SECTION 01 35 26
SAFETY REQUIREMENTS

1.1 APPLICABLE PUBLICATIONS:

A. Latest publications listed below form part of this Article to extent referenced. Publications are referenced in text by basic designations only.

B. American Society of Safety Engineers (ASSE):

A10.1-2011.....Pre-Project & Pre-Task Safety and Health Planning

A10.34-2012.....Protection of the Public on or Adjacent to Construction Sites

A10.38-2013.....Basic Elements of an Employer’s Program to Provide a Safe and Healthful Work Environment American National Standard Construction and Demolition Operations

C. American Society for Testing and Materials (ASTM):

E84-2013.....Surface Burning Characteristics of Building Materials

D. The Facilities Guidelines Institute (FGI):

FGI Guidelines-2010Guidelines for Design and Construction of Healthcare Facilities

E. National Fire Protection Association (NFPA):

10-2013.....Standard for Portable Fire Extinguishers

30-2012.....Flammable and Combustible Liquids Code

51B-2014.....Standard for Fire Prevention During Welding, Cutting and Other Hot Work

70-2014.....National Electrical Code

70B-2013.....Recommended Practice for Electrical Equipment Maintenance

70E-2015 .....Standard for Electrical Safety in the Workplace

99-2012.....Health Care Facilities Code

241-2013.....Standard for Safeguarding Construction, Alteration, and Demolition Operations

F. The Joint Commission (TJC)

TJC Manual .....Comprehensive Accreditation and Certification Manual

G. U.S. Nuclear Regulatory Commission

10 CFR 20 .....Standards for Protection Against Radiation

H. U.S. Occupational Safety and Health Administration (OSHA):

29 CFR 1904 .....Reporting and Recording Injuries & Illnesses

29 CFR 1910 .....Safety and Health Regulations for General Industry

29 CFR 1926 .....Safety and Health Regulations for Construction Industry

CPL 2-0.124.....Multi-Employer Citation Policy

I. VHA Directive 2005-007

1.2 DEFINITIONS:

A. OSHA “Competent Person” (CP). 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 (see 29 CFR 1926.32(f)).

B. "Qualified Person" means one who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training and experience, has successfully demonstrated his ability to solve or resolve problems relating to the subject matter, the work, or the project.

C. High Visibility Accident. Any mishap which may generate publicity or high visibility.

D. Accident/Incident Criticality Categories:

No impact – near miss incidents that should be investigated but are not required to be reported to the VA;

Minor incident/impact – incidents that require first aid or result in minor equipment damage (less than $5000). These incidents must be investigated but are not required to be reported to the VA;

Moderate incident/impact – Any work-related injury or illness that results in:

1. Days away from work (any time lost after day of injury/illness onset);

2. Restricted work;

3. Transfer to another job;

4. Medical treatment beyond first aid;

5. Loss of consciousness;

6. A significant injury or illness diagnosed by a physician or other licensed health care professional, even if it did not result in (1) through (5) above or,

7. any incident that leads to major equipment damage (greater than $5000).

These incidents must be investigated and are required to be reported to the VA;

Major incident/impact – Any mishap that leads to fatalities, hospitalizations, amputations, and losses of an eye as a result of contractors' activities. Or any incident which leads to major property damage (greater than $20,000) and/or may generate publicity or high visibility. These incidents must be investigated and are required to be reported to the VA as soon as practical, but not later than 2 hours after the incident.

E. Medical Treatment. Treatment administered by a physician or by registered professional personnel under the standing orders of a physician. Medical treatment does not include first aid treatment even through provided by a physician or registered personnel.

1.3 REGULATORY REQUIREMENTS:

A. In addition to the detailed requirements included in the provisions of this contract, comply with 29 CFR 1926, comply with 29 CFR 1910 as incorporated by reference within 29 CFR 1926, comply with ASSE A10.34, and all applicable [federal, state, and local] laws, ordinances, criteria, rules and regulations. Submit matters of interpretation of standards for resolution before starting work. Where the requirements of this specification, applicable laws, criteria, ordinances, regulations, and referenced documents vary, the most stringent requirements govern except with specific approval and acceptance by the Contracting Officer Representative.

1.4 ACCIDENT PREVENTION PLAN (APP):

A. The APP (aka Construction Safety & Health Plan) shall interface with the Contractor's overall safety and health program. Include any portions of the Contractor's overall safety and health program referenced in the APP in the applicable APP element and ensure it is site-specific. The Government considers the Prime Contractor to be the "controlling authority" for all worksite safety and health of each subcontractor(s). Contractors are responsible for informing their subcontractors of the safety provisions under the terms of the contract and the penalties for noncompliance, coordinating the work to prevent one craft from interfering with or creating hazardous working conditions for other crafts, and inspecting subcontractor operations to ensure that accident prevention responsibilities are being carried out.

B. The APP shall be prepared as follows:

1. Written in English by a qualified person who is employed by the Prime Contractor articulating the specific work and hazards pertaining to the contract (model language can be found in ASSE A10.33). Specifically articulating the safety requirements found within these VA contract safety specifications.

2. Address both the Prime Contractors and the subcontractors work operations.

3. State measures to be taken to control hazards associated with materials, services, or equipment provided by suppliers.

4. Address all the elements/sub-elements and in order as follows:

   a. **SIGNATURE SHEET.** Title, signature, and phone number of the following:

      1) Plan preparer (Qualified Person such as corporate safety staff person or contracted Certified Safety Professional with construction safety experience);

      2) Plan approver (company/corporate officers authorized to obligate the company);

      3) Plan concurrence (e.g., Chief of Operations, Corporate Chief of Safety, Corporate Industrial Hygienist, project manager or superintendent, project safety professional). Provide concurrence of other applicable corporate and project personnel (Contractor).

   b. **BACKGROUND INFORMATION**. List the following:

      1) Contractor;

      2) Contract number;

      3) Project name;

      4) Brief project description, description of work to be performed, and location; phases of work anticipated (these will require an AHA).

   c. **STATEMENT OF SAFETY AND HEALTH POLICY**. Provide a copy of current corporate/company Safety and Health Policy Statement, detailing commitment to providing a safe and healthful workplace for all employees. The Contractor’s written safety program goals, objectives, and accident experience goals for this contract should be provided.

d. **RESPONSIBILITIES AND LINES OF AUTHORITIES**. Provide the following:

1) A statement of the employer’s ultimate responsibility for the implementation of his SOH program;

2) Identification and accountability of personnel responsible for safety at both corporate and project level. Contracts specifically requiring safety or industrial hygiene personnel shall include a copy of their resumes.

3) The names of Competent and/or Qualified Person(s) and proof of competency/qualification to meet specific OSHA Competent/Qualified Person(s) requirements must be attached.;

4) Requirements that no work shall be performed unless a designated competent person is present on the job site;

5) Requirements for pre-task Activity Hazard Analysis (AHAs);

6) Lines of authority;

7) Policies and procedures regarding noncompliance with safety requirements (to include disciplinary actions for violation of safety requirements) should be identified;

e. SUBCONTRACTORS AND SUPPLIERS. If applicable, provide procedures for coordinating SOH activities with other employers on the job site:

1) Identification of subcontractors and suppliers (if known);

2) Safety responsibilities of subcontractors and suppliers.

f. **TRAINING.**

1) Site-specific SOH orientation training at the time of initial hire or assignment to the project for every employee before working on the project site is required.

2) Mandatory training and certifications that are applicable to this project (e.g., explosive actuated tools, crane operator, rigger, crane signal person, fall protection, electrical lockout/NFPA 70E, machine/equipment lockout, confined space,

etc…) and any requirements for periodic retraining/recertification are required.

3) Procedures for ongoing safety and health training for supervisors and employees shall be established to address changes in site hazards/conditions.

4) OSHA 10-hour training is required for all workers on site and the OSHA 30-hour training is required for Trade Competent Persons (CPs)

g. SAFETY AND HEALTH INSPECTIONS.

1) Specific assignment of responsibilities for a minimum daily job site safety and health inspection during periods of work activity: Who will conduct (e.g., “Site Safety and Health CP”), proof of inspector’s training/qualifications, when inspections will be conducted, procedures for documentation, deficiency tracking system, and follow-up procedures.

2) Any external inspections/certifications that may be required (e.g., contracted CSP or CSHT)

h. ACCIDENT/INCIDENT INVESTIGATION & REPORTING. The Contractor shall conduct mishap investigations of all Moderate and Major as well as all High Visibility Incidents. The APP shall include accident/incident investigation procedure and identify person(s) responsible to provide the following to the Contracting Officer Representative:

1) Exposure data (man-hours worked);

2) Accident investigation reports;

3) Project site injury and illness logs.

i. PLANS (PROGRAMS, PROCEDURES) REQUIRED. Based on a risk assessment of contracted activities and on mandatory OSHA compliance programs, the Contractor shall address all applicable occupational, patient, and public safety risks in site-specific compliance and accident prevention plans. These Plans shall

include but are not be limited to procedures for addressing the risks associates with the following:

1) Emergency response;

2) Fire Prevention;

3) Medical Support;

4) Prevention of alcohol and drug abuse;

5) Site sanitation (housekeeping, drinking water, toilets);

6) Night operations and lighting;

7) Electrical Safe Work Practices (Electrical LOTO/NFPA 70E);

8) General Electrical Safety;

9) Hazardous energy control (Machine LOTO);

10) Site-Specific Fall Protection & Prevention;

11) Respiratory protection;

12) Health hazard control program;

C. Submit the APP to the Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES 15 calendar days prior to the date of the preconstruction conference for acceptance. Work cannot proceed without an accepted APP.

D. Once accepted by the Contracting Officer Representative, the APP and attachments will be enforced as part of the contract. Disregarding the provisions of this contract or the accepted APP will be cause for stopping of work, at the discretion of the Contracting Officer in accordance with FAR Clause 52.236-13, *Accident Prevention*, until the matter has been rectified.

E. Once work begins, changes to the accepted APP shall be made with the knowledge and concurrence of the project superintendent, project overall designated OSHA Competent Person, and Contracting Officer Representative. Should any severe hazard exposure, i.e. imminent

danger, become evident, stop work in the area, secure the area, and develop a plan to remove the exposure and control the hazard. Notify the Contracting Officer within 24 hours of discovery. Eliminate/remove the hazard. In the interim, take all necessary action to restore and maintain safe working conditions in order to safeguard onsite personnel, visitors, the public and the environment.

1.5 ACTIVITY HAZARD ANALYSES (AHAS):

A. AHAs are also known as Job Hazard Analyses, Job Safety Analyses, and Activity Safety Analyses. Before beginning each work activity involving a type of work presenting hazards not experienced in previous project operations or where a new work crew or sub-contractor is to perform the work, the Contractor(s) performing that work activity shall prepare an AHA (Example electronic AHA forms can be found on the US Army Corps of Engineers web site)

B. AHAs shall define the activities being performed and identify the work sequences, the specific anticipated hazards, site conditions, equipment, materials, and the control measures to be implemented to eliminate or reduce each hazard to an acceptable level of risk.

C. Work shall not begin until the AHA for the work activity has been accepted by the Contracting Officer Representative and discussed with all engaged in the activity, including the Contractor, subcontractor(s), and Government on-site representatives at preparatory and initial control phase meetings.

1. The names of the Competent/Qualified Person(s) required for a particular activity (for example, excavations, scaffolding, fall protection, other activities as specified by OSHA and/or other State and Local agencies) shall be identified and included in the AHA. Certification of their competency/qualification shall be submitted to the Government Designated Authority (GDA) for acceptance prior to the start of that work activity.

2. The AHA shall be reviewed and modified as necessary to address changing site conditions, operations, or change of competent/qualified person(s).

a. If more than one Competent/Qualified Person is used on the AHA activity, a list of names shall be submitted as an attachment to the AHA. Those listed must be Competent/Qualified for the type of work involved in the AHA and familiar with current site safety issues.

b. If a new Competent/Qualified Person (not on the original list) is added, the list shall be updated (an administrative action not requiring an updated AHA). The new person shall acknowledge in writing that he or she has reviewed the AHA and is familiar with current site safety issues.

3. Submit AHAs to the Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES for review at least 15 calendar days prior to the start of each phase. Subsequent AHAs as shall be formatted as amendments to the APP. The analysis should be used during daily inspections to ensure the implementation and effectiveness of the activity's safety and health controls.

4. The AHA list will be reviewed periodically (at least monthly) at the Contractor supervisory safety meeting and updated as necessary when procedures, scheduling, or hazards change.

5. Develop the activity hazard analyses using the project schedule as the basis for the activities performed. All activities listed on the project schedule will require an AHA. The AHAs will be developed by the contractor, supplier, or subcontractor and provided to the prime contractor for review and approval and then submitted to the Contracting Officer Representative.

1.6 PRECONSTRUCTION CONFERENCE:

A. Contractor representatives who have a responsibility or significant role in implementation of the accident prevention program, as required by 29 CFR 1926.20(b)(1), on the project shall attend the preconstruction conference to gain a mutual understanding of its implementation. This includes the project superintendent, subcontractor

superintendents, and any other assigned safety and health professionals.

1.7 “SITE SAFETY AND HEALTH OFFICER” (SSHO) AND “COMPETENT PERSON” (CP):

A. The Prime Contractor shall designate a minimum of one SSHO at each project site that will be identified as the SSHO to administer the Contractor's safety program and government-accepted Accident Prevention Plan. Each subcontractor shall designate a minimum of one CP in compliance with 29 CFR 1926.20 (b)(2) that will be identified as a CP to administer their individual safety programs.

B. Further, all specialized Competent Persons for the work crews will be supplied by the respective contractor as required by 29 CFR 1926 (i.e. Asbestos, Electrical, Cranes, & Derricks, Demolition, Fall Protection, Fire Safety/Life Safety, Ladder, Rigging, Scaffolds, and Trenches/Excavations).

C. These Competent Persons can have collateral duties as the subcontractor’s superintendent and/or work crew lead persons as well as fill more than one specialized CP role (i.e. Asbestos, Electrical, Cranes, & Derricks, Demolition, Fall Protection, Fire Safety/Life Safety, Ladder, Rigging, Scaffolds, and Trenches/Excavations).

D. The SSHO or an equally-qualified Designated Representative/alternate will maintain a presence on the site during construction operations in accordance with FAR Clause 52.236-6: *Superintendence by the Contractor*. CPs will maintain presence during their construction activities in accordance with above mentioned clause. A listing of the designated SSHO and all known CPs shall be submitted prior to the start of work as part of the APP with the training documentation and/or AHA as listed in Section 1.8 below.

E. The repeated presence of uncontrolled hazards during a contractor’s work operations will result in the designated CP as being deemed incompetent and result in the required removal of the employee in accordance with FAR Clause 52.236-5: Material and Workmanship, Paragraph (c).

1.8 TRAINING:

A. The designated Prime Contractor SSHO must meet the requirements of all applicable OSHA standards and be capable (through training, experience, and qualifications) of ensuring that the requirements of 29 CFR 1926.16 and other appropriate Federal, State and local requirements are met for the project. As a minimum the SSHO must have completed the OSHA 30-hour Construction Safety class and have five (5) years of construction industry safety experience or three (3) years if he/she possesses a Certified Safety Professional (CSP) or certified Construction Safety and Health Technician (CSHT) certification or have a safety and health degree from an accredited university or college.

B. All designated CPs shall have completed the OSHA 30-hour Construction Safety course within the past 5 years.

C. In addition to the OSHA 30 Hour Construction Safety Course, all CPs with high hazard work operations such as operations involving asbestos, electrical, cranes, demolition, work at heights/fall protection, fire safety/life safety, ladder, rigging, scaffolds, and trenches/excavations shall have a specialized formal course in the hazard recognition & control associated with those high hazard work operations. Documented “repeat” deficiencies in the execution of safety requirements will require retaking the requisite formal course.

D. All other construction workers shall have the OSHA 10-hour Construction Safety Outreach course and any necessary safety training to be able to identify hazards within their work environment.

E. Submit training records associated with the above training requirements to the Contracting Officer Representative for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES 15 calendar days prior to the date of the preconstruction conference for acceptance.

F. Prior to any worker for the contractor or subcontractors beginning work, they shall undergo a safety briefing provided by the SSHO or his/her designated representative. As a minimum, this briefing shall include information on the site-specific hazards, construction limits, VAMC safety guidelines, means of egress, break areas, work hours, locations of restrooms, use of VAMC equipment, emergency procedures,

accident reporting etc... Documentation shall be provided to the Resident Engineer that individuals have undergone contractor’s safety briefing.

G. Ongoing safety training will be accomplished in the form of weekly documented safety meeting.

1.9 INSPECTIONS:

A. The SSHO shall conduct frequent and regular safety inspections (daily) of the site and each of the subcontractors CPs shall conduct frequent and regular safety inspections (daily) of the their work operations as required by 29 CFR 1926.20(b)(2). Each week, the SSHO shall conduct a formal documented inspection of the entire construction areas with the subcontractors’ “Trade Safety and Health CPs” present in their work areas. Coordinate with, and report findings and corrective actions weekly to Contracting Officer Representative.

1.10 ACCIDENTS, OSHA 300 LOGS, AND MAN-HOURS:

A. The prime contractor shall establish and maintain an accident reporting, recordkeeping, and analysis system to track and analyze all injuries and illnesses, high visibility incidents, and accidental property damage (both government and contractor) that occur on site. Notify the Contracting Officer Representative as soon as practical, but no more than four hours after any accident meeting the definition of a Moderate or Major incidents, High Visibility Incidents, , or any weight handling and hoisting equipment accident. Within notification include contractor name; contract title; type of contract; name of activity, installation or location where accident occurred; date and time of accident; names of personnel injured; extent of property damage, if any; extent of injury, if known, and brief description of accident (to include type of construction equipment used, PPE used, etc.). Preserve the conditions and evidence on the accident site until the Contracting Officer Representative determine whether a government investigation will be conducted.

B. Conduct an accident investigation for all Minor, Moderate and Major incidents as defined in paragraph DEFINITIONS, and property damage accidents resulting in at least $20,000 in damages, to establish the root cause(s) of the accident. Complete the VA Form 2162 (or

equivalent) , and provide the report to the Contracting Officer Representative within 5 calendar days of the accident. The Contracting Officer Representative will provide copies of any required or special forms.

C. A summation of all man-hours worked by the contractor and associated sub-contractors for each month will be reported to the Contracting Officer Representative monthly.

D. A summation of all Minor, Moderate, and Major incidents experienced on site by the contractor and associated sub-contractors for each month will be provided to the Contracting Officer Representative monthly. The contractor and associated sub-contractors' OSHA 300 logs will be made available to the Contracting Officer Representative as requested.

1.11 PERSONAL PROTECTIVE EQUIPMENT (PPE):

A. PPE is governed in all areas by the nature of the work the employee is performing. For example, specific PPE required for performing work on electrical equipment is identified in NFPA 70E, Standard for Electrical Safety in the Workplace.

B. Mandatory PPE includes:

1. Hard Hats – unless written authorization is given by the Contracting Officer Representative in circumstances of work operations that have limited potential for falling object hazards such as during finishing work or minor remodeling. With authorization to relax the requirement of hard hats, if a worker becomes exposed to an overhead falling object hazard, then hard hats would be required in accordance with the OSHA regulations.

2. Safety glasses - unless written authorization is given by the Contracting Officer Representative in circumstances of no eye hazards, appropriate safety glasses meeting the ANSI Z.87.1 standard must be worn by each person on site.

3. Appropriate Safety Shoes – based on the hazards present, safety shoes meeting the requirements of ASTM F2413-11 shall be worn by each person on site unless written authorization is given by the Contracting Officer Representative in circumstances of no foot hazards.

4. Hearing protection - Use personal hearing protection at all times in designated noise hazardous areas or when performing noise hazardous tasks.

1.12 INFECTION CONTROL

A. Infection Control is critical in all medical center facilities. Interior construction activities causing disturbance of existing dust, or creating new dust, must be conducted within ventilation-controlled areas that minimize the flow of airborne particles into patient areas.

B. An AHA associated with infection control will be performed by VA personnel in accordance with FGI Guidelines (i.e. Infection Control Risk Assessment (ICRA)). The ICRA procedure found on the American Society for Healthcare Engineering (ASHE) website will be utilized. Risk classifications of Class II or lower will require approval by the Contracting Officer Representative before beginning any construction work. Risk classifications of Class III or higher will require a permit before beginning any construction work. Infection Control permits will be issued by the Project Engineer. The Infection Control Permits will be posted outside the appropriate construction area. More than one permit may be issued for a construction project if the work is located in separate areas requiring separate classes. The primary project scope area for this project is: **Class I**, however, work outside the primary project scope area may vary. The required infection control precautions with each class are as follows:

1. Class I requirements:

   a. During Construction Work:

      1) Notify the Contracting Officer Representative

      2) Execute work by methods to minimize raising dust from construction operations.

      3) Ceiling tiles: Immediately replace a ceiling tiles displaced for visual inspection.

   b. Upon Completion:

      1) Clean work area upon completion of task

2) Notify the Contracting Officer Representative

2. Class II requirements:

a. During Construction Work:

1) Notify the Contracting Officer Representative

2) Provide active means to prevent airborne dust from dispersing into atmosphere such as wet methods or tool mounted dust collectors where possible.

3) Water mist work surfaces to control dust while cutting.

4) Seal unused doors with duct tape.

5) Block off and seal air vents.

6) Remove or isolate HVAC system in areas where work is being performed.

b. Upon Completion:

1) Wipe work surfaces with cleaner/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) Upon completion, restore HVAC system where work was performed

5) Notify the Contracting Officer Representative

3. Class III requirements:

a. During Construction Work:

1) Obtain permit from the Contracting Officer Representative

2) Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system.

3) Complete all critical barriers i.e. 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. Install construction barriers and ceiling protection carefully, outside of normal work hours.

4) Maintain negative air pressure, 0.01 inches of water gauge, within work site utilizing HEPA equipped air filtration units and continuously monitored with a digital display, recording and alarm instrument, which must be calibrated on installation, maintained with periodic calibration and monitored by the contractor.

5) Contain construction waste before transport in tightly covered containers.

6) Cover transport receptacles or carts. Tape covering unless solid lid.

b. Upon Completion:

1) Do not remove barriers from work area until completed project is inspected by the Contracting Officer Representative and thoroughly cleaned by the VA Environmental Services Department.

2) Remove construction barriers and ceiling protection carefully to minimize spreading of dirt and debris associated with construction, outside of normal work hours.

3) Vacuum work area with HEPA filtered vacuums.

4) Wet mop area with cleaner/disinfectant.

5) Upon completion, restore HVAC system where work was performed.

6) Return permit to the Contracting Officer Representative

4. Class IV requirements:

a. During Construction Work:

1) Obtain permit from the Contracting Officer Representative

2) Isolate HVAC system in area where work is being done to prevent contamination of duct system.

3) Complete all critical barriers i.e. 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. Install construction barriers and ceiling protection carefully, outside of normal work hours.

4) Maintain negative air pressure, 0.01 inches of water gauge, within work site utilizing HEPA equipped air filtration units and continuously monitored with a digital display, recording and alarm instrument, which must be calibrated on installation, maintained with periodic calibration and monitored by the contractor.5) Seal holes, pipes, conduits, and punctures.

6) 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 work site.

7) All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area.

b. Upon Completion:

1) Do not remove barriers from work area until completed project is inspected by the Contracting Officer Representative or Government Designated Authority with thorough cleaning by the VA Environmental Services Dept.

2) Remove construction barriers and ceiling protection carefully to minimize spreading of dirt and debris associated with construction, outside of normal work hours.

3) Contain construction waste before transport in tightly covered containers.

4) Cover transport receptacles or carts. Tape covering unless solid lid.

5) Vacuum work area with HEPA filtered vacuums.

6) Wet mop area with cleaner/disinfectant.

7) Upon completion, restore HVAC system where work was performed.

8) Return permit to the Contracting Officer Representative or Government Designated Authority

Barriers shall be erected as required based upon classification (Class III & IV requires barriers) and shall be constructed as follows:

1. Class III and IV - closed door with masking tape applied over the frame and door is acceptable for projects that can be contained in a single room.

2. Construction, demolition or reconstruction not capable of containment within a single room must have the following barriers erected and made presentable on hospital occupied side:

   a. Class III & IV (where dust control is the only hazard, and an agreement is reached with the Resident Engineer and Medical Center) - Airtight plastic barrier that extends from the floor to ceiling. Seams must be sealed with duct tape to prevent dust and debris from escaping

   b. Class III & IV - Drywall barrier erected with joints covered or sealed to prevent dust and debris from escaping.

   c. Class III & IV - Seal all penetrations in existing barrier airtight

   d. Class III & IV - Barriers at penetration of ceiling envelopes, chases and ceiling spaces to stop movement air and debris

   e. Class IV only - Anteroom or double entrance openings that allow workers to remove protective clothing or vacuum off existing clothing

f. Class III & IV - At elevators shafts or stairways within the field of construction, overlapping flap minimum of two feet wide of polyethylene enclosures for personnel access.

C. Products and Materials:

1. Sheet Plastic: Fire retardant polystyrene, 6-mil thickness meeting local fire codes

2. Barrier Doors: Self Closing One-hour fire-rated solid core wood in steel frame, painted

3. Dust proof one-hour drywall

4. High Efficiency Particulate Air-Equipped filtration machine rated at 95% capture of 0.3 microns including pollen, mold spores and dust particles. HEPA filters should have ASHRAE 85 or other prefilter to extend the useful life of the HEPA. Provide both primary and secondary filtrations units. Maintenance of equipment and replacement of the HEPA filters and other filters will be in accordance with manufacturer’s instructions.

5. Exhaust Hoses: Heavy duty, flexible steel reinforced; Ventilation Blower Hose

6. Adhesive Walk-off Mats: Provide minimum size mats of 24 inches x 36 inches

7. Disinfectant: Hospital-approved disinfectant or equivalent product

8. Portable Ceiling Access Module

D. Before any construction on site begins, all contractor personnel involved in the construction or renovation activity shall be educated and trained in infection prevention measures established by the medical center.

E. A dust control program will be establish and maintained as part of the contractor’s infection preventive measures in accordance with the FGI Guidelines for Design and Construction of Healthcare Facilities. Prior to start of work, prepare a plan detailing project-specific dust protection measures with associated product data, including periodic

status reports, and submit to Project Engineer and Facility CSC for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES.

F. Medical center Infection Control personnel will monitor for airborne disease (e.g. aspergillosis) during construction. A baseline of conditions will be established by the medical center prior to the start of work and periodically during the construction stage to determine impact of construction activities on indoor air quality with safe thresholds established.

H. In general, the following preventive measures shall be adopted during construction to keep down dust and prevent mold.

1. Contractor shall verify that construction exhaust to exterior is not reintroduced to the medical center through intake vents, or building openings. HEPA filtration is required where the exhaust dust may reenter the medical center.

2. Exhaust hoses shall be exhausted so that dust is not reintroduced to the medical center.

3. Adhesive Walk-off/Carpet Walk-off Mats shall be used at all interior transitions from the construction area to occupied medical center area. These mats shall be changed as often as required to maintain clean work areas directly outside construction area at all times.

4. Vacuum and wet mop all transition areas from construction to the occupied medical center at the end of each workday. Vacuum shall utilize HEPA filtration. Maintain surrounding area frequently. Remove debris as it is created. Transport these outside the construction area in containers with tightly fitting lids.

5. The contractor shall not haul debris through patient-care areas without prior approval of the Resident Engineer and the Medical Center. When, approved, debris shall be hauled in enclosed dust proof containers or wrapped in plastic and sealed with duct tape. No sharp objects should be allowed to cut through the plastic. Wipe down the exterior of the containers with a damp rag to remove dust. All equipment, tools, material, etc. transported through occupied

areas shall be made free from dust and moisture by vacuuming and wipe down.

6. There shall be no standing water during construction. This includes water in equipment drip pans and open containers within the construction areas. All accidental spills must be cleaned up and dried within 12 hours. Remove and dispose of porous materials that remain damp for more than 72 hours.

7. At completion, remove construction barriers and ceiling protection carefully, outside of normal work hours. Vacuum and clean all surfaces free of dust after the removal.

I. Final Cleanup:

1. Upon completion of project, or as work progresses, remove all construction debris from above ceiling, vertical shafts and utility chases that have been part of the construction.

2. Perform HEPA vacuum cleaning of all surfaces in the construction area. This includes walls, ceilings, cabinets, furniture (built-in or free standing), partitions, flooring, etc.

3. All new air ducts shall be cleaned prior to final inspection.

J. Exterior Construction

1. Contractor shall verify that dust will not be introduced into the medical center through intake vents, or building openings. HEPA filtration on intake vents is required where dust may be introduced.

2. Dust created from disturbance of soil such as from vehicle movement will be wetted with use of a water truck as necessary

3. All cutting, drilling, grinding, sanding, or disturbance of materials shall be accomplished with tools equipped with either local exhaust ventilation (i.e. vacuum systems) or wet suppression controls.

1.13 TUBERCULOSIS SCREENING

A. Contractor shall provide written certification that all contract employees assigned to the work site have had a pre-placement tuberculin screening within 90 days prior to assignment to the worksite and been found have negative TB screening reactions. Contractors shall be required to show documentation of negative TB screening reactions for any additional workers who are added after the 90-day requirement before they will be allowed to work on the work site. NOTE: This can be the Center for Disease Control (CDC) and Prevention and two-step skin testing or a Food and Drug Administration (FDA)-approved blood test.

1. Contract employees manifesting positive screening reactions to the tuberculin shall be examined according to current CDC guidelines prior to working on VHA property.

2. Subsequently, if the employee is found without evidence of active (infectious) pulmonary TB, a statement documenting examination by a physician shall be on file with the employer (construction contractor), noting that the employee with a positive tuberculin screening test is without evidence of active (infectious) pulmonary TB.

3. If the employee is found with evidence of active (infectious) pulmonary TB, the employee shall require treatment with a subsequent statement to the fact on file with the employer before being allowed to return to work on VHA property.

1.14 FIRE SAFETY

A. Fire Safety Plan: Establish and maintain a site-specific fire protection program in accordance with 29 CFR 1926. Prior to start of work, prepare a plan detailing project-specific fire safety measures, including periodic status reports, and submit to Facility Safety or Contracting Officer Representative or Government Designated Authority for review for compliance with contract requirements in accordance with Section 01 33 23, SHOP DRAWINGS, PRODUCT DATA AND SAMPLES. This plan may be an element of the Accident Prevention Plan.

B. Site and Building Access: Maintain free and unobstructed access to facility emergency services and for fire, police and other emergency response forces in accordance with NFPA 241.

C. Separate temporary facilities, such as trailers, storage sheds, and dumpsters, from existing buildings and new construction by distances in accordance with NFPA 241. For small facilities with less than 6 m (20 feet) exposing overall length, separate by 3m (10 feet).

D. Temporary Construction Partitions:

1. Install and maintain temporary construction partitions to provide smoke-tight separations between construction areas and adjoining areas. Construct partitions of gypsum board or treated plywood (flame spread rating of 25 or less in accordance with ASTM E84) on both sides of fire retardant treated wood or metal steel studs. Extend the partitions through suspended ceilings to floor slab deck or roof. Seal joints and penetrations. At door openings, install Class C, ¾ hour fire/smoke rated doors with self-closing devices.

2. Install one-hour fire-rated temporary construction partitions as shown on drawings to maintain integrity of existing exit stair enclosures, exit passageways, fire-rated enclosures of hazardous areas, horizontal exits, smoke barriers, vertical shafts and openings enclosures.

3. Close openings in smoke barriers and fire-rated construction to maintain fire ratings. Seal penetrations with listed through-penetration firestop materials in accordance with Section 07 84 00, FIRESTOPPING.

E. Temporary Heating and Electrical: Install, use and maintain installations in accordance with 29 CFR 1926, NFPA 241 and NFPA 70.

F. Means of Egress: Do not block exiting for occupied buildings, including paths from exits to roads. Minimize disruptions and coordinate with Facility Safety Manager or Contracting Officer Representative or Government Designated Authority.

G. Egress Routes for Construction Workers: Maintain free and unobstructed egress. Inspect daily. Report findings and corrective actions weekly to

Facility Safety Manager or Contracting Officer Representative or Government Designated Authority.

H. Fire Extinguishers: Provide and maintain extinguishers in construction areas and temporary storage areas in accordance with 29 CFR 1926, NFPA 241 and NFPA 10.

I. Flammable and Combustible Liquids: Store, dispense and use liquids in accordance with 29 CFR 1926, NFPA 241 and NFPA 30.

J. Existing Fire Protection: Do not impair automatic sprinklers, smoke and heat detection, and fire alarm systems, except for portions immediately under construction, and temporarily for connections. Provide fire watch for impairments more than 4 hours in a 24-hour period. Request interruptions in accordance with Article, OPERATIONS AND STORAGE AREAS, and coordinate with Facility Safety Manager or Contracting Officer Representative or Government Designated Authority. All existing or temporary fire protection systems (fire alarms, sprinklers) located in construction areas shall be tested as coordinated with the medical center. Parameters for the testing and results of any tests performed shall be recorded by the medical center and copies provided to the Resident Engineer.

K. Smoke Detectors: Prevent accidental operation. Remove temporary covers at end of work operations each day. Coordinate with Facility Safety Manager or Contracting Officer Representative or Government Designated Authority.

L. Hot Work: Perform and safeguard hot work operations in accordance with NFPA 241 and NFPA 51B. Coordinate with facility Safety Manager at least __4__ hours in advance.

M. Smoking: Smoking is prohibited in and adjacent to construction areas inside existing buildings and additions under construction. In separate and detached buildings under construction, smoking is prohibited except in designated smoking rest areas.

N. Dispose of waste and debris in accordance with NFPA 241. Remove from buildings daily.

1.15 ELECTRICAL

A. All electrical work shall comply with NFPA 70 (NEC), NFPA 70B, NFPA 70E, 29 CFR Part 1910 Subpart J – General Environmental Controls, 29 CFR Part 1910 Subpart S – Electrical, and 29 CFR 1926 Subpart K in addition to other references required by contract.

B. All qualified persons performing electrical work under this contract shall be licensed journeyman or master electricians. All apprentice electricians performing under this contract shall be deemed unqualified persons unless they are working under the immediate supervision of a licensed electrician or master electrician.

C. All electrical work will be accomplished de-energized and in the Electrically Safe Work Condition (refer to NFPA 70E for Work Involving Electrical Hazards, including Exemptions to Work Permit). Any Contractor, subcontractor or temporary worker who fails to fully comply with this requirement is subject to immediate termination in accordance with FAR clause 52.236-5(c). Only in rare circumstance where achieving an electrically safe work condition prior to beginning work would increase or cause additional hazards, or is infeasible due to equipment design or operational limitations is energized work permitted. The Chief of Facilities Management or Government Designated Authority with approval of the Medical Center Director will make the determination if the circumstances would meet the exception outlined above. An AHA and permit specific to energized work activities will be developed, reviewed, and accepted by the VA prior to the start of that activity.

1. Development of a Hazardous Electrical Energy Control Procedure is required prior to de-energization. A single Simple Lockout/Tagout Procedure for multiple work operations can only be used for work involving qualified person(s) de-energizing one set of conductors or circuit part source. Task specific Complex Lockout/Tagout Procedures are required at all other times.

2. Verification of the absence of voltage after de-energization and lockout/tagout is considered “energized electrical work” (live work) under NFPA 70E, and shall only be performed by qualified persons wearing appropriate shock protective (voltage rated) gloves and arc rate personal protective clothing and equipment, using Underwriters

Laboratories (UL) tested and appropriately rated contact electrical testing instruments or equipment appropriate for the environment in which they will be used.

3. Personal Protective Equipment (PPE) and electrical testing instruments will be readily available for inspection by the The Chief of Facilities Management and Facility Safety Manager or Contracting Officer Representative or Government Designated Authority.

D. Before beginning any electrical work, an Activity Hazard Analysis (AHA) will be conducted to include Shock Hazard and Arc Flash Hazard analyses (NFPA Tables can be used only as a last alterative and it is strongly suggested a full Arc Flash Hazard Analyses be conducted). Work shall not begin until the AHA for the work activity and permit for energized work has been reviewed and accepted by the Facility Safety Manager or Contracting Officer Representative or Government Designated Authority and discussed with all engaged in the activity, including the Contractor, subcontractor(s), and Government on-site representatives at preparatory and initial control phase meetings.

E. Ground-fault circuit interrupters. GFCI protection shall be provided where an employee is operating or using cord- and plug-connected tools related to construction activity supplied by 125-volt, 15-, 20-, or 30-ampere circuits. Where employees operate or use equipment supplied by greater than 125-volt, 15-, 20-, or 30- ampere circuits, GFCI protection or an assured equipment grounding conductor program shall be implemented in accordance with NFPA 70E - 2015, Chapter 1, Article 110.4(C)(2)..

1.16 FALL PROTECTION

A. The fall protection (FP) threshold height requirement is 6 ft (1.8 m) for ALL WORK, unless specified differently or the OSHA 29 CFR 1926 requirements are more stringent, to include steel erection activities, systems-engineered activities (prefabricated) metal buildings, residential (wood) construction and scaffolding work.

1. The use of a Safety Monitoring System (SMS) as a fall protection method is prohibited.

2. The use of Controlled Access Zone (CAZ) as a fall protection method is prohibited.

3. A Warning Line System (WLS) may ONLY be used on floors or flat or low-sloped roofs (between 0 - 18.4 degrees or 4:12 slope) and shall be erected around all sides of the work area (See 29 CFR 1926.502(f) for construction of WLS requirements). Working within the WLS does not require FP. No worker shall be allowed in the area between the roof or floor edge and the WLS without FP. FP is required when working outside the WLS.

4. Fall protection while using a ladder will be governed by the OSHA requirements.

1.17 LADDERS

A. All Ladder use shall comply with 29 CFR 1926 Subpart X.

B. All portable ladders shall be of sufficient length and shall be placed so that workers will not stretch or assume a hazardous position.

C. Manufacturer safety labels shall be in place on ladders

D. Step Ladders shall not be used in the closed position

E. Top steps or cap of step ladders shall not be used as a step

F. Portable ladders, used as temporary access, shall extend at least 3 ft (0.9 m) above the upper landing surface.

1. When a 3 ft (0.9-m) extension is not possible, a grasping device (such as a grab rail) shall be provided to assist workers in mounting and dismounting the ladder.

2. In no case shall the length of the ladder be such that ladder deflection under a load would, by itself, cause the ladder to slip from its support.

G. Ladders shall be inspected for visible defects on a daily basis and after any occurrence that could affect their safe use. Broken or damaged ladders shall be immediately tagged "DO NOT USE," or with similar wording, and withdrawn from service until restored to a condition meeting their original design.

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