer. A Monthly report is provided on the status of the Plan for Improvement (PFI) items to the Environment of Care Committee for review.

(4) New construction meets the standards for Americans with Disabilities Act (ADA), ABA (Architectural Barriers Act), or handicap access per VA criteria.

(5) Construction specifications address continuation or relocation of exits and access routes, construction area restrictions, cleanliness, and fire-safety maintenance, including ILSMs. An ILSM review will be documented for every project. Copies of the evaluations will be maintained in the project file in the Safety and Emergency Management Service (SAFE).

(6) The buildings are upgraded/modified to meet the changing characteristics of the patients served.

(7) All grounds maintenance is accomplished in a safe manner.

(8) Safe building access and clear egress routes to the street or area of refuge.

(9) Records that document the location of all smoke detectors, heat detectors, flow switches, the critical fire alarm system components, and smoke/fire partitions are maintained.

(10) An inspection, testing and maintenance (ITM) program, which tests the fire alarm circuits, includes periodic maintenance and documentation thereof for all components; is implemented. The program shall comply with recommendations from applicable sections of the NFPA codes.

(11) The fire alarms are automatically transmitted to the responsible local fire department directly or through a central alarm company.

(12) A program that ensures access to emergency care areas will specify conditions for safe access and proper signage.

c. The Chief, Police Service, shall assure response to all fire alarms and trouble alarms includes investigating the source of alarm and meeting arriving fire departments. Reports of trouble alarms will be investigated with follow-up actions forwarded to the Chief, Engineering Service, by telephone call, and with a follow-up email message to the Chief, Engineering Service, and Facility Safety Officer.

d. The Chief, Environmental Management Service, shall ensure all trash containers purchased for the health care system conform to current safety, flammability, and durability standards contained in the Life Safety Code.

5. RESPONSIBILITIES:

a. The Facility Safety Officer is responsible for overall program management. This includes follow-up with responsible services having delegated action, and responding to requests from responsible services on the maintenance of TJC and NFPA recommended documentation.

b. Chief, Engineering Service, is responsible for assuring proper documentation of program management, policies and standard operating procedures, and for following the procedures established in this policy.

c. The Chief, Police Service, shall assure response to all fire alarms and trouble alarms, which includes investigating the source of alarms and meeting arriving fire departments. Information about trouble conditions on fire alarm systems received by Police will be forwarded to the Engineering Service for action.

6. REFERENCES:

- a. Comprehensive Accreditation Manual for Hospitals, TJC.
- b. NFPA Code 101, Life Safety Code, National Fire Protection Association.
- c. HCSM No. SAFE-10-26, Fire Safety Plan.
- d. HCSM No. SAFE-12-23, Interim Life Measures.

7. RESCISSION DATE: December 31, 2015.

8. RESPONSIBLE OFFICIAL: Facility Safety Officer.

Elizabeth Joyce Freeman
Director

VA PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94304-1290

Effective Date: February 21, 2007

Issue Date: March 2, 2015

HEALTH CARE SYSTEM MEMORANDUM No. SAFE-15-06

SUBJECT: HOT WORK PROGRAM

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-12-06, dated October 26, 2012, is rescinded. Minor changes have been made.

2. **PURPOSE:** To establish policy and procedures for cutting and welding and other hot work operations in nondesignated areas.

3. **POLICY:** All supervisors, employees, and contractors will take proper precautions when any cutting, welding, or other hot work is to be accomplished and assure all work is done in a safe manner with limited risk to patients, staff and visitors.

4. **DEFINITIONS:**

a. **Hot Work:** Hot work activities include welding, flame cutting, open-flame brazing or soldering, grinding, thermal spraying and/or other similar activities that generate sparks/heat that can provide an ignition source. The use of a portable engine for temporary power is also considered a hot work operation. The use of Sterno or other similar products for heating food is also included as a Hot Work activity.

b. **Fire Watch:** An individual responsible for keeping an eye on the work area during the hot work process. The Fire Watch shall not be the same person actively performing the hot work.

5. **PROCEDURES:** Procedures and controls are established to control all cutting and welding operations conducted in areas not specifically designated for this type of operation. Permits will be authorized and issued by the Safety and Emergency Management Service in written form. Permits are not necessary when hot work is performed in Engineering shops designated for routine use of cutting and welding equipment.

a. When a hot work operation is necessary, SAFE will be contacted by the Contracting Officer's Representative (COR) or government employee. For significant

March 2, 2015

projects, the COR should coordinate hot work requirements beforehand to preclude delay in contractor work.

- b. A hot work permit will be valid for a maximum time of 24 hours.
- c. When a permit is issued, Section A of the permit (Attachment A) will initially be completed by SAFE.
- d. Section B of the permit will be completed by the contractor or government employee requesting the permit and the permit will be maintained at the job site.
- e. Section C of the permit will be completed by the supervisor or fire watch after the 30-minute inspection of the area has been completed.
- f. When the operation is completed, and Section C of the permit is signed, it will then be forwarded to SAFE, where it will be maintained as a permanent record for a period of one year.
- g. A fire watch is required for all hot work unless specified differently on the permit. A fire watch is normally required in locations meeting the following conditions:
 - (1) Appreciable combustible material, in building construction or contents, closer than 35 feet (10.7 m) to the point of operation.
 - (2) Appreciable combustibles are more than 35 feet (10.7 m) away, but are easily ignited by sparks.
 - (3) Wall or floor openings within a 35-foot (10.7 m) radius expose combustible material in adjacent areas including concealed spaces in walls or floors.
 - (4) Combustible materials are adjacent to the opposite side of metal partitions, walls, ceilings, or roofs and are likely to be ignited by conduction or radiation.
- h. The fire watch shall have fire extinguishing equipment readily available and be trained in its use. They shall be familiar with facilities for sounding an alarm in the event of a fire. They shall watch for fires in all exposed areas, try to extinguish them or otherwise sound the alarm. A fire watch shall be maintained for at least 30 MINUTES after completion of welding.

6. RESPONSIBILITIES:

- a. The Chief, Engineering Service, and the Chief, Office of Planning and Development are responsible for ensuring hot work permits are completed prior to hot work being conducted by contractors and staff under their purview.

March 2, 2015

b. The Facility Safety Officer, or authorized SAFE staff, will authorize and issue hot work permits when required and after assuring proper procedures have been put in place.

c. The Resident Engineer, or authorized staff, will authorize and issue hot work permits when required and after assuring proper procedures have been put in place for "major " projects.

d. The COR/Person requesting the permit is responsible to ensure that all required safety precautions as prescribed on the Hot Work Permit are complied with throughout the task.

7. REFERENCES:

a. National Fire Protection Association (NFPA) 51B, Standard for Fire Prevention During Welding, Cutting and Other Hot Work, 2014 Edition.

b. Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) 1910.119(k).

8. RESCISSION DATE: March 31, 2018.

9. RESPONSIBLE OFFICIAL: Chief, Safety and Emergency Management.

Elizabeth Joyce Freeman
Director

Attachment (1)

ATTACHMENT A

**VA Palo Alto Health Care System
HOT WORK PERMIT**

A. Safety & Emergency Management Service Completes

Date: _____

Requester (Section or Company Name): _____

Building/Department/Floor: _____

COTR/Permit Requestor: _____

Description of work: _____

Special Precautions (other than these listed): _____

Permit expires on: _____

Authorized by: _____

Date/Time Issued: _____

ATTENTION

Before any cutting and welding, ensure that the contractor/employee has inspected the work area and the COTR or permit requestor has confirmed that precautions have been taken to prevent fire. The location where this work is to be done has been examined and necessary precautions have been taken as identified on this permit. (See other side).

B. CONTRACTOR/PERMIT REQUESTOR COMPLETES:

PRIOR TO INITIAL START UP

This certifies the actions have been taken as indicated on this permit and the COTR/permit requestor has reviewed the work area.

Signature

Date

ATTACHMENT A (cont.)

**VA Palo Alto Health Care System
HOT WORK PERMIT (cont.)**

PRECAUTIONS

- _____ Sprinklers in service (Required for hot work).
- _____ Cutting and welding equipment in good repair.

WITHIN 35 FT. OF WORK

- _____ Floors swept clean of combustibles.
- _____ Combustible floors wetted down, covered with damp sand, metal or other shields.
- _____ No combustible material or flammable liquids present.
- _____ Combustibles and flammable liquids protected with covers, guards or metal shields.
- _____ All wall and floor openings covered.
- _____ Covers suspended beneath work to collect sparks.

WORK ON WALL OR CEILINGS

- _____ Construction noncombustible and without combustible covering.
- _____ Combustibles moved away from opposite side.

WORK ON ENCLOSED EQUIPMENT (Tanks, containers, drums, ducts, etc.)

- _____ Equipment cleaned of all combustibles.
- _____ Containers purged of flammable vapors with an inert gas.

FIRE WATCH

- _____ Provided during and 30 minutes after hot work operation.
- _____ Appropriate class fire extinguisher readily available.
- _____ Trained in use of equipment and in sounding fire alarm.

C. SUPERVISOR/FIRE WATCH COMPLETES:

FOLLOWING COMPLETION OF HOT WORK

Work area and all adjacent areas to which sparks and heat might be affected (including floors above and below and on opposite sides of walls) were inspected **30 MINUTES** after the work was completed and were found fire safe.

Signature
(Supervisor or Fire Watch)

Date/Time

Return this completed form to the Safety and Emergency Management Service after the final check-up is completed and the permit has been signed above

VA PALO ALTO HEALTH CARE SYSTEM MEMORANDUM
3801 Miranda Ave.
Palo Alto, CA 94304-1290

Effective Date: November 14, 2007

Issue Date: February 12, 2015

HEALTH CARE SYSTEM MEMORANDUM No. SAFE-15-23

SUBJECT: INTERIM LIFE SAFETY MEASURES

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. SAFE-12-23, dated May 15, 2013, is rescinded. Changes have been made.
2. **PURPOSE:** The purpose of this policy is to provide for VA Palo Alto Health Care System (VAPAHCS) implementation of Interim Life Safety Measures (ILSM).
3. **POLICY:** It shall be the policy of VAPAHCS to plan, implement, and maintain Interim Life Safety Measures when life safety is diminished because of significant Life Safety Code deficiencies or by hazards of construction. The planning, implementation, and maintenance of ILSM shall be continuously reviewed and documented for the duration of each project, to ensure the level of life safety is not diminished in any occupied area, and a safe environment and grounds are maintained throughout any period of construction.
4. **PROCEDURES:**
 - a. Herein out, Contracting Officer Representative refers to any Engineering Service, Office of Facility Planning and Development, or other VAPAHCS Facility representative responsible for project management, coordination, and oversight.
 - b. A condition where the Life Safety Code is compromised shall call for implementation of an ILSM, which compensates for the hazard(s) posed by the interruption of normal life safety protection systems.
 - c. Prior to the start of any construction project, or wherever significant life safety deficiencies exist, or when a Plan For Improvement (PFI) is issued, the Contracting Officer's Representative responsible for work will, with the assistance of the Facility Safety Officer, evaluate the need for ILSM. The Contracting Officer's Representative responsible for work will complete an Interim Life Safety Measures Evaluation Packet and submit it to the Facility Safety Officer and the Chief, Engineering Service for approval. The packet includes:

(1) A completed matrix to assist in determining whether an ILSM is necessary (see Attachment A, Interim Life Safety Measures Evaluation Sheet).

(2) A completed ILSM evaluation sheet. If an ILSM is implemented, the evaluation sheet must be completed daily (when work is being conducted) to evaluate the construction site for changes that require additional measures. ILSMs will not extend beyond a thirty-day period without the approval of the Safety Officer (see Attachment B, Contracting Officer's Representative Responsible for Work Interim Life Safety Measures Evaluation Sheet).

(3) Documentation/Poster. The Contracting Officer's Representative responsible for work will document the ILSM/procedures that will be incorporated as part of the project. This documentation will be signed by the Contracting Officer's Representative responsible for work, the Facility Safety Officer and the Chief, Engineering Service, and will be updated to reflect any changes in ILSM measures (see Attachment C, VA Palo Alto Health Care System Interim Life Safety Measures (ILSM)).

d. To complete the packet, all questions on Attachment A must be answered either "yes" or "no", including question number twenty-one, which indicates whether an ILSM is required. Correlate all "yes" answers with the corresponding column located at the top half of the Attachment A. The corresponding column outlines the ILSM directive required to ensure a safe environment for the duration of the construction project. When the answer to question number twenty-one is "yes", Attachments B through C must also be completed by the Contracting Officer's Representative responsible for work. The Contracting Officer's Representative responsible for work must ensure that the ILSM directives indicated in each corresponding column of Attachment A is transferred to Attachment C to be posted at the construction site. If the answers to questions 14, 15, 18, 19, 20 or 21 are "yes," then complete Attachment E, Fire Watch Decision Grid, to determine if a Fire Watch is required.

e. Once necessary ILSMs are implemented, the Contracting Officer's Representative responsible for work will inspect or have inspected the project daily and record the findings in the daily log. Any identified problems with the implemented ILSMs will be brought to the attention of the Facility Safety Officer as soon as possible.

f. All necessary documentation will be maintained in the project files to reflect compliance with this procedure. A copy of the approved ILSM will also be maintained by the Facility Safety Officer. The project will be continually evaluated for ILSM needs throughout the project as conditions change which may compromise life safety protection elements of the hospital.

5. RESPONSIBILITIES:

a. The Contracting Officer's Representative responsible for work is responsible for:

(1) Identifying and documenting situations in which ILSM and Life Safety Code deficiencies must be evaluated.

(2) Inspecting or having inspected the worksite daily while under ILSM.

(3) Determining when changes need to be made to ILSM.

b. The Facility Safety Officer is responsible for:

(1) Serving in an advisory capacity to the Contracting Officer's Representative responsible for work, as to when ILSM or Life Safety Code deficiencies need to be implemented.

(2) Training the VAPAHCS supervisory and professional staff in the implementation of the procedures of this policy.

(3) Coordinating and documenting fire evacuation training and providing additional firefighting equipment as necessary, for staff assigned to areas where an ILSM has been implemented.

(4) Conducting and documenting a minimum of two fire drills per shift per quarter in areas where an ILSM is implemented (see Attachment D, Safety Officer Interim Life Safety Measures Evaluation).

c. VAPAHCS Supervisory Staff are responsible for:

(1) Ensuring all employees assigned to their service are trained on the ILSM procedures implemented to compensate for the hazards imposed by construction, or any other condition where the Life Safety Code is compromised.

(2) Identifying staff that was not present during the ILSM training provided by the Facility Safety Officer and ensuring they are trained and made aware of any new evacuation procedures or the use of additional equipment.

(3) Ensuring that all employees assigned to their service participate in all additional fire drills to demonstrate their knowledge of ILSM evacuation procedures.

6. **REFERENCES:**

a. The Joint Commission, Environment of Care Guidebook.

b. National Fire Protection Association, Life Safety Code.

7. **RESCISSION DATE:** February 28, 2018.

8. **RESPONSIBLE OFFICIAL:** Chief, Safety and Emergency Management Service.

Elizabeth Joyce Freeman
Director

Attachments (5)

LOCATION: _____

Interim Life Safety Measures Evaluation Sheet

DATE: _____



**HCSM SAFE-15-23 Attachment A
Existing Significant Life Safety Code
Deficiencies or Conditions as a Result of
Construction**

<div><div><div><div><div><div></div><div>VA</div></div><div>Veterans Affairs</div></div><div><div><div><div></div><div></div><div></div></div><div>PAHCS</div><div>Palo Alto Health Care System</div></div></div></div></div></div>				A	B	C	D	E	F	G	H	I	J	K	L	M
HCSM <u>SAFE-15-23</u> Attachment A Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction		Yes	No	Ensuring Egress	Emergency forces access	Emergency forces notification	Ensuring operational life safety system	Temporary construction barriers	Additional fire fighting equipment	Conducting Additional training of incident response team	Temporary fire protections system or measures	Controlling combustible loading	Conducting 2 fire drills per shift in all areas	Increased hazard surveillance	Compartmentation training of personnel	Conducting organizational training on life safety
1	Patient room door latching problem								X			X		X	X	
2	Lacking a code complying smoke barrier								X	X				X	X	
3	Fire exit stairs discharge improperly					X				X	x		X		X	X
4	Excessive travel distance to an approved exit										X	X		X	X	
5	Lack of two remote exits									X		X		X	X	
6	Nonconforming building construction type								X			X	X	X		X
7	Improperly protected vertical openings											X	X	X		
8	Large penetrations in fire/smoke barriers									X		X		X		
9	Corridor walls do not extend to the structure											X		X	X	
10	Hazardous areas not properly protected											X		X		
11	Blocking off an approved exit			X		X				X		X		X	X	
12	Rerouting of traffic to emergency room				X	X										
13	Major renovation of an occupied floor			X			X	X	X			X		X	X	
14	Replacing fire alarm system (out-of-service)*					X	X			X	X	X	X	X		
15	Installing sprinkler system (out-of-service)*					X	X		X		X	X	X	X		X
16	Significantly modifying smoke or fire barrier walls							X				X		X	X	
17	Adding an addition to an existing structure			X	X	X	X	X		X						X
18	Fire alarm system out-of-service over 8hrs*					X	X			X	X					
19	Sprinkler system out-of-service over 10hrs*					X	X			X	X					
20	Disconnecting alarm devices*					X					X					
21	Removing ceiling tiles in a sprinklered zone over 10 hrs(renders sprinklers non-functional)*					X	X			X	X					
	ILSM required?															

☐ Preliminary Evaluation

Notes

* See Fire Watch Decision Grid Form Attachment E if these are marked as "yes"

Initiator: (Print) _____ EXT: _____ /SAFETY : _____ Date: _____ /Chief Engr: _____ Date: _____

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM
3801 Miranda Avenue
Palo Alto, CA 94303-1290

Effective Date: October 1, 1992

Issue Date: August 1, 2013

HEALTH CARE SYSTEM MEMORANDUM No. 138-13-11

SUBJECT: ELECTRICAL SAFETY

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-10-11, dated July 19, 2010, is rescinded. Minor changes have been made.

2. **PURPOSE:** This memorandum establishes VA Palo Alto Health Care System's (VAPAHCS) policy regarding electrical safety of equipment used in the patient care environment, workplace, and offices.

3. **POLICY:** Electrical safety involves a program of device testing, equipment restrictions, procurement, and continuous participation by all users of electrically powered devices. All electric and electronic patient care and selected non-patient care equipment purchased by, donated, leased, borrowed, or loaned to the Health Care System shall meet the applicable electrical safety specifications outlined in this memorandum and in the most recent version of National Fire Protection Association (NFPA) 99, "Health Care Facilities". All personally-owned electrical appliances are restricted without prior approval from Engineering Service.

4. **DEFINITIONS:**

a. **Patient Care Area:** Any portion of a health care facility where patients are intended to be examined or treated. Patient care areas are further subdivided into general care areas, critical care areas, and wet locations. Note: Business offices, corridors, lounges, day rooms, dining rooms, or similar areas typically are not classified as patient care areas.

b. **General Care Areas:** Patient bedrooms, examining rooms, treatment rooms, clinics, and similar areas in which it is intended that the patient shall come in contact with ordinary appliances such as a nurse-call system, electric beds, examining lamps, telephones, and entertainment devices. Note: In such areas, patients might be connected to patient-care-related electrical appliances (such as heating pads, electrocardiographs, drainage pumps, monitors, otoscopes, ophthalmoscopes, intravenous lines, etc.).

c. **Critical Care Areas:** Those special care units, intensive care units, coronary care units, angiography laboratories, cardiac catheterization laboratories, delivery rooms, operating rooms, and similar areas in which patients are intended to be

subjected to invasive procedures and connected to line-operated, patient-care-related electrical appliances.

d. **Wet Location:** A patient care area that is normally subject to wet conditions while patients are present. This includes standing fluids on the floor or drenching of the work area, either of which condition is intimate to the patient or staff. Routine housekeeping procedures and incidental spillage does not define a wet location. Note: Patient wash basins and toilets are not considered wet locations.

e. **Patient Care Vicinity:** A space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor.

f. **Personally-Owned Electrical Appliances:** A non-VA owned appliance that is typically for personal use in the home environment. This includes, but is not limited to: refrigerators; microwaves; coffee makers; hot plates; rice cookers; and hot water pots.

5. **PROCEDURES:**

a. **Procurement:** VAPAHCS will purchase and lease only equipment that meets the standards for manufacturers outlined in NFPA 99. Logistics Management Service (Logistics) and applicable Service Chiefs will give Engineering Service the opportunity to provide input concerning electrical safety, space, utilities, and technical specifications prior to the purchase of any electrically powered devices. This must be completed in order to guarantee user and patient safety and to comply with VA, NFPA, Underwriters Laboratories (UL), and other governing health care standards.

b. **Incoming Inspections:** Engineering Service will inspect all electrically powered devices intended for use in patient care areas and likely to come in contact with patients for compliance with technical specifications and electrical safety limits prior to acceptance and delivery to the using Service. Chassis and lead leakage currents, and ground resistance will be tested to ensure they meet the limits set forth by the most current version of NFPA 99. Double-insulated equipment with no ground wire and/or not accessible, and grounded areas on the chassis will receive visual and operational inspections only. Equipment passing inspection will be labeled by Engineering Service with a GREEN label (see paragraph 5.d), whereas equipment failing to meet specifications and electrical safety limits will be rejected. Equipment users who receive new patient care/patient contact equipment with no inspection label shall contact Engineering Service for the necessary testing prior to allowing the equipment to be used. Patients should be discouraged from bringing in their own equipment.

(1) Logistics will submit an Engineering Work Request (see policy on "Engineering Work Requests") when electrically powered equipment involved in supporting patient care is delivered to the VA Warehouse. Engineering Service will notify Logistics when the inspection is complete.

(2) When non-VA-owned equipment intended for use in patient care areas and likely to come in contact with patients is introduced into the Health Care System bypassing the Warehouse, users or responsible staff must contact Engineering Service via a Work Request or extension 62468 for an incoming inspection prior to using the equipment. This applies to borrowed, leased, employee-owned, and patient-owned equipment.

(3) Equipment delivered/acquired after hours/during weekends should not be energized until properly inspected by Engineering Service. If operation of the equipment is absolutely necessary, then the user should conduct a visual electrical safety inspection and document the inspection. Engineering Service shall be informed of user inspected equipment and shall conduct a formal incoming inspection the next scheduled workday. A documented safety inspection provided by the vendor/supplier will be adequate.

c. Periodic Inspections:

(1) Electrically powered medical instrumentation will be routinely inspected by Engineering Service for compliance with NFPA 99 electrical safety standards. Non-medical electrical equipment intended to be used in patient care areas that come into contact with patients will also be routinely inspected. Inspection intervals are determined by Engineering Service based on NFPA 99 guidelines, function, risk, and maintenance history of the equipment. Inspection intervals will not exceed 6 months for critical care areas and wet locations and 12 months for general care areas, unless specifically approved by the Safety Committee. Additional details regarding the procedure for periodic inspections are covered in Health Care System Memorandum 138-10-10, "Medical Equipment Management Program."

(2) All electrical equipment shall be visually inspected by the owning Service for obvious signs of damage prior to each use and at the time of annual inventory/Equipment Inventory Listing (EIL) certification. Any loose, frayed, or damaged power cords, plugs, or pins shall be reported to Engineering Service.

(3) Equipment identified as a potential hazard to patients, visitors, or staff will be removed from service until such time as the hazard can be resolved. Equipment users shall be responsible for noting certain abnormalities that indicate potential hazards, and shall notify Engineering Service immediately at extension 62468, so that hazards can be inspected and repaired.

d. Equipment Labeling: To assure equipment users that devices they use have been inspected, labels will be affixed by Engineering Service personnel following safety inspections.

(1) GREEN Label: A GREEN label indicates that the device is electrically and operationally safe for use. The label will be affixed by Engineering Service. For equipment requiring regularly scheduled inspections, the labels will include a due date for the next inspection.

(2) Equipment users will contact Biomedical Engineering at extension 65755 for any equipment that has a legacy WHITE label. Biomedical Engineering will then make the determination on whether the equipment should have a GREEN label or none at all.

***NOTE:** Users who find electrically powered patient care or patient contact equipment missing a label or have a label affixed indicating that it is past due for re-inspection must notify Engineering Service for electrical safety testing prior to equipment operation.

e. Equipment Restrictions:

(1) Extension cords and multiple outlet strips are prohibited in the patient care vicinity, except under extraordinary circumstances and with the approval of the Safety Officer and Engineering Service. When possible, electrical outlets will be moved or added by Engineering Service to allow equipment to be used where needed without extension cords and multiple outlet strips. In no case will extension cords, multiple outlet strips, or surge suppression devices be brought on station by hospital staff, patients, or visitors for use in patient care areas.

(a) For the patient care vicinity, extension cords may be requested by submitting a Work Request to Engineering Service, who will provide or fabricate them, if approved. In such cases, leakage current and ground resistance tests will be performed in a way that treats all items plugged into the cord as one unit, per NFPA 99 standards.

(b) Extension cords and multiple outlet strips for use in non-patient care areas may be provided by Office of Information & Technology (OI&T) in conjunction with computer equipment installations or by using service, provided they are UL listed. Extension cords and multiple outlet strips will be installed and positioned in a way that helps avoid slips, trips, and falls.

(2) All electrically-powered patient care equipment shall be connected using three-pin, grounded hospital grade plugs with three-wire power cords. Double insulated appliances will be permitted to have two conductor cords and plugs. Hospital-owned household or office appliances not commonly equipped with grounding

conductors in their power cords will be permitted provided they are not located within the patient care vicinity (e.g., electric typewriters, electric pencil sharpeners, and clocks at nurse's stations).

(3) Portable space heaters are prohibited in all areas of the Health Care System except when supplied by Engineering Service for a specific location.

(4) Patient-owned, electrically-powered devices are strictly prohibited in all Critical Care Areas and Wet Locations. In all other patient care areas, these devices must be approved, inspected, and properly labeled by Engineering Service. Nursing Service shall submit an Engineering Work Request to obtain this inspection. Equipment not found to be in good operating condition will not be approved for use and must be removed from patient care areas. In general, the use of patient-owned equipment shall be discouraged in acute inpatient areas of the Health Care System.

(5) Employee-owned electrically powered devices will be allowed only in areas where they are out of reach of patients and anyone who might be in contact with a patient.

(6) All personally-owned appliances are prohibited in the workplace and offices without approval from Engineering Service (see HCSM No. 90-13-12 for details). Only in rare instances will approval be granted for an appliance.

(7) Employees in need of kitchen appliances should use the shared spaces provided for their area. For those employees who do not have a shared space, exceptions will be granted on a case-by-case basis until such space is provided.

(8) Coffee pots will be allowed provided they meet certain criteria. Coffee pots must have an auto shut-off, no exposed heating surfaces, and be thermally protected. All coffee pots must also meet any additional criteria as deemed necessary by Engineering Service and the Safety Officer.

f. Employee Education:

(1) All personnel who have patient contact in patient care areas shall be familiar with potential electrical hazards in their areas. Instruction will be provided as part of orientation for new employees and will be conducted by Occupational Health and Safety and/or Biomedical Engineering, and immediate supervisors as needed.

(2) Employees unfamiliar with electrical equipment or systems will receive training as deemed necessary by their supervisor.

6. **RESPONSIBILITIES:**

a. Equipment Users: Users of electrically-powered devices are responsible for:

(1) Ensuring that electrical medical equipment and non-medical equipment intended to be in contact with patients in patient care areas has an appropriate inspection label prior to placing it in service;

(2) Performing a visual inspection of their equipment for obvious damage prior to use and notifying Engineering Service immediately of any identified electrical hazards; and

(3) Abiding by all equipment restrictions identified in Paragraph 5.e.

b. Service Chiefs are responsible for:

(1) Education of their personnel in electrical safety and the policy and procedures in this memorandum;

(2) Annual visual inspection of all electrically-powered equipment during the annual inventory/EIL verification.

c. Logistics Management Service is responsible for:

(1) Procurement of equipment in accordance with current VA rules and regulations;

(2) Ensuring that, prior to purchase of electrically-powered equipment, Engineering Service specifies electrical safety, technical documentation, and Space and Utility requirements;

(3) Ensuring that Engineering Service has an opportunity to inspect electrically-powered devices delivered to the Health Care System before it is accepted and released to the using Service.

d. Engineering Service is responsible for:

(1) Responding IMMEDIATELY to user problems related to electric shock, accident or injury;

(2) Evaluating Space and Utility requirements for new equipment before purchase;

(3) Providing Logistics with electrical safety and related specifications for new equipment purchases;

- (4) Providing technical assistance to Services acquiring new equipment;
- (5) Conducting incoming equipment inspections;
- (6) Performing periodic equipment inspections as required; and
- (7) Providing employee electrical safety education as requested by the services.

e. Office of Information & Technology is responsible for notifying Engineering Service before installing any computer equipment in patient care vicinities.

7. REFERENCES:

- a. NFPA 99, "Health Care Facilities", 2012.
- b. Health Care System Memorandum No.138-10-10, "Medical Equipment Management Program".
- c. Health Care System Memorandum No.138-10-20, "Engineering Work Requests".
- d. Health Care System Memorandum No. 90-13-12, "Use and Protection of Government Property".

8. RESCISSION DATE: August 31, 2016.

9. RESPONSIBLE OFFICIAL: Chief, Engineering Service.

Elizabeth Joyce Freeman
Director

VETERANS AFFAIRS PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)
3801 Miranda Avenue
Palo Alto, CA 94304-1207

Effective Date: July 1, 2012

Issue Date: September 14, 2012

HEALTH CARE SYSTEM MEMORANDUM No. 138-12-29

SUBJECT: CONSTRUCTION SAFETY PROGRAM

1. **SUMMARY:** Health Care System Memorandum (HCSM) No. 138-09-29, dated December 8, 2009, is rescinded. Significant changes have been made.

2. **PURPOSE:** This memorandum establishes a Construction Safety Program in accordance with Veterans Health Administration (VHA) Directive 2011-036, "Safety and Health During Construction," in order to ensure a healthy environment of care for patients, and a safe, healthy worksite for employees, visitors, and contractors during construction activities.

3. **POLICY:** A Construction Safety Program is initiated in order to protect patients, staff, visitors, and contractors from safety and health hazards associated with construction activities on VHA property and VHA-leased property at which VA-funded construction is occurring.

4. **DEFINITIONS:**

a. **CONSTRUCTION SAFETY SUBCOMMITTEE (CSS)** - The CSS reports construction related issues to the Environment of Care Committee (EOCC). The CSS will oversee compliance with required safety features in the construction program and/or on individual construction projects. The subcommittee will include representatives from Infection Control (IC), Patient Safety, Occupational Safety and Health, VA Police, Engineering, American Federation of Government Employees (AFGE) Local 2110, and Network Contracting Office (NCO).

b. **COMPETENT PERSON (CP)** – VA Palo Alto Health Care System (VAPAHCS) has designated the Competent Person, as defined in Occupational Safety and Health Administration (OSHA) Title 29, Code of Federal Regulations (CFR) 1926.32(f), having the capability to identify existing and predictable hazards and authorization to take prompt corrective measures to eliminate them, to be Construction Manager, Engineering Service. More than one CP may be designated in order to provide the necessary services to multiple construction sites at multiple divisions. Each CP will be designated as such by the EOCC, with designations being documented in the committee's minutes.

5. **PROCEDURES:**

a. The CSS will develop specific required features and threshold criteria for IC, safety, and security interventions.

(1) Membership will consist of representation from the following services or members:

- (a) Engineering Service (Chair) / Construction Safety Officer
- (b) Chief, Safety
- (c) Maintenance & Repair, Engineering Service
- (d) Infection Control Practitioner
- (e) Patient Safety, Quality Management (QM)
- (f) VA Police
- (g) Green Environmental Management System (GEMS) Coordinator
- (h) Emergency Management Coordinator
- (i) Facilities Planning
- (j) Resident Engineer
- (k) Network Contracting Office (NCO)
- (l) Ad Hoc Members:
 - 1. Occupational Health
 - 2. AFGE Local 2110

(2) The Committee will meet monthly, or more frequently should the number of on-going projects dictate a need.

(3) Agendas are set by the Chair and minutes are developed for signature by the Chair for submission to and approval by the Chair of the EOCC.

(4) An annual report to the EOCC will be used to evaluate the effectiveness of the CSS.

b. Each construction project reviewed by the CSS will consider the following measures at a minimum to ensure all pertinent elements are in place during the construction process to promote a safe environment at all times.

(1) PRE CONSTRUCTION RISK ASSESSMENT (PCRA) - This assessment will be conducted for each project during the design or planning stage (prior to bidding, award, and starting of work), and prior to start of construction. The results will be utilized to determine the makeup of the construction inspection team for each project. (Refer to Attachment A, Preconstruction Risk Assessment (PCRA).

(2) INFECTION CONTROL RISK ASSESSMENTS (ICRAs) - Using the current American Institute of Architects (AIA) Guidelines as a guide, staff must conduct and document ICRAs for all construction projects (in-house station and by contract) during the design or planning stage of the work (prior to bidding, purchasing, or starting work). ICRAs must be documented in writing and focus on eliminating or minimizing the risk of infection during

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construction and renovation activities (Attachment B, Infection Control Risk Assessment (ICRA)).

The complexity of the ICRA report is determined by the complexity of the threats posed by the construction project. Assigned VA staff, including resident engineers or project managers for major construction, must confirm compliance during the construction phase of the work.

(2) INTERIM LIFE SAFETY MEASURES (ILSMs) - Facility safety, engineering staff, and VA resident engineers must ensure that either documented ILSM or assessment is performed for each construction project in accordance with The Joint Commission, Environment of Care standards (Attachment C, Interim Life Safety Measures (ILSM)). ILSMs are required when Life Safety Code deficiencies or construction activities pose significant hazards. Any ILSM will be implemented in accordance with HCSM No. SAFE-12-23, Subject: Interim Life Safety Measures.

(3) SECURITY - All contractors entering VAPAHCS property shall be in compliance with the current security management program.

(4) FIRE CODE REVIEWS - Delegated construction projects (including Non-Recurring Maintenance (NRM), Major or Minor) with significant fire code applications must be provided code reviews as necessary to ensure compliance with VA referenced fire codes and standards.

(a) Program guides are found in "VA Fire Protection Design Manual" and VA Directive, "Fire Code Reviews of Delegated Construction Projects," Sixth Edition, September 2011.

(b) Bid documents for design will include requirements for a fire protection engineer or expertise on an Architect/Engineer team and appropriate reviews at facility level or by Veterans Integrated Service Network and Veterans Affairs Central Office.

c. INSPECTIONS - Site Inspections will be conducted at various levels by CSS members, CP, and Contracting Officer's Representative (COR) as determined by the PCRA.

(1) The CSS will conduct periodic inspections of construction sites. All other routine inspections will use the Construction Safety Check List (Attachment D).

(2) The Contractor will conduct and document daily inspections of the construction site utilizing the Construction Safety Check List. Deficiencies will be corrected at the site, and documented on the back of the inspection sheet. The completed inspection sheets will be posted at the job site. The check sheets will be retained and given to the COR to be maintained in the project folder.

(3) The COR will conduct weekly or periodic walk-through inspections, depending on the size of the project, of construction areas for assigned projects. In addition to the identification of construction management deficiencies, safety requirements will be reviewed. Deficiencies will be corrected at the site. Serious safety deficiencies will be reported to the Safety Officer and documented according to memorandum to the Contracting Officer.

(4) Safety will conduct weekly or periodic walk-through inspections, depending on the size of the project, of construction areas for assigned projects, utilizing the

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Construction Safety Check List. Deficiencies will be tracked on the "log of unsafe working conditions."

d. TRAINING - All appointed CPs, CORs, project engineers, resident engineers, engineering supervisors and foremen who oversee construction work, and the Facility Safety Officer will complete OSHA 30-hour construction safety course. Other members of the CSS must complete the OSHA 10-hour construction safety training course. In addition to the initial training, all of the aforementioned staff must take 10 hours of construction related training every two years. All training must be documented in each person's training record.

e. CORs or the lead engineering foreperson are essential to the success of the safety program as related to construction projects and as such, are responsible for:

(1) Working with contractor and VHA staff to coordinate and monitor an effective construction safety program for projects under their direction.

(2) Completing OSHA's 30-hour construction safety training and refresher courses so they may participate in site inspections.

(3) Conducting routine unannounced inspections and participating in periodic inspections, using the Construction Safety Checklist, of construction sites to ensure compliance with safety elements of the construction contract and performance of the program in accordance with this policy. Inspections include:

- (a) SAFE staff site inspections
- (b) Construction oversight inspections
- (c) Construction Safety Subcommittee inspections

(4) Contractors. The Cyber Security Office or Central Office must notify the contractor orally, with written confirmation, and request immediate initiation of corrective action of hazards identified. After receiving notice, the contractor must immediately take corrective action.

(5) If the contractor fails or refuses to take prompt corrective action, the CO may issue an order stopping all or part of the work until satisfactory corrective action has been taken.

(6) Upon a repeat offense of the same substantially similar hazard, the CSO or CO needs to inform OSHA or other authorities.

6. RESPONSIBILITIES:

a. CSS is responsible for:

(1) Determining the scope and depth of safety, infection control, and security interventions appropriate for all station and contract construction work. The subcommittee may develop threshold criteria for each level of intervention.

(2) Reviewing all phases of construction work starting from planning through completion. This includes review of construction plans, contract specifications, and contract submittals related to construction safety and health, and any other documents that may assist in the implementation of an effective construction safety program.

(3) Implementing procedures or guidelines to ensure general contractors exercise their responsibilities for ensuring subcontractors comply with VHA safety and health policies and procedures and contract requirements.

(4) Evaluating the effectiveness of the construction safety program in an annual report to the EOCC.

b. The Chief, Engineering Service, is responsible for ensuring that the Construction Safety program is in full compliance with VHA Directive 2011-36, "Safety and Health During Construction Activities", and responsibilities shall include:

(1) Designating the Construction Manager as the CP to oversee construction safety.

(2) Ensuring appropriate engineering staff receives training in construction safety as noted in this policy.

c. The Construction Manager, Engineering Service, shall serve as the CP, and must be competent in the general inspection of typical work sites during construction and renovation performed by contract staff and in the review of contractor safety program submittals. The VA CP(s) determine if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance. When these standards and contract requirements are not being met, the Veterans Affairs Contracting Officer's Representative and lead engineering person or foreperson (CP) must take immediate action to prevent injury, non-compliance, and/or property damage. CP's responsibilities include:

(1) Evaluating project submittal packages, monitoring and periodic inspections of construction and renovation work sites conducted by contractors and VA staff to ensure compliance with safety elements of the construction contract/performance of the established program.

(2) Completing OSHA's 30-hour construction safety training and refresher courses.

(3) Ensuring that the specific safety requirements of construction operations are implemented during facility projects.

(4) Participating as Chair in the CSS established for construction safety.

(5) Conducting periodic inspections of construction sites to ensure compliance with safety elements of the construction contract.

d. The Facility Safety Office is responsible for ensuring that the Construction Safety program is in full compliance with VHA Directive 2011-36, "Safety and Health During Construction Activities." Responsibilities shall include:

(1) Ensuring that VA safety staff receives training as noted in this policy.

(2) Ensuring that construction safety monitoring is reported to the EOCC on a regularly scheduled basis to document activities denoting safety and/or correction of hazardous construction situations as noted by the CP and CSS.

(3) Serving on, or reporting information to, the facility CSS to ensure contracts meet the committee's requirements.

(4) Supporting the VA CP, Facility Safety Officer, Contracting Officer, and engineering staff in implementing the construction safety program.

e. Contracting Officers are responsible for:

(1) Completing OSHA's 30-hour construction safety training and refresher courses.

(2) Ensuring station safety elements of this policy are included in each construction contract (i.e., ensuring on-site general and sub-contractor's construction workers have completed the OSHA 10-hour construction worker course, the 30-hour construction course, or other relevant competency training as determined by the VA CP with input from CSS). Documentation for training is based on the complexity and hazards associated with a project, state, federal and VA requirements. Identified projects require contractor submittals verifying completion of training.

(3) Supporting the VHA CP, Facility Safety Officer, and appropriate staff in implementing the construction safety program.

(4) Reporting to OSHA if a contractor has more than 3 serious or one repeat or willfull violation during a 3-year period.

(5) Reporting tuberculosis (TB) test results for ALL contractor employees if the work site is deemed high risk by Infection Control.

f. The GEMS coordinator is responsible for providing guidance on Environmental Protection Agency regulations, and monitoring compliance.

g. The Emergency Planning Coordinator is responsible for providing guidance on OSHA regulations as they apply to emergency planning, response, and operations in construction, and monitoring compliance.

h. The Chief, Police Service, is responsible for ensuring security management is appropriate for construction contractors entering VA property.

i. Intervention and Enforcement: All of the individuals with defined actions in this Policy are responsible for intervening, whenever conditions as a result of construction activities, immediately threaten life or health or threaten to damage equipment or buildings. Intervention and enforcement are as follows.

j. Staff. All staff are responsible for identifying hazardous conditions in need of intervention. CPs and facility management must take prompt corrective measures to include immediate abatement of hazards, stopping of work, hazard awareness training, administrative controls, etc.

7. **REFERENCES:**

a. VHA Directive 2011-036, Safety and Health During Construction.

- b. National Fire Protection Association Standards.
- c. OSHA Regulations for Construction Safety, 29 Code of Federal Regulations 1926.
- d. Current Joint Commission standards from the Joint Commission on the Accreditation of Healthcare Organizations.
- e. VHA Directive and Handbook 7701, Occupational Safety and Health and Program Procedures.
- f. VHA Directive, Fire Code Reviews of Delegated Construction Projects, Sixth Edition, September 2011.
- g. Infection Control During Construction, Opus Communications, Inc, 2002.
- h. Construction Safety Guidebook, VHA Center for Engineering and Occupational Safety and Health, 2010.
- i. APIC Infection Control Tool Kit Series: Construction and Renovation, available from the Association of Professional Infection Control Practitioners and Epidemiologists.
- j. Guidelines for Preventing the transmission of *Mycobacterium tuberculosis* in Health-Care Facilities, 2005. - MMWR 2005; 43 (No. RR-17).

8. **RESCISSION DATE:** September 30, 2015.

9. **RESPONSIBLE OFFICIAL:** Chief, Engineering Service.

Elizabeth Joyce Freeman
Director

Attachments (4)

Project Title:				Location:				
COTR:								
Project Description:								
				Addressed by (Completed by COTR)				
<i>Construction Safety Subcommittee Input Date:</i>				NA	Design Reqmt	Const Docs	Other	Additional Action Required
Construction Activity								
Yes	No	NA	Will there be noise generated that will impact a department adjacent to, above, or below the construction area?					Facilities Planning
Yes	No	NA	Will there be vibration generated that will impact a department adjacent to, above, or below the construction area?					Facilities Planning
Yes	No	NA	Are Emergency Procedures in place and posted on each job for accidental events that could greatly impact Patient Care or Life Safety to the facility?				Rules of the Station	Safety; Contractor
Yes	No	NA	Will dust be generated during this project?				ICRA	Infection Control
Yes	No	NA	Will debris removal be necessary? <i>Have plan for debris removal route and dust containment during removal.</i>					Infection Control; M&R
Yes	No	NA	Negative airflow ventilation and filtration in place. (Interior work)					Infection Control
Yes	No	NA	Exhaust fans in place and functioning. (Interior work)					Infection Control
Yes	No	NA	Is supply duct to area closed and HEPA filtration unit in place and functioning in adjacent patient care area? (Interior work)					
Yes	No	NA	Will there be scaffolding required on this project?					
Yes	No	NA	Will there be use of cranes or other mechanical lifting devices required for construction?					
Yes	No	NA	Contractor to secure exterior work site?				Rules of the Station	Infection Control
Environments								
Yes	No	NA	Will hazardous chemicals be used on this project? How will fumes and odors be controlled? MSDS Sheets are required.					Safety
Yes	No	NA	Is asbestos abatement required on this job? .					Safety
Yes	No	NA	Will lead based paint be encountered on this job? .					Safety
Yes	No	NA	Will there be hot work done on this project? If there are, hot work permit must be posted on the job site. All hot work must have a fire watch assigned to each area while the hot work is being performed.					Safety
Yes	No	NA	Will there be a Confined Space Entry required on this project? If so, station confined space entry program must be followed.					Engineering (M&R)
Utility Outages/Failures								
Yes	No	NA	Electrical					Engineering (M&R)
Yes	No	NA	Domestic water					Engineering (M&R)
Yes	No	NA	Oxygen					Engineering (M&R)
Yes	No	NA	Sewage					Engineering (M&R)
Yes	No	NA	HVAC					Engineering (M&R)
Yes	No	NA	Fire alarm (<i>If out for more than 4 hours, Interim Life Safety Measures must be implemented.</i>)					Biomed; Safety
Yes	No	NA	Sprinkler (<i>If out for more than 4 hours, Interim Life Safety Measures must be implemented.</i>)					Biomed; Safety; M&R

COTR:
Project Description:
0

Construction Safety Subcommittee Input				Addressed by (Completed by COTR)				Additional Action Required
				NA	Design Reqmt	Const Docs	Other	
Interim Life Safety Measures								
Yes	No	NA	Any construction activity that will or might impact an EXIT or stairs,					If yes, requires ILSM to Safety
Yes	No	NA	Any construction that impacts major breaches in a fire or smoke wall, (<u>penetration permit required</u>)					If yes, requires ILSM to Safety; M&R
Yes	No	NA	Taking the main fire protection system out of service (sprinkler),					If yes, requires ILSM to Safety; Biomed; M&R
Yes	No	NA	Taking the main fire alarm system out of service,					If yes, requires ILSM to Safety; Biomed; M&R
Yes	No	NA	Taking the "area" fire or fire alarm systems out of service for more than 4 hours within a 24-hour period					If yes, requires ILSM to Safety; Biomed; M&R
Additional Risk Safety Concerns								
Yes	No	NA	Will construction affect exit routes from occupied areas adjacent to construction site?					Safety
Yes	No	NA	Will project affect traffic patterns in area?					Facilities Planning
Yes	No	NA	Will there be street closures?					Facilities Planning/ Police
Yes	No	NA	Will there be sidewalk closures? For construction or clear areas below other work? Pathways rerouted?					Facilities Planning
Yes	No	NA	Will there be night or weekend work?					Police
Yes	No	NA	Is there a change in occupancy use? Requires Life-Safety Review?					
Yes	No	NA	Project over 50% related to Life-Safety improvements? Requires Life-Safety Review					

Comments and additional information.

Infection Control Risk Assessment Matrix

Attachment B

*Please complete this form and attach the Scope of Work document with this form.
Infection Control contact is Laura Markman RN (x64168).*

Project #: _____

Project Title: _____

COTR (print): _____ Ext: _____

Part I (Engineering to complete):

Using the following table, identify the type of construction project activity (Types A-D):

Type A	Inspection and Non-invasive Activities Includes, but is not limited to: Removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet; Painting but not sanding; and Wall covering, electrical trim work, minor plumbing and other activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type B	Small scale, short duration activities which create minimal dust Includes, but is not limited to: Installation of telephone and computer cabling; Access to chase spaces; and Cutting of walls or ceiling where dust migration can be controlled.
Type C	Work that generates a moderate-to-high-level of dust or requires demolition or removal of any fixed building components or assemblies Includes, but is not limited to: Sanding of walls for painting or wall covering; Removal of floor coverings, ceiling tiles and casework; New wall construction; Minor duct work or electrical work above ceilings; Major cabling activities; and Any activity which cannot be completed within a single work shift.
Type D	Major demolition and construction projects Includes, but is not limited to: Activities which require consecutive work shifts; Requires heavy demolition or removal of a complete cabling system; and New construction.

Type (circle one): A B C D

Part II (Engineering to complete):

Please answer the following questions (circle yes or no):

1. Is disruption of essential services (e.g., ventilation, water) to patients/employees anticipated?

Yes **No** **Comments:** _____

2. Is relocation of patients to alternate units required or being considered?

Yes **No** **Comments:** _____

3. Will the removal of debris pass through patient care areas?

Yes **No** **Comments:** _____

Part III (Infection Control to complete):

Using the following table, identify the patient risk groups that will be affected:

Low Risk	Medium Risk	High Risk	Highest Risk
Office areas	<ul style="list-style-type: none">- Cardiology- Echocardiography- Endoscopy- Nuclear medicine- Physical therapy- Radiology/MRI- Respiratory therapy	<ul style="list-style-type: none">- CCU- Emergency room- Labor and delivery- Laboratories- Newborn nursery- Outpatient surgery- Pediatrics- Pharmacy- Post anesthesia	<ul style="list-style-type: none">- Any area caring for immunocompromised patients- Burn unit- Cardiac cath lab- Central sterile supply- Intensive care units- Medical unit- Negative pressure isolation rooms- Oncology- ORs

Risk Level (circle one): Low Medium High Highest

Part IV (Infection Control to complete):

Using the following table, identify the **Precaution Class** (I, II, III, or IV) or level of infection control activities required for the planned construction project. Match the construction type (A,B,C,D) with the risk level (low, medium, high, highest).

Patient Risk Group	Type A	Type B	Type C	Type D
LOW risk	I	II	II	III/IV
MEDIUM risk	I	II	III	IV
HIGH risk	I	II	III/IV	IV
HIGHEST risk	II	III/IV	III/IV	IV

Source: Virginia Kennedy, St. Luke's Episcopal Hospital, Houston/ icanPREVENT.com

Precaution Class (circle one): I II III IV

Precaution Classes (Levels of Required Infection Control Activities)

All precautions in the determined class must be followed:

Class	Precautions/procedures that are required for each class
I	<p><u>During work:</u></p> <ol style="list-style-type: none"> 1. Execute work using methods to minimize raising dust from construction operations. 2. Immediately replace a ceiling tile displaced for visual inspection. 3. Minimize traffic (decrease exposure of patients to construction). 4. If disruption of water supply is necessary, schedule interruptions during low activity. <p><u>After work:</u> General clean up as needed</p>
II	<p><u>During work:</u></p> <ol style="list-style-type: none"> 1. All Class I activities listed above 2. Provide active means to prevent airborne dust from dispersing into the atmosphere. 3. Water mist work surfaces to control dust while cutting. 4. Seal unused doors with duct tape. 5. Block off and seal air vents. 6. Provide and use walk-off mats at work areas. Replace used mats with new mats in accordance with manufacturer's recommendations and when dirty. 7. Contain construction waste before transport in tightly covered containers. For removal of construction waste, follow pre-determined route. 8. Seal off isolate heating, ventilation and air conditioning (HVAC) system in areas where work is being performed. <p><u>After work:</u></p> <ol style="list-style-type: none"> 1. Clean and wipe work surfaces with hospital-approved disinfectant. 2. Wet mop and/or vacuum with HEPA-filtered vacuum before leaving the work area. 3. Remove isolation of HVAC system from work area.
III	<p><u>During work:</u></p> <ol style="list-style-type: none"> 1. All Class I and II activities listed above 2. Complete all critical barriers (i.e., sheetrock, plywood, plastic, or implement the control cube method [cart with plastic covering and sealed connection to work site with HEPA vacuum for cleaning prior to exit]) to seal the area before construction begins. 3. Maintain negative air pressure within the work site utilizing HEPA-equipped air filtration units. 4. Cover transport receptacles or carts. Tape covering unless the cart has a solid lid. <p><u>After work:</u></p> <ol style="list-style-type: none"> 1. Do NOT remove barriers from work area until completed project is inspected by the Safety Office and Infection Control and the area has been thoroughly cleaned by Environmental Management. 2. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. 3. Vacuum work area with HEPA-filtered vacuums. 4. Wet mop area with hospital-approved disinfectant. 5. Remove isolation of HVAC system in area where work is being performed.

Class	Activity
IV	<p><u>During work:</u></p> <ol style="list-style-type: none"> 1. All Class I, II, and III activities listed above 2. Relocate patients away from construction areas. 3. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 4. Seal holes, pipes, conduits, and punctures appropriately. 5. Construct anteroom and require all construction personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving the work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. 6. All personnel entering work site are required to wear shoe covers, which must be changed each time the worker exits the work area. 7. Provide and use adhesive walk-off mats within the anteroom. Replace used mats with new mats in accordance with manufacturer's recommendations and when dirty. 8. Contain construction waste before transport in tightly covered clean (wiped clean with wet cloth) containers. For removal of construction waste, follow pre-determined route. 9. Construction/work area should be periodically inspected by Safety Office and Infection Control as appropriate <p><u>After work:</u></p> <ol style="list-style-type: none"> 1. Do NOT remove barriers from work area until completed project is inspected by the Safety Office and Infection Control and the area has been thoroughly cleaned by Environmental Management. 2. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. 3. Contain construction waste before transport in tightly covered containers. 4. Vacuum work area with HEPA-filtered vacuums. 5. Wet mop area with hospital-approved disinfectant. 6. Remove isolation of HVAC system in area where work was performed.

Additional Risk Assessment:

Is work being conducted in area where exposure to active TB is possible? Yes / No.

If yes, contractor must provide documentation that construction workers have been screened for active TB within 90 days of work commencing. Anyone screening positive must show proof of being on treatment.

Additional Comments:

Part V: Persons completing the Infection Control Risk Assessment:

Print name (Engineering)

Signature

Date

Print name (Infection Control)

Signature

Date

September 14, 2012

LOCATION: _____

Interim Life Safety Measures Evaluation Sheet (ILSM)

DATE: _____



**Existing Significant Life Safety Code
Deficiencies or Conditions as a Result of
Construction**

<div><div><div><div><div><div></div><div>VA</div></div><div>Veterans Affairs</div></div><div><div><div><div></div><div></div><div></div></div><div>PAHCS</div><div>Palo Alto Health Care System</div></div></div></div></div></div>				A	B	C	D	E	F	G	H	I	J	K	L	M
Existing Significant Life Safety Code Deficiencies or Conditions as a Result of Construction		Yes	No	Ensuring Egress	Emergency forces access	Emergency forces notification	Ensuring operational life safety system	Temporary construction barriers	Additional fire fighting equipment	Conducting Additional training of incident response team	Temporary fire protections system or measures	Controlling combustible loading	Conducting 2 fire drills per shift in all areas	Increased hazard surveillance	Compartmentation training of personnel	Conducting organizational training on life safety
1	Patient room door latching problem								X			X		X	X	
2	Lacking a code complying smoke barrier								X	X				X	X	
3	Fire exit stairs discharge improperly					X				X	x		X		X	X
4	Excessive travel distance to an approved exit										X	X		X	X	
5	Lack of two remote exits									X		X		X	X	
6	Nonconforming building construction type								X			X	X	X		X
7	Improperly protected vertical openings											X	X	X		
8	Large penetrations in fire/smoke barriers									X		X		X		
9	Corridor walls do not extend to the structure											X		X	X	
10	Hazardous areas not properly protected											X		X		
11	Blocking off an approved exit			X		X				X		X		X	X	
12	Rerouting of traffic to emergency room				X	X										
13	Major renovation of an occupied floor			X			X	X	X			X		X	X	
14	Replacing fire alarm system (out-of-service)					X	X			X	X	X	X	X		
15	Installing sprinkler system (out-of-service)					X	X		X		X	X	X	X		X
16	Significantly modifying smoke or fire barrier walls							X				X		X	X	
17	Adding an addition to an existing structure			X	X	X	X	X		X						X
18	Fire alarm system out-of-service over 4hrs					X	X			X	X					
19	Sprinkler system out-of-service over 4 hrs					X	X			X	X					
20	Disconnecting alarm devices					X					X					

Notes

**Veteran Affairs Palo Alto Health Care System (VAPAHCS)
Construction Site Safety Review Checklist**

Project: _____ Date: _____
Contractor: _____ Certifier Signature: _____ Time: _____

All Contractor personnel and Subcontractor employees are responsible to conduct work activities in a safe and healthful manner for their health and well-being as well VAPAHCS personnel. The purpose of this Site Safety Review is to increase the Contractor/Subcontractors awareness of the need for safe work habits and a positive attitude toward loss prevention and control. **Below columns marked with "NC" answers require the Contractor/Subcontractors implementation of corrective action plans. Additional comments/actions will be described on additional pages to supplement this report.**

Safety & Health General	OK	NC	N/A	Concrete Operations	OK	NC	N/A
1. Safety Program / Injury Illness Protectn Plan				50. Cement/Silica dust exposures			
2. Orientation/Code of Safe Practices				51. Cutting Sawing/Grinding Controls			
3. Toolbox Meetings/Pre-Job Safety				52. PPE utilized by Crew			
4. Postings (OSHA) (Project Info/POC)				53. Wall or Structure Supported			
5. Emergency Numbers/First Aid				54. Pumps/equipment set-up/ cond.			
6. Toilets/ Hand Wash/Drinking Water				Ladders			
Environment				55. Ladder Conditions			
7. Ventilation, incl negative air/HEPA filtration				56. 3' Above Landing			
8. Illumination				57. Braced & Tied			
9. Integrity of Dust Control and containment				58. A-Frame Step Ladder Set Up			
10. Openings Guarded/Covered-Marked				59. Correct Height			
11. Stairs/Walkways Guarded & Accessible				60. Proper Use			
12. Rebars Capped				Scaffolds/Shoring (Interior/Exterior)			
13. Equipment/Material Storage				61. Current certified installation doc			
14. Traffic/Public Safety				62. Planks/toe boards			
15. 2 hr. fire separation from Patient Care Areas				63. Railed Properly			
16. Construction Warning Signs Posted				64. Tied to Structure			
17. Housekeeping				65. Ladder Access			
18. Emergency Exits – Clear / Unlocked				66. Daily Inspections			
19. ILSM in place – Exits Blocked/Locked				67. Users trained/Competent person			
Electrical Safety				68. Falling Object Protection			
20. Cords, Plugs Conditions, Surge Protectors				Excavations/Trench			
21. GFI Boxes & Grounding				69. Daily Inspections/Competent Person			
22. Overhead Lines protected/marked/spotter				70. Shored/sloped > 5' or soil cond.			
23. Lock out Tag Out				71. Spoil Piles at least 2' from edge			
24. Power/Generator/breaker panels secured				72. Underground Line located/potholed			
Personal Protection (PPE)				73. Barricades/protective measures			
25. Hard Hats				74. Ladder every 25' & after 4' deep			
26. Eye & Face Protection				Vehicle/Equipment Operations			
27. Ear Protection				75. Seat Belts by Operators			
28. Gloves/Clothing				76. Back Up Alarms – all Equipment			
29. Footwear				77. Reflective garments/PPE			
30. Respiratory (Dust/Canister Masks)				78. Personal cars in designated areas			
Site Security				79. Forklift operators trained			
31. Fencing				80. Flagmen/Traffic Control			
32. Security				Scissors/Zoom Booms/Lift Trucks			
33. Entrance/Exit				81. Controls Operative			
Hand/ Power/Powder Actuated Tools				82. Safety Chains in Place			
34. Guards attached/functional				83. Harness & Lanyards (JLG's)			
35. Grounded Properly				84. Operator Certification			
36. Working Properly				85. Visual Inspection			
37. Trained or Certified Operators/PPE				86. Fluid Levels (Oil, Water)			
Fire Protection				87. Brakes/Lights/Back up Alarm(s)			
38. Fire Extinguishers checked/accessible				88. Gauges – Operative			
39. Alarm/Detection System in Place				89. Scheduled Maintenance			
40. Smoking (No Smoking)				Welding & Cutting			
41. Hot Work Permits approved/current				90. Approved Hot Work Permit			
42. Flammable/Combustible Material				91. Cylinders – Use & Segregation			
Fall Protection				92. Torches, Hoses, Gauges, PPE, etc			
43. Use of Fall Protection above 6'				93. Weld Cables, Holders & Grounds			

44. Floor openings/holes securely covered				94. Fire Protection (Task Work)			
45. Perimeter/Interior Shaft Guardrails				Personnel Hoists & Cranes			
46. Falling material/objects				95. Inspections & Maintenance			
47. Trained on Use – Competent Person				96. Crane Set Up & Swing Protection			
48. Handrails for stairs 4 or more steps				97. Rigging & Loads Secured			
49. Fall Protection Equipmt in place/Inspected.				98. Certified Operator			

Legend: OK = Practice in Compliance; NC = Needs Correction; N/A = Not Applicable

Item #	Corrective action	Plan date	Date completed