

**MIAMI VA HEALTHCARE SYSTEM
MIAMI, FLORIDA**

HEALTHCARE SYSTEM POLICY MEMORANDUM

NO.....138-80-16

August 11, 2016

Safety and Health During Construction

I. PURPOSE:

To establish policy and procedures for safeguarding patients, visitors, staff, private contractors/vendors, and property during construction and/or renovation project activities.

II. POLICY:

- A. It is the policy of the Miami VA Healthcare System (MVAHS) that all VA funded construction and renovation activities shall be conducted in accordance with: Occupational Safety and Health Administration (OSHA), Environmental Protection Agency (EPA), Executive Order 13423 (Strengthening Federal Environmental, Energy, and Transportation Management), National Environmental Policy Act (VA NEPA, 38 CFR Part 26), Veterans Affairs (VA) Directive 7700, VHA Directive 7701, VHA Handbook 7701.1, The Joint Commission (TJC), Life Safety Management Plan, OSHA (29 CFR parts 1926 and 1910), and National Fire Protection Association (NFPA) Standards. National Fire Protection Association (NFPA), American Institute of Architects (AIA), Office of Inspector General (OIG) and American Association for Professionals in Infection Control and Epidemiology (APICE) requirements in order to protect patients, staff, visitors, contractors and the general public during construction and renovation activities.
- B. Construction and renovation contracts shall be in accordance with the Federal Acquisition Regulation (FAR) and Veterans Affairs Acquisition Regulation (VAAR).
- C. The Medical Center shall implement a proactive and comprehensive construction safety program to reduce the potential for injury and illness from unsafe and unhealthy construction activities in accordance with VHA Directive 2011-036 'Safety and Health During Construction.'

III. DEFINITIONS:

- A. Contracting Officer Representative (COR) - individual responsible for managing the technical portion of the project from commencement to completion without authority to make contractual decisions.
- B. Contracting Officer (CO) - individual responsible for managing the contractual portion of project from commencement to completion with full authority to make contractual decisions.

- C. Safety Officer – individual designated by the Director of the Medical Center & MVAHS to intervene with any MVAHS activity when conditions pose an immediate threat to life or health or threats to damage equipment or infrastructure.
- D. Competent Person (CP): OSHA Title 29 CFR 1926.32(f) states “competent person” means one who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them. Qualified VA staff must be appointed to serve as CP for construction work performed by VA employees. The name and qualifications of the CP must be documented and kept on file by Engineering Service for in-house projects and retained in project files for work contracted out.
- E. Construction activities include delegated minor or non-recurring maintenance projects performed by contractors, as well as station-level projects performed by contractors or station Maintenance and Operations (M&O) personnel. Construction also includes non-delegated projects including majors, and the MVAHS shall coordinate those construction impacts with the project’s Resident Engineer. This definition also applies to enhanced-use and lease projects related to structures for which the Medical Center maintains management responsibility or authority.

IV. RESPONSIBILITY:

- A. The Chief, Engineering Service has the overall responsibility for ensuring compliance with this program. The Chief of Engineering is responsible for ensuring all shop supervisors and their respective employees are aware of the required safety procedures. It is his/her additional responsibility to effectively enforce this policy. The Chief of Engineering will ensure appropriate staff receives training in construction safety;
 - 1. Ensure Competent Persons (CPs) are designated who have the necessary training, experience and authority to carry out their responsibilities with respect to safety and health during construction activities;
 - 2. Protect patients, visitors, and employees from traumatic injury, as well as occupational and facility-associated infections;
 - 3. Oversee compliance with OSHA and State construction safety regulations;
 - 4. Oversee compliance with Environmental Protection Agency (EPA) and state environmental regulations;
 - 5. Respond to, investigate and report violations of these policies to upper management;
 - 6. Engineering supervisors and foremen who oversee construction work complete OSHA’s 10-hour or 30-hour construction safety course.
- B. The COR shall ensure that the “Safeguarding Construction Operations” specifications is incorporated in all applicable construction contract specifications and brought to the attention of the Contracting Officer and General Contractor. Prior to the start of construction, the COR shall review, with the Fire Inspector and Safety Officer (or designee), the project scope and

its impact on the MVAHS. Specific Interim Life Safety Measures will be identified and implemented so as not to diminish the safety and health of patients, visitors, and staff in affected areas. These measures will be posted at the project site. The COR shall determine, on a project-by-project basis, the type of separation required between a project/construction areas and adjacent areas. The COR shall ensure compliance with the specific measures through regular general inspections on the job site. Specific safety concerns shall be referred to the Safety Officer for technical assistance and evaluation. Any deviations or violations will be communicated promptly to the contractor for correction. If immediate corrective action is not taken by the contractor for correction. If immediate corrective action is not taken by the contractor upon notification, the Contracting Officer shall be notified and advised to stop work until the violation has been resolved.

- C. Fire Inspector and Safety Officer or designee is responsible for conducting a Pre-construction Risk Assessment (PCRA) prior to the start of any construction or renovation project and ensuring compliance with relevant regulatory codes and standards. The Safety Officer and Fire Inspector or designee will review inspections as submitted and take follow-up actions as necessary for any identified safety concern. The Safety Officer/Fire Inspector or designee will provide guidance to CORs on safety related issues and technical support where necessary. Any items that cannot be immediately resolved will be referred to Safety
- D. Infection Control Practitioner coordinates with the manager of each construction project (in-house and contract) to conduct an Infection Control Risk Assessment (ICRA) during the planning and/or design stage of the work. ICRAs must be documented in writing and focus on eliminating or minimizing the risk of infection during construction and renovation activities according to the Construction Infection Risk Assessment Procedures. See ATTACHMENT F.
- E. Chief, Contracting Service will ensure that construction contracts specify that 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. The determination for training is based on the project hazards and complexity, state and federal regulations, and VA requirements.
- F. Section Chief, Planning and Analysis:
 - 1. Chairs the multidisciplinary team;
 - 2. Works through safety and health staff, CORs, maintenance staff, contractors and the Multidisciplinary Team to plan, coordinate, and monitor the construction safety program for all projects at the facility (ATTACHMENT A);
 - 3. Participates on OSHA's 30-hour construction safety training and refresher courses;
 - 4. Participates in periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the program;
 - 5. Supports the CPs, Safety Officer, Infection Control Practitioner, Contracting Officer and Engineering Service staff in implementation of the construction safety program;

6. Works with contracting staff to ensure competent staff are assigned as CORs to oversee work.

G. Supervisors of Operations and Maintenance and BMU:

1. Participates in OSHA's 30-hour construction safety training and refresher courses;
2. Participates in periodic inspections of in-house construction sites to ensure compliance with safety elements of the construction contract and performance of the program;
3. Ensures in-house work forces have necessary training and competency for tasks being performed.

H. Chief of Biomedical Engineering: Ensures all construction accomplished in support of major equipment installations (as a part of the equipment purchase) are in compliance with this policy and these procedures.

1. Participates in OSHA's 30-hour construction safety training program and refresher courses;
2. Is trained and designated as a Competent Person (CP) for the purposes of this policy;
3. As the team member most familiar with the technical aspects of his/her designated project, inspects his/her projects on a daily basis to identify and document deficiencies in the work including safety and infection control; acts to correct deficiencies on-the-spot whenever possible;
4. Reports all deficiencies to the multi-disciplinary team whether corrected or not;
5. Consults with other members of the team, as appropriate, to assure that all deficiencies are handled properly;
6. Consults with member of the team, during design or planning to establish the risks to be addressed and the degree of protection appropriate to the situation;
7. Monitors compliance with relevant safety and health requirements by the contractor in the field.

I. Contracting Officer:

1. Participates in OSHA's 30-hour construction safety training and refresher courses shall be encouraged;
2. Ensures safety elements of this policy are included in each construction contract;
3. Evaluates past safety records of prospective contractors and considers this information in the contract award process;
4. Serves on the facility Multidisciplinary Team/subcommittee to ensure contracts meet the committee's requirements;

5. Supports the CP, Safety Officer, Resident Engineer, and appropriate staff in implementing the construction safety program;
6. Works with the Chief of Projects Section (Planning and Analysis) to assign necessary competent COTR;

J. Contracting Officer's Representative (COR):

1. Participates in OSHA's 30-hour construction safety training program and refresher courses;
2. Is trained and designated as a Competent Person (CP) for the purposes of this policy;
3. As the team member most familiar with the technical aspects of his/her designated project, inspects his/her projects on a daily basis to identify and document deficiencies in the work including safety and infection control; acts to correct deficiencies on-the-spot whenever possible;
4. Reports all deficiencies to the multi-disciplinary team whether corrected or not;
5. Consults with other members of the team, as appropriate, to assure that all deficiencies are handled properly;
6. Consults with member of the team, during design or planning to establish the risks to be addressed and the degree of protection appropriate to the situation;
7. Monitors compliance with relevant safety and health requirements by the contractor in the field.

K. VA Competent Person (CP):

1. Reviews project design submissions to assure project compliance with these policies;
2. Monitors and inspects construction and renovation work sites periodically to assure compliance with these policies;
3. Maintains competence in the general inspection of work sites during construction, renovation and maintenance, which fall under the purview of this policy;
4. Maintains higher level of competency when serving as CP for VA staff performing activities requiring CP, such as fall protection, scaffolds and trenching;
2. Participates in OSHA's 30-hour construction safety training and refresher courses;
3. Ensures that the specific safety requirements for construction operations are implemented and continuously observed during the course of all projects subject to this policy;

7. Participates in the VHA facility multidisciplinary team established for construction safety;
8. Conducts periodic inspections of construction sites to ensure compliance with safety elements of the construction contract using the attached COR Construction Walk Safety Check Sheet; ATTACHMENT "E"
 - a. Approves corrective actions;
 - b. Stops unsafe work or activities not complying with the contract or OSHA, and notifies the Contracting Officer immediately;
 - c. Communicates mainly with the contractor CP on questions of safety.

L. Safety Officer:

1. Ensures that VHA policy for the construction safety program is implemented within the MVAHS;
2. Ensures necessary and relevant Interim Life Safety Measures (ILSMs) are established and implemented; conducts required additional training for compliance with identified ILSMs.
3. Renders technical advice and assistance as required in connection with life safety and fire protection issues during construction and project design and development;
4. Oversees compliance with OSHA and other relevant construction safety regulations;
5. Ensures MVAHS staff receives training required by this memorandum;
6. Ensures the construction safety program includes appropriate periodic construction site hazard surveillance.

M. Infection Control Program Manager:

1. Advises and/or provides recommendations on exposure mitigation and the prevention of facility associated infections in patients, staff, and visitors;
2. Coordinates with the manager of each construction project (in-house and contract) to conduct an Infection Control Risk Assessment (ICRA) during the planning and/or design stage of the work. ICRA's must be documented in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities. ATTACHMENT G
3. Monitors infection control during construction activities as indicated in ICRA for that project.

N. The Multidisciplinary Team (Multi-Disciplinary Team):

1. Oversees the construction safety program. Reports will be made to the Environment of Care-Safety Committee and the Infection Control Committee (if appropriate). The EOCC reports to leadership through the Administrative Executive Board (AEB)
2. Determines the scope and depth of safety, infection control, environmental and security procedures appropriate for all construction work;

Develops threshold criteria for each level of intervention. For example, after review, some projects may require only VA CP surveillance to ensure employee safety and OSHA compliance, while other projects will require all disciplines to be involved.
3. Ensures submittals for contract construction or renovation work include the names, qualifications, and training dates for the contractors' CPs designated to administer the site-specific safety program, as well as the CPs for other activities as required by OSHA regulation (such as scaffolds, cranes, excavations, etc).
4. Conducts Infection Control Risk Assessments (ICRA). ICRAs must be documented in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities. The complexity of the ICRA report is determined by the complexity of the threats posed by the construction project. Assigned MVAHS staff, including resident engineers or project managers for major construction, must maintain compliance during the construction phase of the work.
5. Identifies Interim Life Safety Measures (ILSMs). Facility safety and engineering staff must ensure that ILSMs are implemented.
6. Participates in all phases of construction work from planning through completion. This includes review and approval the construction plans, submittals related to construction safety and health.
7. Ensures periodic construction site hazard surveillance activities with appropriate membership, scope, and frequency for each project as determined by the CP, the ILSMs and ICRA reports.
8. Implements procedures to ensure general contractors exercise their responsibility for ensuring subcontractors comply with this safety and health policy, and all other related contract requirements;
9. Requires the contractors' CPs to implement and maintain effective safety programs that identify and control hazards that may cause injury or illness to MVAHS patients, staff, visitors, and contractor employees.

O. Police:

1. Ensures that all contractors entering MVAHS property comply with the security management program. At a minimum, contractors must notify and obtain permission of

the MVAHS Police, be identified by project and employer, and restricted from unauthorized access.

2. Conducts periodic surveillance of site security and the integrity of barriers for trenches and other hazards.

V. PROCEDURES:

A. Planning:

1. Integrated Project Teams are provided for in HSPM 138-08-14, 'Integrated Project Team Appointments'. Project planners collaborate with staff, whose work areas or work processes are impacted, regarding the scope, duration, impact, and anticipated conditions during the work prior to beginning construction or renovation. The goals are to anticipate and plan for any adverse impacts on normal operations and to prepare staff for the project.

2. VA NEPA Review is conducted at the outset of a project to facilitate assessment of project-specific variables that can expand or reduce the project's environmental impacts and public concerns. Proposed actions evaluated under the first tier of NEPA review may be categorically excluded from a detailed environmental analysis if the project meets specific criteria previously identified as having no significant environmental impact. The types of projects that are categorically excluded/include:

- a. repair, replacement and new installation of primary or secondary electrical distribution systems;
- b. repair, replacement, and new installation of components such as windows, doors, roofs; and site elements such as sidewalks, patios, fences, retaining walls, curbs, water distribution lines, and sewer lines which involve work totally within VA property boundaries;
- c. routine medical center grounds and facility maintenance activities;
- d. procurement activities for goods and services for routine facility operations maintenance and support;
- e. interior construction or renovation;

Projects that cannot be categorically excluded must undergo an environmental assessment in accordance with VA NEPA requirements. NEPA is included in the Construction Safety and Infection Prevention and Control Risk Assessment.

3. Construction Safety and Infection Prevention and Control Risk Assessments are used to identify risks and initiate mitigation or corrective actions. Actions may include relocation of staff, patients or services, performance of work during non-administrative hours or other mitigating activities.

- A. Representatives from OSH (Safety, Life Safety, IH/GEMS, Emergency Management), Infection Prevention and Control and VA Police, in collaboration

with the project COR/supervisor complete a comprehensive risk assessment for each project.

- B. The risk assessment identifies risks and actions to minimize/mitigate risks related to general safety, fire safety, interim life safety, green environmental management (GEMS), hazardous materials and waste, air quality, noise, vibration, emergency operations, infection prevention, patient safety and site security. Risk assessments guide hazard control and monitoring strategies. Recommendations for mitigation or elimination of risks are communicated to the CO, COR, and other staff involved in the project.
 - C. Risk assessments include identification of schedules for surveillance and re-assessments, if appropriate for multi-phased work.
 - D. Risk assessments include evaluation of Interim Life Safety Measures (ILSM). ILSMs are required by VHA and TJC standards when Life Safety Code (NFPA 101) deficiencies or construction activities pose significant hazards. Implementing ILSMs is the responsibility of Medical Center staff and/or contractors, in accordance with VA Master Specification 01010, General Requirements. Any Life Safety Code deficiency caused by construction but not identified in the initial risk assessment is evaluated and addressed in accordance with the risk assessment. Interim measures and/or work orders are initiated as indicated. Any Life Safety Code deficiency that cannot be resolved within 45 days is added to the Plan for Improvement (PFI) on the Medical Center's Statement of Condition (eSOC) maintained on TJC's website. The PFI description includes the projected date of correction. Timelines must be met. Management of the eSOC/PFI is assigned to the Chief, Engineering Service or designee.
4. Multi-Disciplinary Team- oversees the construction safety program and is a sub-committee of the Medical Center Environment of Care Committee (EOCC). Is formed upon notice from the Section Chief, Planning and Analysis that a project is beginning be designed for outside contractors or by the Operations Supervisor for in-house projects the team will be re-notified two weeks before the start of work. Reports will be made to the Safety Committee and (if appropriate) the Infection Control Committee. The EOCC reports to leadership through the Administrative Executive Board (AEB) Membership include:
- Engineering Service (Chief or designee)
 - Chief, Planning and Analysis (Project Management)
 - Occupational Safety and Health
 - Project CORs
 - Green Environmental Management
 - Emergency Management
 - VA Police
 - Infection Prevention and Control
 - Patient Safety
 - AFGE
 - Occupational Health
 - Contracting

Lead project staff from other services as needed (i.e., Medical Media, Office of Information and Technology, Imaging, Biomedical Engineering)
Other subject matter experts may be asked to attend on an ad-hoc basis.

5. Pre-construction Meetings with Contractors:

- A. Representatives from OSH, IPC and VA Police orient contractors to the Medical Center Construction Safety and Health Program.
- B. OSH provides orientation to VHA and Medical Center requirements regarding construction safety, OSHA, NFPA compliance, fire safety, ILSMs, hot work permits, lock-out/tag-out, utility interruptions, work on energized circuits, hazardous materials, emergency management, GEMS/environmental compliance, and emergency reporting requirements.
- C. Infection Prevention and Control provides orientation to infection prevention principles and practices.
- D. VA Police provides orientation to the Security Management Program, parking, identification badge policies and procedures.

B. Construction Site Common Rules:

- 1. Areas are strictly off-limits to all patients, visitors, and members of the public.
- 2. Construction areas are off-limits to all other personnel including consultants, residents, students, and other personnel without prior approval and coordination through Engineering Service.
- 3. Vendors, installation technicians, etc., are authorized access only as arranged and coordinated through Engineering Service.
- 4. When access to a construction area is unavoidable because major corridors that patients, visitors, and employee must utilize within a construction area, Engineering Service will coordinate with all contractors to keep these areas and egress access clear and unobstructed. Warning signs will be posted in appropriate locations for patients, visitors, and employees. Prior to the start of the project, the COR will coordinate with other services for the removal of nonessential equipment and cover-up for dust protection. During the project, the contractor is responsible for maintaining the area with daily cleaning, or more often as necessary.
- 5. Fire Inspector /Safety Manager or designee shall ensure that Interim Life Safety Measure Assessments for all projects and implement selected measures as needed. Conduct weekly inspections of each site and document any findings.
- 6. IH or designee will issue Construction Permits, Hot/Dust Work Permits (ATTACHMENT B), Above the Ceiling Work Permits (ATTACHMENT C) and will maintain copies of each and of daily inspections submitted by the COR.

7. The COR shall ensure that all smoke and fire barriers are maintained for the duration of the project if necessary, temporary barriers shall be constructed to assure compliance as per the National Fire Code.
8. The COR shall ensure that fire protection systems, (e.g., fire alarm, sprinkler, standpipe risers, etc.), are not impaired. A temporary but equivalent system of notification of fire emergencies shall be provided when any system is provided. Any temporary systems will be inspected/tested monthly, if applicable.
9. The COR will ensure that the prime contractor and their subcontractors are aware of and comply with this policy (138-80-15) and VA Master Specification Section 01010, General Requirements, Paragraph 1.4, and Section 01001, General Conditions, paragraphs 1.53, 1.54, and 1.55. The COR will perform daily inspections of the worksite to ensure that all temporary measures are in place and operational while documenting in the daily progress notes.
10. Smoking is prohibited inside the MVAHS. Smoking near the exterior areas shall be a minimum of 50 feet from flammable liquids and a safe distance from other combustible materials.
11. The contractor/vendor shall assure that storage, debris removal, and proper housekeeping practices are in place and enforce to reduce the flammable and combustible fire load to the lowest extent possible with oversight by the COR.
12. Contractor/vendor shall maintain materials in an orderly manner.
13. Contractor/vendor shall follow Lockout/Tag out procedures per National Electric Code.
14. A "No Smoking" sign shall be posted in all construction sites and areas.
15. Utility shutdowns request may require two (2) weeks advanced noticed to the MVAHS.
16. The contractor/vendor shall submit a "Schedule" indicating the type of demolition and other noise or vibration inducing construction operations showing dates, times, and duration of such work.
17. All employees of the contractor, sub-contractors, and vendors are required to wear VA Police issued identification badges while on the MVAHS premises. Badges shall be fixed to outer garments above the elbow level.
18. Contractors, subcontractors, and vendors are prohibited from disconnecting or interfering with existing operational systems without prior approval of the COR.
19. Contractors, subcontractors, and vendors are prohibited from playing radios inside the MVAHS.
20. Neither welding nor arc welding will be permitting without appropriate authorization from the MVAHS Environmental Health and Safety Service Fire Inspector or Safety Officer.

21. Contractors, subcontractors, and vendors must keep construction premises free from accumulation of waste materials or rubbish. Trash removal shall be daily in covered containers.
22. Existing toilet rooms that have been designated for contractor, subcontractor, and vendor use shall be left in clean and sanitary conditions daily.
23. Above the Ceiling Work Permits will be required when contractors or in-house personnel engage in work that will require penetrations of smoke or fire walls or any work to be conducted above the ceiling. This permit must be completed and signed by the Fire Inspector and Safety Officer or designee prior to initiation of the work, (see attached form). Routing of wiring, piping, or conduit may require drilling through smoke or fire walls above the ceiling. When this occurs, all wires or conduits that penetrate the rated assembly must be marked with identification. All penetrations must be resealed with the proper smoke or fire materials prior to final inspection. When the work has been completed and all smoke and fire penetrations have been resealed, an inspection of the work area will be performed and the permit will be signed by the MVAHS Fire Protection Inspector indicating final approval.

C. Construction Safety Training:

1. Staff participating in the risk assessments and inspections complete Construction Safety training in accordance with VHA Directive 2011-036, 'Safety and Health During Construction'
2. The following staff complete OSHA's 30 Hour Construction Safety training and, as a refresher, subsequently complete at least 10 hours of construction safety related training every two years: CORs, Project Engineers, Project Lead Persons, and the Facility Safety Program Manager.
3. Other Construction Safety members and staff participating in Construction Safety Rounds (Infection Prevention and Control, VA Police, GEMS, EM, AFGE, Occupational Health, and Contracting) complete the 10 hour initial training and 10 hours refresher training every two years.

VI. OTHER:

None

VII. REFERENCES:

VHA Manual MP-3, Part III, National Fire Codes.

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, Current Edition, Oakbrook Terrace, IL.

VHA Directive 2011-036, 'Safety and Health During Construction'

Public Law 100-678, "Public Buildings Amendments Act of 1988."

Office of Facility Management PG-18-3, Topic 1, "Codes and Standards."

NFPA 101, Life Safety Code 2009 Edition, Chapter 8.

Information on VA's design and construction requirements can be found at: <http://vaww.va.gov/facmgt>.

HSPM No. 132-04, "Healthcare System Smoking/Tobacco Use Policy"

VIII. RESCISSION:

HSPM No. 001SEM-50-13, Construction Policy, dated August 11, 2013.

IX. FOLLOW-UP RESPONSIBILITY:

Chief, Engineering Service (138)

X. This Healthcare System Policy Memorandum will expire on August 11, 2019.

Paul M. Russo, MHSA, FACHE, RD
Medical Center Director

Date

Attachments: 7

Distribution: A (Electronic)

The following are stakeholders to this Healthcare System Policy Memorandum:

Anesthesiology Service
Audiology and Speech Pathology
Biomedical Engineering Service
Canteen Service
Chief of Staff
Communications
Dental Service
Dermatology Service
Education
Engineering Service
Environmental Management Service
Environmental Health & Safety
Facility Logistics Service
Fiscal Service
Geriatrics/Extended Care
Human Resources Management Service

Imaging Service
Information Resources Management Service
Medical Administration Service
Medical Service
Mental Health and Behavioral Sciences Service
Neurology Service
Nursing Service
Nutrition and Food Services
Pathology and Laboratory Service
Pharmacy Service
Physical Medicine and Rehabilitation Service
Police Service
Prosthetic Treatment Center
Quality Management and Performance Improvement
Radiation Therapy
Recreation Therapy Service
Research Service
Social Work Service
Spinal Cord Injury Service
Voluntary Service



Department of Veterans Affairs

VA Healthcare System
Miami, FL 33125

Construction Permit

PROJECT TITLE AND NUMBER			
PROJECT LOCATION			
TYPE OF WORK			
GENERAL CONTRACTOR			PHONE:
Estimated Start Date:	Estimated Completion Date:	Hours of Work:	

Contact Information

Position/Title	Name	Phone	Direct Connect#	Email address
COR				
Contractor Site Supervisor				
Infection Control Rep				
Safety Officer				
Operations Contact				

Infection Control Measures (Check Activity and Risk Group) <input type="checkbox"/> No Infection Control Measures Apply				Interim Life Safety Measures (Check All Assessed ILSM Action Items) <input type="checkbox"/> No ILSM Measures Apply					
✓	Construction Activity	✓	Infection Control Risk Group	✓	Action Item	✓	Action Item	✓	Action Item
	TYPE A		Group 1		ILSM # 1		ILSM # 5		ILSM # 9
	TYPE B		Group 2		ILSM # 2		ILSM # 6		ILSM # 10
	TYPE C		Group 3		ILSM # 3		ILSM # 7		ILSM # 11
	TYPE D				ILSM # 4		ILSM # 8		
N	Y	Project will require access to BSL 3 exhaust systems or airborne isolation exhaust systems.							



Department of Veterans Affairs

VA Healthcare System

ATTACHMENT A

Miami, FL 33125

Interim Life Safety Measures Action Items

ILSM #1: Ensure free and unobstructed exits

Ensure that staff gets additional training when alternative exits are designated. Buildings or areas under construction must maintain escape routes for construction workers at all times and the means of exiting construction areas are inspected daily.

ILSM #2: Ensure free and unobstructed access to emergency services

Emergency equipment, fire alarm pull stations, fire extinguishers, external connections and other emergency equipment necessary for internal as well as external emergency forces, must be clear and accessible at all times.

ILSM #3: Ensure that fire alarm, detection, and suppression systems are in good working order

A temporary but equivalent system must be provided when any fire system is impaired:

Temporary systems must be tested and inspected monthly

A Fire Watch shall be established for the affected portions of the building when the fire alarm system or automatic sprinkler system is out of service for more than 4 hours in a 24-hour period in an occupied building.

ILSM# 4: Temporary construction partitions

Any temporary construction partition must be smoke tight and constructed of non-combustible or limited combustible material that will not contribute to the development or spread of a fire. These partitions may be a component of the project work itself or part of Infection Control.

ILSM# 5: Additional fire fighting equipment

Provide additional firefighting equipment and training of personnel re: its use appropriate to the hazard potential.

ILSM # 6: No smoking policy

Monitor that the MVAHS's No Smoking Policy is strictly adhered to and, if necessary, develop additional policies to meet the needs of the situation.

ILSM # 7: Housekeeping

Strictly enforce the medical center's housekeeping policies/procedures with regard to refuse removal and, if necessary, develop additional policies to ensure a safe work environment during the duration of the project. Develop and enforce storage practices that reduce and maintain combustible load at the lowest level acceptable for hospital operations.

ILSM # 8: Fire Drills

Conduct a minimum of 2 fire drills per shift per quarter.

ILSM # 9: Hazard Surveillance

Increase hazard surveillance of buildings, grounds, and equipment to manage hazards during construction with attention given to areas such as combustible storage, excavations, and emergency accessibility.

ILSM # 10: Staff Training

Train staff to compensate for impaired structural or compartmentalization features of fire safety.

ILSM # 11: Organization-Wide Life Safety Education Provide organizational education programs to promote awareness of life safety building deficiencies, construction hazards, and ILSM.



Department of Veterans Affairs

VA Healthcare System
Miami, FL 33125

Hot Work & Dust Permit For Cutting/Welding With Portable Gas, Arc Equipment or Dust *Note: This permit expires at 1600 hours same day of issue*

Date _____ Time _____

Building # _____ Fire/Smoke Compartment _____

Name of Contractor (Print) _____ Phone # _____

COR (Print) _____ Phone # _____

Project Name & # _____

Type of work: _____

Health & Safety Use Only

This is to certify that the work area was examined, all precautions taken, and permission granted to perform the work.

Panel Silenced _____ yes _____ no Time _____

Graphic Notified _____ yes _____ no Ext. 3321 Time _____

National Guardian Notified _____ yes _____ no Time _____

Is a fire watch required? _____ yes _____ no Name of fire watch _____

Signature _____ Date _____
Individual responsible for authorizing permit.

Final Check-up

This is to certify that the work area and all adjacent areas to which sparks and heat might have spread (including floors, above and below work space, and on opposite sides of walls) were inspected thirty minutes after completion of work.

Name _____ Signature _____ Date _____

comments



Department of Veterans Affairs

VA Healthcare System
Miami, FL 33125

Above the Ceiling Work Permit Request

COR _____ Contractor _____

Work start date: _____ Completion date: _____

Work area: _____

Scope of work: _____

Will penetrations in the existing structure be made?

*Yes _____ No _____ Smoke _____ Fire _____

*If the answer is Yes to Smoke or Fire Penetrations, Safety must be notified before and after any penetrations are made. Contractor / Vendor is responsible for repairs to any penetrations in smoke / fire barriers

Penetration Repairs (If Applicable)

Type of sealant used: _____

UL approved for use? Yes _____ No _____ MSDS Yes _____ No _____

Requested by: _____

Company/Dept.: _____

Telephone No: _____ Date: _____

Approved/Disapproved: _____ Date: _____
(Safety Manager or designee)

Final Inspection by: _____ Date: _____
(Safety Officer or designee)



Department of Veterans Affairs

VA Healthcare System, Miami, FL 33125

Utility System Impairment Permit

Name of Worker _____ Contractor/Shop _____ Phone # _____

Date _____ Impairment Time Start: _____ End _____ Building # _____

Fire/Smoke Compartment _____ Departments affected by impairment notified? ☐ Yes ☐ No

Supervisor _____ Project # _____

Type of work _____

Devices To Be Impaired _____

Health and Safety Use Only

Shut Down Approved By _____ Time/Date _____

Miami Fire Department Dispatch Notified ☐ Yes ☐ No (305-579-6245)

Product Line Manager, Facilities Management Notified ☐ Yes ☐ No (3035)

VISN SFPE Notified ☐ Yes ☐ No (813-398-5717)

Graphic Control Notified ☐ Yes ☐ No (3321)

Engineering Use Only

System Restored By _____ Time/Date _____

Health and Safety Notified ☐ Yes ☐ No

Miami Fire Department Dispatch Notified ☐ Yes ☐ No (305-579-6245)

Product Line Manager, Facilities Management Notified ☐ Yes ☐ No (3035)

VISN SFPE Notified ☐ Yes ☐ No (727-398-6661, ex 5717)

Graphic Control Notified ☐ Yes ☐ No (3321)

Graphics Control Use Only

Shut-Down Notify the following / System Restored Notify the following

Miami Fire Department ☐ Yes ☐ No Time _____

M&O Facility Manager ☐ Yes ☐ No Time _____



Department of Veterans Affairs

Miami VA Healthcare System
Miami, FL 33125

ATTACHMENT E

COR Construction Safety Daily Checklist

COR _____ Contractor / Project _____

SAFETY & PERSONAL PROTECTIVE EQUIPMENT (PPE)	YES	NO	N/A
Is a site safety plan available on site or accessible to all employees?			
Is there a person on site designated as the safety official?			
Are individual hard hats available on site?			
Is eye / face protection worn?			
Is suitable clothing /footwear worn?			
Are gloves worn when operating equipment?			
LIST MINIMUM REQUIRED PPE IN COMMENT SECTION.			
ELECTRICAL	YES	NO	N/A
Is all electrical equipment equipped with ground pin?			
Extension cords free of improper splices?			
Are GFCI or assured grounding program in use?			
LADDERS	YES	NO	N/A
Are ladders used properly and only for purpose they were designed for?			
Are ladders properly secured during use and after?			
Defective ladder marked and removed from service?			
HAZARDOUS CHEMICAL USED ON WORKSITE	YES	NO	N/A
Is there a Chemical Inventory for chemicals on-site?			
Is there an MSDS for each hazardous product?			
Are hazardous materials properly stored and handled?			
HOUSEKEEPING & SANITATION	YES	NO	N/A
Is proper housekeeping maintained at the jobsite?			
Are tools and equipment kept in an orderly manner so as not to cause injury?			
POWERED INDUSTRIAL TRUCKS/ELEVATED PLATFORMS	YES	NO	N/A
Are powered industrial trucks or elevated platforms of any kinds in use?			
SCAFFOLD	YES	NO	N/A
Is scaffolding of any kind in use?			
Comments:			

Signed _____

Date _____



Department of Veterans Affairs

Miami VA Healthcare System
Miami, FL 33125

ATTACHMENT F

CONSTRUCTION INFECTION CONTROL RISK ASSESSMENT (CICRA) PROCEDURES

1. All construction projects not listed in item #10 will require completion of an Infection Control Construction Permit by the COTR and the Infection Control Practitioner, refer to Attachment D.
2. The COR will identify the type of construction project activity and if the project will require access to BSL3 exhaust systems or an Airborne isolation exhaust systems.

CONSTRUCTION/PROJECT ACTIVITY TABLE

Using the following table, identify the TYPE of construction Project Activity (Type A-D)

Using the following table, identify the TYPE of construction Project Activity (Type A-D)		
TYPE A		Inspection and Non-Invasive Activities Includes, but is not limited to: <ul style="list-style-type: none">• Removal of ceiling tiles for visual inspection limited to one tile per 50 square feet.• Painting (but not sanding)• Wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceiling other than for visual inspections
TYPE B		Small scale, short duration activities which create minimal dust. Includes, but is not limited to: <ul style="list-style-type: none">• Installation of telephone and computer cabling• Access to chase spaces• 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: <ul style="list-style-type: none">• 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• Any activity which cannot be completed within a single work shift
TYPE D		Major demolition and construction projects Includes, but is not limited to: <ul style="list-style-type: none">• Activities which require consecutive work shifts• Requires heavy demolition or removal of a complete cabling system• New construction
Y	N	Project will require access to BSL 3 exhaust systems or Airborne isolation exhaust systems.

3. The Infection Control Practitioner will identify the patient risk groups that will be Affected, using the tables below. If more than one risk group will be affected, select the higher risk group.

TABLE B			
LOW RISK	MEDIUM RISK	HIGH RISK	HIGHEST RISK
<ul style="list-style-type: none"> • Office Areas • Lobbies • Public corridors • Elevators 	<ul style="list-style-type: none"> • Cardiology • Echocardiography • Endoscopy • Nuclear Medicine • Physical Therapy 	<ul style="list-style-type: none"> • Emergency Dept. • Laboratories & Pathology • Outpatient Surgery • Pharmacy 	<ul style="list-style-type: none"> • Any areas caring for immuno-compromised patients • Cardiac Cath. Lab • Sterile Supply Room

	<ul style="list-style-type: none"> • Radiology/MRI • Respiratory Therapy • Outpatient Clinics • Mental Health • Radiology 	<ul style="list-style-type: none"> • Post Anesthesia Care Unit • Spinal Cord Injury • Medical/Surgical Units • Clean Supply Room 	<ul style="list-style-type: none"> • SPS Assembly, Prep, Sterilizer Room • Intensive Care Units • Airborne Isolation Rooms • Oncology • Operating Suites • CLC (Nursing Home) • Interventional Radiology • Dental Clinic
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4. The Infection Control Practitioner will match the patient risk group with the planned construction project type to determine the infection control containment measures required, using the table below.

INFECTION CONTROL CONTAINMENT

Patient Risk Group	Construction Project Type			
	Type A	Type B	Type C	Type D
LOW RISK GROUP	I	I	II	III/IV
MEDIUM RISK GROUP	I	II	III	IV
HIGH RISK GROUP	I	III	III/IV	IV
HIGHEST RISK GROUP	II	III/IV	III/IV	IV

5. In the regulated area there should be no visible escape or accumulation of dust debris, or waste. Project workers will perform daily organization and cleaning of the regulated area.
6. Projects classified as a Class III or IV will require daily visits to the project area to ensure compliance with infection control precautions and reassess the need for infection control measures. See Attachment E. The COTR will ensure deficiency are corrected.
7. At the completion of the project all debris and construction dust must be removed from all surfaces. Minimize dust production when cleaning after removal of partitions around project area.
8. Terminal cleaning of a project area will be done by Environmental Management Service before opening the area for use. Water lines will be flush for three minutes to clear possible contaminants/sediments in pipes.
9. Class III and Class IV construction areas require an infection control walk-through prior to opening the area for use.
10. The following projects do not require completion of the Infection Control Construction Permit:
- a. Paint and wall paper in business offices and non-patient areas.
 - b. Paint in patient room if closed for painting.
 - c. Installation of soap dispenser, needle box, and/or paper towel holder.
 - d. Repair of window blind.
 - e. Ceiling tile replacement in business offices and non-patient areas involving less than 50% of the total square footage of room.
 - f. Ceiling tile replacement of less than five 2x2 tiles in patient's room if patient is out of room and clean up can be accomplished before patient return.
 - g. Minimum repair of nurse call system/TV/bed/telephone.
 - h. Check or replace electric outlet.
 - i. Replace light bulb.
 - j. Unstop sink/commode with no water on floor.
 - k. Unstop commode when water on floor requires maintenance to have Housekeeping clean area immediately.
 - l. Repair medical gas outlet.
 - m. Air balance readings.
 - n. Check air-conditioning.



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INFECTION CONTROL CONSTRUCTION PERMIT

Date:		Permit No.:	
Location of Construction:		Project Start Date:	
CORT:	Phone:	Estimated Duration:	
Contractor Performing Work:		Phone:	
CONSTRUCTION ACTIVITY		INFECTION CONTROL RISK GROUP	
TYPE A: Inspection, non-invasive activity.		Low Risk	
TYPE B: Small scale, short duration, moderate to high levels.		Medium Risk	
TYPE C: Activity generates moderate to high levels of dust, requires greater work shift for completion.		Medium	
TYPE D: Major duration and construction activities requiring consecutive work shifts.		High Risk	
		Highest Risk	
Yes	No	Project will require access to BSL3 exhaust systems or Airborne isolation exhaust systems	

DESCRIPTION OF REQUIRED INFECTION CONTROL PRECAUTIONS BY CLASS

	During Construction Project	Upon Completion of Project
CLASS I	1. Execute work by methods to minimize raising dust from construction operations.	1. Immediately replace a ceiling tile displaced for visual inspection.
CLASS II	1. Provide active means to prevent airborne dust from dispersing into atmosphere. 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Place dust mat at entrance and exit of work area. 6. Remove or isolate HVAC system in areas where work is being performed.	1. Wipe work surfaces with disinfectant. 2. Contain construction waste before transport in tightly covered containers. 3. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 4. Remove isolation of HVAC system in areas where work is being performed.
CLASS III	1. Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, e.g., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Contain construction waste before transport in tightly covered containers.	1. Do not remove barriers from work area until completed project is inspected by Safety Department and Infection Control Department and thoroughly cleaned. 2. Vacuum work area with HEPA filtered vacuums. 3. Wet mop area with disinfectant. 4. Remove isolation HVAC system in areas where work is being performed. 5. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.

CLASS 'IV'	<ol style="list-style-type: none"> 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, e.g., sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Seal holes, pipes, conduits, and punctures appropriately. 5. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the worksite. 6. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exists the work area. 7. Do not remove barriers from work area until completed project is inspected by Safety Department and Infection Control Department and thoroughly cleaned. 	<ol style="list-style-type: none"> 1. Contain construction waste before transport in tightly covered containers. 2. Vacuum work area with HEPA filtered vacuums. 3. Wet mop area with disinfectant. 4. Remove isolation of HVAC system in areas where work is being performed. 5. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction.
Surrounding areas:		
Additional Requirements:		
Permit Authorized by:		
Date:		

COVER SHEET FOR HEALTHCARE SYSTEM POLICY MEMORANDUM

A. Is this a new HSPM? No

If so, HSPM Title:

(Identification Number for new HSPM will be provided by HSPM Coordinator.)

B. Is this a revision to current HSPM? Yes; 001SEM-50-13, Construction Policy

C. Does this HSPM affect any changes in the working conditions or fair and equitable treatment of employees? ____ Yes No X

(A proposed change affecting the conditions of employment of any bargaining unit member, e.g., changes in personnel practices, past practice, procedures or other matters affecting working conditions)

Please explain:

D. To facilitate the review of HSPM changes, identify the section(s) of the HSPM that were revised by placing an X next to the numbers that correspond to change(s):

1. Policy

5. Other

2. Definitions X

6. References X

3. Responsibilities X

7. None of the above

4. Procedures X

E. Provide a brief summary of changes, or if new HSPM provide justification for HSPM:

Minor changes: Addition of fire inspector in responsibilities. Addition of fire inspector title in the procedures section. Addition of the smoking policy in the references section

F. List stakeholders: All services

G. List originator: Sayed Sanjari, Chief, Engineering Service

H. Has this policy been reviewed by a committee? No

