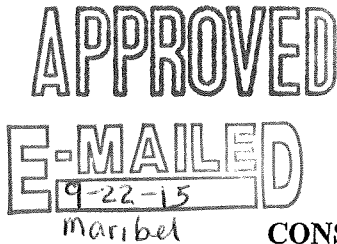


Attachment B
Policy Memorandum 578-02-001-088(R-2)
October 3, 2011



EDWARD HINES JR. VA HOSPITAL
FACILITIES MANAGEMENT SERVICE

**INTERIM LIFE SAFETY MEASURES
CONSTRUCTION PROJECT EVALUATION WORKSHEET**

PROJECT TITLE/NUMBER: Legionella Suppression Design 578-15-007

BUILDING/ROOM NUMBER: Buildings #1, #100, #113, #128, #200, #217, #221, and #228
SERVICE/SECTION RESPONSIBLE: Engineering Service

EFFECTS ON LIFE SAFETY

Provide a brief description of the project and any effects it is likely to have on life safety. Examples include: closing of an exit; use or storage of flammable materials on-site; installation of a dust barrier; blocking streets, driveways or access roads; impairment of fire detection and/or suppression systems; and removal of doors.

In order to comply with the Legionella Directive, Edward Hines Jr. VA Hospital (EHVAH) is required to implement water treatment and controls upon the existing water distribution system. The new system will include measures to monitor temperature, PH and oxidant levels in each building's potable water distribution systems(s).

Buildings directly impacted by these new requirements are: Bldgs. #1, #100, #113, #128, #200, #217, #221 and #228. New monitors for sample testing and for water treatment modalities such as of copper treatment and/or chlorine dioxide need to be installed in order to comply with the above mentioned Directive.

This contract package intends to provide the necessary requirements to implement water treatment and controls upon the existing water distribution system to monitor and mitigation of legionella exposure and provide with a safer environment of all patients, visitors and employees.

Project is not expected to cause any effect on life safety.

SPECIFIC SAFETY CONCERNS

Will any of the work to be performed during this project as currently planned compromise or impair the use of the critical elements of fire protection listed below?

1. FIRE ALARM SYSTEMS: YES ____ NO X

If YES is checked above, provide additional details, including number of devices affected and length of time systems will be impaired, on a separate sheet.

2. AUTOMATIC FIRE SPRINKLER SYSTEMS: YES ____ NO X

If YES is checked above, provide additional information including the size and occupancy of the area affected, and the anticipated duration of the impairment.

3. EXITS (STAIRWELLS, CORRIDORS & DOORS): YES ____ NO X

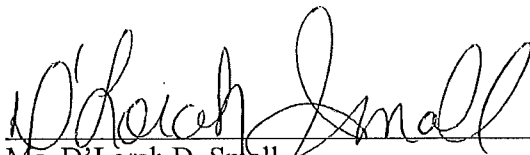
If YES is checked above, provide additional information including the type, number, and location of exits, which will be obstructed, and the anticipated duration of the impairment.

4. ACCESS TO EMERGENCY VEHICLES & PERSONNEL: YES ____ NO X

If YES is checked above, provide additional information including location of blockage, how access will be obstructed, and the anticipated duration of the impairment.

5. INTEGRITY OF SMOKE &/OR FIRE COMPARTMENTS: YES ____ NO X

If YES is checked above, provide additional information including size, location, number, and purpose of penetrations, which will be made.



Ms. D'Lorah D. Small
Chief, Project Planning
Engineering Service

7/20/2015
DATE

EDWARD HINES JR. VA HOSPITAL
FACILITIES MANAGEMENT SERVICE

**INTERIM LIFE SAFETY MEASURES
OCCUPANT IMPACT EVALUATION WORKSHEET**

DESCRIPTION OF LSC DEFICIENCY OR CONSTRUCTION PROJECT:

578-15-007

SIGNAGE

1. Will the above described LSC deficiency or construction project hinder the occupants in the immediate area from effectively implementing **RESCUE**?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the compromise of safety and directing a higher level of awareness of fire hazards.

SIGNS POSTED BY: _____ DATE: _____

2. Will the above described LSC deficiency or construction project hinder the occupants in the immediate area from effectively activating a pull station fire **ALARM**?

NO

If YES is checked above after question 2, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants that the fire alarm pull station is out of service and instructing the occupants to call the Hines Police Department by telephone at extension 22323 to report a fire.

SIGNS POSTED BY: _____ DATE: _____

3. Will the above described LSC deficiency or construction project hinder the ability of the occupants in the immediate area to **CONFINE** a fire?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the condition and listing alternative actions to be taken until the condition is remediated.

SIGNS POSTED BY: _____ DATE: _____

4. Will the above described LSC deficiency or construction project reduce or hinder the ability of the occupants in the immediate area or the community Fire Department to **EXTINGUISH** a fire?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted informing the occupants of the condition and listing alternative actions to be taken until the condition is remediated. Additionally, the community Fire Department will develop a contingency firefighting tactical plan for the area. In the case of construction projects, that contingency plan must be approved and in place prior to permitting any work to start at the job site.

SIGNS POSTED BY: _____ DATE: _____

5. Will the above described LSC deficiency or construction project hinder the occupants' ability to **EVACUATE** the building or area?

NO

If YES is checked above, will the condition described exist for more than one working day?

N/A

If the condition will exist for more than one working day, signage must be prepared and posted advising the occupants of the condition and describing alternate routes of egress.

SIGNS POSTED BY: _____ DATE: _____

TRAINING

6. Does the ILSM signage pertaining to **RESCUE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency incident?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

7. Does the ILSM signage pertaining to **ALARM** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency incident?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

8. Does the ILSM signage pertaining to **CONFINE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency situation?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Safety will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

9. Does the ILSM signage pertaining to **EVACUATE** provide sufficient information and instruction in itself to ensure proper occupant response during an emergency situation?

N/A

If the signage is determined to be inadequate to ensure proper occupant response, Project/Planning will provide the personnel affected with additional instruction and training as necessary. Such training will be documented.

TRAINING CONDUCTED BY: _____ DATE: _____

FIRE DRILLS

10. Will the above described LSC deficiency or construction project necessitate altering staff response to **RESCUE, ALARM, CONFINEMENT, EXTINGUISHMENT** and/or **EVACUATION**?

N/A

If YES is checked above, will condition exist for more than sixty days?

N/A

If staff response to Rescue, Alarm, Confinement, Extinguishment and/or Evacuation will be altered for more than sixty days, the Safety Section will increase the frequency of scheduled fire drills in the area affected to two per shift per quarter.

ADDITIONAL FIRE DRILLS SCHEDULED BY: _____ DATE: _____

INSPECTION

If evaluation indicates that one or more ILSMs must be used for this deficiency or project, daily inspection of the site by Safety and Police personnel will be required. Each inspection must be documented on the ILSM High Hazard Inspection Report.

INSPECTION REQUIRED: NO

INSPECTION SCHEDULED BY: _____ DATE: _____

EVALUATION COMPLETED BY:



SIGNATURE OF SAFETY STAFF



DATE

Infection Control Risk Assessment for Construction / Renovation Projects	
Project Name: Legionella Suppression Design	Project/ Work-Order Number: 578-15-007
Project Planner or Technician: Maribel Alvarez-Cabrera	Extension:
Building Number: #1, 100, 113, 128, 200, 217, 221, 228	Floor(s)/Room(s):
Start date:	Projected completion date: / /
Construction Activity	Infection control risk group
X TYPE A: Non-invasive activity, low noise, no vibration DUST LEVEL Low	GROUP 1: Low -- office areas, FMS areas, all non-patient care areas.
TYPE B: Small scale, short duration, low-moderate noise, low-moderate vibration DUST LEVEL: Moderate to High	GROUP 2: Medium -- All other patient care areas including general medicine floors, ultrasound, Rehab, Occupational Therapy.
TYPE C: Requires more than one work shift to complete, low-moderate noise, moderate-high vibration DUST LEVEL Moderate to High	X GROUP 3: Medium/High -- ED, Radiology/MRI, admissions, food service areas, laboratories.
TYPE D: Major demolition and construction activities Requiring consecutive work shifts, moderate-high noise, moderate-high vibration DUST LEVEL High	GROUP 4: Highest Operating rooms, SPS, ICU's, Outpatient areas, oncology, anesthesia, post anesthetic recovery, all endoscope areas, Pharmacy, Renal Dialysis

Project Class Determination Matrix				
Construction Activity →	Type "A"	Type "B"	Type "C"	Type "D"
Risk Level ↓				
Group 1	I	II	II	III
Group 2	I	II	III	IV
Group 3	I	III	III	IV
Group 4	III	IV	IV	IV

Contractors Actions by Project Class		
CLASS I	1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection.	3. Contain construction waste before transport in tightly-covered containers. 4. Emergency Preparedness training/posting/ID card.
CLASS II	1. Provide active means to prevent air-borne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tap	4. Block off and seal air vents. 5. Wipe surfaces with disinfectant. 6. Contain construction waste before transport in tightly-covered containers. 7. Emergency Preparedness training/posting/ID card.
CLASS III	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide dust mat at entrance and exit of work area.	5. Contain construction waste before transport in tightly-covered containers. 6. Wet mop or vacuum with HEPA-filtered vacuum before leaving work area. 7. Cover transport receptacles or carts. Tape covering. 8. Emergency Preparedness training/posting/ID card.
CLASS IV	1. Isolate HVAC system in area where work is being done to prevent contamination of the duct system. 2. Complete all critical barriers before any work begins. 3. Maintain negative air pressure within work area utilizing HEPA-equipped air filtration units. 4. Provide adhesive walk-off mat at entrance and exit of work area. 5. Seal holes, pipes, conduits and punctures appropriately. 6. Vacuum the entire work area with HEPA vacuums or wet mop with disinfectant at the completion of project.	7. Do not remove barriers from work area until completed project is thoroughly cleaned by housekeeping and inspected by the Infection Control Department, Safety Section, and Engineering Service. 8. Remove barrier materials carefully to minimize spreading dust and debris associated with construction. 9. Contain construction waste before transport in tightly-covered containers. 10. Cover transport receptacles or carts. Tape covering. 11. Remove isolation of HVAC system in areas where work was performed at the end of the project. 12. Emergency Preparedness training/posting/ID card.

Risk Assessment for TB exposure: Does the project involve the building's: a) HVAC Yes___ No X; b) HEPA filters Yes ___ No X; c) Negative Pressure Room (s) Yes ___ No X? If any checked yes, an N95 mask will be required.

Classification _____ Contractor's signature (for Projects only) _____
 Project Planner or Technician Signature Maribel Alvarez-Cabrera
 Supervisor signature Phyllis Small Date 7/12/15