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## SAFETY AND HEALTH DURING CONSTRUCTION ACTIVITIES

PURPOSE.....	I
POLICY .....	II
PROCEDURES.....	III
RESPONSIBILITY.....	IV
REFERENCES.....	V
RESCISSION.....	VI
CONCURRENCES.....	VII
EXPIRATION .....	VIII

### I. PURPOSE

To establish policy and procedures to ensure that construction projects will be planned, coordinated, executed, and regularly inspected to ensure compliance with all applicable fire, infection control, environmental, security, safety and occupational health regulations and policies.

### II. POLICY

In order to protect patients, visitors, staff, and contractors from safety and health hazards associated with construction activities, this policy is established for the VA Pittsburgh Healthcare System (VAPHS) and for all VAPHS-affiliated/owned/leased property where construction activities are undertaken. This policy also applies to enhanced-use and lease projects related to structures for which VAPHS maintains management responsibility or authority.

### III. PROCEDURES

#### A. General Procedures

1. Construction activities shall be defined to include medical center delegated minor and non-recurring maintenance projects performed by contractors or purchase and hire personnel. Construction activities shall also be defined to include station-level projects performed by contractors, purchase and hire personnel, and/or station Maintenance and Repair (M&R)/Minor Improvement Team (MIT) personnel. Construction shall also be defined to include non-delegated projects including major projects completed through contractor personnel managed by the Office of Construction and Facilities Management (OCFM). VAPHS shall coordinate major construction projects with the project's assigned Resident Engineer (RE) through the VP, Facilities Management Service or the medical center's designated single point of contact.

2. This policy requires that strategies be established and followed to control the hazards inherent in conducting construction or maintenance operations in areas that are jointly occupied/utilized by patients, visitors, and/or healthcare staff. These strategies include the assignment of appropriate responsibilities at all levels of the organization, establishing and maintaining the necessary expertise to manage an effective construction health and safety program, applying technical guidance and best practices to assist in managing the program, and providing a multi-disciplinary construction safety team to oversee and enforce the application of this policy.

3. The intention of this construction safety program is to reduce the potential for injury and illness to VA patients, visitors, employees, and contractors that might result from unsafe construction activities. The intention of this policy is also to increase the level of construction safety expertise of VA employees; to decrease the potential for serious Occupational Safety and Health Administration (OSHA) violations; to provide a guideline for addressing safety-related construction issues; and to reduce the potential for property and liability exposures due to construction-related activities.

4. Proper application of this program will reduce the potential for personal injury and/or liability as well as reduce the potential for negative operational impacts which could result from construction accidents, life safety deficiencies, or infection control failures.

B. Construction Project Development, Design, and Design Review. During the development and design of projects that will eventually require construction activities the following items will be addressed:

1. The Contracting Officer's Representative (COR), RE, or designated project manager (PM) will make available to the Safety staff, and Infection Control staff, all technical plans and specifications for construction projects at the selected design review intervals in accordance with the established design review schedule as written in the design contract or as otherwise established at the beginning of the project.

2. The Safety staff and the Infection Control staff will work to assist the COR/RE/PM in identifying and specifying special safety and health requirements during the project design phase that must be met by the contractor/vendor/internal VA staff (work supervisor) performing the work (referred to generically as 'contractor' hereafter) as well as by the construction activities. This includes identification of special safety or health training requirements that must be met such as pre-construction training.

3. The Infection Control staff will work to assist the COR/RE/PM in identifying and specifying all infectious control requirements that will be in effect and required during the construction activities. This includes completion of an anticipated Infection Control Risk Assessment (ICRA) permit. All requirements, including the completed anticipated ICRA permit, will be included in all construction document packages.

4. The COR/RE/PM will research and ensure that all current published requirements of construction related guidance are included in all construction document packages and scopes of work prior to beginning construction. These current requirements include, but are not limited to:

- a. VHA Directive 2011-036
- b. VA Master Specification 01 35 26 (Safety Requirements)
- c. EC-042 Confined Space Program
- d. EC-061 Firewall and Smoke Barrier Penetrations
- e. EC-062 Water Damage and Mold Remediation
- f. EC-088 Procedure for Returning Water Distribution Systems to Service
- g. Safety Hot Work Policies
- h. Safety Penetration Permit Policies
- i. FMS-007 Fire Alarm –Sprinkler System Impairment Program
- j. FMS-010 Lockout Tagout System Procedures
- k. FMS-014 Utility Outages
- l. FMS-039 Contactor Badging Policy

5. During the design process the COR/RE/PM will review with the safety staff, and the infection control staff, the submittals, requirements, and all applicable regulatory/policy guidance that is anticipated to apply to the construction work. The group will then identify all items that are considered key to VA patient, visitor, and staff safety and ensure those targeted items are properly identified and included as requirements in all construction document packages and scopes of work prior to final design approval and the start of construction. This may include, but not be limited

to requirements for hoist plans, scaffolding plans, shoring plans, tuberculosis screenings, site security plans, contractor general safety plans, contractor training, etc.

C. Pre-Construction. A meeting of the COR/RE/PM, safety staff, infection control staff, the contractor (including sub-contractors), and other identified parties performing the construction activities must be held prior to beginning of any work (or work phase) onsite. This meeting will be held to review the construction activity plans, and how they address the concerns identified during the development of the construction project including the concerns included in the construction document packages and scopes of work. Pre-Construction meetings may be held once for small projects or projects involving only one phase as well as more than once for projects employing multiple phases of work. General items for discussion during the Pre-Construction meeting(s) are identified on the Pre-Construction Meeting Checklist (Attachment A). The meeting will also discuss the following information at a minimum as well as ensure that everyone present is familiar with their role for the following:

1. Identification of the Site Safety and Health Officer (SSHO) and all other project competent person(s) (CP) as defined in VA Master Specification 01 35 26 and 29 CFR 1926.
2. Identification of current applicable local, state, and federal safety and environmental regulations that are in effect and applicable during the construction activities; e.g., Occupational Safety and Health Administration (OSHA), US Environmental Protection Agency (EPA), National Fire Protection Association (NFPA), etc.
3. Identification of current applicable local and national VA safety and environmental regulations.
4. Review of the Contract Workers Safety Information (Attachment B) as well as any other location-specific information which should be disseminated to all contractor personnel who will work onsite.
5. Review of the Pre-Construction Risk Assessment (PCRA) requirements for construction activities and completion of the permit for the project and/or project phase. The general contractor, or in the case of work performed by VA staff the work supervisor, is responsible for identifying all potential construction risks as outlined in the PCRA permit (Attachment C).
6. Review of the Infectious Control Risk Assessment (ICRA) policy requirements for construction activities and completion of the permit for the project and/or project phase. The COR/RE/PM in conjunction with the infectious control staff, director or manager of the unit(s) affected, and the

contractor are responsible for identifying and reviewing all potential construction risks and requirements as outlined in the ICRA permit (Attachment D).

7. Review of all contract worker Tuberculosis (TB) screening requirements and options (reference VHA Directive 2011-036 Safety and Health during Construction). The contractor shall also be notified that anyone failing to meet these requirements is not permitted to work onsite and/or may be removed at any time without notice until these requirements are met.

8. Review of the medical center's Hot Work Policy and permit process (Attachment D).

9. Review of the medical center's Confined Space Policy (reference EC-042).

10. Review of the medical center's Firewall/Smoke Wall Penetration Policy and permit process (reference EC-061).

11. Review of the medical center's Fire Alarm/Fire Sprinkler Impairment, Utility Outage and Lock-Out/Tag-Out Policies and processes as applicable (reference FMS-007, FMS-014, and FMS-010 respectively).

12. Review of the medical center's current contract staff credentialing and badging requirements, and what steps must be taken before contract staff are permitted to work onsite (reference FMS-039).

13. Review of the medical center's current contract staff information safety and security requirements (Attachment E).

14. Review of any additional policies/guidelines as applicable.

D. Construction Activity Oversight and Inspections. During the ongoing construction activities, the VA will provide periodic oversight and inspections of all activities to ensure the continued safety and welfare of patients, visitors, staff, and all other facility occupants. These inspections may be conducted by multiple VA personnel at any time and these inspections and their findings/lack of findings do not relieve the contractor of their responsibility for safety/security under the contract terms as well as under all applicable rules and laws.

1. Construction activities shall not take place without appropriate VA oversight. This VA responsibility must be conducted by staff on duty who are physically located on the property in which the construction activities are taking place. This oversight is considered to be the responsibility of the assigned project COR/RE/PM. Should this person not be available to

provide this oversight then a replacement will be designated. The replacement shall have sufficient time and ability to perform such duties. The replacement shall be considered to have the same level of authority, with respect to safety and security, as the assigned COR/RE/PM.

2. The assigned COR/RE/PM shall visit the construction site daily for compliance with all contract terms, policy requirements, and requirements by applicable law. During this visit, they shall conduct a safety inspection of the site and document any findings if necessary (i.e. if found). All findings should also be brought to the attention of the contractor for immediate response. Resolution of findings should also be documented as necessary.

3. On a weekly basis a joint construction safety inspection team shall inspect each known active construction project site. This team will document the results of each inspection on the standard inspection checklist (Attachment G). At the conclusion of the inspections, the documents will be posted to the Safety SharePoint site (<https://vaww.visn4.portal.va.gov/pittsburgh/home/safety/Construction/default.aspx>) The assigned COR/RE/PM shall visit this site to obtain the findings and address all findings immediately with the contractor. Upon resolution, the COR/RE/PM will notify the VAPHS Safety Office of the steps that were taken to resolve the issue. The VAPHS Safety Office will be responsible for maintaining/updating all documentation related to this requirement. The joint construction safety inspection team should include representatives for all applicable members of the Construction Safety Committee (CSC) as necessary; however, at a minimum the following members must have at least one representative at each weekly inspection:

- a. Safety Office
- b. Infection Control Office
- c. FMS Projects Office

4. For Station Level/NRM/Minor/Major projects which are tracked through the Office of Capital Asset Management, Engineering, and Support (OCAMES) Capital Asset Database, the assigned COR/RE/PM shall include in the monthly project update a listing of the dates of all weekly documented construction inspections which have taken place. The findings of each inspection need not be added to the Project Tracking Report (PTR); however, all dates of inspection should be provided.

5. The safety and infection control staff will inspect the construction site periodically to ensure continuous compliance and document any

findings as necessary. All findings should be brought to the attention of the assigned COR/RE/PM for response. Resolution of findings should also be documented as necessary by the safety and infection control staff.

6. All permits, including PCRA, ICRA, Hot Work, Penetration, etc. shall be active, available, and prominently displayed at all entrances to the construction site.

E. Construction Activity Intervention

1. All construction work shall be immediately stopped should the COR/RE/PM, safety staff, infection control staff, or other Construction Safety Committee (CSC) representative identify any activities that could reasonably be expected to cause death or serious physical harm to any person (patient, visitor, staff, contract worker, general public, etc.) immediately or before the imminence of such danger can be eliminated. In the event of a stoppage, the COR/RE/PM and the Contracting Officer (CO) should be notified immediately by the CSC representative responsible for the stoppage.

2. Serious and/or unresolved safety issues, including continuous and/or repetitive deficiencies which will be considered a serious safety concern, shall be brought to the attention of the COR/RE/PM for resolution.

a. At a minimum, the Contracting Officer (CO), or next level supervisor for work performed by VA personnel, must notify the contractor in writing of any noncompliance with life safety, infection control, OSHA, environmental, and any other contract required standards. This notification shall also contain the requirement for timely action to resolve the issues.

b. Repeated contractor failure/inability to correct hazards, continuous/repetitive hazard notification, or blatant disregard for safety will not be tolerated. Lack of action by the contractor will result in increasing pressure to comply which may include:

i. Removal of superintendent/other responsible contract personnel permanently from the site and revoking the person(s) future right to work on projects at VAPHS

ii. Reporting of deficiencies to government enforcement agencies for action

iii. Negative contractor performance ratings/feedback through government contract reporting systems

- iv. Contract termination
- v. Loss of consideration for future projects at VAPHS

F. Infection Control. Construction activities and contractors shall strictly adhere to infection control measures/requirements during all phases of work. These requirements are intended to control the generation/transmission of dust and other infectious disease agents between the construction site and other active/occupied building areas. The specific requirements for construction projects vary based on the project location, activities, etc. These requirements may be more or less stringent dependent upon these factors; however, at a minimum the following must be adhered to. Failure/inability to observe any infection control requirements will be considered a serious safety issue.

1. Each location and phase of construction must have an active ICRA permit posted at every construction site entrance or work may not take place.
2. Prior to beginning any construction work, the COR/RE/PM, the contractor SSHO, and at least one member of the infection control staff must physically inspect and approve the correct installation of all required infection control barriers.
3. Each construction site requiring the implementation of negative pressure shall have at least one properly functioning visual indicator installed which clearly displays on the exterior of the site whether or not negative pressure is being maintained inside the construction area.
4. Transportation of any construction debris/supplies through VA occupied spaces shall be done in tightly covered containers/carts. Carts shall be visibly clean on the outside and shall be wiped down and/or vacuumed to reduce the transport of dust/contaminants from construction areas to occupied areas. Transportation times and pathways shall be coordinated when the ICRA permit is reviewed and signed.
5. Construction employees shall remove or cover dust-laden clothing before exiting the construction site into VA occupied spaces. Failure to do so may result in permanent removal of the employee from the project.
6. Carpet/sticky mats shall be placed at all construction site entrances and frequently changed to ensure no dust/dirt is tracked into VA occupied spaces.



7. The contractor shall maintain the space outside of the construction area in a clean condition. Wet mopping, changing of sticky mats, etc. are all required as necessary to maintain this condition.

8. Prior to removal of any infection control barriers, the COR/RE/PM, the contractor SSHO, and at least one member of the infection control staff must physically inspect and approve all areas. The COR/RE/PM is responsible for scheduling all terminal cleanings with Environmental Management Service (EMS) as necessary prior to barrier removal.

G. Post Construction Survey

1. The COR/RE/PM will conduct a post-construction survey of the site to ensure compliance, cleanliness, and proper functionality of all building components and systems. Punch lists and corrective actions will be developed and tracked for completion by the contractor. An invitation to these surveys shall be extended to Environmental Management Services (EMS), Safety Office, Infection Control Office, and the manager/director of adjacent designated area(s) at a minimum. Once invited, it is the responsibility of the invitee to determine if attendance will take place. The COR/RE/PM is not responsible for skipped/missed meetings/dates.

2. Facility Safety staff, Infection Control staff, EMS staff, and a manager of director of adjacent designated area(s) shall all be offered a pre-occupancy inspection for all projects following completion of all activation activities and before final occupancy takes place.

IV. RESPONSIBILITY

A. Director

1. Establish and monitor an effective facility construction safety program.

2. Establish a multidisciplinary team (Construction Safety Committee) with representatives from the following program areas:

- a. Infection Control
- b. Patient Safety
- c. Occupational Safety and Health
- d. Police
- e. Engineering

- f. Local Union Safety Representatives (from affected bargaining units)
  - g. Contracting
  - h. Green Environmental Management Systems (GEMS)
- 3. Ensure appropriate staff receives training in construction safety.
- 4. 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.

NOTE: OSHA Title 29 Code of Federal regulations (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 identified in writing and noted in the minutes of the Facility Safety Committee (or equivalent body) responsible for the safety management functions as defined under The Joint Commission Environment of Care Standard.

- 5. Ensure the Construction Safety Committee functions to:
  - a. Protect patients, visitors, and employees from traumatic injury, as well as occupational and facility-associated infections.
  - b. Oversee compliance with OSHA and state construction safety regulations.
  - c. Oversee compliance with Environmental Protection Agency (EPA) and state environmental regulations.
  - d. Respond to, investigate, and report violations of these policies to upper management.
- 6. Develop and implement a written facility policy addressing the responsibilities of the Construction Safety Committee.
- 7. Ensure that VA staff receives training as follows:

a. Appointed CPs, CORs, REs, PMs, and facility Safety Program Managers complete OSHA's 30-hour construction safety course (or VA accepted equivalent) at least once every 5 years. Ensure appointed CPs, CORs, REs, PMs, and facility Safety Program Managers complete OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course.

b. Engineering supervisors and foremen who oversee construction work complete OSHA's 30-hour construction safety course (or VA accepted equivalent) at least once every 5 years. Ensure engineering supervisors and foremen who oversee construction work complete OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course.

c. Infection control manager and all infection control staff complete OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) at least once every 2 years.

d. All members of the Construction Safety Committee multi-disciplinary team complete OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) at the beginning of their service on the Construction Safety Committee.

8. Ensures multidisciplinary participation as necessary with respect to the nature of hazards associated with the construction project(s). Participation may change as the project progresses.

B. Deputy Director:

1. Receives delegated responsibility from the Director, as appropriate, for oversight of these policies.
2. Serves as the chairperson of the Construction Safety Committee

C. VP, Facilities Management Service:

1. Receives delegated responsibility from the Deputy Director, as appropriate, for oversight of these policies.
2. Ensures policies are addressed by all sections of engineering having oversight of construction.

D. Projects Section Manager:

1. Works through Safety staff, Infection Control staff, CORs, maintenance staff, contractors and the Construction Safety Committee to plan, coordinate and monitor the Construction Safety Program for all projects at the facility.
2. Participates in OSHA's 30-hour construction safety training (or VA accepted equivalent) at least once every 5 years. Participates in OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course. Ensures all project staff CORs remain in compliance with all construction safety training requirements.
3. Participates in periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the program.
4. Ensures construction contract requirements meet the approval of CSC members.
5. Supports the CPs, VISN and medical center Safety staff, Infection Prevention staff, Contracting staff, and Facility Management Engineering staff in implementation of the Construction Safety Program.
6. Works with Contracting staff to insure competent staff are assigned as CORs to oversee work.

E. Engineering/Maintenance Program Manager:

1. Participates in OSHA's 30-hour construction safety training (or VA accepted equivalent) at least once every 5 years. Participates in OSHA's 10-hour construction safety refresher training (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course. Ensures all employees remain in compliance with all construction safety training requirements.
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.

F. 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.

G. Contracting Officer (CO):

1. Participates in OSHA's 10-hour construction safety training and refresher course (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years.
2. Works with the assigned COR/RE/PM to ensure the 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 as the single designee on the Construction Safety Committee (CSC) ensuring contracts meet the committee's requirements.
5. Supports the CPs, VISN and medical center Safety staff, Infection Prevention staff, COR/RE/PM, and Facility Management Engineering staff in implementation of the Construction Safety Program.
6. Ensures that construction contracts awarded specify that on-site general and sub-contractor's construction workers have completed the OSHA 10-hour construction worker course, the OSHA 30-hour construction course, or other relevant competency training, as determined by the VA CP and VA COR with input from the Construction Safety Committee. The determination for training will be based on the project hazards and complexity, State and Federal regulations and VA requirements, and should be requested prior to solicitation of the contract.
7. Notifies the contractor in writing of any noncompliance with life safety, infection control, OSHA, VA, environmental, or other contract required standards, and requires timely action.
8. Initiates any penalties or actions as specified in the contract and this policy should the contractor fail to take appropriate action.
9. Provides technical support to the Safety staff, Infection Control staff, COR/RE/PM, and other related parties on the interpretation of contract language relative to safety requirements.
10. Ensures that the contractor meets and documents all required safety and health inspection activities.

H. Contracting Officer's Representative (COR)(VA Competent Person):

1. Participates in OSHA's 30-hour construction safety training (or VA accepted equivalent) at least once every 5 years. Participates in OSHA's 10-hour construction safety refresher training (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course. Ensures all contractor staff remain in compliance with training requirements, and maintains documentation for all contractor staff for each assigned project.
2. Is trained and designated as a CP for assigned projects for the purposes of this policy.
3. The team member most familiar with the technical aspects of his/her assigned project, inspects his/her projects on a daily basis to identify and documents deficiencies in the work including safety and infection control. Acts to correct deficiencies on-the-spot whenever possible. Works with the contractor to ensure all VA policies and procedures are understood and followed.
4. Reports all deficiencies to the multi-disciplinary team whether corrected or not. Provides timely verbal or written notification to the CO, Projects Section Manager, Safety Manager, Infection Control staff and/or other disciplines of any identified safety issues.
5. Consults with the Projects Section Manager and other members of the project team, as appropriate, to assure that all deficiencies are handled properly.
6. Consults with the Projects Section Manager and other members of the project 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. Performs and documents daily work site safety and health inspections as they pertain to the welfare of patients, visitors and staff.
8. Keeps the Projects Section Manager informed of where and when construction will be taking place, as well as the general nature of the work to be performed.
9. Reviews the project design and becomes familiar with the processes a contractor will use to complete the project and how those processes impact safety considerations.

10. Provides technical assistance to the CO and contracting staff, Safety staff, Infection Control staff, and other staff as applicable relative to construction and contract requirements. Reviews and acts on submitted contractor documentation.
11. Coordinates the temporary shutdown of vital equipment and utilities that may impact patient care, VA employee safety, or contractor safety. Coordination is completed with all affected areas/staff within the medical center and documented.
12. Ensures the security of the construction site is maintained, and that signs are clearly posted to restrict unauthorized access.
13. Works with the assigned CO to ensure the safety elements of this policy are included in each construction contract.
14. Notifies the contractor of all utility outages occurring at the medical center that may impact their work site or adjacent areas.

I. Safety Manager:

1. Participates in OSHA's 30-hour construction safety training (or VA accepted equivalent) at least once every 5 years. Participates in OSHA's 10-hour construction safety refresher training (or VA accepted equivalent) or other acceptable construction safety training totaling 10 hours at least once every 2 years when not scheduled for OSHA's 30-hour course. Ensures all Safety staff remain in compliance with training requirements.
2. Ensures necessary and relevant ILSMs (Interim Life Safety Measures) are established and implemented on construction projects as applicable. Conducts required additional training with staff in affected areas 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 the Construction Safety Program includes appropriate periodic construction site hazard surveillance.
6. Serves as the delegation of authority to immediately stop any observed construction activity that may pose an imminent danger. Such

actions require an immediate notice to the CO, Projects Section Manager, and COR/RE/PM.

J. 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 assigned COR/RE/PM 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.
3. Completes pre-construction TB risk assessments for all construction projects and provides the COR/RE/PM with this information for timely inclusion into all design packages.
4. Monitors Infection Control during construction activities as indicated in the ICRA for that project. Has the authority to immediately stop construction activity deemed to be a dangerous or potentially dangerous infection control issue (will immediately notify the CO, Projects Section Manager and the COR/RE/PM of this action).
5. Ensures Infection Control staff participates in the pre-construction briefings and other forums to review safety responsibilities, contractor safety plans, and VA safety requirements associated with the project.
6. Ensures all Infection Control staff complete OSHA's 10-hour construction safety refresher course (or VA accepted equivalent) at least once every 2 years.

K. Green Environment Management System (GEMS) Coordinator:

1. Provides guidance on environmental issues during design stage.
2. Monitors contractor conformance to contract specifications, including environmental compliance, pollution prevention, and construction debris diversion.

L. The Construction Safety Committee (CSC) Multi-Disciplinary Team:

1. Chaired by the Deputy Director.



2. Meets monthly and files reports to the Environment of Care Safety Committee.
3. Determines the scope and depth of safety, infection control, environmental and security procedures appropriate for all construction work.
4. 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.
5. 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.).
6. Participates in all phases of construction work from planning through completion as deemed necessary by the CSC. This includes review and approval the 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 when determined necessary.
7. Ensures the construction safety program includes 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. Hazard surveillance activities must be documented as to date, time, membership of the inspection team, deficiencies, type of corrective action, and time and date of correction. Ensures corrective actions are tracked to completion.
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. Ensures all contractors entering VA property comply with the Security Management Program. As a minimum, contractors must notify and obtain permission of the VA Police, be identified by project and employer, and be restricted from unauthorized access.
10. Requires the contractors' CPs to implement and maintain effective safety programs that identify and control hazards that may cause injury or illness to VA patients, staff, visitors, and contractor employees.

11. Evaluates the effectiveness of the construction safety program in an annual report to the facility safety and/or environment of care committee, or equivalent committee.

M. Police and Security:

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

N. Environmental Management Service (EMS)

1. The EMS Environmental Sanitation section provides housekeeping services to all areas of the facility while cleaning to prevent the spread of infection. They collect, remove and properly dispose of trash and infectious waste.

2. Participate in post-construction survey along with COR/RE/PM, safety staff, infection control staff, and others to identify cleaning needs.

3. Work with COR/RE/PM to ensure that proper cleaning of a post-construction area is performed in a proper and timely manner.

O. The contractor is responsible for:

1. The contractor, including all subcontractors, is directly responsible for the health and safety of their employees and the protection of the work environment. All contractor and subcontractor personnel are responsible for compliance with applicable local, state, federal and VA safety and health regulations. This includes compliance with all OSHA and Environmental Protection Agency (EPA) regulations.

2. Providing documentation to the CO and COR/RE/PM clearly showing the experience and training of the contractor's supervisory personnel. This documentation should indicate the qualifications of each individual as a SSHO or CP.

3. Conducting routine site safety inspections and maintaining documentation of such inspections and actions taken to correct deficiencies and unsafe conditions as required by the contract or at the request of the CO.

4. The contractor is responsible for working with the COR/RE/PM and obtaining and completing Pre-Construction Risk Assessment Permits, Infectious Control Risk Assessment Permits, Hot Work Permits, Penetration Permits, formal Utility Outage Requests, and other necessary permits as applicable to the construction activities being completed.

5. The contractor shall submit a Waste Management Plan. This shall be submitted to the medical center prior to any waste removal. The plan shall contain the following:

- a. Analysis
- b. Proposed Alternatives to Land Filling
- c. Methods of Handling Materials to be Recycled
- d. Procedures
- e. Landfill Options to include the names of the landfills
- f. Transportation to include a description of means whether site-separated or self-hauled
- g. Waste Management Plan Implementation, which includes a Waste Management Progress Report including material of land filled from project, identity of landfill, total amount of tipping fees paid at landfill and total disposal costs

6. The contractor shall ensure all staff has been screened for tuberculosis (TB) and all results have been transmitted to the VA COR/RE/PM prior to staff performing work on VAPHS property. The contractor will remove any staff who have not been screened until screening has been completed and approval has been received from the VA CO or COR/RE/PM.

7. The contractor shall ensure all staff have completed all necessary badging, credentialing, and information security requirements prior to staff performing work on VAPHS property. The contractor will remove any staff who have not completed all necessary requirements until these requirements have been completed and approval has been received from the VA CO or COR/RE/PM.

V. REFERENCES

VHA Emerging Pathogens Guidebook, 1998, Center for Engineering and Occupational Safety and Health available electronically at: <http://vaww.ceosh.med.va.gov>  
National Fire Protection Association (NFPA) Standards  
Note: Current NFPA Standards are available at facility and/or VISN Safety and Engineering and/or Facilities Management Offices.  
APIC Infection Control Tool Kit Series: Construction and Renovation, available from the Association of Professional Infection Control Practitioners and Epidemiologists (APIC).  
Guidelines for Design and Construction of Hospital and Health Care Facilities, American Institute of Architects, Washington DC  
Guidelines on Assessment and Remediation of Fungi in Indoor Environments, New York City Department of Health, Bureau of Environmental and Occupational Disease Epidemiology, at: [http://www.lchd.org/environhealth/ag/pdfs/NYC DOH Guidelines.pdf](http://www.lchd.org/environhealth/ag/pdfs/NYC%20DOH%20Guidelines.pdf)  
Infection Control During Construction. A Guide to Prevention and The Joint Commission Compliance, Wayne Hansen, Editor, Opus Communications  
OSHA Regulations for Construction Safety, 29 CFR 1926, available at: <http://www.osha.gov>  
Current Standards of The Joint Commission.  
VHA Directive 7701, Occupational Safety and Health  
VHA Handbook 7701.1, Occupational Safety and Health Program Procedures  
VA Directive 7700, Occupational Safety and Health  
Construction Safety Council, at: <http://www.buildsafe.org>  
VHA Directive 2011-036, Safety and Health During Construction Activities

VI. RESCISSION

Memorandum EC-051, dated February 5, 2015

VII. CONCURRENCES

001, 11, 002, 11B, 00B, 05, 00S, all Service Lines VPs, AFGE Local 2028

VIII. EXPIRATION

This memorandum automatically expires on June 2, 2019

*//Signed//*

KARIN MCGRAW, MSN, FACHE  
Medical Center Director

Attachments:

- A. Pre-Construction Meeting Checklist
- B. Contract Worker's Safety Information
- C. Preconstruction Risk Assessment for Construction
- D. Hot Work Policy and Permit
- E. Information Security/Safety Information
- F. Weekly Safety Inspection Checklist

Pre-Construction Meeting Checklist

Items of Discussion:

1. Which bid alternates were accepted? Verify that there is an agreement between the contractor and the VA regarding which of the alternates were accepted.
2. Labor Disputes (FAR 52.222-1).
3. Monthly Progress Payments (FAR 52.232-5).
4. Differing Site Conditions (FAR 52.236-2).
5. Superintendence by the Contractor (FAR 52.236-6). Superintendent must be employed by the contractor and must have full authority to act for the contractor.
6. Completion of Infection Control Risk Assessment (ICRA) Matrix of Precautions for Construction.
7. Completion of IC Permit and issuance (or procedures). All smoke and/or dust barriers will be in place and approved by infection control and safety prior to beginning any demolition or construction work.
8. Cleaning Up (FAR 52.236-12).
9. Accident Prevention (FAR 52.236-13).
10. Specifications and Drawings for Construction (FAR 52.236-21).
  - a. Specifications govern over drawings.
  - b. Work done without approved submittals shall be at contractor's risk.
11. Changes (APR 1984). No oral order shall be considered as a change.
12. Inspection of Construction (FAR 52.246-12).
13. Specifications and Drawings for Construction (VAAR 852.236-71). Drawings are not to be scaled.
14. Daily Report of Workers and Materials (VAAR 852.236-80). Weekly pay statement. Documentation required for apprentices.

15. Schedule of Work Progress (VAAR 852.236-84).
16. Workman's Compensation (VAAR 852.236-86).
17. Parking Regulations/Restrictions.
18. Hauling Demolition Material. Loads must be covered. Trucks must be equipped with a tailgate.
19. Receiving of Contractor Shipments by Government Employees.
20. Asbestos removal
21. Use of Government Ladders. Under no condition is the contractor authorized to use government ladders.
22. Smoking. No smoking in any building on station. Mechanical rooms and contractor occupied areas are no exception.
23. Material Safety Data Sheets. Contractor must provide MSDSs for all applicable materials that are brought onto the job site.
24. Safety. Safety of the contractor's personnel is the contractor's responsibility. VA will not intervene except when the safety of VA personnel or property is at risk.
25. Fire Stopping shall be provided for all penetrations in vertical and horizontal smoke partitions.
26. Hot Work Permits are required for all hot work.
27. Fire Safety During Construction.
  - a. The contractor shall manage the work and schedule material arrival in a manner to result in a minimum of combustible material stored in the building at any one time.
  - b. Under no condition will fire exits or other means of egress be blocked or partially blocked.
  - c. Housekeeping/cleanup requirements shall be rigorously adhered to. All construction debris shall be removed from the building prior to the end of each shift.
  - d. Smoking rules shall be strictly observed.

e. The fire alarm system may not be disarmed or disabled in any way unless an equally effective alternative fire alarm system is provided.

f. All construction partitions shall be constructed and sealed in accordance with VAPHS ILSM Policy Safety-001 and NFPA 241.

28. Lock Out/Tag Out Energy Control Program shall be observed by all contractor personnel. Contractor is to submit a copy of their policy for approval.

29. Working in Confined Space shall be observed by all contractor personnel. Contractor is to submit a copy of their policy for approval. Contractor must obtain a permit prior to conducting any confined space work



## Contract Worker's Safety Information

### Contract Reference No.:

The VA Pittsburgh Healthcare System is a full service medical center with inpatients, outpatients, visitors, and staff who can be affected by what you do while working here. Many of these patients may have health problems that make them more susceptible to materials used or generated in your work.

In the event of a fire, remember RACE. Rescue persons in immediate danger, pull the fire Alarm and Contain the fire by closing any doors. If it is safe to do so, and you have been trained, try to Extinguish the fire with a portable fire extinguisher. If you do not hear the alarm sound, call ext. 333 to report the location. Know the location of the fire alarm and extinguisher in your work area.

Keep all dust and odors within the construction or maintenance site. All Material Safety Data Sheets (MSDS) for materials must be posted. Provide MSDS to the Contracting Officer's Technical Representative (COR).

Asbestos. Assume that any sprayed-on fireproofing and thermal insulation contains asbestos. Ceiling tiles provide the barrier between the asbestos in the interstitial and the occupied areas below. Interior walls provide a similar barrier to asbestos fireproofing on vertical columns.

Ceiling tiles cannot be moved or displaced without proper containment and personal protective equipment. Wall penetrations cannot be made without proper containment and personal protective equipment. Immediately report all disturbances of asbestos-containing materials to your supervisor and the COR.

Hazardous Waste. The VA Pittsburgh Healthcare System indicates waste that is hazardous with different colored bags:

- RED for infectious or biohazardous waste.
- YELLOW for chemo waste.
- CLEAR & BLACK for general waste.
- Signs on containers also indicate whether the contents are biohazardous, radioactive or cytotoxic.
- DO NOT TOUCH THE CONTENTS OF ANY OF THESE CONTAINERS.

**Hazardous Spills.** Locate the MSDS and contact the Facility Management Service at extension 412-360-6138 during normal business hours for assistance. Alternately you can contact the VA's Industrial Hygienist at 412-360-3705 during normal business hours. In the event of no answer, or after hours contact the VA Operator at 412-688-6000 for assistance.

**Utility Shutdown.** You must notify your supervisor and COR for approval: (advance approval is required for all utility shutdowns in accordance with your contract requirements)

- Prior to lock out/tag out of any utility system.
- If a utility failure occurs.
- Prior to restoring a system.

**Smoking.** Smoking is not allowed in any building and only in designated outdoor areas.

**Patient Care Areas.** Before entering a patient care room, receive permission and instructions from the nurse in charge. Respect the privacy of all patients. Remember, the patients at VAPHS are veterans who have served to protect our country.

Your Project Manager (COR) is \_\_\_\_\_, ext.

The Safety Officer is \_\_\_\_\_, ext. xxxx,

Police and Security can be reached at extension 412-360-6911.

Employee    Name/    Signature    \_\_\_\_\_ Date: \_\_\_\_\_

<b>Pre-Construction Risk Assessment</b>	
<b>Safety Construction Permit</b>	
<b>Location of Construction:</b>	<b>Project Start Date:</b>
<b>Project Coordinator:</b>	<b>Estimated Duration:</b>
<b>Contractor Performing Work:</b>	<b>Permit Expiration Date:</b>
<b>Supervisor:</b>	<b>Telephone:</b>
<b>Description of project:</b>	
<b>Construction Activities</b>	
<p><b>This PRCA form ins intended to be used for construction and renovation projects. It is not intended to be used for non-destructive building maintenance task performed within a single room such as:</b></p> <ul style="list-style-type: none"> <li>• Painting or wall papering</li> <li>• Installation of soap dispenser/needle box/paper towel holder in patient room</li> <li>• Repair of window blind.</li> <li>• Ceiling tile replacement for areas               <ul style="list-style-type: none"> <li>○ less than 50% of the total square footage of business occupancies and non-patient areas</li> <li>○ less than five 2 X 2 tiles in a unoccupied patient rooms</li> </ul> </li> <li>• Minimum repair of nurse call system/TV/Bed/Telephone.</li> <li>• Testing, maintenance, or replacement of electric outlets, switched, or light bulbs Non-destructive</li> <li>• Routine plumbing maintenance to repair or unstop sinks or commodes</li> <li>• Repair medical gas outlet. (Front Body)</li> <li>• Air balance readings.</li> <li>• Routine checks and maintenance of HVAC systems</li> </ul>	
<p><b>The following must be completed prior to any construction activities</b></p> <ol style="list-style-type: none"> <li>1. <b>A construction barrier shall be constructed prior to starting any work.</b> <ul style="list-style-type: none"> <li>• No exits shall be directed to go through a construction area.</li> <li>• Doors shall be locked to prevent unauthorized entry</li> <li>• Put signs on doors into construction area "Construction Area – Do Not Enter".</li> <li>• Place tacky mats at doors exiting construction area.</li> <li>• Negative air shall be maintained in construction area (24/7) the duration of project.</li> <li>• Exhaust air from construction projects cannot be returned through the building HVAC system</li> <li>• Post a copy of this PCRA and a copy of the ICRA permit at the entrance to the construction area</li> </ul> </li> <li>2. <b>Emergency contact information and procedures for accidents/events that could impact Patient Care or Life Safety must be in place and posted at each job site.</b> Included in these procedures are such things as:               <ul style="list-style-type: none"> <li>• Emergency telephone numbers of key departments.</li> <li>• A plan that describes where main valves, switches, and controls are for the area in case of an emergency.</li> <li>• A plan for unexpected outages.</li> </ul> </li> <li>3. <b>Maintain clean, safe, and orderly work area.</b> <ul style="list-style-type: none"> <li>• All debris removal must be by covered cart.</li> <li>• Comply with all OSHA and VA Safety requirements</li> <li>• Daily safety checks shall be documented by the contractor.</li> </ul> </li> </ol>	

Yes	No	<p><b>Will there be any work that will require activation of the Interim Life Safety Measures during this project?</b></p> <p>a. Some things that trigger ILSM's to be implemented are but not limited to:</p> <ul style="list-style-type: none"> <li>• Any construction that impacts an EXIT or stairs, exit routes from occupied areas adjacent to construction site</li> <li>• Any construction that impacts major breaches in a fire or smoke wall, (penetration permit required)</li> <li>• Taking the main fire protection system (sprinkler) out of service</li> <li>• Taking the main fire alarm system out of service</li> </ul> <p>b. ILSM determination will be made by VAPHS Safety Department</p>
Yes	No	<p><b>Have Life Safety Drawings been reviewed to identify all hazardous areas, smoke partitions/barriers, and fire barrier walls?</b></p>
		<p>a. If so, are these walls clearly marked on construction drawings?</p>
Yes	No	<p><b>Will any penetrations be made in smoke or fire barrier walls?</b></p>
		<p>a. If so, Penetration Permits must be obtained and a copy of the fire stop/sealant material specification sheet(s) must be provided to the COR and VA Safety Office prior to making any penetrations in existing smoke partitions/barriers, and fire barrier walls</p>
Yes	No	<p><b>Will the functional or operational use of any rooms in the construction area be changed which could impact Life Safety Requirements?</b> Examples could include converting offices into storage space or mechanical spaces or changes to exits routes or exit access, or adding new fire/smoke walls.</p>
		<p>a. If so, who conducted the Life Safety assessment? _____</p> <p>b. Have all Life Safety review comments and concerns been addressed in the design?</p>
Yes	No	<p><b>Will there be hot work done on this project?</b></p>
		<p>a. If yes, a Hot Work notification must be made and a Hot Work Permit must be posted at the job site.</p> <p>b. An additional fire extinguisher must be on hand and a dedicated fire watch must be assigned to each hot work location while the hot work is being performed.</p>
Yes	No	<p><b>Will there be noise or vibrations generated that will impact a department adjacent to, above, or below the construction area?</b> All impacted departments must be notified</p>

		a. If so, how will noise or vibrations be reduced to an acceptable level?
Yes	No	<b>Will hazardous chemicals be used on this project?</b> If so, an <i>MSDS Sheet is required to be onsite for all chemicals used on site</i>
		a. If yes, how will fumes, odors, and spills be controlled?
Yes	No	<b>Will any internal combustion tools or equipment be used on this project?</b> <b>NOTE:</b> If used they are only authorized to be used outdoor in well ventilated areas and not near air handler, air compressor, or other equipment air intakes. For example gas powered saw or similar tools shall not be used inside buildings or near air intakes. Vehicles and equipment shall not be left unattended while running and shall not be allowed to idle when not in use. For example, trucks shall not be allowed to idle while being unloaded or loaded .
Yes	No	<b>Has the VAPHS Asbestos Survey been reviewed to determine if there is Asbestos Containing Material (ACM) within the project area?</b>
Yes	No	<b>Is there known or presumed ACM within the construction area?</b>
		a. What measures will be taken to prevent ACM within the construction area from being <i>disturbed or abated during the project?</i> b. <i>If abatement is planned VAPHS Safety, Asbestos O&amp;M Program Manager, AFGE Representatives , and departments in areas adjacent to abatement area must be notified of planned abatement action.</i> c. <i>If abatement is planned, provide name and License # of contracted Abatement Company</i> _____ d. <i>If abatement is planned list Allegheny County Abatement Permit #</i> _____
Yes	No	<b>Will there be any removal of lead building materials?</b> a. If yes, list procedures contractor will follow to control employees and patients' exposure. b. If bulk lead material is removed disposition documents must be provided to VAPHS GEMS Coordinator.
Yes	No	<b>Will there be any hoisting or crane use during the project?</b>
		a. If so has a hoisting plan been provided by the contractor and reviewed by Safety and COR?

<b>Yes</b>	<b>No</b>	<b>Will there be a Confined Space Entry required on this project?</b> If yes Contractor must <ul style="list-style-type: none"> <li>a. Review VAPHS confined space hazards identified on VAPHS confined space list</li> <li>b. Submit proof of confined space training qualifications for all workers who will enter a confined space on VAPHS property</li> <li>c. Submit a copy of their Confined Space Program and permit to COR which will be reviewed by VAPHS Safety Office</li> <li>d. Provide all required confined space entry and monitoring equipment and rescue service for their workers.</li> <li>e. VAPHS <b>does not</b> provide rescue service.</li> </ul>	
<b>Yes</b>	<b>No</b>	<b>Will any of the following systems be out of service at any time during the project?</b> <ul style="list-style-type: none"> <li>• Fire alarm</li> <li>• Sprinkler</li> <li>• Electrical</li> <li>• Domestic water</li> <li>• Oxygen</li> <li>• Sewage</li> <li>• HVAC</li> <li>• Communications Systems</li> </ul>	
		a. If so have contingency plans been developed and coordinated with all impacted departments?	
<b>Additional Safety Concerns</b>			
<b>Yes</b>	<b>No</b>		
Permit Requested By		Safety Approval	COTR/Project Coordinator
Date:		Date:	Date:

VA PITTSBURGH HEALTHCARE SYSTEM  
HOT WORK PERMIT PROGRAM  
MARCH, 2010

1. HOT WORK PERMITS are required for ALL hot work operations. Hot work is defined as riveting, welding, flame cutting or other operations that produce fire or sparks.
2. Facilities Management Shop Supervisors and Project Section Staff are responsible for pre-inspection, permit issue, and post-inspection of hot work areas.
3. All hot work must be reported to the Shop Supervisor or Project Engineer (COTR) before the work is started. The Electronics Shop must also be notified so that affected fire alarms may be turned off to prevent false alarms.
4. Whenever a hot work permit is issued for work inside a VA Occupied Building, the person who issues the permit must send an e-mail notification to VHAPTH HOT WORK, with the following information:

Date of the hot work  
Location of hot work  
Reason for the hot work  
Name and phone number of person to contact if problems are identified.

VA Safety Staff will review the notifications and conduct spot checks to insure that all safety precautions are being observed.

5. A sample permit form that can be reproduced is attached to this policy. Electronic copies are available from the Safety Office. Both pages must be filled out before the start of any hot work operation. The Supervisor or Project Engineer (COTR) who issued the permit shall maintain a copy.
6. Upon completion of the hot work, the area shall be re-inspected by the person who issued the permit and the issuer shall file a copy of the closed permit. The person who issued the permit shall also notify the Electronics Shop so that fire alarms can be placed back in service.
7. A fire extinguisher must be available for use within twenty-five feet of the hot work operation. The extinguisher must be fully charged and in operating condition (handles not broken, hose in good condition, etc.). Facilities Management personnel can obtain a spare extinguisher from the Safety Office. Contractors must supply their own extinguishers for the use during hot work in project work areas.
8. All employees and contractors must know how to turn in a fire alarm by activating the closest fire alarm pull station and by dialing 911 on the closest available in house phone.

  
Kevin Geeting  
Safety Manager

<b>Department of Veterans Affairs</b>		<b>OPEN FLAME OR WELDING PERMIT</b>	
<b>INSTRUCTIONS:</b> Complete items 1 through 13 of this form for any proposed open flame or welding procedure and submit for approval a minimum of 48 hours in advance of proposed work.			
1. NAME OF PROJECT		2. LOCATION OF WORK	
3. DESCRIPTION OF WORK REQUIRING OPEN FLAME OR WELDING PROCESS			
4. TYPE OF PROCESS			
5. PROPOSED DATE OF WORK	6. START TIME	7. STOP TIME	
<b>SAFETY NOTES</b>			
A. Notify Government project supervisor ( <i>by submission of this permit</i> ) of proposed open flame or welding process schedule a minimum of 48 hours in advance of the first scheduled day of use. B. Post an approved open flame or welding permit at the work site during all related work. C. Provide fire watch with extinguisher (more than one may be required). D. Provide protective barriers and signs to prevent accidental entry by unauthorized personnel. E. Wear protective clothing and/or gear. F. Provide protection from falling objects or debris. G. Prevent migration of smoke and smoldering materials, draw smoke to exterior of building using portable ventilation equipment. H. When any normally secured exterior door is opened, additional armed guard service is required at the contractors' expense. Request for additional armed guard service must be submitted to Division (00E) by contractor in advance. I. Remove or protect nearby flammable materials. J. Become familiar with location of nearest fire alarm pull-stations and additional extinguishers. K. In the event of a fire, sound the fire alarm and notify guard of location. L. The fire watch shall remain in the area until completion of the post-work inspection. M. Clean up all debris, dust, ashes, etc., upon completion of the work each day. N. Notify Government representative at time of completion of work.			
<b>ACKNOWLEDGEMENT:</b> I hereby acknowledge that I have read the above notes and appropriate sections of the project specifications, and that I will comply: ( <i>if more than one person will be performing items 8 and 11, provide full legal name, signature, and date of signature for each additional employee on the back of this form.</i> )			
8. FULL LEGAL NAME OF CONTRACTOR EMPLOYEE PERFORMING ACTIVITY			
9. SIGNATURE OF CONTRACTOR EMPLOYEE PERFORMING ACTIVITY		10. DATE	
11. FULL LEGAL NAME OF PERSON DESIGNATED AS CONTRACTOR FIRE WATCH			
12. SIGNATURE OF CONTRACTOR FIRE WATCH		13. DATE	
<b>FOR GOVERNMENT USE ONLY</b>			
<b>DETERMINATION:</b> I have determined that it is not feasible to conduct the above "hot work" in a shop area or outside the building. A permit is issued for the above listed work during the specified dates/times and I have received authorization for a <u>Utility Shutdown</u> for the fire alarm, HVAC, sprinkler, or other systems as required for this work.			
14. SIGNATURE OF GOVERNMENT APPROVING AUTHORITY OFFICIAL		15. DATE	
<b>CERTIFICATION:</b> I have inspected the work area prior to the specified work and am satisfied suitable precautions have been taken to prevent a fire. The Fire Watch is knowledgeable in the use of the fire extinguisher provided and how to turn on the fire alarm and/or summon the fire department in the event of an emergency. The building maintenance contractor has been notified of the date, time, and type of work to be performed.			
16. SIGNATURE OF GOVERNMENT PRE-WORK INSPECTOR		17. DATE	
<b>CERTIFICATION:</b> I have inspected the work area not sooner than 30 minutes following completion of the specified work and have found no evidence of hidden fire or smoldering materials. The building maintenance contractor has been notified of completion of this work.			
18. SIGNATURE OF GOVERNMENT POST-WORK INSPECTOR		19. DATE	

VA FORM  
JUN 2000 **185(200)**



**VA Privacy Training for Personnel without Access to VA Computer Systems  
or Direct Access or Use to VA Sensitive Information**

The Department of Veterans Affairs, VA must comply with all applicable privacy and confidentiality statutes and regulations. One of the requirements in VA is to have all personnel trained annually on privacy requirements. "Privacy" represents what must be protected by VA in the collection, use, and disclosure of personal information whether the medium is electronic, paper or verbal.

This document satisfies the "basic" privacy training requirement for a contractor, volunteer, or other personnel **only if** the individual does not use or have access to any VA computer system such as Time and Attendance, PAID, CPRS, VistA Web, VA sensitive information or protected health information (PHI), whether paper or electronic. You will find this training outlines your roles and responsibility for protecting VA sensitive information (medical, financial, or educational) that you may incidentally or accidentally see or overhear.

If you have direct access to protected health information or access to a VA computer system where there is protected health information such as CPRS, VistA Web, you must take "Privacy and HIPAA Focused Training" (TMS 10203). "VA Privacy and Information Security Awareness and Rules of Behavior" (TMS 10176) is always required in order to use or gain access to a VA computer systems or VA sensitive information, whether or not protected health information is included. Both trainings are located within the VA Talent Management System (TMS): <https://www.tms.va.gov>

**What is VA Sensitive Information/Data?**

All Department information and/or data on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes not only information that identifies an individual but also other information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, and records about individuals requiring protection under applicable confidentiality provisions.

**What is Protected Health Information?**

The HIPAA Privacy Rule defines protected health information as Individually Identifiable Health Information transmitted or maintained in any form or medium by a covered entity, such as VHA.

**What is an "Incidental" Disclosure?**

An incidental disclosure is one where an individual's information may be disclosed incidentally even though appropriate safeguards are in place. Due to the nature of VA communications and practices, as well as the various environments in which Veterans receive healthcare or other services from VA, the potential exists for a Veteran's protected health information or VA sensitive information to be disclosed incidentally.

For example:

- You overhear a healthcare provider's conversation with another provider or patient even when the conversation is taken place appropriately.
- You may see limited Veteran information on sign-in sheets or white boards within a treating area of the facility.
- Hearing a Veteran's name being called out for an appointment or when the Veteran is being transported/escorted to and from an appointment.

**Safeguards You Must Follow To Secure VA Sensitive Information:**

- Secure any VA sensitive information found in unsecured public areas (parking lot, trash can, or vacated area) until information can be given to your supervisor or Privacy Officer. You must report such incidents to your Privacy Officer timely.
- Don't take VA sensitive information off facilities grounds without VA permission unless the VA information is general public information, i.e., brochures/pamphlets.
- Don't take pictures using a personal camera without the permission from the Medical Center Director.
- Any protected health information overheard or seen in VA should not be discussed or shared with anyone who does not have a need to know the information in the performance of their official job duties, this includes spouses, employers or colleagues.
- Do not share VA access cards, keys, or codes to enter the facility.
- Immediately report lost or stolen Personal Identity Verification (PIV) or Veteran Health Identification Cards (VHIC), any VA keys or keypad lock codes to your supervisor or VA police.
- Do not use a VA computer using another VA employee's access and password.
- Do not ask another VA employee to access your own protected health information. You must request this information in writing from the Release of Information section at your facility.

**What are the Six Privacy Laws and Statutes Governing VA?**

1. Freedom of Information Act (FOIA) compels disclosure of reasonably described VA records or a reasonably segregated portion of the records to any person upon written request unless one or more of the nine exemptions apply.
2. Privacy Act of 1974 provides for the confidentiality of personal information about a living individual who is a United States citizen or an alien lawfully admitted to U.S. and whose information is retrieved by the individual's name or other unique identifier, e.g. Social Security Number.
3. Health Insurance Portability and Accountability Act (HIPAA) provides for the improvement of the efficiency and effectiveness of health care systems by encouraging the development of health information systems through the establishment of standards and requirements for the electronic transmission, privacy, and security of certain health information.
4. 38 U.S.C. 5701 provides for the confidentiality of all VA patient and claimant information, with special protection for their names and home addresses.
5. 38 U.S.C. 7332 provides for the confidentiality of drug abuse, alcoholism and alcohol abuse, infection with the human immunodeficiency virus (HIV) and sickle cell anemia medical records and health information.

6. 38 U.S.C. 5705 provides for the confidentiality of designated medical-quality assurance documents.

**What are the Privacy Rules Concerning Use and Disclosure?**

You are not authorized to use or disclose protected health information. In general, VHA personnel may only use information for purposes of treatment, payment or healthcare operations when they have a need-to-know in the course of their official job duties. VHA may only disclose protected health information upon written request by the individual who is the subject of the information or as authorized by law.

**How is Privacy Enforced?**

There are both civil and criminal penalties, including monetary penalties that may be imposed if a privacy violation has taken place. Any willful negligent or intentional violation of an individual's privacy by VA personnel, contract staff, volunteers, or others may result in such corrective action as deemed appropriate by VA including the potential loss of employment, contract, or volunteer status.

Know your VA/VHA Privacy Officer and Information Security Officer. These are the individuals to whom you can report any potential violation of protected health information or VA sensitive information, or any other concerns regarding privacy of VA sensitive information.

**YOU ARE RESPONSIBLE FOR PROTECTING THE CONFIDENTIAL  
INFORMATION OF OUR VETERANS**

\_\_\_\_\_  
Employee (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name of Contract Agency, if contractor

\_\_\_\_\_  
Print Name of VHA Department/Supervisor/Contracting Officer

PROVIDE A COPY OF THIS FORM TO YOUR SUPERVISOR/CONTRACTING OFFICER  
FOR DATA ENTRY INTO TALENT MANAGEMENT SYSTEM

WEEKLY CONSTRUCTION SITE SAFETY REVIEW				
PROJECT:	DATE:			
<b>A. GENERAL &amp; SITE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are all construction barriers smoke tight and constructed to the required rating (1hr; 2hr if floor penetrations exist)?				
2. Are all exterior work & staging areas secure using fence and padlocks accessible by VAMC personnel?				
2. Are all interior entrances functional and adequate (self-closing doors, locked, accessible by VAMC personnel)?				
3. Are all permits (including ICRA/PCRA) updated and posted at entrances? Are all necessary warning signs posted at entrances?				
4. Are all exits (inside and outside site) clear and free from debris/materials? Are ILSMs/signage in place as required?				
5. Is interior and exterior of site clean and free from debris, trash, flammables, etc.?				
6. Comments?				
<b>B. INFECTION CONTROL (ICRA)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are all ICRA barriers dust proof and constructed/used as required by the ICRA permit & prior reviews?				
2. Is negative air being maintained at the site relative to occupied spaces? Is a Baulin Tube/Manometer present, properly functioning, and visible outside the site?				
3. Is the HVAC system disconnected and/or covered?				
4. Are all other permit requirements being followed by contractor personnel?				
5. Comments?				
<b>C. PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are any signs posted requiring the use of specialized/specific PPE? Are all workers following the posted requirements?				
2. Is the PPE in use by workers at the site appropriate for the tasks being undertaken?				
3. Comments?				
<b>D. HAND TOOLS &amp; SMALL EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are the hand tools & small equipment in use in good repair & properly guarded?				
2. Are all tools/equipment being used properly as intended?				
3. Comments?				
<b>E. ELECTRICAL SAFETY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are all cords, plugs, and temporary power stations in good repair, protected with functional GFCI, and grounded?				
2. Are active power panels/circuits properly covered, locked, and identified? Are inactive panels/circuits locked & tagged out?				
3. Comments?				
WEEKLY CONSTRUCTION SITE SAFETY REVIEW				
PROJECT:		DATE:		
<b>F. FIRE SAFETY, WELDING, &amp; CUTTING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are there adequate fire extinguishers in the area and easily accessible?				

WEEKLY CONSTRUCTION SITE SAFETY REVIEW				
PROJECT:		DATE:		
<b>F. FIRE SAFETY, WELDING, &amp; CUTTING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are there adequate fire extinguishers in the area and easily accessible?				
2. Is hot work taking place? If so is there a valid hot work permit? Is the hot work permit being followed?				
3. Are new penetrations being made in rated barriers/floors? If so is there a valid penetration permit and is it being followed?				
4. Are sprinkler systems active in the construction area? If not is a fire watch in place?				
5. Comments?				
<b>G. LADDERS &amp; SCAFFOLDS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Are ladders in use? If so are they in good condition, properly tied off/supported/braced, and of the proper height?				
2. Are scaffolds in use? If so are they in good condition, properly supported/tied to structure? Are all components (rails, planks, toe boards, etc.) in good repair and properly installed?				
3. For scaffolds, are daily/periodic inspections documented?				
4. Comments?				
<b>H. FALL PROTECTION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Is fall protection being used where work is more than 6ft above a lower level or where an unprotected edge/opening is present? Is correct fall protection being used properly?				
2. Are lower levels properly protected from falling objects?				
3. Are inspections of fall protection equipment documented?				
4. Comments?				
<b>I. EXCAVATION (INCLUDING ANY DIGGING)</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Is any excavation taking place? If so has all required sub-surface scanning, utility identification, and utility marking taken place? Are markings visible onsite/on a drawing site plan?				
2. If required, does the excavation have shoring, ladder escape, and edge protection provided per OSHA?				
3. Has a competent person been identified onsite and is that person documenting routine inspections of the excavation work?				
4. Comments?				
<b>J. VEHICLES/LARGE EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1. Is all equipment present onsite in good repair with no visible defects or failed parts? Are all factory installed safety devices present, in serviceable condition, and able to do the job they				
2. Comments?				
<b>K. OTHER COMMENTS:</b>				