

2. Engineering Section SOP No. 45

d. Electrical equipment used at the worksite is protected by a ground fault circuit interrupter.

e. Excavation worksites are evaluated to determine if it is a permit-required confined space. If the atmosphere contains less than 19.5 percent oxygen or a hazardous atmosphere exists or could reasonably be expected to exist, such as in excavations in landfill areas or in areas where hazardous substances are stored nearby, the atmosphere in the excavation is tested before employees are allowed to enter.

f. Employees are prohibited from working in excavations that contain an accumulation of water unless adequate precautions have been taken.

g. Underground utilities (electric, water, gas, sewer, steam, telephone) are identified, located and marked prior to the commencement of work. As the excavation operation approaches the location of the utility, caution and detection equipment is used to protect the safety of employees. If the exact location of the utility cannot be determined, that utility is shut off and secured under the provisions of the OSHA standards for lockout/tagout, or only hand-digging with insulated tools is permitted.

h. In open excavations, underground utilities are protected and supported at all times.

i. Overhead utility lines are turned off prior to the commencement of work. When boomed equipment is used in excavation work, there is a minimum clearance of ten (10) feet from the boom to overhead lines.

j. No employee are permitted to work in an excavation underneath, or in close proximity to, any powered equipment operating over or near an excavation/trench.

k. Warning systems for mobile equipment are provided.

l. Fall protection is provided to protect employees, patients and visitors. This includes the use of guardrails, bridges, barriers, fencing, covers, or other fall protection system.

m. A stairway, ladder, ramp, or other safe means of egress is located in excavations that are four (4) feet or more in depth so as to require no more than 25 feet of lateral travel to exit.

n. Protection of employees from excavated soil/materials and equipment is provided by placing and keeping such materials at least two (2) feet from the edge of any excavation.

o. Employees exposed to vehicular traffic operating in the area of an excavation are provided with and instructed to wear a warning vest marked with a reflective or highly visible material.

p. Vibration caused by vehicular traffic, movement/operation of equipment or the positioning of heavy equipment can cause excavation failure. Equipment is kept far enough from the edge of the excavation to avoid imposing strain from vibration or overloading on

3. Engineering Section SOP No. 45

trench walls. Additional bracing/shoring may be required. Barricading may be required to prevent movement of the equipment/vehicle toward the excavation. These conditions are addressed and adequate precautions are taken.

q. Protective systems for excavations are designed for class C soil. This includes sloping of the excavation wall at a rate of 1 ½-foot out for each one (1) foot of depth (benching is not permitted), use of hydraulic speed shore used in compliance with manufacturer's instructions, and use of a certified trench box, timber trench shoring or other designed system developed and approved by a registered professional engineer. Design systems or other protective systems meet OSHA standard CFR 1926.650/651/652/653 requirements.

r. Any area of an excavation that requires a protective system that is unprotected, is marked in such a manner as to not allow an employee to enter the area. Employees are kept back from the unprotected area at least one (1) linear foot for each foot of depth from the end of the protective system.

s. Sidewalks and pavements are not undermined unless a support system is used to protect against collapse.

t. Excavations below the level of the base or footing of any foundation or retaining wall are not permitted, except when:

(1) An approved support system, such as underpinning, is used.

(2) A registered professional engineer approves the determination that the excavation is far enough away that it does not affect the foundation.

(3) A registered professional engineer approves the determination that such excavation work does not endanger employees.

u. An employee identified as a "competent person" is trained initially, and every two (2) years thereafter, in accordance with OSHA standards.

5. REFERENCES: CFR 1926.650/651/652/653

6. RESCISSION: Engineering Section SOP, Excavation/Trenching, dated March 6, 2012.



STEVEN BENSON, PE, PS, CHFM, CHESP
Chief, Facilities Management Service

Dist: Engineering Section Supervisors (138C/D)
Safety and Occupational Health Manager (138S)

COORDINATING UTILITY OUTAGES

1. **PURPOSE**: To provide a uniform and effective procedure to coordinate utility outages.
2. **POLICY**: It is the policy of Engineering Section to continually provide all the utilities that are essential to properly operate a modern medical center. When it becomes necessary to temporarily interrupt these essential services, Engineering Section informs concerned parties and coordinates such interruptions within the limits of exigency that exists on a situation by situation basis.
3. **RESPONSIBILITY**: It is the responsibility of the Chief, Facilities Management Service (FMS) to ensure proper coordination of outages. It is the responsibility of all Engineering Section employees to promptly inform the Chief, FMS through the appropriate chain of command when a utility outage is required or when, in the event of an emergency, the outage has been implemented.
4. **PROCEDURES**:
 - a. The Chief, FMS grants approval before any utility outage is implemented except in an emergency situation wherein life, limb, or property may be seriously impaired, seriously damaged, or destroyed by failure to take immediate action to shut down a utility. In the event of such a catastrophic emergency, the Chief, FMS is informed as soon as possible of the outage and other pertinent details that necessitated the outage.
 - b. Outages, with the exception of emergency outages, are planned, approved, and coordinated with the appropriate personnel as far in advance as is practical.
 - c. Concerned services/care lines are contacted by telephone in an effort to coordinate the outage. Appendix A, Utility Outage Form is used when the telephone contacts are made. When the telephone contacts are completed and if all services contacted have no objection to any aspect of the planned outage, the outage is scheduled. If appropriate due to the scope of the outage, the secretary sends a station-wide e-mail message informing all employees.
 - d. Before Appendix A, Utility Outage Form is submitted for approval, the requestor completes all appropriate spaces. The requestor fills in the titles, dates and all spaces above the signature line. In addition, an X is placed in the appropriate spaces indicating which offices or services/care lines are to be contacted. Some offices and services/care lines are permanently marked and are contacted for each utility outage scheduled.
 - e. The Work Order Clerk makes contacts the services/care lines and areas indicated on the Utility Outage Form to provide details of the scheduled outage. The name of the person receiving the call is noted on the Utility Outage Form. An electronic message is also sent as a secondary means of communicating the outage details.

2. Engineering Section SOP No. 57, Coordinating Utility Outages

5. REFERENCES: None.

6. RESCISSION: Standard Operating Procedure Number 57, Coordinating Utility Outages, dated September 6, 2007.

STEVEN BENSON, PE, PS, CHFM
Chief, Facilities Management Service

Dist: Engineering Supervisors (138)
Engineering Work Order Clerk (138D)

Today's Date: _____ Title of Outage: _____

Type of Outage:

| | | | | |
|--|------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> ELEVATORS | <input type="checkbox"/> STREET LIGHTS | <input type="checkbox"/> EMERGENCY GENERATOR | <input type="checkbox"/> ELECTRICITY |
| <input type="checkbox"/> HEAT | <input type="checkbox"/> STEAM | <input type="checkbox"/> WATER | <input type="checkbox"/> AIR CONDITIONING | <input type="checkbox"/> SEWAGE |
| <input type="checkbox"/> MEDICAL AIR / VACUUM / OXYGEN | | | <input type="checkbox"/> OTHER _____ | |

Affected Areas/Buildings: _____

Date(s) of Outage: _____

Time/Duration of Outage: From _____ ☐ a.m. ☐ p.m.
To _____ ☐ a.m. ☐ p.m.

Outage coordinated with: _____
(Name of Service Chief/Care Line Manager)

Reason for Outage:

Requestor's Signature _____

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E-Mail Notification Sent: _____ (Initials/Date)

| SERVICE OR CARE LINE | "X" TO CONTACT | BUILDING | EXT. | NAME OF CONTACT | CALLER INITIALS |
|---|----------------|----------|-------|---|-----------------|
| Medical Center Director | _____ | 1 | 7002 | | |
| Associate Director | Email | 1 | 7001 | CC: Associate Director, AD Secretary | |
| Chief of Staff | Email | 1 | 7254 | CC: Heather Murphy | |
| AD for Patient Care (Nursing) | Email | 1 | 7365 | CC: VHACLL Nursing Key Staff VHACLL SPS Patient Care | |
| Nursing | _____ | Various | Email | CC: VHACLL Nurse Managers | |
| Human Resources | _____ | 1 | 7538 | | |
| Fiscal | _____ | 1 | 7527 | | |
| Logistics | _____ | 1 | 7581 | | |
| Medical Supply (All med/gas outages) | _____ | 1 | Email | CC: VHACLL Medical Supply | |
| Quality Improvement | _____ | 1 | 7258 | | |
| Learning Resources | _____ | 1 | 7267 | | |
| Geriatrics/Extended Care Line | _____ | 1 | 7612 | | |
| Emergency Management | _____ | 1 | 6390 | | |
| Vocational Rehabilitation | _____ | 3 | 7342 | | |
| Nutrition & Food Service | _____ | 7 | 7512 | | |
| Call Center | _____ | 8 | 6468 | | |
| Fee Basis | _____ | 8 | 6282 | | |
| Voluntary Service | _____ | 9 | 7420 | | |
| Quarters | _____ | 12 – 17 | 7166 | | |

| SERVICE OR CARE LINE | "X" TO CONTACT | BUILDING | EXT. | NAME OF CONTACT | CALLER INITIALS |
|---|----------------|----------|-----------|---------------------------------|-----------------|
| Protective Services | X | 18 | 7004 | | |
| Chief Information Officer | _____ | 18 | 7189 | | |
| Primary Care Admin | _____ | 18 | 6668 | | |
| Warehouse | _____ | 23 | 7400 | | |
| SPS (All steam outages) | _____ | 24 | 6118 | | |
| Domiciliary | _____ | 24 | 6095/6094 | | |
| SATP | _____ | 24 | 7604 | | |
| Prosthetics | _____ | 24 | 7280 | | |
| Environmental Management | X | 25 | 6383 | CC: VHACLL EMS Supervisors | |
| Vocational Rehabilitation | _____ | 25 | 7355 | | |
| Safety Office | _____ | 26 | 7699 | | |
| Recreation Therapy | _____ | 26 | 7412 | | |
| Unit 26AB | _____ | 26 | 7309 | | |
| Unit 26CD – Freedom Harbor | _____ | 26 | 6127 | | |
| Biomedical Engineering | _____ | 27 | Email | CC: VHACLL Biomed | |
| Infection Control Nurse | _____ | 27 | 7368 | CC: Yvonne Jones, Jason Cherry | |
| Medical/Surgical Care Line | _____ | 27 | 7717 | | |
| Specialty Clinic | _____ | 27 | 7901 | | |
| Cardiopulmonary Clinic (All med/gas outages) | _____ | 27 | 7730 | CC: VHACLL Cardiopulmonary | |
| GI Clinic | _____ | 27 | 7919/7987 | CC: Angel Reyes, Cathy Hathaway | |
| EEG Clinic | _____ | 27 | 7633 | | |
| Canteen | _____ | 28 | 7573 | | |
| Social Work | _____ | 28 | 6603/7451 | | |
| MHICM | _____ | 28 | 7984 | | |
| Residential Care | _____ | 28 | 7455 | | |
| Surgery | _____ | 30 | 7761 | | |
| Unit 30 (MICU) | _____ | 30 | 7712 | | |
| Nurse Manager (Special Care) | _____ | 30 | 7513 | | |
| SCU (30A) | _____ | 30 | 7708 | | |
| Telemetry | _____ | 30 | 6124 | | |
| Unit 30CD | _____ | 30 | 7680/7681 | | |
| Respiratory Therapy | _____ | 30 | 7695 | | |
| PCT Clinic | _____ | 30 | 7899 | | |
| Administrative Officers (AODs) | X | 31 | Email | CC: VHACLL AOD | |
| Dennis Hawk (Outages in Radiology / Dental) | _____ | 31 | 6022 | | |
| Radiology | _____ | 31 | 7739 | | |
| Dental | _____ | 31 | 7807 | | |

| SERVICE OR CARE LINE | "X" TO CONTACT | BUILDING | EXT. | NAME OF CONTACT | CALLER INITIALS |
|--------------------------------|----------------|----------------|-----------|--|-----------------|
| Audiology | _____ | 31 | 7864 | | |
| Pharmacy | _____ | 31 | 7794 | | |
| Laboratory | _____ | 31 | 7837 | CC: VHACLL Laboratory | |
| Mental Health Clinic | _____ | 31 | 7872 | | |
| Primary Care (Teams) | _____ | 31 | 7859 | | |
| Urgent Care (Admissions) | _____ | 31 | 7771 | | |
| Urgent Care (Nursing) | _____ | 31 | 7777 | | |
| PBS Section Supervisors | _____ | 35 | Email | CC: VHACLL PBS Section Supervisors | |
| Unit 35A | _____ | 35 | 7298 | | |
| Unit 35B – HBPC | _____ | 35 | 7566 | | |
| Unit 35B – PR RTP | _____ | 35 | Email | CC: VHACLL PR RTP | |
| Mental Health Care Line | _____ | 35 | 7895 | | |
| Tool Room | _____ | 36 | 7407/7408 | | |
| 210 AB Nurse Manager | _____ | 210 | 7636 | Dee Copas | |
| 210 CD Nurse Manager | _____ | 210 | 6106 | | |
| Sherman Terrace | _____ | 210 | 7660/7661 | | |
| Veterans Homeland | _____ | 210 | 6112 | | |
| 211 Nurse Manager | _____ | 211 | 7287 | Lisa Cooley | |
| Hopewell House | _____ | 211 | 7287 | | |
| Rehabilitative Care Line | _____ | 211 | 7638 | | |
| Library Section | _____ | 211 | 7622 | | |
| CPAC | _____ | 212 | 7073 | | |
| Employee Health | _____ | 212 | 7861 | | |
| Support Services (Mail Room) | _____ | 212 | 7590 | | |
| Release of Info (B212) | _____ | 212 | 7709 | CC: VHACLL ROI-SCANNING | |
| AFGE | _____ | 212 | 7436 | | |
| Contracting | _____ | 212 | 7011/7012 | | |
| Home Telehealth | _____ | 212 | 7362/6222 | | |
| Patient Business Service | _____ | 212 | 7468 | | |
| Chaplain Service | _____ | 252 | 7202 | | |
| Fire Department | X | 259 | 7161 | | |
| Chillicothe Paints | _____ | STADIUM 244 | 773-7117 | | |
| Chivaho Federal Credit Union | _____ | 317 | 775-3381 | | |
| ENGINEERING SECTIONS | | | | | |
| Interior Design | _____ | 21 | 7570/6419 | | |
| Engineering Supervisors | X | 21 | 6172 | CC: VHACLL Engineering Supervisors | |
| Boiler Plant | X | 261 | 6189 | CC: VHACLL Engineering Boiler Plant | |
| Dispatchers (Office Personnel) | X | 21 | 6172 | CC: T. Hill, J. Skaggs, K. Davis, T. Reynolds, D. Nibert | |

PREVENTION OF WORKPLACE HARASSMENT

1. **PURPOSE:** To advise all employees of their responsibility regarding the prevention of harassment in the workplace, to define and establish procedures for monitoring and evaluation, and to enforce the laws relative to workplace harassment.
2. **POLICY:** It is the policy of this medical center that no employee is subjected to harassment, a form of employment discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act (ADEA) of 1967 and the Americans with Disabilities Act (ADA) of 1990. All employees are entitled to a work environment in which they feel free to raise concerns and are confident that those concerns will be addressed. Unwelcome harassing conduct is not tolerated and immediate, appropriate action is taken when management becomes aware of allegations.
3. **DEFINITIONS:**
 - a. Harassment is unwelcome conduct that is based on race, color, sex (including sexual orientation), religion, national origin, disability, and/or age. Harassment becomes unlawful when:
 - (1) Enduring the offensive conduct becomes a condition of continued employment; or
 - (2) Employment decisions are based on whether the employee accepts or rejects such conduct; or
 - (3) The conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Anti-discrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit under these laws; or opposing employment practices that they reasonably believe discriminate against individuals, in violation of these laws.
 - b. Petty slights, annoyances, and isolated incidents (unless extremely serious) do not rise to the level of illegality. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to reasonable people.

2. Policy Memorandum No. 00-16

- c. Offensive conduct may include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance.
- d. Harassment can occur in a variety of circumstances, including, but not limited to, the following:
 - (1) The harasser can be the victim's supervisor, a supervisor in another area, an agent of the employer, a co-worker, or a non-employee.
 - (2) The victim does not have to be the person harassed, but can be anyone affected by the offensive conduct.
 - (3) Unlawful harassment may occur without economic injury to, or discharge of, the victim.

4. RESPONSIBILITIES:

- a. Employees are encouraged to inform the harasser directly that the conduct is unwelcome and must stop. Employees also report harassment to management at an early stage to prevent its escalation.
- b. The VA recognizes that the question of whether a particular action or incident is a purely personal, social relationship without a discriminatory employment effect requires a factual determination based on all facts in each case. When investigating allegations of harassment, management looks at the entire record, including the nature of the conduct, and the context in which the alleged incidents occurred. A determination of whether harassment is severe or pervasive enough to be illegal is made on a case-by-case basis.

5. PROCEDURES:

Persons believing they have been subjected to harassment discuss concerns with their immediate supervisor, service chief/care line manager, the Equal Employment Opportunity (EEO) Program Manager, an Office of Resolution Management (ORM) EEO counselor, or their union representative. All information disclosed during the discussion is held in the strictest confidence and is only disclosed on a need-to-know basis in order to investigate and resolve the matter. Reprisal against one who engages in protected activity is not tolerated, and this medical center supports the rights of all employees to exercise their rights under the civil rights statutes. Complaints of harassment may also be brought to the attention of an EEO Counselor within 45 calendar days of the date of occurrence of the event or alleged

3. Policy Memorandum No. 00-16

acts. Procedures for initiating and processing individual complaints of harassment may be discussed with an ORM EEO Counselor or the EEO Program Manager.

6. REFERENCES: Section 703 of Title VII of the Civil Rights Act of 1964; 29 CFR, Chapter XIV; VA Handbook 5977.

7. RESCISSION: Policy No. 00-16, Prevention of Workplace Harassment, December 14, 2014.

8. COLLABORATED WITH: OOE

9. RESPONSIBLE OFFICE: OOE

10. RESCISSION DATE: August 11, 2018

//s//

Wendy J. Hepker, FACHE
Medical Center Director

Distribution: F

EMPLOYEE THREAT ASSESSMENT TEAM (ETAT)
COMMITTEE

1. PURPOSE: To establish a proactive policy for the prevention of workplace violence involving employees, visitors, volunteers and contractors at this medical center.

2. POLICY:

a. It is the policy of this medical center to promote a safe environment for employees, patients, visitors, and volunteers. The medical center is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. While this kind of conduct is not pervasive at this medical center, no medical center is immune. Every medical center is affected by disruptive behavior at one time or another.

b. Violence, threats, harassment, intimidation, and other disruptive behavior in the workplace are not tolerated. Reports of incidents are taken seriously and are dealt with appropriately. Such behavior can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

3. DEFINITIONS: As used in this policy, violence is defined as unwanted or hostile physical contact, threats, coercion, or harassment.

a. Physical attack is unwanted or hostile physical contact, such as hitting, fighting, pushing, shoving or the throwing of objects.

b. Threat is the expression of a present or future intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating it has the present ability to do harm, and without regard to whether the expression is contingent, conditional, or future.

c. Harassment is behavior or communication designed or intended to intimidate, menace or frighten another person.

d. Property damage is behavior or acts that contribute to the destruction or damage of private or government property.

e. Employee Threat Assessment Team (ETAT) is a medical center-level interdisciplinary team whose primary charge is using evidence-based and data-driven practices for addressing the risk of violence posed by generated behavior(s) that are disruptive or that undermine a culture of safety.

2. POLICY MEMORANDUM NO. 07-09

f. Employee-generated disruptive behaviors which undermine(s) a culture of safety can be committed by VHA employees, contractors, volunteers, academic affiliates, locum tenens and any other personnel whose responsibilities bring them into a VHA facility.

4. RESPONSIBILITIES:

a. The Medical Center Director is responsible for:

(1) Providing and maintaining policy and procedures to assure that employees, patients, visitors, volunteers and all other categories of personnel are provided a safe and healthful work environment.

(2) Implementing a system to notify law enforcement agencies when violations of the policy are committed.

(3) Ensuring that employee-generated disruptive behavior(s) is addressed through administrative processes.

(4) Ensuring that high-risk areas within the medical center are designated based upon the Workplace Behavioral Risk Assessment (WBRA) conducted by medical center staff.

b. Disruptive Behavior Committee (DBC) is responsible for:

c. The Employee Threat Assessment Team (ETAT) is composed of designated representatives from AFGE, the Occupational Safety and Health Manager, Protective Services, Human Resources Management Service, Equal Employment Opportunity (EEO), Rehabilitation Medicine and Services Care Line, Psychologist and the Code Orange Team Coordinator. The ETAT Committee is responsible for:

(1) Acting in an advisory capacity to supervisors assessing workplace violence complaints or other significant incidents.

(2) Activating or notifying the ETAT Committee when any member becomes aware of, or receives reports of violence or threats of violence. An email group is organized and maintained by the chairperson under VHACLL ETAT.

(3) Identifying trends, developing strategies, and performing workplace analyses as defined by the Occupational Safety and Health Administration (OSHA) in order to review and eliminate risks associated with violent behavior at the medical center.

(4) Reviewing the policy for appropriate revisions and making an annual report by June 30 each year on the status of the ETAT Program to the appropriate supervisory personnel regarding incidents referred.

3. POLICY MEMORANDUM NO. 07-09

(5) Performing risk assessments and making recommendations to supervisory staff in reference to referred or reported incidents.

d. Supervisory responsibilities:

(1) Enforce VA safety rules, regulations, and standards, including those concerning violent behavior.

(2) Investigate injuries or illnesses that occur to employees under their supervision, and preclude recurrence of similar injuries. If a patient(s) is/are involved, an electronic Patient Event Report (ePER) the incident is completed. The ePER is available on the Chillicothe VAMC home page. If a visitor or volunteer is involved, notify the Occupational Safety and Health Manager.

(3) Assure that employees or volunteers who are verbally or physically assaulted, who witness violent behavior in the workplace, or who have demonstrated warning signs associated with potential violent behavior are offered employee assistance, counseling and professional support, as appropriate.

(4) Initiate disciplinary actions, as appropriate, against employees or volunteers who assault patients, volunteers, visitors or other employees.

e. Employee and Volunteer responsibilities:

(1) Follow safe work practices (those that minimize the potential for violent behavior).

(2) Immediately report work-related injuries as a result of workplace violence to supervisory personnel.

(3) Complete the Workplace Incident Form, VAF 10-84 (538), available at the Police Operations Center, lower level, Building 18, or electronically through the VA Chillicothe Intranet website. Provide one copy to the appropriate level of supervision, one copy to the VA Police and one copy to the Chairperson, or designee of the ETAT Committee, immediately after an incident of workplace violence occurs.

(4) Attend mandatory training related to violent behavior prevention.

f. Human Resources Management Service responsibilities:

(1) Assist, when appropriate, investigations of claims of violence raised by employees and others.

(2) Advise managers on how to address and resolve concerns in their areas.

(3) Refer reported potential workplace violence situations to VA Police, appropriate

4. POLICY MEMORANDUM NO. 07-09

level of supervision, and the Chairperson of the ETAT Committee.

g. The Chief Protective Services is responsible for:

(1) Assisting with educational efforts to ensure that a procedure is in place to provide training to employees and volunteers on violent behavior prevention. The training includes customer service training that addresses methods to recognize potential violent behavior, appropriate responses, methods to obtain assistance, and procedures to summon VA Police. Warning signs, response procedures, prevention techniques and defensive techniques are addressed in this training.

(2) Reviewing the medical center's ETAT Program annually to assure that the program is current and addresses the medical center's need. Conducts quarterly meetings, as needed, and forwards the meeting minutes to the Environment of Care Committee.

(3) Reviewing incident investigation reports, conducting incident investigations, if deemed appropriate, and identifying corrective actions to preclude incidents of violence at the medical center.

(4) Assuring that reported incidents of violence involving patients, employees, volunteers, or visitors (either as the victim or perpetrator) are appropriately referred.

(5) Developing recommendations and assuring implementation of corrective action(s) intended to preclude recurrence of violent behavior incidents involving employees (in coordination with the requirements of this program).

(6) Identifying trends and developing strategies to reduce or eliminate risks associated with violent behavior at this medical center. This includes developing a standardized database for gathering and reporting data of violent incidents.

(7) Providing training on workplace violence prevention matters for supervisors and employees, when requested.

h. The Crisis Intervention/Code Orange Response Team: This clinical team responds to emergency requests for help and provides employees with assistance in managing violent behavior. The team provides verbal and physical intervention, as needed, to ensure the safety of persons (patients, volunteers, visitors and employees). Community Based Outpatient Clinic (CBOC) staff contact appropriate community law enforcement agencies for emergency response. CBOC staffs also inform medical center staff of this contact with a written summary report.

i. Police: The Chief, Protective Services ensures a Prevention of Violence in the Workplace briefing is provided to new employees. A yearly briefing to incumbent employees is recommended when requested by medical center service chiefs/care line managers and documented as continuing in-service training.

5. POLICY MEMORANDUM NO. 07-09

5. PROCEDURES:

a. Acts of violence perpetrated by patients are referred to the attending physician, treatment team and VA Police for evaluation and appropriate action. The DBC will evaluate cases involving patients referred to the committee from facility staff. While the patients may or may not be reported to law enforcement authorities, clinical personnel determine the reason(s) for the assault and implement corrective action.

b. Requests for review by the ETAT Committee can be initiated by a multitude of sources.

c. Any employee who has concerns regarding personal situations that may affect his or her workplace safety (e.g., restraining orders, domestic violence, or stalking) may consult with the VA Police Operations Officer and/or the ETAT Chairperson.

d. Any supervisor or manager who receives a complaint of violence, threats or harassment, or who has reason to suspect that these acts or behaviors are occurring, involving employees, volunteers, and/or patients, investigates the complaint and contacts the VA Police and/or the ETAT Committee for assistance.

e. Training and education are provided so staff members are aware of potential security hazards and how to protect themselves and co-workers through established policies and procedures. Employees receive general awareness training annually. Awareness training is a mandatory segment of new employee orientation.

6. REFERENCES: Policy Memorandum No. 00-02, Patient Safety Improvement Program
VHA directive 2012-026, "Sexual Assaults and other Defined Public Safety Incidents in Veterans Health Administration (VHA) Facilities, dated September, 27, 2012.

7. RESCISSION: Policy Memorandum No. 07-9, Employee Threat Assessment Team (ETAT) Committee, dated August 19, 2015.

8. COLLABORATED WITH: VHACLL Tops, AFGE

9. RESPONSIBLE OFFICE: 07

10. RESCISSION DATE: June 1 2019

Keith Sullivan

Keith Sullivan, FACHE
Medical Center Director

Distribution: ALL

CONTROL OF HAZARDOUS ENERGY (LOCKOUT/TAGOUT)

1. **PURPOSE:** To establish minimum energy isolation requirements and procedures for an effective program for the safe management and control of hazardous energy.
2. **POLICY:** It is the policy of Facilities Management Service to comply with the requirements as listed in the Occupational Safety and Health Administration (OSHA) Policy 29 CFR 1910.147, Control of Hazardous Energy.
3. **SCOPE:** This policy applies to employees who service or maintain machines or equipment; operate or use a machine or equipment on which servicing or maintenance is being performed under lockout/tagout; and those whose job requires work in an area in which servicing or maintenance is being performed.

Contractors comply with the lockout/tagout procedures in accordance with this policy and other applicable regulations.

This policy does not apply to work on cord and plug-connected electric equipment if the hazards of unexpected energization or startup of the equipment is controlled by unplugging the equipment and the plug is under the exclusive control of the employee performing the service or maintenance.

4. **DEFINITIONS:**
 - a. **Affected employee:** An employee whose job requires the operation or use of machines or equipment or to work in the same area in which servicing or maintenance is being performed under lockout/tagout.
 - b. **Authorized employee:** A properly trained employee who implements the lockout/tagout procedures on a machine or piece of equipment to perform service or maintenance.
 - c. **Other employee:** An employee, other than an affected or authorized employee, who may work near or pass through areas where energy control procedures may be used.
 - d. **Energy isolating device:** A mechanical device that physically prevents the release of energy; for example, a manually operated electrical circuit breaker, a disconnect switch, a line valve, or any similar device used to block or isolate energy. It does not include push buttons, selector switches or other circuit type devices.

2. Engineering Section SOP No. 30

- e. Energy source: The origin of any type of energy to include electrical, mechanical, hydraulic, pneumatic, chemical, and thermal.
- f. Hazardous energy: Any energy source associated with a machine or piece of equipment whose unexpected energization or startup could cause injury to employees or identified chemical, physical or biological hazard. Examples include, but are not limited to, the following:
 - (1) Electrical sources greater than 50 volts AC or DC.
 - (2) Licensed radiation sources.
 - (3) Heated liquids or surfaces exceeding 114 degrees Fahrenheit, excluding potable, fire suppression and irrigation water systems.
 - (4) Any stored mechanical energy.
 - (5) Pneumatic energy exceeding 30 PSI pressure or vacuum.
 - (6) Ignitable liquids or gases.
 - (7) Corrosive liquids with pH outside the range of 6-8.
 - (8) Cold liquids or surface less than 32 degrees Fahrenheit.
 - (9) Hydraulic pressure exceeding 30 PSI, excluding potable, fire suppression and irrigation water systems operating at less than 150 PSI.
 - (10) Materials (solid, liquid, or gas) which, if released, could cause injury or concentrations in the immediate area of the release exceeding exposure limits established by OSHA.
- g. Lockout: The placement of a lockout device on an energy-isolating device, in accordance with an established procedure, to ensure that the energy-isolating device and the machine or equipment being controlled cannot be operated until the lockout device is removed. Lockout devices require a tagout device to be used in conjunction with the lock unless specifically not required by a documented lockout tagout procedure.
- h. Lockout device: A uniquely identifiable device that utilizes a positive means such as a lock operated by a key to hold an energy-isolating device in a safe position and to prevent the energizing of a machine or piece of equipment. The lockout device is capable of withstanding the environment to which it will be exposed.

3. Engineering Section SOP No. 30

Lockout devices used at this facility are padlocks painted safety red. No lockout device is installed at this facility without an accompanying tagout device, except where expressly permitted by this procedure.

- i. Normal production operations: Utilization of a machine or equipment to perform its intended production function.
- j. Service and/or maintenance: Workplace activities on a machine or equipment where an employee may be exposed to the unexpected energization of startup of the equipment or machine or may be exposed to the release of hazardous energy. These activities include lubrication, cleaning, un-jamming of machines, utilization, making adjustments, and performing tool changes.
- k. Tagout: The placement of a tagout device on an energy-isolation device, in accordance with an established procedure, to indicate that the energy-isolating device and the machine or equipment being controlled may not be operated until the tagout device is removed. Tags will not deteriorate in the environment in which they are placed and are printed such that environmental conditions will not cause the tag or message on the tag to become illegible. When a tagout device is permissible for use without an accompanying lockout device, the tagout device is attached to prevent inadvertent or accidental removal. When used alone, the tag is affixed with a non-reusable and self locking device equivalent to a one piece all-environment- tolerant nylon cable tie. The tagout device warns against hazardous conditions if the machine or equipment is energized and includes a legend such as the following: DO NOT START, DO NOT OPEN, DO NOT CLOSE, DO NOT ENERGIZE, DO NOT OPERATE, or other appropriate message. To be complete, a tagout device includes the name of the authorized person who placed the tag and the time and date the tag was placed.
- l. Tagout device: A prominent warning device, such as a tag and a means of attachment, which can be securely fastened to an energy-isolating device to indicate that machine or equipment being controlled may not be operated until the tagout device is removed.
- m. Capacitor: A storage unit that holds a charge of electricity to be totally released at a specific point during an operation. Capacitors represent a potential source of lethal energy and are rendered safe during lockout/tagout situations by waiting for a specified amount of time to pass.
- n. Unsafe to Operate Lock: Indicates that the energy isolating device and the equipment being controlled by it may not be operated until the unsafe to operate lock is removed. The unsafe to operate lock is always accompanied by an unsafe to operate tag. Unsafe to operate tags are used ONLY when a piece of equipment has been determined to be unsafe to operate but no authorized

4. Engineering Section SOP No. 30

employees are currently servicing or maintaining the equipment. Unsafe to operate locks are identifiable by their gold color and accompanying tag. Unsafe to operate locks are NOT lockout devices and prior to servicing or maintaining the equipment, an individual lockout device is placed in accordance with this policy.

- o. Unsafe to Operate Tag: Accompanies an unsafe to operate lock and indicates the equipment it is attached to may not be operated until the unsafe to operate tag and lock are removed. Unsafe to operate tags are yellow and have the words "Unsafe to Operate" printed on them with space for the name of the person placing the tag, along with the date and reason the equipment is unsafe to operate.. An unsafe to operate tag is NOT a tagout device.

5. RESPONSIBILITIES:

- a. Engineering Section shop supervisors are responsible for ensuring their employees implement procedures in accordance with this policy for isolating energy sources for machines or equipment prior to any service or maintenance and ensure that contractors under their control comply with procedures for lockout/tagout. Additional responsibilities include:
 - (1) Developing written standard operating procedures (SOPs) for isolating energy sources for machines or equipment on which employees may be working or performing service or maintenance. Specific procedures need not be documented in writing if the machine or piece of equipment meets the following:
 - (a) The machine or equipment has no potential for stored or residual energy or re-accumulation of stored energy after shutdown which could endanger employees.
 - (b) The machine or equipment has a single energy source which can be readily identified and isolated.
 - (c) The isolation and locking out of the energy source will completely de-energize and deactivate the machine or equipment.
 - (d) The machine or equipment is isolated from the energy source and locked out during service or maintenance.
 - (e) A single lockout device will achieve a locked out condition.
 - (f) The lockout device is under the exclusive control of the authorized employee performing the service or maintenance.

5. Engineering Section SOP No. 30

- (g) The servicing or maintenance does not create hazards for other employees.
 - (h) In addition to items (a) through (g) above, the facility has had no accidents involving the unexpected activation or re-energization of the equipment or machine during servicing or maintenance per Section 1910.147 (c)(4)(i) of the OSHA Lockout/Tagout Standard. Authorized employees on lockout/tagout procedures or requirements contact their immediate supervisor. Unresolved questions or questions from affected or other employees are directed to the Safety Office at extension 7153.
- (2) Identifying authorized employees to perform servicing or maintenance on machines or equipment when lockout or tagout is required.
- (3) Providing training as outlined in this policy to authorized employees. Training is documented and maintained to include date of training and employee names. Supervisors work with other services and the Safety Office to assure that affected employees are included in this training.
- (4) Ensuring that the annual review is conducted in accordance with this policy for the procedure for each machine or piece of equipment in the lockout/tagout program. Documentation is maintained with each supervisor. Supervisors work with other services and the Safety Office to assure that affected employees are included in the annual review.
- b. Authorized employees are responsible for implementing the procedures in accordance with this policy for isolating energy sources for machines or equipment prior to any service or maintenance.
- c. Contracting Officer Technical representatives (COTR's) are responsible for informing contractors of this hazardous energy control procedure and obtaining a copy of the contractor's internal policy.
 - (1) The contractor's internal policy must be equal to, or more stringent than, the procedures contained herein.
 - (2) The COTR provides a copy of the contractor's policy to shop supervisors if concurrent work in contractor occupied spaces is required.
- d. The Assistant Chief, Engineering Section is responsible for:

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- (1) Ensuring that supervisors and COTR's have received instructions sufficient to allow them to carry out their duties and responsibilities under the lockout/tagout program.
- (2) Working with the shop supervisors to develop and maintain an inventory of sources of hazardous energy by type and magnitude.

6. EMPLOYEE TRAINING:

- a. Authorized employees receive training in the recognition of applicable hazardous energy sources, the type and magnitude of the energy known to be present in the workplace, and the procedures necessary for energy isolation and control. Authorized employees are not permitted to implement lockout/tagout procedures until training is completed.
- b. Affected employees whose job requires the operation or use of a machine or equipment on which servicing or maintenance may be performed under lockout or tagout are instructed in the purpose and use of the energy control procedures.
- c. Other employees whose work operations are or may be in the area where energy control procedures may be used are instructed about the applicable procedures and prohibited attempts to restart or reenergize machines or equipment that are locked out or tagged out.
- d. Employees receive instructions regarding the limitations of tags. Tag limitations include:
 - (1) Tags do not provide physical restraint on devices.
 - (2) Tags are only to be removed by the authorized person who installed them.
 - (3) Tags are legible and understandable.
 - (4) Tags and the means of attaching tags are appropriate for conditions in the workplace.
 - (5) Tags are one part of the overall tagout program.
 - (6) Tags are securely attached.
- e. Retraining is provided to authorized and affected employees whenever there is a change in job assignment; a change in machines, equipment, or presses that present a new hazard; or whenever a supervisor has reason to believe that there

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are inadequacies in the employee's knowledge or use of the energy control procedures.

- f. Training is documented to include the date of training and employee names.

7. PROCEDURES:

- a. Only trained authorized employees may lockout/tagout utilizing the following procedures:
 - (1) Identify energy-isolating devices requiring lockout/tagout to ensure effective control of hazardous energy. More than one energy source may be involved. In the event multiple energy sources are present, consult equipment specific procedures. If no equipment specific procedure is documented for equipment or machinery with multiple energy sources or you do not fully understand the equipment specific procedures, stop work and notify your direct supervisor.
 - (2) Determine the type and magnitude of the energy that the machine or equipment utilizes.
 - (3) If the machine or equipment is operating, shut it down by the normal operating procedures.
 - (4) Notify affected employees that a lockout/tagout system is being utilized and the purpose for utilizing the system.
 - (5) Operate the energy-isolating devices, such as a switch or valve, so that the machine or equipment is isolated from its energy sources and follow the documented process if one has been developed for the subject equipment. Always stand to the side of electric panels when opening the main disconnect switches as panels can explode when disconnected under a load.
 - (6) Stored energy such as springs, elevated members, rotating flywheels, hydraulic systems, and air, gas, steam, capacitors, or water pressure is dissipated or restrained by repositioning, blocking, or bleeding down as specified.
 - (7) Affix lockout and tagout devices to energy-isolating devices. If lockout is not physically possible, affix tagout devices. Lockout is always the preferred method.
 - (8) After ensuring employees are not exposed, operate the push button or other normal operating control to make sure that equipment will not operate.

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Return operating controls to the neutral or off position. Check electrical circuit with a meter or similar device to verify that power is off. If working on conductors, test for no voltage on phase-to-phase and phase-to-ground before beginning any work.

- (9) After the servicing or maintenance is complete, prepare the machine or equipment for normal operations. Replace guards and safety devices and remove personnel, tools, blocking and equipment.
 - (10) Notify affected employees that lockout and/or tagout devices will be removed.
 - (11) Remove lockout/tagout devices.
 - (12) Operate the energy isolating devices to restore energy to the machine or equipment.
 - (13) Notify affected employees that servicing or maintenance has been completed and the machine or equipment is back on line.
- b. If more than one authorized employee is involved in the servicing or maintenance of a machine or equipment, the following group lockout/tagout procedures are used:
- (1) Utilizing the procedures as described above, each authorized employee places his/her own personal lockout or tagout devices on the energy-isolating devices. When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device is used.
 - (2) A single lock is used to lockout the machine or equipment with the key placed in a lockout box or cabinet that allows multiple locks to secure it. Each authorized employee uses his/her own lock to secure the box or cabinet. As each authorized employee no longer needs to maintain his/her lockout protection, that employee removes his/her lock from the box or cabinet.
 - (3) For work involving multiple authorized employees, multiple shop disciplines, multiple shifts or complex, long duration projects, and as deemed necessary by involved shop supervisors, the supervisor(s) of authorized employees affix locks as described above in addition to locks being placed by the authorized employees. The supervisor lock is the primary means of securing hazardous energy in these situations. Each authorized employee independently verifies the equipment or machinery has been properly isolated and affixes his/her own lock and tag before starting work. When

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authorized employees finish a portion of the work or leave the job site for an extended period of time, s/he removes their lock and tag. Only the supervisor who placed the primary lockout/tagout device may remove the final lock and tag and reenergize the equipment or machinery.

- c. Contractors comply with the lockout/tagout procedures as established by this procedure. Engineering employees will not violate contractor's lockout/tagout.
- d. Emergency lock removal:
 - (1) Under normal conditions only the authorized employee who placed the lockout/tagout device may remove the device. When it is necessary for a lockout or tagout device to be removed by someone other than the authorized employee who placed the tag, it is removed by the authorized employee's supervisor under the following conditions:
 - (a) The authorized employee and supervisor have determined that the equipment or machinery is safe to reenergize but the keys to the lockout device have been lost.
 - (b) The supervisor has determined that the equipment or machinery is safe to reenergize but the authorized employee who placed the lockout or tagout device is unavailable and cannot return to the work site within a reasonable timeframe. Prior to removal, the supervisor makes an attempt to contact the authorized employee using the standard call-in procedures. Upon return work, the supervisor who removed the authorized employee's lockout and/or tagout device immediately notifies the affected employee that the device was removed and the conditions under which the device was removed.
- e. Unsafe to Operate Locks:
 - (1) Unsafe to operate locks are identified by the gold color. The shop supervisor maintains control of the unsafe to operate locks and keys. Unsafe to operate locks meet all of the physical requirements of a lockout lock. Unsafe to operate locks are not used for any other purpose than securing unsafe equipment that is currently not being serviced or maintained. They are NEVER substituted for a lockout device.
 - (2) Unsafe to operate tags are yellow and constructed of the same types of materials as tagout devices to allow for use of a grease pencil to document the name of the person who placed the tag and the date and reason for placing the tag. Unsafe to operate tags are NEVER substituted for a tagout device.

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f. Exceptions:

- (1) Lockout/tagout is not required for routine maintenance of domestic, fire suppression or irrigation water systems.
- (2) Minor tool changes that take less than 20 minutes and where the disconnecting means is clearly visible from the machine are locked out but a tagout device is not required.
- (3) Troubleshooting, work that cannot be done while the equipment or machinery is locked or tagged out, and work where isolating energy sources is more hazardous than performing the required work does not require lockout or tagout.
- (4) Recharging or evacuating refrigerant from HVAC units, refrigerators, freezers and similar equipment does not require lockout or tagout.

g. A review of the energy-control procedures for machines or equipment in the lockout/tagout program is conducted annually.

- (1) The review is conducted by the respective Engineering Section shop supervisor or a designated authorized employee other than the employee whose energy-control procedures are being reviewed.
- (2) The reviewer and each authorized employee analyze the employee's responsibilities under the energy-control procedures being reviewed.
- (3) If tagout is used for energy control, the review also includes the limitations of tags.

8. REFERENCES: OSHA Standard 29 CFR 1910.147
OSHA Standard 29 CFR 1910.331-.335

9. RESCISSION: Engineering SOP Number 30, Control of Hazardous Energy (Lockout/Tagout), dated April 20, 2011.



Steven Benson, PE, PS, CHFM, CHESP
Chief, Facilities Management Service

Dist: Engineering Section Supervisors
Safety Manager (001S)

CONSTRUCTION PROJECT INSPECTIONS

1. **PURPOSE:** To designate procedures for the inspection of active construction projects.
2. **POLICY:** It is the policy of this facility to conduct inspections of active projects during construction, renovation, demolition or repair and to involve appropriate staff in the inspection process.
3. **DEFINITIONS:**
 - a. Construction is defined as activities that disturb the environment and includes:
 - (1) Demolition of existing ceilings or walls.
 - (2) Exposure of ceiling spaces by removal of all or part of ceiling.
 - (3) Breaching of walls, ceilings or floors.
 - (4) Removal of debris from construction areas
 - (5) Major disturbance of soil in which dust or dirt becomes airborne.
4. **RESPONSIBILITIES:**
 - a. The Chief, Facilities Management Service, is responsible for ensuring that the need and methods utilized for the completion of active project inspections are communicated to Project Engineers, Engineering supervisors, Contracting Officers, Contracting Officer Representatives (CORs) and contractors, as applicable.
 - b. The COR, or team designee(s), are responsible for completing inspections on active construction projects. Completed reports are submitted to the Safety Program Support Specialist, who uploads documentation on completed project inspections to the Construction Safety SharePoint site at <https://vaww.vsn10.portal.va.gov/sites/Chillicothe/projectsafety/default.aspx>.
 - c. The Construction Safety Committee assigns an inspection team to each project listed on the Project Inspection tracking grid. Team assignments are based on the Infection Control Risk Assessment (ICRA) class for the project or the current phase of the project. Team assignments are as follows:
 - (1) No ICRA or ICRA n/a: COR.

2. Engineering SOP 12, Construction Project Inspections

(2) ICRA Class I: COR.

(3) ICRA Class II: COR and Infection Control.

(4) ICRA Class III: COR, Infection Control and Safety Office.

(5) ICRA Class IV: COR, Infection Control, Safety Office and Chief Engineer.

d. The Project Engineer/COR is responsible for:

(1) Ensuring regular updates to the Project Inspection tracking grid located on the Construction Safety SharePoint site.

(2) Following up on completed inspections and ensuring corrective actions are documented to address deficiencies.

5. PROCEDURES:

a. Project Engineers/CORs:

(1) Access the Project Inspection tracking grid located in the Project Inspection folder on the Construction Safety SharePoint site and modify column J (Active) and column K (Inspection Needed) to indicate if construction is active and an inspection is required. Updates are made on or before each Thursday for the following week's inspections. Information is included in column H (Comment)s on the anticipated work area for projects that involve multiple work sites and any special considerations the inspector needs to be aware of for the upcoming inspection. Dates are included with any comments. The ICRA class is recorded in column I (ICRA Class) and is updated to reflect the ICRA class for the phase or location the work is anticipated to be taking place at inspection time the following week. Projects with an ICRA class indicated to be "modified" has notes added in column H to indicate how the ICRA conditions were modified. The Project Inspection tracking grid is opened in edit mode and changes are saved without changing the name of the file.

(2) Add new projects to the Project Inspection tracking grid as they become active and remove completed projects, when appropriate.

b. The COR or team leader designee:

(1) Accesses and prints the Project Inspection tracking grid on or about Friday of each week prior to conducting weekly inspections of active projects.

(2) Upon completion of the weekly inspections, completed reports are submitted to the Safety Program Support Specialist, who uploads documentation on completed project inspections to the Construction Safety SharePoint site.

3. Engineering SOP 12, Construction Project Inspections

Completed Physical Site Inspection forms are saved on the Construction Safety SharePoint site in the Project Inspection folder and the year/month subfolder.

c. Deficiencies are documented and addressed as follows:

(1) Issues that do not require immediate attention are documented on the Physical Site Inspection form. Issues that do not require immediate attention are those that are contained within the immediate construction area and issues other than immediate life safety, site security and infection control challenges.

(2) Issues requiring immediate attention, such as storage in stair towers or obstructions of exits, are documented on the Physical Site Inspection form and are communicated to the jobsite foreman before the COR or inspection team leaves the area.

(3) Issues involving immediate threat to life are documented on the Physical Site Inspection form and are communicated to the jobsite foreman. Construction workers/foremen are immediately notified of the threat and the Safety Office is notified via phone. The Project Engineer/COR immediately notifies the Contracting Officer via phone and email.

d. Resolutions to deficiencies are documented in the Construction Safety Committee meeting minutes.

e. The Contracting Officer and the Safety Officer are authorized to suspend work for issues involving an immediate threat to life or when deemed necessary. Levels of offense are listed in Appendix A, Contractor Safety Disciplinary Actions.

6. REFERENCES: VHA Directive 2011-036, Safety and Health During Construction

7. RESCISSION: Engineering SOP 12, Construction Project Inspections, dated August 29, 2014.



Steven Benson, PE, PS, CHFM, CHESP
Chief, Facilities Management Service

Dist: Fire Department (07F)
Engineering Section, Planning and Design (138B)
Contracting Officers (90C)
Construction Safety Committee Members

Contractor Safety Disciplinary Actions

All contractor and subcontractor employees are expected to comply with jobsite rules and OSHA regulations, and to follow established operating procedures set forth by the Chillicothe VAMC. Violations/repeated violations are not tolerated and the superintendent/foreman is held accountable for the conduct of contractor and subcontractor employees.

Superintendents and foremen are required to take action when a violation is observed or brought to their attention. Immediate action to control or eliminate a hazard is required.

In the event a violation/repeat violation is observed, the following procedures have been established to place an employee and the contractor on notice.

| <u>Notice</u> | <u>Action</u> |
|----------------------------|--|
| First Offense | A written warning from the Contracting Officer (CO) to the contractor with a copy to the Contracting Officer Representative (COR) to address the violation of the employee and the contractor. A copy is provided to the superintendent and one placed in the contract file and the Planning & Design file, referencing the violation and warning, including date and time. |
| Repeated Offense addressed | A written letter of reprimand from the Contracting Officer to the contractor with reference to the violation. A request for replacement of project superintendent. A copy of this letter is given to the Contractor's main office, the Planning & Design office and a copy is forwarded to the Network Contracting Office (NCO). A warning from the CO to the contractor (copy to COR) that a 3 rd offense will result in a "Suspension of Work" at no-cost to the government until a safety stand-down is completed by the contractor. |
| Final Offense | A "Suspension of Work" at no-cost to the government takes place immediately and is not removed until a safety stand-down (SSD) is completed by the contractor and its employees, and monitored by the COR. Requirement for immediate replacement of superintendent. Documentation of the offense and completion of SSD is filed at the Planning & Design office and a copy is forwarded to the NCO. |

This procedure is prepared so that there is no question about how violations of rules,

5. Engineering SOP 12, Construction Project Inspections

regulations and procedures are handled by the Chillicothe VAMC and so that contractors, subcontractors and their employees know what to expect if they do not comply with the established rules, regulations and procedures. Management knowledge of unsafe behavior and lack of appropriate documented discipline may be a violation of federal, state laws and regulations.

Contractor Disciplinary Action Form
VA Medical Center
Chillicothe, OH

Project: _____ Contractor: _____

Sub-Contractor: _____ Date: _____

Superintendent: _____ Day: _____

Employee(s): _____ Time: _____

1st Violation

Description: _____

_____ Date: _____

Superintendent Signature: _____ Date: _____

2nd Violation (Repeated Violation: Y/N)

Description: _____

_____ Date: _____

Superintendent Signature: _____ Date: _____

Final Violation (Repeated Violation: Y/N)

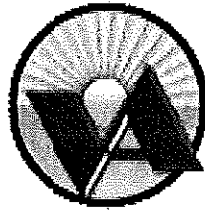
Description: _____

_____ Date: _____

Superintendent Signature: _____ Date: _____

Safety and Infection Control Handbook

for
Contractors



Project: _____

COTR: _____

Phone Number: _____

Cell Number: _____

FOR MEDICAL EMERGENCIES: 911

In case of fire, call 444, (740) 772-7161 (outside line) or activate the nearest pull station.

The Role of the Contractor

Contract workers are an important part of our Medical Center. Contractors provide services in virtually all areas of the Medical Center from time to time. Some contractors work in direct contact with patients; others work in office areas or mechanical spaces without direct patient contact. Regardless of where contractors work, their activities support the health care and environment of our patients.

It is critically important, therefore, that you, the contract worker, know about the Medical Center, its patients, its rules and regulations, and ways in which your safety and that of our valuable patients and employees can be ensured.

The management, patients, and employees of this health care system appreciate your efforts to help us improve our facility and service to our veterans; however, safety must be stressed at all times.

Please take a moment to review this handbook with all of your employees and make sure everyone is familiar with the safety and infection control requirements. If you have any questions, please feel free to contact the VA COTR that is overseeing your project.

Thank you.

Topics Covered in this Guide

- Security and Identification
- Working in a Hospital Environment
- Basic Safety
- Fire Safety
- Confined Spaces
- Trench Excavation Safety
- Infection Prevention and Control
- Environmental Compliance and Green Environmental Management Systems
- Emergency Management
- Summary of Contacts
- Notes from Preconstruction Conference

Security and Identification

Security is a cooperative effort. VA Police enforce federal and local regulations to protect patients, contract workers, volunteers, staff, and visitors. They also protect government and private property and preserve a peaceful and secure environment at the Medical Center 24 hours a day.

All contract workers are required to obey traffic, parking, and security regulations. It is also necessary for everyone to use common sense, cooperate with the police and, of course, keep personal possessions in a safe and secure place.

If you see a suspicious person or any act that may be suspicious and/or criminal, **notify the Police by calling 222** or (740) 773-1141 extension 7004 and/or report your suspicion to a VA employee or your supervisor.

All contractors are required to obtain and wear an identification badge. The contractor/vendor identification badge must be visibly displayed on a shirt or jacket at all times while working at this Medical Center.

The Medical Center and its surrounding grounds are Federal property.

The following items are forbidden in the Medical Center buildings or on the grounds:

Alcoholic Beverages

Firearms

Knives with blades over three (3) inches*

Fireworks

** excludes any tools of the trade*

Working in a Hospital Environment

Information concerning patients and their records is **CONFIDENTIAL**.

Speak softly while on the wards, in the library, in the hospital corridors, and in any other areas where people are working or patients are resting.

If patients ask you for help or advice, refer them to a VA employee for assistance.

If you are required to enter an occupied patient room, you must knock, announce your presence and state your business before entering.

Do not sit on any patient beds or handle any medical or patient equipment unless you are specifically assigned to do so as a contract worker. Do not use the nursing counters.

Work behind closed and locked doors whenever possible.

Do not leave any tools or electrical cords unattended at any time.

Contract workers should **NEVER** enter a room that is posted with any type of "ISOLATION" or "NO VISITORS signs," the Special Care Unit, or the Life Support Area on B31 in the Urgent Care area, unless asked to do so by your supervisor. If your supervisor has asked you to enter, confer with the nurse manager in charge of the floor or area before entering. She/he will give you instructions to protect yourself and our patients.

For all "CODES" or emergencies, remove all of your equipment from the hallway and stand clear of the hallways so that emergency personnel and equipment can move freely.

Do not move or touch a patient. Inform the nursing staff of all patient requests.

Wash hands frequently.

Cell phone use is prohibited in ALL patient care buildings and in ALL locations where medical equipment is in use.

Basic Safety

Contractor must have copy of the project Infection Control Risk Assessment (ICRA), Pre Construction Risk Assessment (PCRA), hot work permit, confined space permit and any other applicable permit on hand and immediately available at each job site at all times while their work is ongoing. Interim Life Safety Measures (ILSM's) must remain posted and viewable at all times through the life of the contract.

Contact the VA COTR with questions about the ICRA or PCRA. Contact the VA Fire Department with questions about ILSM's.

Be careful and observe your surroundings while walking and working.

Do not leave any tools or equipment unattended at any time.

If you see a "Wet Floor" sign, do not walk in the area until the sign is removed.

If you see any safety hazards, report them to the VA COTR overseeing your project.

Be aware of patient and wheelchair traffic. Use caution and pull carts, as opposed to pushing carts, around a blind corner.

Do not open any window without approval from the VA COTR.

All supplies and other deliveries must be stored in a predetermined location, not left on the floor, and never left unattended.

If you spill something, clean it up immediately. Caution others to stay clear of the area until it is cleaned up. Notify the VA COTR.

If you see a spill and you do not know what it is, notify your supervisor, VA COTR and any VA employee nearby. Do not clean it up yourself. Call 911 for emergency spill response.

Contractors working on maintenance or construction projects must have a "competent" person appointed and present at all times. Contractors are required to comply with 29CFR 1910, 29CFR 1926 and other applicable laws, codes and standards.

Work involving hazardous energy sources must be performed in accordance with applicable sections of 29CFR 1910 and VA policy. Contractor must obtain and comply with the VA hazardous energy control policy. Contractor must provide a copy of their policy to VA COTR so affected VA staff comply with contractor policy.

Use only grounded UL-listed extension/flexible cords. Do not allow extension cords to cross a walkway or corridor, creating a trip hazard. Cords shall not be run through walls, ceilings, or floors, through doorways, or concealed behind doors, ceilings, floors, etc. Cords should be used in continuous lengths without splicing or tape and be visually checked prior to each use.

All cord and plug connect equipment such as sump pumps, hand-held motor operated tools, and appliances used outside that operate on greater than or equal to 120 volts, or likely to be used in a wet environment, shall be grounded and equipped with a Ground

Fault Interrupter (GFI). Listed or labeled portable tools and appliances, protected by an approved UL system of double insulation or its equivalent, do not need to be grounded; however, GFI protection must still be used.

All energized parts of more than 50 volts must be guarded against accidental exposure. These may be guarded by a locked room accessible only to qualified persons, elevation to a height of over 10 feet above the floor, or by guards/cabinets that are inaccessible to unqualified workers, staff, patients, or other potentially affected persons.

Scaffolding shall be erected in accordance with applicable sections of 29CFR 1926. Contract Workers who erect, disassemble, move, operate, repair, maintain or inspect a scaffold shall be trained by a competent person. Each contract worker who performs work on a scaffold shall be trained by a person qualified to recognize the hazards associated with the type of scaffold used and to understand the procedures to control or minimize these hazards.

Fall protection must be provided and utilized as required by 29CFR 1926.

If any contractor or contract worker encounters what is believed to be Asbestos Containing Materials, they are to stop and notify their supervisor and the VA COTR for the project.

If working in a known asbestos area, all applicable OSHA regulations shall be followed. Contact the VA COTR and the VA Industrial Hygienist to establish a work plan.

Fire Safety

The Chillicothe VA Medical Center has its own fire department. If you happen to be where a fire breaks out, pull the nearest fire alarm box. The fire alarm is located near the exits. You may also call 444 from a station phone or (740) 772-7161 on an outside line or cell phone.

Make sure you look for and become familiar with the locations of the area where you are working and always maintain a clear exit path. Ensure all contract workers are aware of egress paths from work site.

If the fire alarm system sounds in the area you are working in, stay calm and evacuate the building, closing all doors behind you. Contract Supervisors should account for all their employees during a fire emergency. If anyone is not accounted for, notify the fire department.

Adhere to all safe welding, cutting and burning precautions. Notify Engineering Service and obtain a Hot Work Permit prior to welding, burning, grinding, or utilizing a metal

chop saw.

In order to maintain a safe and healthy environment, smoking is prohibited in all buildings, building entrances/exits, stairwells, attics, closets, offices, etc. Should you choose to smoke, you may smoke outside of the buildings, adhering to a minimum distance of 35 feet from any exit of the any building.

Contract workers must know where exits and extinguishers are located.

The fire department and construction safety committee will conduct a periodic walkthrough of the construction area.

IN EVENT OF A FIRE:

R – Rescue all people from immediate danger
A – Alarm, Pull alarm box or call fire department
C – Confine the fire; close all doors
E – Extinguish/Evacuate

FIRE EXTINGUISHER USE:

P – Pull the pin on the extinguisher
A – Aim nozzle at the base of the fire
S – Squeeze handle
S – Sweep nozzle from side to side across base of fire

Contractors must report all discharges of fire extinguishers to the COTR.

Confined Space Entry

The Medical Center has in place a confined space entry and safety program that is in effect for contractors as well as employees of this facility. This includes, but is not limited to entry permits, required training, personal protective equipment, and other safety requirements. All activities involving confined space must be in compliance with applicable sections of 29CFR 1910 and 29CFR 1926.

The confined space permit of this Medical Center shall be used unless the contractor has a confined space permit system in place, and the Safety Officer of this Medical Center approves it. The VA COTR will arrange a meeting with the Safety Officer as needed.

This facility contains numerous identified permit-required spaces including, but not limited to, tunnels, manholes, boilers, and some crawl spaces.

All entrants, attendants, and supervisors must have documented training, meeting OSHA regulations, for each position. When applicable, provide copies of training certificates to VA COTR.

Prior to entry into any permit-required space, and upon completion of the entry, the VA COTR shall be notified.

The contractor is responsible for meeting all requirements of the applicable OSHA regulations and any other requirements as set forth by this Medical Center.

Attendant duties shall be the responsibility of the contractor. There shall always be a trained contractor representative outside of the space to monitor the status and safety of the entrants.

The contractor is responsible for making arrangements for on-site rescue services.

The contractor shall advise the VA COTR and Safety Office of any hazards that will be created or confronted by the contractor during the entry.

Medical Center employees and contractors entering the same space are required to coordinate with each other so as not to endanger the other during the entry.

Trench and Excavation Safety Requirements

All trenches, excavation and shoring must comply with applicable sections of 29CFR 1910 and 1926.

The walls and faces of trenches five (5) feet or more deep, and all excavations in which employees are exposed to changes from moving ground or cave-in, shall be guarded by a shoring system or sloping of the ground.

The portable trench shields may be used for the protection of personnel in lieu of shoring system or sloping.

The portable trench shield should be designed for the conditions expected to be encountered and be maintained in a manner which will provide protection equal to or greater than the sheeting or shoring required for the trench.

Trenches four (4) feet or more deep shall have an adequate means of exit such as ladders, steps, or ramps located so as to require no more than 25 feet of lateral travel. Ladders must be secured and must extend 36 inches above the landing.

In excavations which contract workers may be required to enter, excavated or other material shall be effectively stored and retained at least two (2) feet or more from the edge of the excavations.

Contract workers shall be protected with appropriate personal protective equipment.

Unattended excavations or trenches will be effectively guarded against unauthorized entry by fences, warning lights, signs, and any other means necessary.

Prior to opening an excavation, steps will be taken to determine whether underground utilities such as sewer, telephone, water, fuel, electrical line, or others, will be

encountered.

Prior to entry, the contractor's competent person must inspect the excavation or trench to determine if it is safe and in compliance with 29CFR 1926. If the possibility of cave-in, slides, or any other safety problem is evident, all work will stop until the unsafe conditions are abated.

Infection Prevention and Control

The Infection Control Risk Assessment (ICRA) developed for your project will define the class of your project. Specific requirements are placed on the contractor and contract workers under each class of project. Many basic infection control practices are required for ALL projects, regardless of their class.

The VA Infection Control Practitioner in conjunction with the VA COTR and Contract Officer reserve the right to increase the class of the project or make other changes to the general infection control requirements from time to time if the conditions of the project change, the project scope changes or other unforeseen conditions arise. Unforeseen conditions could include unplanned utility outages, patient influx, discovery of potentially hazardous materials, other undefined and unexpected occurrences, or contractor nonperformance on basic infection control requirements.

Infection control measures may also be adjusted from time to time to maintain operations of the medical facility.

Basic infection control procedures applicable to all construction projects include, but are not limited to the following:

1. Infection Control and Safety, with input from VA COTR will determine the class level of the project prior to start of work. Refer to General Requirement (GR) specification section of the contract documents.
2. The ICRA, PCRA and all other applicable permits must be maintained and immediately accessible at all times at the site until completion of the project.
3. Only authorized personnel may enter the construction area.
4. No food or beverages are taken into the construction area.
5. Doorways and walkways must be kept free of debris.
6. Walk-off mats must be placed at any entry/exit, checked at least twice daily and must be changed frequently to prevent tracking of dust/debris into clean areas.
7. Maintain manpower and equipment including dust mops, wet mops, brooms, buckets, and clean wiping rags for cleaning fine dust from floors and surfaces within the project area and in adjacent occupied areas. Do not create dust during cleanup operations.

8. Contractors are responsible for keeping the construction entrance/exit zones clean. This may include wet mopping and/or vacuuming with HEPA filtered vacuum as needed and at the end of each work day.
9. Clean up dust tracked outside of construction area immediately. Temporary construction barriers and closures above ceiling must be dust tight.
10. Contain work areas outside of construction barriers, including spaces above ceilings, with full height fire rated polyethylene sheet barrier, tightly taped.
11. Removal of debris must be in tightly covered containers. Construction personnel will use a route of travel and exit path away from the project that has been designated by the VA COTR, Infection Control Practitioner, or proposed by the contractor and accepted by aforementioned VA staff.
12. It may be necessary to isolate the HVAC system in the project area prevent contamination of the duct systems. All return air vents and ducts within the project area must be covered or tightly sealed during the duration of the project.
13. During demolition and at other times, as required, dust will be vented to the outside of the building or personnel must use a HEPA-equipped air filtration unit 24 hours/day.
14. Appropriate personal protective equipment (PPE), such as goggles for eye protection, face mask or shield, shoe covers, and clean gown or TyVek™ suit, will be worn upon entering the site.
15. All PPE must be removed at the site of exit from the project to prevent carrying dust to other areas within the facility. Clothes and shoes should be free of loose dirt, dust or debris once PPE has been removed. Soiled clothing must be removed prior to exiting the site and placed in tightly closed bags before being removed from the site.
16. The Infection Control Practitioner will make periodic unannounced compliance rounds. Issues needing attention will be discussed with the COTR and corrected as soon as possible.
17. Appropriate barrier systems for dust control must be in place before any construction starts.
18. It may be necessary to isolate the HVAC system in the area where work is being done to prevent contamination of the duct systems.
19. Once the project has been completed, the VA COTR and Infection Control must be contacted to perform a walk-thru inspection to ensure cleanliness in the area and before work can be released for payment or area open for occupancy. Always notify the VA COTR if infection control has been contacted.
20. An Infection Control Practitioner is available Monday-Friday (except holidays), 8:00 AM to 4:00 PM for consultation at 740-773-1141 x7368/6019.

The requirements of each class of ICRA is listed below as a way of providing examples of the types of infection control requirements you may expect to encounter for these types of construction projects. Infection control requirements are not limited only to those listed. Consult the ICRA developed specifically for your project and the GR specification for your project for more specific infection control requirements.

Class 1:

Class 1 projects include inspection and non-invasive activities or small-scale, short duration activities including but not limited to; painting, wall covering, electrical trim work, minor plumbing, ceiling tiles limited to 1 tile per 50 sq. feet

- Execute work to minimize dust.
- Ceiling tiles removed for visual inspection are immediately replaced.

Class 2:

Class 2 projects include small scale, short duration activities that create minimal dust. Examples of these projects include but are not limited to installation of telephone or computer cables, sanding of walls for painting or drywall covering or access to chase spaces.

- Water mist work surfaces to control dust while cutting.
- Seal unused doors with duct tape.
- Block off and seal air vents.
- Wipe surfaces with disinfectant.
- Contain construction waste before and during transport in tightly covered containers.
- Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area.
- Place dust mat at entrance and exit of work area as needed.
- Remove or isolate HVAC system in areas where work is being performed.

Class 3:

Class 3 projects include any work which generates a moderate to high level of dust or requires demolition or removal of any fixed components or assemblies. Examples of these projects include but are not limited to removal of floor coverings, multiple ceiling tiles or casework, cutting of walls or ceiling, new wall construction, minor ductwork or electrical work above ceilings, major cabling activities, including those completed by IT, the activity cannot be completed within a single work shift and removal and replacement of roofs in various buildings.

- Obtain infection control permit before construction begins. Isolate HVAC system in area where work is being done to prevent contamination of the duct system.

- Complete all critical barriers before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Contain construction waste before and during transport in tightly covered containers.
- Seal holes, pipes, conduits, etc. appropriately.
- Place dust mat at entrance and exit of work area. Replace as needed.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

After work is completed:

- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system.

Class 4:

Class 4 projects include major demolition, renovation and new construction projects, removal of complete ceiling systems.

- Obtain approval of contractor developed infection control plan by VA Infection Control Practitioner before construction begins.
- Isolate HVAC system in area where work is being done to prevent contamination of duct system.
- Complete all critical barriers or implement control cube method before construction begins.
- Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.
- Seal holes, pipes, conduits, and punctures appropriately.
- Construct an anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site. Detailed information would be included in the infection control plan.
- All personnel entering work site are required to wear shoe covers
- Contain construction waste before and during transport in tightly covered containers. Cover transport receptacles or carts. Tape covering on cart.
- Do not remove barriers from work area until completed project is thoroughly cleaned and inspected by VA COTR, Safety and Infection Control.

After work is completed:

- Vacuum work area with HEPA filtered vacuums.

- Wet mop with disinfectant. Coordinate cleaning with VA COTR, Safety and Infection Control.
- Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.
- Remove isolation of HVAC system

Environmental Rules and Regulations / Green Environmental Management Systems (GEMS)

The VA is required to comply with all federal and state environmental regulations. As such, all contractors working on VA property are required to comply with all applicable environmental regulations. These include, but are not limited to:

National Environmental Protection Act (NEPA)

Federal Insecticide, Fungicide and Rodenticide Act (FIFRA)

Endangered Species Act (ESA)

Resource Conservation and Recovery Act (RCRA)

Toxic Substances Control Act (TSCA)

Clean Water Act (CWA)

Pollution Prevention Act

Federal Facilities Compliance Act

Contractors must abide by all applicable environmental permit requirements.

Dispose of all debris on a regular basis in accordance with all applicable laws and regulations including Ohio Environmental Protection Agency (OEPA)

Contractor shall use all reasonable means to divert construction and demolition waste from landfills and incinerators and facilitate their recycling.

Contractor shall be responsible for implementation of any special programs involving rebates or similar incentives related to recycling and any revenues or savings obtained from salvage or recycling shall accrue to the Contractor.

Contractor shall ensure that facilities used for recycling, reuse and disposal shall be permitted for the intended use to the extent required by federal, state and local regulations.

Contractor must provide necessary containers, bins and storage areas to facilitate effective waste management and clearly identify them so that recyclable materials are