

**SECTION 01 06 10
SAFETY & HEALTH REGULATIONS**

PART 1 - OSHA, EPA, & NFPA REQUIREMENTS

1.1 All contractor and subcontractor personnel are responsible for compliance with applicable local, state and federal safety and health regulations, including those specifically incorporated into this Section.

1.2 GENERAL

- A. Contractors are required to comply with the Occupational Safety and Health Act of 1970. This will include the safety and health standard found in CFR 1910 for general industry and 1926 for construction. Copies of those standards can be acquired from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20420. Failure to comply with these standards may result in work stoppage and a request to the Area Director of OSHA for a Compliance Officer to inspect your work site.
- B. In addition, Contractor will be required to comply with other applicable Medical Center policies and safety regulations. These policies and regulations will be presented to the Contractor at the pre-construction meeting. Each of the Contractor's employees will be required to read the statement of policies and regulations and sign an acknowledgment that such policies and regulations are understood. Signed acknowledgment will be returned to the Contracting Officer.
- C. Contractors involved with the removal, alteration, or disturbance of asbestos type insulation or materials will be required to comply strictly with the regulations found in CFR 1910.1001 and the appropriate EPA regulations regarding disposal of asbestos. Assistance in identifying asbestos can be requested from the Medical Center's Industrial Hygienist and the COTR.
- D. Contractors entering locations of asbestos contamination (i.e. pipe basements) shall be responsible for providing respiratory protection to their employees and ensuring respirators are worn in accordance with OSHA (CFR 1910.1001 (g)). Asbestos contaminated areas shall be defined on project drawings. The minimum equipment requirements will be a half-mask air-purifying respirator equipped with high efficiency filters and disposable coveralls.
- E. Contractor, along with other submittals, and at least two weeks prior to bringing any materials on-site, must submit a complete list of chemicals the Contractor will use and MSDS for all hazardous materials as defined in OSHA 1910.1200 (d) Hazard Determination. Contracting Officer shall have final approval of all materials brought on site.
- F. The contractor will be held solely responsible for the safety and health of their employees and protection of the work environment. The contractor will also be held responsible to protect the health and safety of the VA Community (patients, staff, and visitors) from the unwanted effects of construction. VA staff will monitor the contractor's performance in complying with all safety and health aspects of the project. Severe or constant violations may result in an immediate work stoppage or request for a Compliance Officer from the Occupational Safety and Health Administration.
- G. During all phases of demolition, construction and alterations, Contractors are required to understand and strictly follow the National Fire Protection Association (NFPA) 241 "Standard for Safeguarding Construction, Alteration and Demolition Operations". The Medical Center's Safety and Occupational Health Specialist and/or Industrial Hygienist will closely monitor the work area for compliance. Appropriate action will be taken for non-compliance.

PART 2 - SPECIFIC VA MEDICAL CENTER FIRE & SAFETY POLICIES, PROCEDURES

2.1 INTRODUCTION

- A. The safety and fire protection of patients, employees, members of the public and government is one of continuous concern to this Medical Center.
- B. Contractors, their supervisors and employees are required to comply with Medical Center policies to ensure the occupational safety and health of all. Failure to comply may result in work stoppage.
- C. Contractors are to comply with the requirements found in NFPA #51B, "Fire Prevention During Welding, Cutting and Other Hot Work".
- D. Questions regarding occupational safety and health issues can be addressed to the COTR. The Medical Center Safety and Occupational Health Specialist and/or Industrial Hygienist will advise the COTR when requested.

2.2 HAZARD COMMUNICATION

- A. Contractors shall comply with OSHA Standard 29 CFR 1926.59 "Hazard Communication".
- B. Copies of Material Safety Data Sheets covering all hazardous materials to be used by the contractor shall be submitted to the COTR prior to bringing them on VA property.
- C. Contractors shall inform the COTR of the hazards to which VA personnel and patients may be exposed.
- D. Contractors shall have a written Hazard Communication Program available at the construction site, which details how the Contractor will comply with 29 CFR 1926.59.

2.3 FIRES

All fires must be reported. In the event of a fire in the work area, use the nearest pull box station and also notify Medical Center staff in the immediate area. Be sure to give the exact location from where you are calling and the nature of the emergency. If a Contractor experiences a fire that was rapidly extinguished by your staff, you still must notify the COTR within an hour of the event such that an investigation of the fire can be accomplished.

2.4 FIRE ALARMS, SMOKE DETECTION AND SPRINKLER SYSTEM

If the nature of the work requires the deactivation of the fire alarm, smoke detection or sprinkler system, you must notify the COTR. Notification must be made well in advance such that ample time can be allowed to deactivate the system and provide alternative measures for fire protection. Under no circumstance is a Contractor allowed to deactivate any of the fire protection systems in this Medical Center.

2.5 SMOKE DETECTORS

False alarms will not be tolerated. The Contractor and workers are required to be familiar with the location of the smoke detectors in the work area. When performing cutting, burning or welding or any other operations that may cause smoke or dust, you must take steps to temporarily cover smoke detectors in order to prevent false alarms. Failure to take the appropriate action will result in the Contracting Officer assessing actual costs for government response for each false alarm that is preventable. Prior to covering the smoke detectors, the Contractor will notify the COTR, who will also be notified when the covers are removed.

2.6 HOT WORK PERMIT

- A. Hot work is defined as operations including, but not limited to, cutting, welding, thermal welding, brazing, soldering, grinding, thermal spraying, thawing pipes, or any similar situation. If such work is required, the Contractor must notify the COTR no less than one day in advance of such work.
- B. All hot work will be performed in compliance with the Medical Center's policy regarding Hot Work Permits and NFPA 241, Safeguarding Construction, Alternation, and Demolition Operations, and NFPA 51B, Fire Prevention in Use

- of Cutting and Welding Processes, and applicable OSHA standards. A hot work permit will only be issued to individuals familiar with these regulations.
- C. A hot work permit will only be issued when the following conditions are met:
 1. Combustible materials are located a minimum of 25 feet from the work site, or protected by flameproof covers or shielded with metal or fire-resistant guards or curtains.
 2. Openings or cracks in walls, floors, or ducts within 25 feet of the site are covered to prevent the passage of sparks to adjacent areas.
 3. Where cutting or welding is done near walls, partitions, ceiling, or roof of combustible construction, fire resistant guards or shields are provided to prevent ignition.
 4. Cutting or welding on pipes or other metal in contact with combustible walls, ceilings or roofs is not undertaken if the work is close enough to cause ignition by conduction.
 5. Fully charged and operable fire extinguishers, appropriate for the type of possible fire, are available at the work area.
 6. When cutting or welding is done in close proximity to a sprinkler head, a wet rag is laid over the head during operation.
 7. Assure that nearby personnel are protected against heat, sparks, cut off, etc.
 8. Assure that a fire watch is at the site. Make a final check-up 30 minutes after completion of operations to detect and extinguish any smoldering fires.
 - D. A fire watch shall be provided by the Contractor whenever cutting, welding, or performing other hot work. Fire watcher(s) shall:
 1. Have fire-extinguishing equipment readily available and be trained in its use.
 2. Be familiar with facilities and procedures for sounding an alarm in the event of fire.
 3. Watch for fires in all exposed areas, sound the fire alarm immediately, and try to extinguish only within the capability of the portable extinguishing equipment available. In all cases if a fire is detected the alarm shall be activated even if the fire is extinguished.
 4. Maintain the watch for at least a half-hour after completion of operations to detect and extinguish smoldering fires.
 - E. A "Hot Work Permit" will be issued only for the period necessary to perform such work. In the event the time necessary will exceed one day, a "Hot Work Permit" may be issued for the period needed; however, the COTR will inspect the area daily. Hot work permit will apply only to the location identified on the permit. If additional areas involve hot work, then additional permits must be requested.
 - F. Contractors will not be allowed to perform hot work processes without the appropriate permit.
 - G. Any work involving the Medical Center's fire protection system will require 24 hour notification to the COTR. Under no circumstances will the Contractor or employee attempt to alter or tamper with the existing fire protection system.
 - H. The COTR will be notified within 30 minutes of the completion of all hot work to perform an inspection of the area to confirm that sparks or drops of hot metal are not present.

2.7 TEMPORARY ENCLOSURES

Only non-combustible materials will be used to construct temporary enclosures or barriers at this Medical Center. Plastic materials and fabrics used to construct dust barriers must conform to NFPA #701, Standard Methods of Fire Tests for Flame-Resistant Textiles and Films.

2.8 FLAMMABLE LIQUIDS

All flammable liquids will be kept in approved safety containers. Only the amount necessary for your immediate work will be allowed in the building. Flammable liquids must be removed from the building at the end of each day.

2.9 COMPRESSED GAS CYLINDERS

Compressed gas shall be secured in an upright position at all times. A suitable cylinder cart will be used to transport compressed gas cylinders. Only those compressed gas cylinders necessary for immediate work will be allowed in occupied buildings. All other compressed gas cylinders will be stored outside of buildings in a designated area. Contractor will comply with applicable standards compressed gas cylinders found in 29 CFR 1910 and 1926 (OSHA).

2.10 INTERNAL COMBUSTION ENGINE-POWERED EQUIPMENT

Equipment powered by an internal combustion engine such as saws, compressors, generators and etc. will not be used in an occupied building. Special consideration may be given for unoccupied buildings only if the OSHA and NFPA requirements have been met.

2.11 POWDER ACTIVATED TOOLS

The operator of powder activated tools must be trained and certified to use them. Powder activated tools will be kept in a secured manner at all times. When not in use, the tools will be locked up. When in use, the operator will have the tool under his immediate control.

2.12 TOOLS

- A. Under no circumstances are equipment, tools and other items of work to be left unattended for any reason. All tools, equipment and items of work must be under the immediate control of your employee.
- B. If for some reason a work area must be left unattended, then it will be required that tools and other equipment be placed in an appropriate box or container and locked. All tool boxes, containers or any other device used for the storage of tool and equipment, will be provided with a latch and padlock. All tool boxes, containers or any other device used for the storage of tools and equipment, will be locked at all times except for putting in and removing tools.
- C. All doors to work areas will be closed and locked when rooms are left unattended. Failure to comply with this directive will be considered a violation of VA Regulations 1.218 (b), "Failure to comply with signs of a directive and restrictive nature posted for safety purposes," subject to a \$50.00 fine. Subsequent similar violations may result in both imposition of such a fine as well as the Contracting Officer taking action under the Contract's "Accident Prevention Clause" (FAR 52.236-13) to suspend all contract work until violations such may be satisfactorily resolved or under FAR 52.236-5 "Material and Workmanship Clause" to remove from the work site any personnel deemed by the Contracting Officer to be careless to the point of jeopardizing the welfare of Facility patients or staff.
- D. Report to the VA Police Department any tools or equipment that are missing.
- E. Tools and equipment found unattended will be confiscated and removed from the work area.

2.13 LADDERS

It is required that ladders not be left unattended in an upright position. Ladders must be attended at all times or taken down and chained securely to a stationary object.

2.14 SCAFFOLDS

All scaffolds will be attended at all times. When not in use, an effective barricade (fence) will be erected around the scaffold to prevent use by unauthorized personnel. (Reference OSHA 1926. Subpart L)

2.15 EXCAVATIONS

The contractor shall comply with OSHA 1926 Subpart P. An OSHA "competent person" must be on site during the excavation. The contractor shall coordinate with the COTR and utility companies prior to the excavation to identify underground utilities tanks etc. All excavations left unattended will be provided with a barricade suitable to prevent entry by unauthorized persons.

2.16 STORAGE

Make prior arrangements with the COTR for the storage of building materials. Storage will not be allowed to accumulate in the Medical Center buildings.

2.17 TRASH AND DEBRIS

Remove all trash and debris from the work area on a daily basis. Trash and debris will not be allowed to accumulate inside or outside of the buildings. The Contractor is responsible for making arrangements for removal of trash from the Medical Center facility.

2.18 PROTECTION OF FLOORS

It may be necessary at times to take steps to protect floors from dirt, debris, paint, etc. A tarp or other protective covering may be used. However, the Contractor must maintain a certain amount of floor space for the safe passage of pedestrian traffic. Common sense must be used in this matter.

2.19 SIGNS

Signs must be placed at the entrance to work areas warning people of the work. Signs must be suitable for the condition of the work. Small pieces of paper with printing or writing are not acceptable. The VAMC Safety Officer can be consulted in this matter.

2.20 ACCIDENTS AND INJURIES

Contractors must report all accidents and injuries involving your employees. The Contractor may use the VAMC Emergency Department for emergency care.

2.21 CONFINED SPACE ENTRY

- A. Contractor will be informed that the workplace contains permit required confined space and that permit space entry is allowed only through compliance with a permit space program meeting the requirements of 29 CFR 1910.146 and 1926.21 (b) (6).
- B. Contractor will be apprised of the elements including the hazards identified and the Medical Center's (last employer) experience with the space that makes the space in question a permit space.
- C. Contractor will be apprised of any precautions or procedures that the Medical Center has implemented for the protection of employees in or near permit space where Contractor personnel will be working.
- D. Medical Center and Contractor will coordinate entry operations when both Medical Center personnel and Contractor personnel will be working in or near permit spaces as required by 29 CFR 1910.146 (d) (ii) and 1926.21 (b) (6).
- E. Contractor will obtain any available information regarding permit space hazards and entry operation from the Medical Center.
- F. At the conclusion of the entry operations the Medical Center and Contractor will discuss any hazards confronted or created in permit spaces.
- G. The Contractor is responsible for complying with 29 CFR 1910.246 (d) through (g) and 1926.21 (b) (6). The Medical Center, upon request, will provide rescue and emergency services required by 29 CFR 1910.246 (k) and 1926.21 (b) (6).

PART 3 - INTERIM LIFE SAFETY MEASURES MATRIX

Existing Deficiencies/Conditions	Interim Life Safety Measures													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
Code Deficiencies														
1. Patient room door latching problem														
2. Lacking a code complying barrier														
3. Fire exit stairs discharge improper														
4. Excessive distance to exit														
5. Lack of two remote exits														
6. Nonconforming building const														
7. Vertical openings not protected														
8. Large openings in fire barriers														
9. Corridor walls open at top														
10. Hazardous areas not protected														
Construction Related Issues														
11. Blocking off an exit														
12. Rerouting emergency room traffic														
13. Renovation of occupied floor														
14. Replacing fire alarm system														
15. Installing sprinkler system														
16. Modifying smoke/fire barriers														
17. Adding an addition														
Maintenance and Testing														
18. Taking fire alarm system off-line														
19. Taking sprinkler system off-line														
20. Disconnecting alarm devices														

Interim Life Safety Measures

- A. Ensuring egress
- B. Emergency forces access
- C. Emergency forces notification
- D. Ensuring operational life safety systems
- E. Temporary construction
- F. Additional fire fighting equipment
- G. Prohibiting smoking
- H. Controlling combustible loading
- I. Conducting 2 fire drills per shift in all areas
- J. Conducting 2 fire drills per shift in local area
- K. Increased hazard surveillance
- L. Compartmentation training of personnel
- M. Conducting organizational training on life safety
- N. Conducting additional training on incident response

END OF SECTION 01 06 10