

SAFETY AND HEALTH DURING CONSTRUCTION

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes policy for maintaining a safe and healthy worksite for staff, patients, volunteers, visitors, contractors, and the general public during construction and renovation-related activities.

2. SUMMARY OF MAJOR CHANGES: Major changes are as follows:

a. Removes responsibilities previously assigned to the Director, Office of Construction and Facilities Management.

b. Revises responsibilities for:

(1) Office of Capital Asset Management, Engineering and Support (10NA5).

(2) Office of Occupational Safety, Health and Green Environmental Management System (GEMS) Programs (10NA8).

(3) Occupational Health, Office of Patient Care Services (10P4Z).

(4) Contracting Officer, Contracting Officer's Representative or Project Engineer.

3. RELATED ISSUES: VHA Directive 7701, Occupational Safety and Health (OSH).

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for VHA programs related to this directive. The point of contact for technical and program issues related to this directive is the Director, Office of Occupational Safety, Health and GEMS Programs (10NA8) at 202-632-7889.

5. RESCISSION: VHA Directive 2011-036, dated September 22, 2011, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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SAFETY AND HEALTH DURING CONSTRUCTION

1. PURPOSE

This Veterans Health Administration (VHA) directive establishes policy for maintaining a safe and healthy worksite for staff, patients, volunteers, visitors, contractors, and the general public during construction and renovation-related activities. This policy applies to all construction activities as defined by Occupational Safety and Health Administration (OSHA) that are performed at VHA owned or leased properties regardless of whether performed by VHA or contractor staff. **AUTHORITY:** Title 29 Code of Federal Regulations (CFR) Part 1926, 29 CFR Part 1960; Federal Acquisition Regulation (FAR) 52.236-13; Veterans Affairs Acquisition Regulation (VAAR) 852.236-87.

2. BACKGROUND

a. OSHA amended 29 CFR Part 1960 to implement its “Multi-Employer Worksite Policy” in the federal sector, as stated in 60 Federal Register (FR) 35040. As a result, controlling employers are required to provide “reasonable care” in accordance with the “Multi-Employer Worksite Policy” (OSHA Directive CPL 2-0.124, Multi-Employer Citation Policy). OSHA explains “reasonable care” as having the following components:

- (1) Periodic inspections of appropriate frequency,
- (2) Implementation of an effective system for promptly correcting hazards, and
- (3) Enforcement of the other employer's compliance with safety and health requirements, with an effective, graduated system of enforcement and follow-up inspections.

b. Federal Acquisition Regulation (FAR) 52.236-13, Accident Prevention, requires compliance with OSHA regulations and any additional safety measures the Contracting Officer (CO) determines to be necessary and has provisions for enforcement up to stopping the work. The Veterans Affairs Acquisition Regulation (VAAR) 852.236-87, Accident Prevention, requires that the Resident Engineer (RE) or other VA employee designated in writing by the CO shall serve as the “Safety Officer” to monitor and enforce compliance with the FAR 52.236-13.

c. OSHA 29 CFR Part 1926, The Joint Commission, National Fire Protection Association (NFPA) standards, and VHA Directive 7712, Fire Protection Code Reviews of Delegated Construction Projects, identify requirements for safe construction practices. Environmental Protection Agency (EPA) regulations address safety requirements related to specific environmental issues (e.g., asbestos, lead, etc.). The FAR and VAAR address contractor safety and VA oversight requirements.

d. The implementation of a proactive and comprehensive construction safety program reduces the potential for injury and illness from unsafe and unhealthy

construction activities. Construction safety programs reduce the potential for VHA liability that could result from construction-related accidents, injuries or exposures.

3. DEFINITIONS

a. **Competent Person.** OSHA defines a competent person (CP) as one who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them (see 29 CFR 1926.32(f)).

b. **Construction.** OSHA defines construction as alteration or repair, including painting and decorating of a large scale or high-complexity. For further clarification of the definition of construction, please refer to OSHA's letters of interpretation.

c. **Construction Lead Person.** The construction lead person is typically the contractor's foreman/person, or for internal construction operations, the VHA foreman/person. However, it could be any other individual assigned to lead and direct a work crew operation. This person acts as the OSHA CP responsible for monitoring the construction site for hazards and implementing corrective actions.

d. **Construction Safety Officer.** The Construction Safety Officer (CSO) identifies worksite risk and coordinates risk reduction activities through the CO or the Contracting Officer's Representative (COR), collects deficiency information, and disseminates summaries of action and results (The Joint Commission standards, construction risks in physical environment). This individual satisfies the VAAR 852.236-87 requirement for a Safety Officer to monitor and enforce contractor compliance with FAR 52.236-13.

e. **Interim Life Safety Measures.** Interim Life Safety Measures (ILSM) are a series of eleven administrative actions to temporarily mitigate NFPA 101 Life Safety Code deficiencies or construction activities.

f. **Maintenance.** The term "maintenance" refers to applied trades work on a structure, fixture, foundation or other building systems to ensure a safe and functional condition.

g. **Types of OSHA Violations.** OSHA enforces workplace safety in the United States. Businesses and work sites are subject to periodic OSHA inspections. Inspections may detect violations of OSHA codes that range from minor to extremely hazardous. There are four major types of violations, as determined by OSHA:

(1) **Willful.** A willful violation is defined as a violation in which the employer either knowingly failed to comply with a legal requirement (purposeful disregard) or acted with plain indifference to employee safety.

(2) **Serious.** A serious violation exists when the workplace hazard could cause an accident or illness that would most likely result in death or serious physical harm, unless the employer did not know or could not have known of the violation.

(3) **Repeated.** A Federal agency may be cited for a repeated violation if the agency has been cited previously for the same or a substantially similar condition and, for a serious violation, OSHA's region-wide inspection history for the agency lists a previous OSHA Notice issued within the past 5 years; or, for an other-than-serious violation, the establishment being inspected received a previous OSHA Notice issued within the past 5 years.

(4) **Other-than-Serious.** A violation that has a direct relationship to job safety and health, but is not serious in nature, is classified as "other-than-serious."

h. **Experience Modification Rate (EMR).** An EMR is a number used by insurance companies to gauge both past cost of injuries and future chances of risk.

4. POLICY

It is VHA policy that construction and renovation activities on VHA-owned property and VHA-leased property, whether conducted by contractors or VHA staff, be conducted in such a way as to protect the health and safety of VHA and contractor staff, patients, and the public.

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health ensures that a national policy covering construction safety at VHA facilities is issued.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for issuing program guidance and policy related to construction safety at VHA facilities.

c. **Director, VHA Office of Occupational Safety, Health and Green Environmental Management System Programs.** The Director, VHA Office of Occupational Safety, Health, and Green Environmental Management Systems (GEMS) (10NA8) Programs is responsible for:

(1) Providing professional construction safety guidance in the recognition, evaluation, and control of construction hazards that comply with OSHA regulations, The Joint Commission accreditation requirements, and VA policy.

(2) Providing guidance on the effective implementation of a Construction Safety and Health program in compliance with OSHA regulations, The Joint Commission accreditation requirements, and VA policy.

(3) Developing and implementing construction safety goals and initiatives for the protection of staff, patients, visitors, contractors, and the public while on VHA-owned and VHA-leased properties.

(4) Monitoring and evaluating VHA's construction safety program to ensure the reduction of construction work-related injuries and illnesses.

(5) Providing construction safety expertise to the Employee Education System (EES) in the development of construction safety training materials for VHA staff.

(6) Conducting, at VHA senior management's request, incident-related site investigations and report analysis.

d. **Director, VHA Office of Capital Asset Management, Engineering and Support.** The Director, VHA Office of Capital Asset Management, Engineering and Support (OCAMES/10NA5) is responsible for:

(1) Ensuring implementation of the national construction safety program at VA medical centers and facilities through periodic site visits and other compliance-related activities.

(2) Communicating hazard alerts to health care engineers at VHA-owned and VHA-leased facilities.

(3) Conducting, at VHA senior management's request, incident-related site investigations and report analysis.

e. **Director, VHA National Infectious Disease Service.** The Director, VHA National Infectious Disease Service (NIDS) is responsible for:

(1) Advising and providing recommendations on exposure mitigation and prevention of facility-associated infections for patients, staff, and visitors.

(2) Providing information and advice to VHA on infectious diseases associated with construction.

(3) Advising or providing recommendations on protective practices to be employed during construction that reduce the risk of infection.

f. **Director, VHA National Center for Patient Safety.** The Director, VHA National Center for Patient Safety (NCPS) is responsible for:

(1) Advising and providing recommendations on mitigation and prevention of construction-associated risks to/for patients.

(2) Providing information and advice to VHA on patient safety risks associated with construction.

(3) Advising or providing recommendations on protective practices that reduce patient safety risks related to construction projects.

g. **Chief Consultant, Occupational Health, Office of Patient Care Services.** The Chief Consultant, Occupational Health, Office of Patient Care Services (10P4Z) is responsible for providing consulting services to VHA, OALC, and the Office of Asset and Enterprise Management (OAEM) staff on occupational health issues related to construction activities.

h. **Chief Officer, VHA Procurement and Logistics Office.** The Chief Officer, VHA Procurement and Logistics Office (10NA2) is responsible for:

(1) Ensuring that construction and enhanced-use leased project contracts and related documents mandate that the work performed adheres to the requirements of this directive, or subsequent policy.

(2) Ensuring that the VHA Procurement Manual (VHAMP), Volume 6: Procurement Processes, Chapter XVIII: Contractor Responsibility Determination, is updated to reflect construction contractor "Responsibility Determination" requirements as provided within this directive.

i. **Director, Office of Office of Information and Technology (OI&T) Service Delivery and Engineering.** The Director, Office of OI&T Service Delivery and Engineering, is responsible for ensuring that contracts and related documents for construction and enhanced-use leased projects include language that mandates adherence to the requirements of this Directive.

j. **Veterans Integrated Service Network Director.** Each Veterans Integrated Service Network (VISN) Director is responsible for ensuring that:

(1) VHA policies for construction safety and health programs at VHA facilities are implemented.

(2) The effectiveness of facility construction safety and health management program is monitored as a part of the Annual Workplace Evaluations (AWE) using the Safety Automated Facility Evaluation (SAFE) program.

(3) All VISN Safety and Health Program Managers and staff that have responsibilities related to construction complete either the VHA or OSHA 30-hour Construction Safety training course and, as a refresher, subsequently complete at least 10 hours of construction safety-related training every 2 years. The construction safety training must be documented in their training record.

k. **VA Facility Director.** The VA facility director is responsible for:

(1) Establishing and monitoring an effective facility construction safety program using a construction safety committee chaired by a member of management, or designee, composed of a Multi-disciplinary Team with representatives from the following program areas: Infection Prevention and Control, Patient Safety, Occupational Safety and Health, VA Police, Engineering (Facilities Management), Engineering (Project Management), GEMS, Local Union Representatives, CSO, and Contracting.

Emergency Planning and Employee Occupational Health will participate on an ad hoc basis as deemed appropriate by the chair of the Construction Safety Committee.

(2) Ensuring that the Multi-disciplinary Team oversees:

(a) Protection of patients, visitors, and employees from injury and illness, as well as occupational and nosocomial infections related to construction activities.

(b) Compliance with Federal and state EPA and OSHA regulations.

(c) Compliance with FAR and VAAR in addressing a contractor's construction safety program.

(3) Developing and implementing a written policy addressing the responsibilities of the Multi-disciplinary Team and establishment of a Construction Safety Committee or subcommittee.

(4) Ensuring that VHA Chief Engineers, COR's, CSO's Project Engineers, Project Lead Persons and Facility Safety Program Managers complete either the VHA or OSHA 30-hour Construction Safety training and, as a refresher, subsequently complete at least 10 hours of construction safety related training every 2 years.

(5) Ensuring that the following VA staff complete either the VHA or OSHA 10-hour Construction Safety training and, as a refresher, subsequently complete at least 10 hours of construction safety related training every 2 years:

(a) Infection Prevention and Control, Patient Safety, VA Police, GEMS staff, Local Union Representatives and Contracting (does not include the ad hoc members mentioned above) and

(b) All other regular members of the Multi-disciplinary Team (excluding ad hoc members).

I. **Multi-disciplinary Team.** The Multi-disciplinary Team is responsible for:

(1) Determining the scope and depth of safety, infection control, emergency management, and security responsibilities as appropriate for all construction work.

(2) Familiarizing themselves with the contract requirements for project safety and confirming compliance with applicable regulations, standards, and policies during the construction phase of the work.

(3) Conducting a pre-construction risk assessment to assess all hazards that affect health care, treatment, and services. This includes:

(a) Conducting pre-construction risk assessments during the design or planning stage of the construction and/or renovation project and preparing written documentation

of identified risks. Pre-construction risk assessments need to be conducted prior to bidding, award, and starting work.

(b) Pre-construction risk assessments must focus on eliminating, or minimizing, the aforementioned risks during construction and renovation activities.

(4) Conducting a pre-construction risk assessment for the transmission of Tuberculosis (TB) to the contracted construction workers based upon the construction site location, patient population, hospital layout, and the defined risk as outlined in the “CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Setting, 2005.”

(5) Ensuring ILSMs are assessed and implemented on all construction work according to The Joint Commission standards. ILSMs are required when Life Safety Code deficiencies or construction activities pose significant hazards as determined by the assessment.

(6) Participating in all phases of construction work from planning through completion. This includes review and approval of construction plans, contract specifications, contract submittals related to construction safety and health, and any other documents that may assist in the implementation of an effective construction safety program. The Multi-disciplinary Team must be involved early in the process and continue oversight on a regular basis.

(7) Ensuring the Construction Safety Program includes periodic construction site hazard surveillance activities with appropriate membership, scope, and frequency for each project as determined by the CSO and the pre-construction risk assessment. Weekly surveillance activities are required with reports or checklists submitted to the CSO. In some cases, daily inspections may be required by the Construction Safety Activities (CSA) (e.g., construction activities capable of causing fatalities or permanently disabling injuries or illnesses, such as amputations, crushing with loss of use of a body part, third-degree (or worse) burns or scalds, loss of sight and respiratory illnesses, as well as near-misses that could result in the same). **NOTE:** *Hazard surveillance reports document non-compliant activities by daily inspection (minimum) until corrected as determined by the CSO. Reports include date, time, and members of the inspection team, deficiencies, type of corrective action, and time and date of correction. Hazard surveillance activities must be documented and tracked to completion.*

(8) Acting as members of the Construction Safety Committee or subcommittee and meeting at least monthly.

(9) Ensuring that documentation of the Team’s inspections is provided to the CO or COR, RE, and the VISN Safety and Health Staff, as requested.

m. **Facility VHA Chief Engineer.** The facility VHA Chief Engineer is responsible for:

(1) Working with contractor and VHA facility staff to coordinate and monitor an effective construction safety program for projects under their direction.

(2) Ensuring contractors comply with VA safety and health policies and procedures, and contract requirements.

(3) Serving on the facility Construction Safety Committee, or subcommittee, to ensure contracts meet the committee's requirements.

(4) Supporting the CSO, Facility Safety Manager, CO, and engineering staff in implementing the construction safety program.

n. **Contracting Officer and Contracting Officer's Representative or Project Engineer.** The CO and COR or Project Engineer are responsible for:

(1) Ensuring that all solicitations and construction contracts include the following:

(a) FAR clause 52.236-13, *Accident Prevention*, including subparagraph (f)

(b) VAAR clause 852.236-87, *Accident prevention*.

(c) VA Master Specifications, Division 1 - General Requirements, Section 01 35 26 - Safety Requirements made specific for the associated construction work.

(2) Designating, through a letter of delegation, a COR and CSO for each VHA contract. Assignment of the COR and CSO must give due consideration of qualifications and experience on the project and the identified or potential hazards.

(3) Ensuring there is a formal process for communication between the CO, COR and CSO for severe or repetitive safety incidents and their subsequent notification and resolution to the contractor (i.e. letter of concern).

(4) Adding subparagraph (f) of FAR 52.236-13, to the contract language, if the contract involves:

(a) Work of a long duration or hazardous nature; or

(b) Performance of a construction or renovation project on a Government facility that, on the advice of CO, COR, or CSO involves hazardous materials or operations that might endanger the safety of the general public or Government personnel or property.

(5) Ensuring that all contracts and associated documents specify that all onsite contracted construction workers have completed the OSHA 10-hour Construction Safety training or the 30-hour Construction Safety training, and other relevant competency training.

(6) Ensuring that all projects require contractor verification of the completion of required and other relevant training, as determined by the COR or CSO in coordination

with the Multi-disciplinary Team. The determination for other relevant competency training is based on the project hazards and complexity, Federal and state regulations, and VA requirements.

(7) Ensuring submittals for contract construction or renovation work to include the names, qualifications, and training dates for the contractor CP designated to administer the site-specific safety program, as well as the CP for other activities as required by OSHA regulation.

(8) Evaluating and considering past safety records of prospective contractors in awarding contracts. At a minimum, ensuring that all solicitations and contracts require documentation, to be supplied by potential contractors, that specifies the contractor in question has no more than three serious, or one repeat, or one willful OSHA or EPA violation(s) in the past 3 years and has an Experience Modification Rate (EMR) of equal to or less than 1.0.

(9) Serving on the facility Construction Safety Committee, or subcommittee, to ensure contracts meet the Committee's requirements.

(10) If contracted construction worker(s) are determined to be at risk for transmission of TB (based upon the TB pre-construction risk assessment), the following actions are required:

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

(b) Contract employees manifesting positive screening reactions to the tuberculin must be examined by a physician and certified in writing that the contractor does not have active infectious tuberculosis as described by the current CDC guidelines prior to working on VHA property.

1. If the contract employee with a positive screen is determined, through examination by a physician, to not show evidence of active (infectious) pulmonary TB, a statement documenting this condition must be on file with the employer (construction contractor).

2. If the contract employee with positive screen is determined, through examination by a physician, to have active (infectious) pulmonary TB, the employee must complete a course of treatment to resolve the condition. A subsequent statement from a physician documenting a non-infectious condition must be on file before the contract employee may return to work on VHA property.

o. **Construction Safety Officer.** The CSO is responsible for:

(1) Reviewing project submittals for all assigned construction projects, specifically including the contractor project safety plan.

(2) Identifying and facilitating mitigation of work site risks.

(3) Collecting deficiency information.

(4) Regular reporting of risks, deficiencies, trends and improvements for each project.

(5) Providing oversight of contract construction safety. The CSO must be knowledgeable in the general inspection of typical work sites during construction and renovation activities performed by contract staff, and in the review of contractor safety program submittals. **NOTE:** *The CSO(s) do not take the place of the contractor's CP or act on their behalf.*

(6) Determining if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance, as required by (VAAR) 836.236-87. When these standards and contract requirements are not being met, the VA COR or CO, in coordination with the CSO, must take immediate action to prevent injury, exposure, noncompliance, or property damage.

(7) Requiring the contractor to implement and maintain an effective safety program that identifies and controls hazards that may cause injury or illness to VA patients, staff, visitors, and contractor employees. This includes:

(a) Ensuring the specific safety requirements for construction operations are implemented during facility projects.

(b) Participating in the Multi-disciplinary Team established for the Construction Safety Committee.

(c) Conducting periodic inspections of construction sites to ensure compliance with safety elements of the established program(s). At a minimum, weekly inspections are required.

p. **GEMS Coordinator.** The GEMS Coordinator is responsible for providing guidance on environmental regulations that directly and immediately relate to impacts the project may have on the environment during the design or construction stage of the project.

q. **Emergency Planning Coordinator.** The Emergency Planning Coordinator is responsible for providing guidance on OSHA regulations as they apply to emergency planning, response, and operations in construction (e.g., 29 CFR 1926.35 and 29 CFR 1926.65).

r. **Construction Lead Person.** The construction lead person (VHA Engineering Supervisors, VHA Forepersons, Contractor's Superintendent, Contractor's Forepersons, and other assigned lead persons) is responsible for:

(1) Administering the site-specific construction safety program as the OSHA defined CP. **NOTE:** *Inspections by CPs are required in accordance with 29 CFR Part 1926.*

(2) Acting as the CP for other activities as required by OSHA regulations; including, but not limited to, scaffolds, cranes, and excavations.

s. **Police and Security Officers.** The police and security officers are responsible for:

(1) Ensuring all contractors entering VHA properties comply with the Security Management Program. As a minimum, contractors must notify and obtain permission from the VA Police, be identified by project and employer, and be restricted from unauthorized areas.

(2) Providing consultation to the CSO, COR, or other responsible staff in periodic surveillance of site security and the integrity of barriers to the construction site.

(3) Reviewing the contractor site security plan.

t. **Intervention Authority and Compliance.** The CSO and authorized COs (or other responsible personnel, when delegated by the authority by the CO) with defined actions in this directive are responsible for:

(1) Intervening and immediately suspending all or part of construction activities whenever such activities are known or are reasonably anticipated to create conditions which:

(a) Immediately threaten life or health,

(b) May cause property damage (including equipment, buildings or any other tangible asset), or

(c) May cause a regulated material to be released into the environment.

(2) Intervention authority and compliance with this directive and the associated regulatory requirements are as follows:

(a) **Staff.** All staff are responsible for identifying hazardous conditions in need of intervention and for developing a culture of safety. Identified hazardous conditions must be communicated either orally or in a written format to authorized COs.

(b) **Contracting Officer (or other personnel responsible through delegation of authority by the CO).** Authorized COs must notify the contractor both orally and in writing to request immediate initiation of corrective action of any hazards identified.

(c) Construction Safety Officer. The CSO, with assistance from the COR and the Multi-disciplinary Team, is responsible for making the Contractor and CO formally aware of any hazard in need of correction.

(3) After receiving the notification, the contractor must immediately take corrective action to mitigate the hazard. This may include work stoppage, hazard awareness training, administrative controls, or other activities.

(4) If the contractor fails or refuses to promptly take corrective action, the CO may issue an order stopping all, or part, of the work until satisfactory corrective action has been taken (FAR 52.236-13).

(5) Upon a repeat offense of the same or substantially similar hazard, the CO, in coordination with the COR or CSO, needs to follow the processes for the termination of the contract, if the situation is not resolved using the process outlined in FAR 36.513. The CO, exclusively or in collaboration with other personnel responsible through delegation of authority by the CO, is responsible for enforcement of the contract.

6. REFERENCES

a. Federal Acquisition Regulations, available at:
<https://www.acquisition.gov/?q=browsefar>

b. Title 29 Code of Federal Regulations (CFR) Part 1926, Occupational Safety and Health Administration (OSHA), available at:
https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=STANDARDS&p_toc_level=1&p_keyvalue=Construction

c. Veterans Affairs Acquisition Regulations, available at:
<http://www.va.gov/oal/library/vaar/>

d. VHA Procurement Manual (VHAPM), Volume 6: Procurement Processes, Chapter XVIII: Contractor Responsibility Determination, available at:
<http://vaww.pclo.infoshare.va.gov/PCLO/PMWeb/Vol6Chapter18.aspx>

e. The American Society of Safety Engineers Standards, available at:
http://vaww.ceosh.med.va.gov/01CS/Pages/ASSE_Membership_Warning.shtml.

NOTE: *This is an internal VA Web site and is not available to the public.*

f. The American Society of Healthcare Engineers “ICRA Matrix of Precautions for Construction & Renovation”, available at: <http://www.ashe.org/resources/tools.shtml>.

NOTE: *This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.*

g. The National Fire Protection Associations Codes and Standards, available at:
<http://vaww.ceosh.med.va.gov/01FS/Pages/NFPAWarning.shtml>. **NOTE:** *This is an internal VA Web site and is not available to the public.*

h. CDC Guidelines for preventing the transmission of Mycobacterium Tuberculosis in Health-Care Setting, 2005, available at:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

i. Environmental Protection Agency (EPA) Regulations, available at:

http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title40/40tab_02.tpl

j. OSHA Directive CPL 2-0.124, Multi-Employer Citation Policy, available at:

https://www.osha.gov/OshDoc/Directive_pdf/CPL_2-0_124.pdf. **NOTE:** *This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.*

k. OSHA Letters of Interpretation concerning “construction” vs. “maintenance”, available at:

[https://www.osha.gov/pls/oshaweb/owaquery.query_docs?src_doc_type=INTERPRETATIONS&src_anchor_name=1926.32\(g\)&src_ex_doc_type=STANDARDS&src_unique_file=1926_0032](https://www.osha.gov/pls/oshaweb/owaquery.query_docs?src_doc_type=INTERPRETATIONS&src_anchor_name=1926.32(g)&src_ex_doc_type=STANDARDS&src_unique_file=1926_0032). **NOTE:** *This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.*

l. The Joint Commission Comprehensive Accreditation and Certification Manual, available at: <http://e-dition.jcrinc.com/ProxyLogin.aspx?lnk=2293FDDF5458>. **NOTE:**

This linked document is outside VA control and may or may not conform to Section 508 of the Rehabilitation Act.