REPLACE WINDOWS 650-08-125

ADDENDUM 1

ADDENDUM TO SPECIFICATIONS

This Addendum will supersede portions of the "Construction Solicitation and Specifications". The bidding contractor shall review all specifications and compare this Addendum to the specifications. Where there is a conflict in the documents the more stringent shall apply. A VA Request For Information (RFI) Form is attached to this Addendum.

Section 00 41 00

Bidding Schedule

Omit Deduct Alternate #2 from Bid Schedule. Change title of Optional Items to Unit Prices.

Section 00 80 00

Special Contract Requirements

Delete this section in its entirety.

Section 01 00 01

General Requirements

1. Design and specify infection control measures to be provided by the contractor in accordance with Providence VAMC Infection Control Policies.
2. Design and specify Interim Life Safety Measures (ILSM) that the contractor shall provide as necessary to ensure that the continued occupancy of all VAMC Providence buildings can be safely maintained during construction in accordance with NFPA 101, *The Life Safety Code*.
3. Contractor shall participate with the VA in the preparation of an interim Fire Protection Plan that will be implemented during construction of this project. At a minimum, contractor shall comply with the following requirements of an interim fire protection plan:

   - Ensure exits provide free and unobstructed egress. Contractor shall maintain escape facilities for construction workers at all times. Means of egress in construction areas will be inspected daily. If required by contractor's operations, establish and mark alternate means of egress.

- Ensure free and unobstructed access to all areas of the project site for emergency services and for emergency forces.
- Ensure that existing fire alarm, detection, and suppression systems are not impaired by contractor's operations.
- 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 in accordance with NFPA standards for impairments more than 4 hours in a 24-hour period. Request interruptions in writing a minimum of 72 hours in advance and coordinate with Project Manager.
- Fire watch shall be by a qualified person provided by the contractor who shall maintain constant observation of the affected area and have no other duties. The person providing the fire watch shall be trained in fire prevention and in the use of fire extinguishers, occupant hose lines, occupant fire protection system, in sounding the building fire alarm and in notifying the local fire department, and in understanding the particular fire safety situation for the project.
- Provide written procedures and guidelines for construction personnel and post in the immediate areas of construction for what to do and who to call in the event of fire or emergency.
- Maintain the construction area to minimize the potential for fire or safety hazards resulting from storage of construction material, construction waste and debris during construction operations.
- Ensure that all penetrations made in fire resistance assemblies of the existing hospital building, to include smoke barriers, fire separation assemblies, and fire walls, are properly fire stopped within 4 hours after making the penetration.

4. All temporary construction shall be built of noncombustible/fire retardant materials and shall be smoke tight.
5. Placement of covers on smoke detectors is strictly prohibited. Removal of smoke detectors by Providence VAMC personnel is required. Provide at least 48 hours notice to the Project Manager any requirement for the removal of smoke detectors.
6. Prior to any installation of equipment, cables, power connections, conduit, piping or other work that penetrates a smoke or fire barrier, all such work must be approved by the Project Manager. A penetration permit must be secured from FMS prior to disturbing the integrity of the barrier. The permit must be available for inspection at the project location. After the

work is completed, the penetration must be repaired (sealed) utilizing UL/FM listed through penetration fire stopping materials that meet the original smoke and fire compartmentalization performance of the barrier that was penetrated. All penetrations and miscellaneous openings must be protected according to NFPA 101, Chapter 8. Upon completion of any penetration repair, a visual inspection for approval must be requested from, and completed by the Project Manager.

7. Contractor shall conform to the requirements and directions of the Providence VAMC Contractor Safety Manual, latest edition.
8. Contractor shall conform to the requirements the US Army Corps of Engineers Safety and Health Requirements Manual, EM 385-1-1.
9. All permits shall be posted in a visible location where the work is being performed (e.g., penetration permit, hot work permit, infection control permit)
10. Include appropriate sedimentation control measures for site work
11. Contractor shall incorporate requirements of VAMC Providence lock out/tag out procedures.
12. Parking by contractor personnel in designated patient parking areas and physician parking areas is strictly prohibited. Parking on the grass is also prohibited. Parking for contractor personnel is limited to the parking lot on Chalkstone Avenue within Davis Park. Parking by contractor personnel on the hospital campus is prohibited except as permitted by the VA Police.
13. All contractor personnel must obtain access badges for each day that contractor personnel are on site. Badges must be worn by all contractor personnel on site and be clearly visible at all times. The VA may deny access to any contractor personnel by withholding or revoking their access badge.
14. Unless noted otherwise, the contractor shall have present on the project site at any time work is being performed an employee of the contractor who possesses a PIV (Personal Identity Verification) badge issued by the Providence VAMC. The PIV badge is part of a program mandated by Homeland Security Presidential Directive 12 and the Federal Information Processing Standard Publication 201-1. PIV badges take up to 3 months to obtain due to VA policy which requires that a background investigation (NACI) be completed prior to issuing the PIV badge. Requests for a PIV badge shall be initiated through the VA’s Project Manager to the PIV Sponsor in FMS. The Contractor shall complete and submit the PIV form 0711 and fingerprint forms, and provide two forms of identification (such as driver’s license, birth certificate or

passport). The contractor shall pay the cost of any background investigation required to obtain the PIV badge. Providence VAMC will approve no more than two (2) PIV badges for a contractor for a single project. In no case will a PIV badge be issued to any sub-contractor.

15. Smoking is not permitted anywhere on VA property, except in areas
16. clearly marked and designated for smoking.

Change to Section 00 80 00

Special Contract Requirements 1.4 (a)

Contract Drawings and Specifications

The Government will provide to the Contractor one CD-ROM Disk containing the contract drawings, specifications and amendments, except publications incorporated into the technical provisions by reference. The Contracting Officer may provide the drawings to the Contractor in electronic media.

Addition to Section 01 11 00

Work Covered by Contract Documents 1.1

This work shall also include the removal and replacement of all existing window air conditioning units by the Contractor. Window air conditioning units removed may be stored on VA property during construction at a location designated by the Contracting Officer.

Addition to Section 01 11 00

Special Scheduling Requirements 1.5.2.3

The Providence VA Medical Center currently has many contractors performing work on numerous construction projects throughout the site and hospital. The hospital will also be occupied by patients and staff who must complete clinical procedures during the time that construction will be scheduled. The Contractor shall schedule work to minimize disruption to hospital functions.

Inpatient rooms that are occupied will not be accessible. These rooms must be vacated before performing any work and coordination with the VA will be required. Only one room per day (maximum) is anticipated in these areas which include the Intensive Care Unit Wing 6A and the inpatient ward Wing 5B. The number of windows/rooms that may be accessible per day will be dependent upon the conditions and occupancy of the hospital at the time of construction. The Contractor may perform work in various areas as they become available to increase the number of units that can be replaced at any one time. There may be opportunities to access these areas as described below.

Clinical areas of the hospital may only be accessed during hours that the clinic does not operate or perform procedures. Most of these areas will be accessible only during off-hours (nights and/or weekends) and include

Building/Floor	Location	Notes
B-1 1st Fl	B-Wing NE	MRI
B-1 1st Fl	B-Wing NW	Cardiology/Pulmonary Clinic
B-1 1st Fl	C/D-Wing E	Exam Rooms
B-1 2nd Fl	A-Wing SE	Surgical
B-1 2nd Fl	A-Wing SW	Hemodialysis
B-1 2nd Fl	B-Wing N	Radiology
B-1 2nd Fl	C-Wing N, E & W	Pathology
B-1 2nd Fl	C-Wing S	Pharmacy
B-1 3rd Fl	A-Wing SE	Primary Care
B-1 3rd Fl	B-Wing All	Outpatient Mental Health Clinic
B-1 3rd Fl	C-Wing N (portion)	SPD
B-1 3rd Fl	C-Wing S	Chapel (Stained Glass)
B-1 4th Fl	A-Wing NW	Endoscopy
B-1 4th Fl	A-Wing N-NE	Specialty Clinics
B-1 4th Fl	C-Wing All	Kitchen
B-1 5th Fl	A-Wing All	Specialty Clinics
B-1 5th Fl	B-Wing All	Inpatient Ward
B-1 6th Fl	A-Wing SW	Inpatient Ward and ICU
B-1 6th Fl	B-Wing All	Specialty Clinics
B-1 6th Fl	C-Wing All	Specialty Clinics
B-1 Basement	A-Wing SE & SW	OT/PT
B-2 1st Fl	All	Dental Program
B-2 2nd Fl	S	Dental Program

The Contractor shall coordinate all work with other contractors performing work on site to minimize disruption to the hospital, work of other contractors and to prevent delays of any kind.

Winter construction is not allowed. Construction shall be planned between the months of April and November and windows shall not be removed during periods of expected inclement weather.

Three major projects have been completed or will be in construction when the Replace Windows Project is awarded. These projects may affect the Contractor’s schedule and means and methods. They are:

1. Operating Room Replacement: A 2-story addition to the southeast wing of the main hospital was completed on 18 October 2010 and is not shown on the design drawings for this project. This addition is shown on Drawing PR-01-03 attached. Access to windows in this area may be affected including the windows in the PACU area. Work in close proximity to the newly occupied operating rooms will require special schedule considerations including off-hour work.

2. Specialty Clinic/Mental Health/Electric Upgrade Project: This 4-story addition on the east side of Building 1 was started on 1 April 2011 and is ongoing. The projected finish date is on or about May 2012. This addition is shown on Drawing PR-01-03 attached. This project may affect access to the windows on the east side of the building while construction is ongoing.

Conversely, completion of this project may offer opportunities for increased access to windows in other areas of Building 1 as departments move into the new addition. The Wing 6B clinics will be moving and there may be approximately 3-weeks time that this area will be unoccupied. The Wing 6A Inpatient Ward will then move to Wing 6B and Wing 6A will be unoccupied for approximately 3-weeks allowing access to perform construction. Close coordination and efficient scheduling will be required with existing contractors and VA personnel to take advantage of construction access opportunities.

3. Emergency Department/Intensive Care Unit/Hemodialysis Project: A new 2-story addition proposed within the "Y" of the A-Wing of Building 1. This project is projected to start on or about 1 April 2012 and be complete on or about October 2013. Access to windows may be affected during construction and coordination with the contractor will be required to complete the window replacement. This addition is shown on Drawing PR-01-03 attached.

4. Façade Repair Phase II Project: This project is ongoing and due to be complete on or about August 2012. Remaining work will be in the area of Building 1 B-Wing and a portion of C-Wing east. Replacement of the windows will not be permitted where the work is being performed for the Repair Façade project and coordinated scheduling will be required.

5. The MRI Unit is located in Building 1, First Floor, B-Wing. The MRI quench vent located on the outside of the building at this location. Access within a 25-feet radius of the quench vent is restricted. Three windows are scheduled for replacement in this area. To replace these windows the MRI may have to be shut down. A scheduled shut down of the MRI is rare and will require coordination with the VA and other contractors.

6. The floor plan of Building 1 Wing 3A has changed. Some of the changes at the beginning of 3B are depicted on Drawing PR-01-03. The area of Wing 3B SE and SW is mainly administrative offices.

Contractor Use of Premises 1.6
(Also refer to Section 01 50 00)

Parking at the Providence VBA Medical Center is very limited. The Contractor will be allowed a small laydown area to be determined at the preconstruction meeting. Contractor vehicles will park off site at Davis Park, in an alternate lot designated by the VA or in an offsite parking area arranged by the Contractor. All Contractor office trailers and Conex (storage) boxes shall be labeled with the General Contractor and Sub-Contractor information. The sign shall be large and readable from a distance of 100-feet and include information on any hazardous and/or flammable materials stored in the

container or trailer. All office trailers shall be anchored to resist overturning, vertical uplift and horizontal forces.

Fire Safety 1.12

Prevent accidental operation and/or damage to sprinkler heads. Sprinklers will not be shut down to avoid accidental discharge. Contractor shall use metal caps to protect sprinklers at all times during construction.

Addition to Section 01 22 00
Bidding Schedule-Alternate Items 1.4C

Omit Item Number 0003, “Alternate 2 (Deduct)”.

Addition to Section 01 35 29
Personnel Qualifications 1.5.1

All Contractor construction personnel working on VA property shall have an OSHA 30 hour construction safety certification.

Accident Notification 1.12.2

Any incident occurring on Providence VA Medical Center property that does not meet the criteria as a “Recordable Injury or Illness or High Visibility Accidents” shall be considered a “Near Miss” and the Contractor shall file a “Near Miss Report” to the Providence VA Medical Center within 5 calendar days of the incident.

Addition to Section 02 41 00
DEMOLITION

1. **Remove all equipment, devices, wiring, conduit, and other materials that are inactive or inoperable. Do not abandon materials or equipment in place.**
2. **Terminate all utilities at their point of connection.**
3. **Conduct non-destructive testing (e.g., GPR) of building slabs and walls before coring through structure to identify and avoid existing utility lines.**

Addition to Section 06 20 00
FINISH CARPENTRY

Areas around existing windows that contain water damage or damage due to use shall be repaired by the Contractor during window replacement or immediately thereafter. The use of wood shall not be allowed.

Addition to Section 08 51 13
ALUMINUM WINDOW 1.10

Omit deduct alternate #2. The windows indicated in this area will be replaced as part of this contract.

Addition to Section 08 80 00

GLAZING

Blast proof glazing shall be required for the two windows of Room 303B as shown on drawing PR-01-03. Provide submittal for approval.

SECTION 01 35 27
INFECTION CONTROL

All areas within Building 1 shall be considered a minimum Patient Risk MEDIUM and Risk Class III based on the ICRA Matrix and the type of construction expected. Verify all classifications with the VA Infection Control Department. Adjustments to the ICRA Classifications and preventative measures may be adjusted after start of construction depending on actual conditions.

PART 1 – GENERAL

This Addendum Section includes articles not addressed in the "Construction Solicitation and Specifications". Both this Addendum and the original solicitation specifications shall be reviewed and the more restrictive conditions shall apply.

1.1 DEFINITIONS

Construction Type A - Inspection and Non-Invasive Activities.

Includes, but is not limited to: removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet; painting (but not sanding); wall covering; electrical trim work; minor plumbing; and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.

Construction Type B - Small scale, short duration activities that create minimal dust. Includes, but is not limited to: installation of telephone or computer cabling; access to pipe chase spaces; cutting of walls or ceilings where dust migration can be controlled.

Construction Type C - Any work, which generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to: sanding of walls for painting or wall covering; removal of floor coverings, ceiling tiles and casework; new wall construction; minor ductwork or electrical work above ceilings; major cabling activities; and any activity which cannot be completed within a single work shift.

Construction Type D - Major demolition and construction projects. Includes, but is not limited to: activities that require consecutive work shifts; require heavy demolition or removal of a complete ceiling system; and new construction.

Group 1 Lowest Risk Patient Risk Group - Office areas

Group 2 Medium Risk Patient Risk Group - Cardiology, Echocardiography, Laboratories, Nuclear Medicine, Physical Therapy, Radiology/ MRI, Respiratory Therapy

Group 3 Medium-High Risk Patient Risk Group - Emergency Room, Day Surgery, Pharmacy, Endoscopy

Group 4 Highest Risk Patient Risk Group - 4B (Hem/Onc Unit), Operating Rooms/Sterile Processing, Cardiac Catheterization & Angiography Areas, Dialysis, ICU/CCU/CVT/CVT-I, Med/Surg Nursing Units, Post-Anesthesia Care Units.

HEPA - High Efficiency Particulate Air

Level of Infection Control - Class I, II, III or IV, as determined from the IC Matrix.

1.2 DESCRIPTION

The purpose of the infection control procedures are to minimize the risk of infection during construction by maintaining the integrity of the environment, and controlling the spread of dust.

The following Infection Control Matrix defines the matrix of precautions to be implemented for construction, demolition and renovation. Matching the planned construction type with the patient risk group on the matrix defines the minimum level of infection control required (Class I, II, III or IV).

Risk Level	Construction Activity			
	Type A	Type B	Type C	Type D
Group 1 Lowest Risk	Class I	Class II	Class II	Class III/IV
Group 2 Medium Risk	Class I	Class II	Class III	Class IV
Group 3 High Risk	Class II	Class II	Class III/IV	Class IV
Group 4 Highest Risk	Class II	Class III/IV	Class III/IV	Class IV

Class I:

1. Execute work by methods to minimize raising dust and fumes from interior and exterior construction operations.
2. Water mist work surfaces to control dust
3. Immediately replace a ceiling tile displaced for visual inspection
4. Use travel routes that minimize exposure of patients to construction workers, materials, tools, and equipment.
5. Schedule utility interruptions during periods of low hospital activity.

Class II: In addition to precautions for Class I:

1. Provide active means to prevent airborne dust from dispersing into the atmosphere.
2. HEPA vacuum upper surfaces of ceiling tiles prior to removal
3. Seal unused doors with duct tape
4. Block off and seal air vents
6. Place adhesive walk-off mats at entrances and exits of work areas.
7. Seal or isolate HVAC system in areas where work is being performed.
8. HEPA vacuum work surfaces and containers before removing from the work area.
9. HEPA vacuum worker clothing, tools, materials and equipment before leaving the work area.

Class III: In addition to the precautions for Class I and II:

1. Install critical barriers at all openings to the work area
2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.
3. Maintain negative air pressure within the work site utilizing HEPA equipped air filtration units.
4. Seal holes, pipes, conduits and punctures within the work area using fire-safe, impermeable materials.
5. Construct anteroom contiguous to the work area and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving the work site.
6. Contain construction waste before transport in tightly covered containers
7. Cover transport receptacles or carts. Tape covering to container to seal all joints.
8. Do not remove barriers from the work area until the completed project is thoroughly cleaned by the VA's Environmental Services Department and inspected by the VA.

Class IV: In addition to precautions for Class I, II and III:

1. No work is permitted in areas occupied by patients.
2. All personnel entering the work site are required to wear head covers, shoe covers, and overalls. Head covers, shoe covers, and overalls must be changed within the anteroom each time the worker exists the work area.

Conduct work by implementing the appropriate level of infection control as required or as noted herein.

1.3 QUALITY ASSURANCE

1.3 .1 Qualifications

All personnel are required to wear N95 respirators, disposable booties and coveralls when working inside the containment. These are to be removed when exiting the work area.

All personnel are to be trained on infection control procedures and these work procedures.

1.4 EQUIPMENT

Fire retardant polyethylene

HEPA filtered vacuum

HEPA filtered negative air machine

Duct tape

Framing and other materials necessary to isolate the work area

Power equipment that generates dust will have dust collection equipment attached.

1.5 PROJECT/SITE CONDITIONS

1.5.1 Existing Conditions

Perform work without damage or contamination of adjacent areas. Where existing work is damaged or contaminated, restore work to its original condition or better as determined by the Contracting Officer.

1.6 SEQUENCING AND SCHEDULING

All work will be coordinated with the hospital infection control office, facility director, safety department, security office and work will not commence until the Infection Control Construction Permit has

been approved by VAMC for that specific work area, including designation of the pre-determined debris removal routes. Any issue that could have impact on VAMC operations must be reported to the VAMC project representative before commencement. This would include

containment breeching, loss of negative pressure, releases of dust/debris into uncontrolled interior building areas or other issues

that could affect infection control procedures. Work phasing and breakout of specific work areas shall be in coordination with the Contracting Officers needs and the General Contractor's schedule and not adversely affect the operations of the VAMC in any way.

PART 2 - PRODUCTS

NOT USED

PART 3 - EXECUTION

3.1 PREPARATION

Obtain an Infection Control Construction Permit prior to performing any work of construction types A through D as defined above. Removal of a single ceiling tile in a suspended acoustic ceiling for observation purposes only does not require an infection control construction permit. Existing air handling ductwork, supply and return grills, and/or HVAC fresh air intakes shall be isolated using air tight seals. Elevator use

must be coordinated with facilities and must not impact VAMC operations. Time and dates of waste load must be identified each day.

3.2 ERECTION

Install impervious barriers from floor to ceiling and wall to wall to seal work areas from non-work areas. When work is in an area designated for Class IV protection, double impervious barriers shall be used. Impervious barriers shall be constructed of non-combustible or fire retardant materials. Barriers shall be minimum one-hour rated construction. Framing for barriers shall be of metal; wood framing is not allowed. At door openings, use Class C 3/4 hour fire/smoke rated doors and frames with closers. Use fire retardant polyethylene for dust barriers if the use of plastic material for barriers is approved by VAMC Providence. Critical barriers are to be installed on all doors and windows and other entrances to the work area. Seal all holes, chases, pipe cavities and other perforations before commencing work. Sealants shall be non-flammable material. Create a negative pressure work area by installing HEPA filtered negative air machines within the work area to remove dust particles from the air and exhaust to the outside. Maintain negative pressure of at least -0.02 inches water in all work areas and document compliance.

Construct an entry/exit chamber for decontaminating people and equipment leaving the work area. A HEPA vacuum is required to remove dust from equipment and people leaving the site. Disposable PPE shall be removed prior to exiting the entry/exit chamber. Adhesive Step-off pads at least 24"x36" are to be located at the exit of the work area before entering the occupied areas of the VAMC. Vacuum the top surfaces of ceiling tiles using a HEPA vacuum prior to removal of ceiling tiles.

Traffic will be minimized to/from the work area. Elevators or stairwells within the work area must be isolated with impervious barriers. Activities such as cutting, demolishing, and other large dust generating activities shall have work surfaces water-misted prior to impact. Where powered equipment that generates dust will be utilized, such equipment shall have dust collection equipment attached.

Provide active means to prevent airborne dust from dispersing into the atmosphere.

3.3 FIELD QUALITY CONTROL

3.3.1 Inspection

Conduct daily inspections using the VAMC Infection Control Compliance Checklist and Infection Control Construction Inspection Form. Continuously monitor and document negative pressure levels. Maintain a written log of negative pressure levels measured to include date and time of the measurement.

All barriers and HEPA filtered negative pressure are to remain in place until clearance has been obtained from VAMC representatives. This could include the IC Department, Safety Department, and Environmental Services Department.

3.3.2 Tests

VAMC representatives may conduct post abatement and during abatement sampling for dust, mold spores and surface contamination. Sampling may be conducted for dusts outside the work area to assess impact.

3.4 CLEANING AND DISPOSAL

The construction area and adjacent areas are to be kept in a clean and sanitary manner, using damp methods and HEPA filtered vacuuming. Dry sweeping shall not be allowed.

Any dust tracked outside of the barriers must be removed immediately and as it accumulates.

Surfaces are to be cleaned daily or more frequently if needed with VAMC approved cleaning products.

There shall be no standing water in the work area. All accidental spills must be cleaned up immediately and wet porous material removed within one hour.

Any water damaged areas scheduled for impact/demolition shall be removed first, under HEPA filtered exhaust and containment, with the waste promptly bagged, to reduce aerosol of microbial agent/fungi/spore from potentially escaping out of the work space.

All barriers are to be removed carefully to minimize the spread of contaminants.

Where feasible, the optimal method for removal of debris is via an exterior type chute to closed top containers.

Where not feasible, waste is to be removed in clean air tight covered containers and transported from the work area by a pre-determined route during off-peak hours. Such designated debris removal routes shall be cleaned by damp-mop and/or HEPA filtered vacuuming prior to being returned to patient/staff use.

For work performed exterior to the building envelope, no debris/waste movement shall be allowed through the building interior spaces.

- - - END - - -

ATTACHMENT C

Providence VA Medical Center - Infection Control Construction Permit

Location of Construction:	Project No. & Title:
VA Project Manager:	Project Start Date :
Contractor:	Estimated Duration:
Contractor Superintendent:	Permit Expiration Date:

Type of Construction_____ Pt Risk Group _

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

Circle Class of Precautions Necessary for this Project

CLASS I	1. Execute work by methods to minimize raising dust and fumes from interior and exterior construction operations. 2. Water mist work surfaces to control dust 3. Immediately replace a ceiling tile displaced for visual inspection. 4. Use travel routes that minimize exposure of patients to construction workers, materials, tools and equipment. 5. Schedule utility interruptions during periods of low hospital activity
CLASS II	In addition to precautions listed for Class I above: 1. Provide active means to prevent airborne dust from dispersing into atmosphere. 2. HEPA vacuum upper surfaces of ceiling tiles prior to removal 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Place adhesive walk-off mats at entrance and exit of work areas. 6. Seal or isolate HVAC system in areas where work is being performed. 7. HEPA vacuum work surfaces and containers before removing from the work area 8. HEPA vacuum worker clothing, tools, materials, and equipment before leaving the work area
CLASS III	In addition to precautions listed for Classes I and II above: 1. Install critical barriers at all openings to the work area 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Seal holes, pipes, conduits, and punctures within the work area using fire-safe, impermeable materials. 5. Construct anteroom contiguous with work area and require all personnel to pass through this room so they can be vacuumed using a H EPA vacuum cleaner before leaving work site. 6. Contain construction waste before transport in tightly covered containers. 7. Cover transport receptacles or carts. Tape covering to container to seal all joints. 8. Do not remove barriers from the work area until the completed project is thoroughly cleaned by the VA's Environmental Services Department and inspected by the VA
CLASS IV	In addition to precautions listed for Classes I , II and III above: 1. No work is permitted in areas occupied by patients. 2. All personnel entering work site are required to wear head covers, shoe covers and coveralls. Head covers, shoe covers and coveralls must be changed within the anteroom each time the worker exits the work area.

Infection Control: Date:

VA Project Manager: _____ Date:

Chief, Facilities Management: _____ Date:

VA MEDICAL CENTER

Infection Control Program

INFECTION CONTROL FOR CONSTRUCTION WORKERS

WHY INFECTION CONTROL IS IMPORTANT

Hospital-acquired infections (nosocomial) affect 5 percent of all patients admitted to hospitals in the United States and can cause significant illness or even death. Not all of these infections are preventable; however, studies show that up to 32 percent of hospital acquired infections can be prevented when hospitals employ an active and effective infections control program. Hospitals patients are at risk for infection because the stresses of illness and invasive treatments weaken their immune system. In general, healthy adults who are to be at work do not have the same risk for acquiring infections.

Our Infection Control Program is designed to identify and control situations that carry an increased risk for infection and to provide for a safe and healthful environment for patients and staff. During the construction project, you may be asked to do some things a bit differently to ensure that the environment is maintained as safe as possible for all. This information was developed through collaboration with the Infection Control Coordinator, Chief FMS, Safety Officer and Industrial Hygienist to help in explaining infection control aspects of construction in the hospital setting.

DUST CONTROL POLICY

- Determine if the HVAC system includes return air from the construction area. If so, divert to exhaust if possible, add filtering to remove dust before it enters the return air system, or blocking supply and return vents.

- Install impervious barriers from floor to floor slab above and wall to wall using framing, clips and duct tape as required to maintain and secure the barrier seal.

- Report disruptions such as holes in the barrier and interruptions in the seal to the Project Manager immediately.

- Place the “air moving and filtration device” into the containment area and operate to remove dust particles from the air.

- Negative air pressure will always be maintained in the construction site at all times during construction.

- If work is in an extremely sensitive area such as the Operating Room, double barriers may be required.

- Project site must be completely contained before work begins and all penetrations into the construction site must be sealed. Windows must be closed and air ducts shut down or taped.

- Anterooms (consisting of confined space beyond the barriers) will be provided at entrances to the work area to contain debris and provide an area where workers can remove protective clothing or vacuum off personal clothing except when exiting directly to the outside of the building.

- Walk-off mats will be at entrances to work areas during construction.

- Traffic routes will be pre-determined and traffic to and from the construction site will be minimized.

ENVIRONMENTAL CLEANING POLICY

- Any dust tracked outside the barriers must be removed immediately as it accumulates.

- All cleaning in the construction area will be by damp method or HEPA filtered vacuum.

- Debris will be removed by a pre-determined route and transported in clean, covered containers.

- At the end of each construction shift, construction personnel will do a thorough clean up of the area.

- After inspection, the contractor will remove barriers.

- Environmental Services will do a thorough final cleaning.

Thank you for participating in our effort to provide a safe hospital environment. If you have concerns or questions about infection control, please call the Infection Control Office at extension 3608.

PART 1 GENERAL

1.1 PURPOSE

A. To establish policy and procedures regarding penetrations in ceilings, floors, pipe chases, rated fire walls, and smoke barriers for the purpose of maintaining the integrity of Building #1 Type II-222 Construction as required in NFPA 101, Chapter 8 and the Joint Commission to provide for the safety of occupants during fire incidents. (The equivalent Construction Type per ICC Building Code is Type IB.)

1.2 POLICY

A. All penetrations made in floors, fire barriers and smoke partition for the purpose of installation/removal of pipe, conduit, cable, or ductwork or other modifications including incidental damage, or the removal of such item, will be repaired and firestopped upon the completion of the work, and documented as repaired. This policy applies to all vertical and horizontal penetrations and to all medical center staff and Contractors.

1.3 DEFINITIONS

A. Penetrations are any holes, openings or faults created in a fire barrier or smoke partition that compromise the integrity of the smoke or fire rating of the penetrated structure.

B. Firestopping materials are any materials used to replace or repair any penetrations. Materials used must meet specifications and testing by FM, UL, or WH that ensure that the original integrity and rating of the penetrated surface will be restored.

C. Fire Barriers are floor/ceiling assemblies and walls, including supporting construction that meets the conditions of acceptance of NFPA 251, Standard Methods of Tests of Fire Endurance of Building Construction and Materials. Fire barriers are designed to form fire compartments and are constructed to be continuous from outside wall to outside wall, floor to floor or ceiling, from one fire barrier to another, or a combination thereof, including continuity through concealed spaces.

D. Smoke Barrier is a continuous membrane designed and constructed to restrict the passage of smoke. Smoke Barriers are designed to form smoke compartments and are constructed to be continuous from outside wall to outside wall, floor to floor or ceiling, from one fire or smoke barrier to another, or a combination thereof, including continuity through concealed spaces.

1.4 SUBMITTALS

A. Submit manufacturer's literature, data, installation instructions and detail drawings for each type of penetrating item and the construction of the barrier it is passing through indicating the type of firestopping and/or smoke stopping material used. Manufacturer's details shall indicate the listing number given by FM, UL, or WH for each firestopping system.

B. Alternate submittals can be a Certified Laboratory test report for ASTM E81 4 tests of systems not listed by FM, UL, or WH. (ASTM E81 4 is the Standard Test Method for Fire Tests of Through-Penetration Firestops.) Another type of submittal is a written Manufacturer's Engineering Judgment, derived from a similar UL system, that a modified design meets the required protection level of the UL listed test.

PART 2 PRODUCTS

2.1 FIRESTOP SYSTEMS

A. Use either factory built Firestop Devices or field erected through penetration firestop systems to form a specific listed firestop system that will maintain the required integrity of the fire or smoke barrier and stop the passage of gases or smoke.

B. Through penetration firestop systems and firestop devices tested in accordance with ASTM E81 4 or UL 1479 use the “F” or “T” rating to maintain the same rating and integrity as the fire barrier being sealed. “T” ratings are not required for penetrations smaller than or equal to 4 inch nominal pipe of 16 square inches in overall cross sectional area.

C. Products requiring heat activation to seal an opening by its intumescence shall exhibit a tested and demonstrated ability to function as designed to maintain the fire or smoke barrier.

D. Firestop sealants used for firestopping or smoke sealing shall have the following properties:
   1. Contain no flammable or toxic solvents.
   2. Have no dangerous or flammable out gassing during the drying or curing of products.
   3. Water resistant after drying or curing and unaffected by high humidity, condensation or transient water exposure.
   4. When used in exposed areas, shall be capable of being sanded and finished with similar surface treatments as used on the surrounding wall, ceiling or floor surface.

E. Firestopping system or devices used for penetrations by glass pipe, plastic pipe or conduits, unenclosed cables, or other non-metallic materials shall have the following properties:
   1. Classified for use with the particular type of penetrating material used.
   2. Penetrations containing loose electrical and/or computer data cables, and other non-metallic communications cables shall be protected using firestopping systems that allow unrestricted cable changes without damage to the seal.
   3. Intumescent products which would expand to seal the opening shall act as a fire, smoke, toxic fume and water sealant.

F. Maximum flame spread of 25 and smoke development of 50 when tested in accordance with ASTM E84.

G. FM, UL, or WH rated or tested by an approved Laboratory in accordance with ASTM E814.

H. Materials shall be asbestos free.

PART 3 EXECUTION

3.1 Submit for approval all product data drawings and installation instructions, as required by “Submittals”, after examining the Contract Documents and performing an on-site careful examination of the areas to receive firestopping. If there is any doubt about the location of fire rated or smoke rated partitions, request or refer to information contained in the current SOC (Statement of Condition) document and drawings available at the FMS offices.

3.2 In all cases when a ceiling, floor, wall or partition designated as a fire or smoke barrier is compromised for the purpose of installation, repair, or other modification, the following steps are required:

   A. All penetration contracted work, **including Information Resource Management (IRM) projects**, is to be submitted and approved by a Facilities Management Service (FMS) Project Manager or Maintenance Department PM.

   B. A penetration permit must be secured from a FMS Project Manager or FMS Maintenance Department PM prior to disturbing the integrity of any wall or floor/ceiling barrier. The permit must be available for inspection at the subject location. ***(See Attachment “A”, enclosed.)***

   C. Provide temporary firestopping, smoke seal and waterproofing of all penetrations in smoke and fire rated floor and wall assemblies immediately following core drilling or cutting if permanent work and firestopping measures will follow at a later time.

   D. Where penetrations are created in existing floors and/or partitions, they shall be temporarily firestopped by the close of construction each day. In the case of major projects requiring the prolonged existence of floor and/or partition openings, temporary firestopping shall be provided at the end of each workday. Temporary firestopping may constitute a single layer of fire rated gypsum

board secured in place over the opening or mineral fiber may be placed in the opening. Fiber thickness shall be sufficient to meet or exceed the inherent fire resistance rating of the building material being penetrated and shall be secured in place with non-combustible material or fasteners.

E. After the final work is completed, the penetration must be firestopped according to the submitted and approved UL, FM or WH listed through penetration firestopping materials or system that meet the original smoke barrier or fire rated construction requirements.

F. Upon completion of any penetration repair, a visual inspection for approval shall be requested from and completed by a FMS Project Manager or FMS Maintenance Dept PM.

G After completion of the field inspection, the completed permit will be signed by the Contractor/Installer and the inspecting FMS – PM or FMS Maintenance Dept PM. That signed document shall then become the official Document or Record and be distributed as indicated on the Permit Form.

PART 4 RESPONSIBILITY

4.1 It is the responsibility of the FMS Project Manager or FMS Maintenance Dept to ensure that penetration permits are issued and final inspections are conducted. Any deficiencies found remaining during the inspection will be discussed with the COTR and remedied by the firestop installer.

4.2 The Chief of Facilities Management Service is responsible for ensuring that any PVAMC staff making penetrations into fire and/or smoke barriers shall secure penetration permits prior to beginning work, properly firestop the wall/ceiling/floor penetration, and sign off the permit after inspection and completion of the work.

4.3 Contractors are responsible for assuring that they properly firestop any penetrations that they make in ceiling, floor, pipe chases, fire rated walls, and smoke barriers in accordance with submitted and approved firestop materials and/or systems.

4.4 Contract Officer Technical Representatives (COTR's) are responsible for ensuring that all Contractors and FMS personnel adhere to this policy during construction, renovation or demolition activities, including pulling electrical and/or data cables. The COTR is responsible for verifying that all holes and penetrations made during the construction activities are properly sealed. The COTR is also responsible for ensuring that this memorandum is properly inserted in all applicable Contracts and Work Orders issued by FMS.

End of Policy Memorandum

REFER TO AND FILL OUT THE ATTACHED "FIRE/SMOKE BARRIER PENETRATION PERMIT".

FIRE WALL/SMOKE BARRIER PENETRATION PERMIT

POLICY MEMORANDUM 138 11 MARCH, 25 2011

Attachment A

FIRE/SMOKE WALL PENETRATION PERMIT

Contractor or FMS Dept or VA Service Requesting Permit:

Responsible Person For Request (Firm/Dept & Person): _

Location of Penetrations (Bldg/Floor): _____

Work Narrative (Project No. or Purpose): _____

Before issuing a Floor/Fire Wall/Smoke Barrier Penetration Permit, the FMS Project Manager or Maintenance Dept shall review the following checklist with the Permit Requesting Responsible person for compliance. (Contractor to be reminded that all penetrations shall be temporarily firestopped at close of each work day.)

Question	Yes	No	N/A
Did the Responsible person (indicated above) obtain prints (SOC Plans) from FMS Maintenance Section or PM Section detailing hourly rated walls and smoke barriers in the building; and have they thoroughly identified the scope of the firestop work?			
Is the manufacturer's UL, FM, or WH product and application guide for each type of wall or floor penetrated by each type of utility element been submitted, approved and available for on- site review by installers and inspectors?			
Has the Responsible person (indicated above) prepared an itemized schedule of floor and fire/smoke walls to be penetrated indicating the UL, FM or WH system to be used?			

Materials utilized in repair:

Fire-stopping UL, FM or WH System Number(s) ***Attach submittals***:

Wall Board Type & number of layers (if used) _____

Other: (Manufacturer's Engineering Judgment:) ***Attach submittal***:

Approving FMS PM or Maintenance Signature: _____ Date:

After penetrations are sealed, FMS - PM or Maintenance Dept, and the Responsible Person shall inspect the area to ensure compliance with the required standards, make any corrections, and sign off on lines below.

Signature of **Responsible Person** Filing for Permit: _____

Signature **FMS PM** or **Maintenance Staff**: _____

Signature of **COTR: _____**

Submit fully signed Copies to Contractor, COTR, Safety Officer, and FMS - PM and/or Maintenance Dept.

HOT WORK POLICY

1. PURPOSE

To establish policy and procedures for cutting, welding and other hot work operations in non-designated areas; to assure that all supervisors, employees and contractors take proper precautions when any cutting, welding or other hot work is to be accomplished; and, assure that all work is done in a safe manner with limited risk to patients, staff and visitors.

2. POLICY

a. To minimize the risk of fires during construction, alteration, demolition operations or making repairs while performing hot work, such as cutting, welding, thermal welding, brazing, soldering, grinding, thermal spraying, thawing pipe or any other similar work.

b. Procedures and controls are hereby established to control all cutting and welding operations conducted in areas not specifically designated for this type of operation. Designated welding areas include the Machine Shop, the Pipefitting Shop, the Motor Transportation Shop and the Air Conditioning Shop.

3. RESPONSIBILITIES

a. Chief, Engineering Service, is responsible for the overall hazardous operation involving cutting and welding operations within the Medical Center complex.

b. Construction Project Managers, Contracting Officers Technical Representatives (COTR) and Engineering Service Supervisors are responsible for:

(1) Instructing employees/contractors on proper procedures for cutting, welding and other hot work in the Medical Center, and to ensure that the procedures in this policy are followed.;

(2) Discussing with Nurse Managers/designees of the area the possibility of some smoke, dust, noise, etc. This is done prior to the start of any hot work operation to assure care providers that every precaution is being taken to minimize any risks to patients and staff;

(3) Providing this policy requirement to vendors/construction contractors before work begins (i.e., preconstruction meetings) in contracts involving cutting and/or welding;

(4) Ensuring that all contractors follow the procedures in this policy;

(5) Approving cutting, welding and other hot work operations in areas not specifically designed or approved for such processes, and signing the hot work permit before work begins. Hot work permits can be issued and signed by designated Project Managers, designated COTRs, designated Engineering Service Supervisors or Environmental Safety and Health Department Personnel.

c. Contractors are responsible for instructing their employees on the requirements of this policy.

d. Employees will ensure that authorization and permits are obtained for cutting, welding and other hot work operations and that conditions are safe.

e. Should a fire watch be required during operations, a competent person who is knowledgeable and capable of operating the fire extinguisher shall have one available at the job site and shall monitor the job through its entirety.

4. DEFINITIONS

Hot work operations include cutting, welding, brazing, soldering, thawing pipe, grinding, or other spark or flame producing operation. Any process that involves an open flame used temporarily for repair or temporary heating is considered a hot work operation. The use of a portable engine for temporary power is also considered a hot work operation.

5. PROCEDURES

a. Cutting, welding and other hot work shall not be permitted in the following areas:

(1) In the presence of explosive atmospheres (mixtures of flammable gases, vapors, liquids, or dust with air).

(2) In areas not authorized by Occupational Health and Safety.

(3) In buildings equipped with a sprinkler system while the sprinkler system is impaired.

b. Upon issuance of a hot work permit:

(1) An Outlook email must be sent out to the "Hot Work Permit Users Group" by the VA responsible official. At a minimum, the "Hot Work Permit Users Group" shall consist of the Chief, FMS; Associate Chief, FMS; Maintenance Supervisor; Safety Manager and Supervisor, Environmental Safety, Health & EM Department.

(2) The permit must be kept on the site of the hot work procedure, and be made available to the VA Medical Center Auditing Official upon request. At the end of the hot work procedure, the permit should be returned to the authorizing official, and forwarded to the Occupational Health and Safety Department.

d. The Safety Officer, COTR and Engineering Service Supervisors shall have the authority to stop cutting, welding and other hot work operations that are being accomplished without a permit and those operations that do not meet the standards set forth in National Fire Protection Association Standard (NFPA) 5 1B.

e. When work cannot be moved practically, the work area will be made fire-safe by removing or covering combustibles within range of any possible sparks.

f.. The area around any operation will be cleared of dust or lint to exceed the possible range of sparks by three (3) feet.

g.. The fire watch will be designated and present with an approved fire extinguisher for the duration of the operation and for thirty (30) minutes after the operation is completed.

h. When cutting or welding overhead, an approved fire blanket will be placed below to cover the area affected.

i. Upon completion of any operation, an inspection will be made for hot materials by the fire watch individual before securing the area. Occupants in the area will be informed that the operation is complete and the area is safe.

5. REFERENCES

NFPA 241 and 51B.

JACK BELIVEAU

Chief, Facilities Maintenance Service

Attachments: A HOT WORK PERMIT

DISTRIBUTION: **D**

Providence VAMC

HOT WORK PERMIT

For Cutting, Welding, Soldering, Brazing With Portable Gas or Arc Equipment

Date	
Building	Number
Department	Floor
Permit Holder or Contractor:	Phone:
Work to be done:	
Is fire watch required?	Permit expires
The location where this work is to be done has been examined, necessary precautions taken, and permission is granted for this work.	
Signature of Approving Official	
Printed Name	
Time Started	Time Finished

ATTENTION

Before approving any hot work permit, the approving official or designee shall inspect the work area and confirm that precautions have been taken to prevent fire in accordance with NFPA 51 B.

PRECAUTIONS	Sprinklers in service. Cutting and welding equipment in good repair.
WITHIN WORK AREA	Floor swept clean of combustibles. Combustible floors wet down, covered with damp sand, metal or other shields. No combustible materials or flammable liquids. Combustibles and flammable liquids protected with covers, guards or metal shields. All wall and floor openings covered. Covers suspended beneath work to collect sparks.
WORK ON WALLS OR CEILINGS	Construction noncombustible and without combustible covering. Combustibles moved away from the opposite side of wall.
WORK ON ENCLOSED EQUIPMENT (tanks, containers, ducts, etc.)	Equipment cleaned of all combustibles. Containers purged of flammable vapors.
FIRE WATCH	To be provided during and 30 minutes after operation. Supplied with fire extinguisher and/or small hose. Trained in the use of the equipment and in sounding the fire alarm.

FINAL CHECK-UP

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

Signature of Permit Holder *Date*

Signature of Approving Official *Date*

Providence VA Medical Center

HOT WORK PERMIT

For Cutting, Welding, Soldering, Brazing With Sparking, Portable Gas or Arc Equipment

Date Bldg	
Department	Number
	Floor
Permit Holder or Contractor:	*Phone:*
Work to be done:	
Is fire watch required?	Permit expires

The location where this work is to be done has been examined, necessary precautions taken, and permission is granted for this work.

Signature of Approving Official

Printed Name

Date/Time Started Date/Time Finished

ATTENTION

Before approving any hot work permit, the approving official or designee shall inspect the work area and confirm that precautions have been taken to prevent fire in accordance with NFPA 51 B.

PRECAUTIONS	Sprinklers & fire alarms in service. Cutting and welding equipment in good repair.
WITHIN WORK AREA	Floor swept clean of combustibles. Combustible floors wet down, covered with damp sand, metal or other shields. No combustible materials or flammable liquids. Combustibles and flammable liquids protected with covers, guards or metal shields. All wall and floor openings covered. Covers suspended beneath work to collect sparks.
WORK ON WALLS OR CEILINGS	Construction noncombustible and without combustible covering. Combustibles moved away from the opposite side of wall.
WORK ON ENCLOSED EQUIPMENT (tanks, containers, ducts, etc.)	Equipment cleaned of all combustibles. Containers purged of flammable vapors.
FIRE WATCH	To be provided during and 30 minutes after operation. Supplied with fire extinguisher and/or small hose. Trained in the use of the equipment and in sounding the fire alarm.

FINAL CHECK-UP

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

Signature of Permit Holder DateSignature

Date_____ Signature

Date_____ Signature

Date_____ Signature

Date Signature

Signature of Approving Official: *Date:*

VA MEDICAL CENTER **POLICY MEMORANDUM 138- 19**
PROVIDENCE, RHODE ISLAND **April 21, 2009**
(138)

INTERIM LIFE SAFETY CODE MEASURES

1. PURPOSE

It is the policy of the Providence Veterans Administration Medical Center to assure the safety of all building occupants during periods of construction or when deficiencies compromise the level of life safety protection provided by the building. Accordingly, when a life safety feature of the facility is compromised, Interim Life Safety Measures (ILSM) will be initiated to minimize risk to staff, patients and visitors.

2. POLICY

ASSESSMENT CRITERIA.

a. The Interim Life Safety Measures (ILSM) policy will cover situations when Life Safety Code deficiencies cannot be immediately corrected or during periods of construction.

b. The Life Safety Code deficiency, whether identified on the Statement of Conditions or through environmental tours, will be evaluated to determine if ILSM criteria need to be implemented.

c. The potential project, whether construction, renovation, and/or remodeling, will be assessed using the ILSM Project Assessment Worksheet (Attachment A) at least two weeks before the project begins.

d. ILSM's are intended to provide a level of fire safety comparable to that described in the 2006 edition of NFPA 101 Life Safety Code.

3. DEFINITIONS

a. CP - Competent Person; a person deemed qualified by training and education to oversee aspects of construction safety. A Competent Person may be appointed by the Chief, Facilities Management Service, as appropriate.

b. PM - Project Manager; a person appointed to oversee all aspects of a project from inception to completion and to coordinate all aspects of a project with Service Chiefs, Fiscal Service, Contracting, management, regulatory officials and customers.

c. AHJ - Authority Having Jurisdiction: Chief, Facilities Management Service.

d. ILSM - Interim Life Safety Measures.

e. Responsible Party - Person or organization which caused a Life Safety Deficiency. In instances of construction, a contractor is the Responsible Party. In instances of hospital staff

blocking an exit, the staff member is the Responsible Party. In instances of LSC deficiencies of unknown origin, Facilities Management Service is the Responsible Party.

4. MEMBERSHIP

None.

5. PROCEDURES

a. Interim Life Safety Measures will apply when any of the conditions identified on the Assessment Worksheet are anticipated for a construction project or when Life Safety Code (LSC) deficiencies are discovered or caused by other means and cannot be corrected immediately (within 45 days or less).

b. Construction Projects or other LSC deficiencies shall be evaluated in accordance with the attached Assessment Worksheet; (Attachment A).

c. If any one of the conditions in the Assessment Worksheet is answered yes, the need for and identification of appropriate interim measures will be completed and submitted to the Safety Manager for review. In some instances, no ILSM will be required even though the worksheet is answered "yes". These instances will be documented. If none of the Assessment Worksheet questions are answered in the affirmative, "yes", the form will be noted and submitted to the Safety Manager for review.

d. All assessments of Life Safety Code deficiencies will be submitted to the Chief of Facilities Management Service for approval. A database shall be maintained by the Safety Manager which includes a serialized number assigned to each assessment, project name where appropriate, project manager's name, and date and duration of the Life Safety Code deficiency.

e. ILSM Requirement Assessment Worksheet Instructions:

(1) Evaluate the project or deficiency for impact on exiting, compartmentation, fire detection and response systems, ignition sources, storage, debris, emergency access and other potential concerns.

(2) Determine if the impact is significant. In general, projects less than a week in length which do not reduce the level of life safety below Life Safety Code minimum requirements are not significant. An activity which takes place in a room with an intact door which does not penetrate walls generally does not require an ILSM. Activity that affects doors or walls for less than one shift generally does not require an ILSM. Activities that block or compromise exit stairs, required exit access corridors, or exit discharge areas for more than one shift generally require an ILSM. Impairment of any portion of a fire detection or suppression

system will require an ILSM.

f. Inspection Period Activity: The Safety Manager or other qualified person as designated by the Chief, Facilities Management Service, shall conduct inspections of active Interim Life Safety Code Measures during the duration of the LSC deficiency. Copies of the inspections shall contain the serial number of the project and be maintained by the Safety Manager. Gaps or deficiencies in the ILSM shall be immediately brought to the attention of the Project Manager for immediate corrective action. Inspections shall be completed according to the following frequency:

(1) Daily; inspection of exiting for access, integrity and discharge.

(2) Weekly; inspection of construction sites for barrier integrity, smoking, storage, debris removal, fire system integrity, and extra fire fighting equipment.

(3) Monthly; inspection and testing of temporary systems, one additional fire drill per shift per quarter, where prescribed by the ILSM plan, and evaluation of persons in the affected area's knowledge of the ILSM plan.

(4) Project initiation and, as needed, training for facility staff.

6. RESPONSIBILITY

a. The Medical Center Director is responsible for providing resources to maintain compliance with the Life Safety Code at all times.

b. The Chief, Facilities Management Service is responsible for approving all Assessments and Interim Life Safety Measures.

c. The Safety Manager is responsible for reviewing all assessments and Interim Life Safety Measures and, when designated, for completing inspections of life safety deficiencies. The Safety Manager is responsible for maintaining a database and system of record keeping of all assessments, ILSM's and inspections.

d. The Project Manager is responsible for completing an ILSM Assessment Worksheet for each activity which may compromise a life safety requirement, submitting the assessment to the Safety Manager and having the responsible party correct any deficiency in compliance with an established ILSM.

7. REFERENCES

NFPA 101

8. RESCISSIONS

None.

VINCENT NG
Medical Center Director

Attachments: A - Interim Life Safety Measures (ISLM) Assessment Worksheet
B - Interim Life Safety Measures Check Sheet of Required Measures to be Implemented.
C - ILSM Inspection Form

DISTRIBUTION: D

PVAMC ILSM Requirement Assessment Worksheet

- **These criteria will be used to evaluate smoke compartments in which a Life Safety Code deficiency has been identified, or in which construction, renovation or alteration activities are planned. Any "Yes" answers below may require ILSM to address occupant safety.**

- Document any methods you plan on using, and what measures were taken under comments.
- Send to the Environmental Safety and Health Office-TR7, after completion.

Submitter: **Date Submitted:**
Log # **Expected Duration**
Project #
Building: **Floor:** **Room:**

Criteria	YES	NO
The issue/work alters or significantly compromises exit access, exiting, or exit discharge building elements		
The issue/work compromises building compartmentation including fire or smoke walls, floor/ceiling assemblies, corridor walls, use area doors, or other defend in place elements		
The issue/work impairs the building Fire Protection Systems (alarm, sprinklers, suppression) for more than 4 hours in a 24-hour period		
The activity includes Hot Work		
The activity includes large quantities of combustible materials, flammable materials, or generation of large amounts of dust and debris.		
Access to the area by emergency forces will be impaired		
Will non/limited combustible partitions be required?		

[ ] ILSM are required* [ ] ILSM are not required*

***** A yes answer to any of the above criteria requires that an ILSM be initiated. Use the following check sheet to denote the Interim Life Safety Measures appropriate for the issue/work which compromises life safety. Daily inspections of egress access will be completed in accordance with the checked sheet and completed on the attached form during the pendency of the compromise to a life safety system. Periodic inspections of other aspects of an ILSM shall be completed during the pendency of the ISLM. All forms will be maintained by the Safety Manager with copies in the project file.

If an ILSM is not required, provide the completed assessment only to the Safety Manager for review. Maintain a copy in the project file.

Work:
1. Description of work and duration:

Comments:
1.

Reviewed by: _____Safety Manager Date:

Approved by:_____ Chief, Facilities Management Date:

Interim Life Safety Measures Check Sheet to be implemented:

Project Name or other identifying information: _____

Log Number: _____

Place a check mark in each applicable ILSM activity as determined by an assessment of the risks identified in the Assessment Worksheet.

#1 INSPECTIONS / SURVEILLANCE

1:1 Increased surveillance of buildings, grounds, and equipment: shift / daily / other:

1:1 Means of exiting construction areas inspected daily

1:1 Implementation of Fire Watch

1:1 Not applicable

#2 ACCESSIBILITY

1:1 Maintenance of escape/egress routes from construction areas

1:1 Maintenance of access to emergency services for emergency equipment, fire alarm pull stations, Fire Department connections (internal & external)

1:1 Not applicable

#3 EQUIPMENT - LIFE SAFETY

1:1 Temporary fire alarm, detection, suppression system in place

1:1 Monthly testing and inspection of temporary systems

1:1 Provide additional firefighting equipment in project area

1:1 Provide additional firefighting equipment in adjacent areas

1:1 Not applicable

#4 COMMUNICATIONS

1:1 Notification of municipal Fire Department (or applicable emergency forces group)

1:1 Not applicable

#5 CONSTRUCTION MATERIALS / PRACTICES

1:1 Partitions smoke tight and constructed of noncombustible or limited combustible materials

1:1 Prohibition of smoking throughout building and in and near construction areas

1:1 Implement appropriate storage practices

1:1 Implement appropriate housekeeping practices

1:1 Implement appropriate debris removal practices

1:1 Not applicable

#6 FIRE DRILLS

1:1 2 fire drills per shift per quarter throughout Hospital (one additional drill beyond requirement of EC.5.30).

1:1 2 fire drills per shift per quarter in areas adjacent to project (one additional drill beyond requirement of EC.5.30)

1:1 More than 2 fire drills per shift per quarter throughout Hospital. If yes, how many _____

1:1 More than 2 fire drills per shift per quarter in areas adjacent to project. If yes, how many ____

1:1 Not applicable

PM 138-19

#7 TRAINING

O Additional training for staff in immediate area O Additional training for staff throughout hospital O Additional training for incident response team O Training to promote awareness of fire-safety building deficiencies, construction hazards, ILSM

O Training on changes in physical environment (egress routes)

O Training on firefighting equipment

O Training on compensating for impaired structural or compartmentalization features of fire safety

O Not applicable

Other measures: _____

Comments: _____

Prepared by: _____

Reviewed by: _____ Safety Manager Date: _____

Approved by: _____Chief, Facilities Management Date:

ILSM Inspection Form

Project Name:_____

Log Number: _____

Date: _____Daily _____Weekly _____ Monthly

	Measure	Applicable		Compliance Status	Date / Initials
		Y	N		
1.	Exits are inspected on a daily basis and are free and unobstructed. No construction materials, equipment, or debris block free use of all exits adjacent to the construction site or are impacted by the project. Temporary exit signs are in place.				
2.	Provide temporary, but equivalent fire alarm and detection system.				
3.	Provides additional fire-fighting equipment (fire extinguishers). Equipment is functional and tests are up to date.				
4.	Temporary construction partitions are smoke tight, or made of noncombustible material, or made of limited combustible material that will not contribute to the development or spread of fire.				
5.	Surveillance is increased of buildings, grounds, and equipment with special attention to construction areas and storage, excavation, and field offices.				
6.	Enforces storage, housekeeping, and debris removal practices that reduce the building's flammable and combustible fire load to the lowest feasible level.				
7.	Additional training is provided to those in the hospital on the use of fire-fighting equipment.				
8.	One additional fire drill per shift, per quarter is conducted.				
9.	Temporary systems are tested and inspected monthly, and the completion dates for these tests is documented.				
10.	Education is conducted to promote the awareness of building deficiencies, construction hazards, and temporary measures implemented to maintain fire safety.				
11.	Training for those who work in the hospital is done to compensate for impaired structural or compartmental features.				

Prepared by: _____ Project Manager Date:

Inspected by: _____ Date:

Fire Systems Protection During Construction

1. Preventing False Fire Alarms by Smoke Detectors During Construction

Construction and building maintenance activities can potentially generate sufficient airborne dust to activate a fire alarm through nearby smoke detectors. An alarm activated by a smoke detector is immediately transmitted to the municipal fire department, which responds to the hospital with equipment and personnel. In order to prevent false fire alarms from smoke detectors during construction or other maintenance activities, it has been the practice of construction personnel to place a cover over nearby smoke detectors to prevent airborne dust from entering the detector. This practice has been effective in preventing false fire alarms; however this practice has also led to undocumented impairments to the fire alarm system when these covers are not removed when no longer needed to prevent a false alarm.

The following measures will be taken to prevent false fire alarms through smoke detectors during construction while maintaining effective control over impairments to the fire alarm system:

-When it is determined that a smoke detector may be activated by construction dust, the contractor or project manager shall direct a request to one of the hospital's electronics technicians to disable the smoke detector or any other device of the fire alarm system. The request shall include the Node, Loop, and Address of the device(s) to be disabled, the duration, and the specific types of construction or maintenance activities that are planned. The electronics technician will disable the smoke detector until notified by either the contractor or project manager that construction has ended for the day. When notified that construction has ended for the day, the electronics technician will re-enable the smoke detector. The smoke detector that is disabled will indicate a "trouble" condition at the fire alarm control panel and serve as an active indication that a smoke detector or multiple detectors have been impaired. The "trouble" indication will also serve as a continuous reminder to hospital staff that the smoke detector(s) must be restored to normal service.

--Contractors or project managers shall provide at least **48** hours notice to the electronics technicians for disabling of a smoke detector or any other fire alarm system device.

--In no case will the smoke detector(s) be disabled for more than 8 hours in a single 24 hour period. If any smoke detector or any other fire alarm system device is disabled for more than 4 hours in a 24 hour period, the project manager will prepare an ILSM risk assessment and a fire watch will be provided by the construction contractor as specified in the contract documents, or by hospital staff as designated by the project manager.

--Covers **shall not** be used on a smoke detector at any time. If found, covers shall be immediately removed from smoke detectors.

2. Sprinkler System Shutdowns during Construction

Construction and building maintenance may require the removal, modification, or relocation of sprinkler heads or piping as well as work that may cause unintentional damage to sprinkler heads. In order to prevent an accidental discharge of the facility's sprinkler system a procedure has been implemented for sprinkler system shutdowns.

The following measures will be taken to prevent accidental sprinkler system discharge, or to ensure that flooding does not occur as a result of a sprinkler system modification during construction, while maintaining effective control over impairments to the installed sprinkler system:

When it is determined that the facility's sprinkler system must be shut down to prevent flooding or for system modifications, the contractor or project manager shall direct a request for shutdown to one of the hospital's electronics technicians. The request shall indentify the specific area of the hospital impacted by the shutdown and the shutdown duration. The shutdown will be performed by one of the hospital's electronics technicians. The electronics technician will disable the fire alarm system points necessary to prevent false annunciation of a sprinkler system discharge. The electronics technician, or the sprinkler system contractor when authorized in writing by the hospital, will close the appropriate riser valve(s) to isolate that portion of the sprinkler system that is being worked on or that needs to be isolated for protection from flooding should a sprinkler head be damaged. The closed sprinkler valve(s) shall be identified with a sprinkler valve "SHUT" tag by the party that closed the valve(s). The closed sprinkler valve(s) will indicate a "trouble" condition at the fire alarm control panel to serve as an active indication that the sprinkler system has been impaired. The "trouble" indication will also serve as a continuous reminder to hospital staff that the sprinkler system must be restored to service.

If a section of the sprinkler system is to be drained for piping or sprinkler head replacement work, the electronics technician will notify the City of Providence fire alarm division that the master box will be out of service and disable the appropriate sprinkler flow switches and/or fire main. Once the system is drained in the specific area, the electronics technician can reinstall all sprinkler system flow switch devices and the master box so that they are not required to be present in the fire alarm room as a fire watch for the system. At the completion of the sprinkler system work, the contractor or project manager is responsible for notifying the electronics technician that the construction activity has ended for the day and that the sprinkler system is to be refilled and restored to normal operation. The electronics technician must take out all flow switches, fire alarm annunciating devices, and possibly main fire pump prior to recharging of the system. Once the appropriate devices are disabled the electronics technician, or the contractor when authorized in writing by the hospital, can then start filling the system and bleeding air out the Inspector Test Valve (ITV) until the sprinkler system is completely refilled in the specific area of the facility. The contractor **must** stay in the impacted area for a minimum of **15** minutes after the system is refilled to ensure there are no leaks in or abnormalities to the fire and sprinkler systems.

--Contractors or project managers shall provide at least **48** hours notice to the electronics technicians for sprinkler system shutdown. Email is the preferred method of notification.

--In no case will the sprinkler system be disabled on two consecutive floors or in multiple areas at the same time in the main hospital building.

--In no case will the sprinkler system be disabled while smoke detectors or other fire alarm initiating devices are disabled in the same area.

--In no case will the sprinkler system be disabled for more than 8 hours in a single 24 hour period. If the sprinkler system must be disabled for more than 4 hours in a 24 hour period, the

project manager will prepare an ILSM risk assessment and a fire watch will be provided by the construction contractor as specified in the contract documents, or by hospital staff as designated by the project manager.

LOCKOUT / TAGOUT PROCEDURE

1. PURPOSE

To establish procedures for the Lockout/Tagout (LOTO), of energy isolating devices. The procedures will be used to ensure that the machine or piece of equipment is isolated from all potentially hazardous energy. This includes LOTO by employees performing service or maintenance related activities; where the unexpected energization, start-up or release of stored energy could cause injury.

2. POLICY

a. It is the policy of Facilities Management Service that FMS Employees are instructed in the safety significance of the LOTO procedures, as well as how to use those procedures. Only Authorized Employees may LOTO machines or equipment.
b. Every new employee and FMS employee whose work operations are or may be in a LOTO area will be instructed in the purpose and use of the LOTO procedure. Affected Employees will be notified by the Authorized Employees whenever a LOTO will occur, as well as when the equipment is being placed back in service.
c. VAMC FMS Personnel will initiate all utility and equipment LOTO with VA LOTO devices. Contractors will add their LOTO padlock to the device or lockbox as appropriate.

3. DEFINITIONS

a. LOCKOUT/TAGOUT: shall mean the procedure of properly and safely securing equipment or systems administratively (tags, instructions, etc.) and physically (mechanical, electrical or pneumatic devices) or a combination of both.
b. AUTHORIZED EMPLOYEE: Employee trained and determined competent to effectively de-energize and LOTO machinery/equipment.
c. AFFECTED EMPLOYEE: Employee that cannot perform a LOTO, but is exposed to LOTO when the employee's or surrounding machinery/equipment is under LOTO.

4. PROCEDURES

a. Preparation for LOTO:
1. Obtain the proper Hazardous Energy Control Procedure (Attachment 1) for the equipment or machine to be LOTO. Determine if changes need to be made to the procedures based on changes to the equipment and/or personnel. If a procedure is not written use Attachment 1 to prepare the procedure prior to proceeding with the LOTO.
2. Locate the LOTO Permit, (Attachment 2).
3. Locate the ENERGY LOCKOUT INDEX (Attachment 3) located in the LOTO 3-ring binder in the Lockout Locker. (File attachments 1 & 2 in the LOTO binder in the "ACTIVE LOTO" section after filling them out.)
4. Identify all Affected Employees that may be involved in the impending LOTO.
5. Obtain necessary locks and/or tags and devices to implement the LOTO.

b. Sequence of LOTO System Procedure:

1. Fill out the ENERY LOCKOUT INDEX (Attachment 3), located in the LOTO Binder.
2. Fill out the LOTO PERMIT (Attachment 2), sections 1, 2, & 3.
3. Make a copy of an existing LOTO HAZARDOUS ENERGY CONTROL SPECIFIC INSTRUCTION (Attachment 1) or fill out a blank form with all required information.
4. Notify all Affected Employees that a LOTO is going to utilized and the reason thereof. The Authorized Employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
5. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).
6. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc. .
7. LOTO the energy isolating devices with assigned individual lock(s) and tag(s).
8. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.

CAUTION: Return operating control(s) to "neutral" or "off" position after the test (de-energized state).

9. The equipment is now LOTO.

c. Restoring Machines or Equipment to Normal Production Operations:

1. After the servicing and/or maintenance are completed, equipment is ready for normal operations, check the area around the machines or equipment to ensure that no one is exposed.
2. After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all LOTO devices. Operate the energy isolating devices to restore energy to the machine or equipment.
3. Complete Attachments 1, 2 & 3 and file in the “Completed Lockouts” section of the Lockout Binder.

d. Procedure Involving More Than One Person

1. One Authorized Employee will be designated as responsible for the LOTO.
2. The Hazardous Energy Control Procedure (HECP) will be reviewed with each group member.
3. If more than one Facility Management Section or contractor is involved, one Authorized Employee will coordinate the LOTO to ensure that all control measures are applied and that there is continuity of protection for the group.
4. Each Authorized Employee or contractor will affix the LOTO pad lock to the group lockout. Each pad lock must be identified to the person applying it. Authorized Employee or contractor will remove their LOTO device/padlock when they stop working on the equipment or machine being serviced. Outside personnel or contractors involved in operations relating to equipment or machinery lockout that affects our employees, must submit their energy control procedures to the project engineer. Affected Employees must be trained and notified as outlined in this written program. The responsible supervisor for the affected area will ensure that outside personnel and Affected Employees are informed of the proper procedure.

e. Basic Rules for Using LOTO System Procedure.

1. All equipment shall be LOTO to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do not attempt to operate any switch, valve, or other energy isolating device where it is LOTO. Violation of the LOTO can result in disciplinary action.
2. It is the policy of the Facilities Management Service that VA in-house personnel will **NOT** perform work on equipment that has not had the electrical service LOTO. If circumstances require that work be performed with live electrical connections the work will be contracted out.

4. TRAINING

a. Training will be the responsibility of the Supervisor's within Facility Management Service with assistance from the Environmental Safety & Health Department.
b. Affected and Authorized employee training will consist of at least the following elements:
   1. Review of OSHA Standard 29CFR 1910.147 "The Control of Hazardous Energy" requirements.
   2. Type and magnitude of energy sources.
   3. Purpose and use of the Hazardous Energy Control Procedures.
   4. Nature and limitations of tags.
   5. How to isolate equipment/machinery for LOTO.
   6. Conditions for restoring machinery/equipment and removing tags.

c. The LOTO Training will be given to Affected Employees as part of orientation.
d. Authorized Employees will receive training prior to their initial involvement with any LOTO operation.
e. Retraining will be given for Authorized and Affected Employees whenever there is a change in job assignment, a change in machines, or equipment or process that presents a new hazard or a change in the Facilities Management Hazardous Energy Control Procedure.
f. A list of names and dates of training will be kept by the Facilities Management Service's Education Tracking Coordinator.

5. ANNUAL INSPECTION

a. Each year the Environmental Safety & Health Department will conduct an inspection of the FMS Maintenance LOTO Program.
b. This will be accomplished by reviewing the LOTO Binders in B-1, B-6 and B-10. The inspection will include the LOTO Cabinet with the various LOTO Devices. Active LOTO's sites will be visited accompanied by a FMS representative to verify the Hazardous Energy Control Procedure (HECP) was implemented.
c. When LOTO is used the HECP will be reviewed with each Authorized Employee.
d. This will be certified by the designated ES&H inspector on an annual basis. The documentation should include employee names, dates of the inspection, and the Annual Lockout/Tagout Assessment Form (Attachment 4) used.

6. RESPONSIBILITY

a. The Chief, Facilities Management Service is responsible for the administration of the maintenance LOTO Program.
b. The Project Engineer is responsible for ensuring that the contractor personnel are thoroughly familiar with and comply with this policy.
c. Facilities Management Service Supervisors are responsible for their personnel's familiarization and strict compliance with this policy and shall ensure that their personnel have available and utilize proper locks, blocks, danger tags, and protective equipment.

7. REFERENCES

NFPA-70E, Electrical Safety Requirements for Employee Workplaces.
OSHA Standard 29 CFR 1910.147

8. RESCISSION

Facilities Management Service Policy Memorandum #_____ , Lock/Out Tag/Out Procedures, Dated _____.

JOHN J. BELIVEAU
Chief, Facilities Management Service

Attachments (4)

Distribution: Engineering Section Employees

VA ACQUISITION REGULATION SOLICITATION PROVISION AND CONTRACT CLAUSE

NOTE: This clause will undergo official rule making by the Office of Acquisitions and Logistics. The below language will be submitted for public review through the *Federal Register*. The final wording of the clause may be changed from what is outlined below based on public review and comment. Once approved, the final language in the clause can be obtained from the Office of Acquisitions and Logistics Programs and Policy.

1. SUBPART 839.2 – INFORMATION AND INFORMATION TECHNOLOGY SECURITY REQUIREMENTS

839.201 Contract clause for Information and Information Technology Security:

a. Due to the threat of data breach, compromise or loss of information that resides on either VA-owned or contractor-owned systems, and to comply with Federal laws and regulations, VA has developed an Information and Information Technology Security clause to be used when VA sensitive information is accessed, used, stored, generated, transmitted, or exchanged by and between VA and a contractor, subcontractor or a third party in any format (e.g., paper, microfiche, electronic or magnetic portable media).

b. In solicitations and contracts where VA Sensitive Information or Information Technology will be accessed or utilized, the CO shall insert the clause found at 852.273-75, Security Requirements for Unclassified Information Technology Resources.

2. 852.273-75 - SECURITY REQUIREMENTS FOR UNCLASSIFIED INFORMATION TECHNOLOGY RESOURCES (INTERIM- OCTOBER 2008)

As prescribed in 839.201, insert the following clause:

The contractor, their personnel, and their subcontractors shall be subject to the Federal laws, regulations, standards, and VA Directives and Handbooks regarding information and information system security as delineated in this contract.

(END OF CLAUSE)

VA INFORMATION AND INFORMATION SYSTEM SECURITY/PRIVACY LANGUAGE

1. GENERAL

Contractors, contractor personnel, subcontractors, and subcontractor personnel shall be subject to the same Federal laws, regulations, standards, and VA Directives and Handbooks as VA and VA personnel regarding information and information system security.

Certification and accreditation requirements do not apply and a Security Accreditation Package is not required for this project.

2. ACCESS TO VA INFORMATION AND VA INFORMATION SYSTEMS

a. A contractor/subcontractor shall request logical (technical) or physical access to VA information and VA information systems for their employees, subcontractors, and affiliates only to the extent necessary to perform the services specified in the contract, agreement, or task order.

b. All contractors, subcontractors, and third-party servicers and associates working with VA information are subject to the same investigative requirements as those of VA appointees or employees who have access to the same types of information. The level and process of background security investigations for contractors must be in accordance with VA Directive and Handbook 0710, *Personnel Suitability and Security Program*. The Office for Operations, Security, and Preparedness is responsible for these policies and procedures.

c. Contract personnel who require access to national security programs must have a valid security clearance. National Industrial Security Program (NISP) was established by Executive Order 12829 to ensure that cleared U.S. defense industry contract personnel safeguard the classified information in their possession while performing work on contracts, programs, bids, or research and development efforts. The Department of Veterans Affairs does not have a Memorandum of Agreement with Defense Security Service (DSS). Verification of a Security Clearance must be processed through the Special Security Officer located in the Planning and National Security Service within the Office of Operations, Security, and Preparedness.

d. Custom software development and outsourced operations must be located in the U.S. to the maximum extent practical. If such services are proposed to be performed abroad and are not disallowed by other VA policy or mandates, the contractor/subcontractor must state where all non-U.S. services are provided and detail a security plan, deemed to be acceptable by VA, specifically to address mitigation of the resulting problems of communication, control, data protection, and so forth. Location within the U.S. may be an evaluation factor.

e. The contractor or subcontractor must notify the Contracting Officer immediately when an employee working on a VA system or with access to VA

information is reassigned or leaves the contractor or subcontractor's employ. The Contracting Officer must also be notified immediately by the contractor or subcontractor prior to an unfriendly termination.

3. SECURITY INCIDENT INVESTIGATION

a. The term "security incident" means an event that has, or could have, resulted in unauthorized access to, loss or damage to VA assets, or sensitive information, or an action that breaches VA security procedures. The contractor/subcontractor shall immediately notify the COTR and simultaneously, the designated ISO and Privacy Officer for the contract of any known or suspected security/privacy incidents, or any unauthorized disclosure of sensitive information, including that contained in system(s) to which the contractor/subcontractor has access.

b. To the extent known by the contractor/subcontractor, the contractor/subcontractor's
notice to VA shall identify the information involved, the circumstances surrounding the incident
(including to whom, how, when, and where the VA information or assets were placed at risk or
compromised), and any other information that the contractor/subcontractor considers relevant.

c. With respect to unsecured protected health information, the business associate is deemed to have discovered a data breach when the business associate knew or should have known of a breach of such information. Upon discovery, the business associate must notify the covered entity of the breach. Notifications need to be made in accordance with the executed business associate agreement.

d. In instances of theft or break-in or other criminal activity, the contractor/subcontractor must concurrently report the incident to the appropriate law enforcement entity (or entities) of jurisdiction, including the VA OIG and Security and Law Enforcement. The contractor, its employees, and its subcontractors and their employees shall cooperate with VA and any law enforcement authority responsible for the investigation and prosecution of any possible criminal law violation(s) associated with any incident. The contractor/subcontractor shall cooperate with VA in any civil litigation to recover VA information, obtain monetary or other compensation from a third party for damages arising from any incident, or obtain injunctive relief against any third party arising from, or related to, the incident.

4. LIQUIDATED DAMAGES FOR DATA BREACH

a. Consistent with the requirements of 38 U.S.C. §5725, a contract may require access to sensitive personal information. If so, the contractor is liable to VA for liquidated damages in the event of a data breach or privacy incident involving any SPI the contractor/subcontractor processes or maintains under this contract.

b. The contractor/subcontractor shall provide notice to VA of a “security incident” as set forth in the Security Incident Investigation section above. Upon such notification, VA must secure from a non-Department entity or the VA Office of Inspector General an independent risk analysis of the data breach to determine the level of risk associated with the data breach for the potential misuse of any sensitive personal information involved in the data breach. The term 'data breach' means the loss, theft, or other unauthorized access, or any access other than that incidental to the scope of employment, to data containing sensitive personal information, in electronic or printed form, that results in the potential compromise of the confidentiality or integrity of the data. Contractor shall fully cooperate with the entity performing the risk analysis. Failure to cooperate may be deemed a material breach and grounds for contract termination.

c. Each risk analysis shall address all relevant information concerning the data breach, including the following:

(1) Nature of the event (loss, theft, unauthorized access);

(2) Description of the event, including:

(a) date of occurrence;

(b) data elements involved, including any PII, such as full name, social security number, date of birth, home address, account number, disability code;

(3) Number of individuals affected or potentially affected;

(4) Names of individuals or groups affected or potentially affected;

(5) Ease of logical data access to the lost, stolen or improperly accessed data in light of the degree of protection for the data, e.g., unencrypted, plain text;

(6) Amount of time the data has been out of VA control;

(7) The likelihood that the sensitive personal information will or has been compromised (made accessible to and usable by unauthorized persons);

(8) Known misuses of data containing sensitive personal information, if any;

(9) Assessment of the potential harm to the affected individuals;

(10) Data breach analysis as outlined in 6500.2 Handbook, *Management of Security and Privacy Incidents*, as appropriate; and

(11) Whether credit protection services may assist record subjects in avoiding or mitigating the results of identity theft based on the sensitive personal information that may have been compromised.

d. Based on the determinations of the independent risk analysis, the contractor shall be responsible for paying to the VA liquidated damages in the amount of

$37.50 per affected individual to cover the cost of providing credit protection services to affected individuals consisting of the following:

(1) Notification;

(2) One year of credit monitoring services consisting of automatic daily monitoring of at least 3 relevant credit bureau reports;

(3) Data breach analysis;

(4) Fraud resolution services, including writing dispute letters, initiating fraud alerts and credit freezes, to assist affected individuals to bring matters to resolution;

(5) One year of identity theft insurance with $20,000.00 coverage at $0 deductible; and

(6) Necessary legal expenses the subjects may incur to repair falsified or damaged credit records, histories, or financial affairs.

Providence VA Medical Center
Facilities Management Service
623 Atwells Ave. 3rd floor
Providence, R.I. 02909
401-459-4760
Fax 401-421-0594

REQUEST FOR INFORMATION

NO.

PROJECT TITLE: _____ **CONTRACT NO.** _____ **VA PROJECT NO.** _____	**DATE REQUIRED:**
TO:	**FROM:**

REQUEST:

Requested By: _____ Date: _____

Signed: _____

RESPONSE:

☐ This response does not constitute a change to the contract and is not an authorization to the contractor to proceed with any work that modifies the contract price or the time of performance. If the contractor believes that this response modifies any portion of the contract, the contractor shall make timely notice to the Contracting Officer and await the Contracting Officer's direction before proceeding with any work that the contractor believes is a modification to the contract.

☐ This response may constitute a change to the contract documents. Do not proceed with any work indicated in this response that changes the contract documents until directed in writing by the Contracting Officer.

Response By:	Concur:
Signed:	Signed: VA Project Manager
Date:	Date: