

## Project Data At-A-Glance

COTR (or Point of Contact) Name	Sam Powell		
COTR (or POC) Extension	4175		
Project Title	and Rehab Medicine Expansion		
Work Location	Connecting Corridor Area		
Project Number	613	113	
Contractor (or TBD)	TBD		
Contractor Supervisor (CO if TBD)	Shari Kesecker		
Contractor Contact Number	3233		
Project Start Date	Fall 2013		
Est. Project Duration	12 Months		

### Project Description

This project consists of a 1900 GSF Domiciliary Internet Café with a adjoining 400 GSF screen porch to support the nearby 312-Bed Domiciliary. A healing garden/gait training courtyard will provide outdoor recreation/dining space for the Domiciliary, Rehab Medicine and the existing Canteen.

The project will also expand Rehab Medicine Service by 2,700 GSF providing needed expansion space. The expanded space will house Polytrauma, the pain clinic, and administrative offices. Space vacated in Rehab Medicine will help create additional space in the existing clinic to improve patient privacy.

ICRA Signers		
Title	Signer/Alternate	Extension
Project Section	Brad Lawton	2126
Supervisor	Jeff Miller	2072
Safety Program	Dennis Pennett	4582
Manager	Jill Schattell <i>Krista</i>	3412
Infection Control	Shari Self <i>Bowen</i>	3626
	Shirley York	4574
	Roberta Harris <i>Allyson</i>	4875
Industrial Hygiene	Krista Bowen*	4715
	Jill Schattell	3412

ILSM Signers		
Title	Signer/Alternate	Extension
Project Section	Brad Lawton	2126
Supervisor	Jeff Miller	2072
Safety Program	Dennis Pennett	4582
	Jill Schattell <i>Krista</i>	3412
Police Department	John Shade	4100
	Richard Love	4103
Fire Department	Donnie Grubb	4314
	Doug Stroop	4611 / 4612
	Ed Sankbeil	4611 / 4612

*\*Note: Krista Bowen can also sign on behalf of Safety Office for the Construction Start-Work Permits*

I acknowledge that it is my responsibility to submit signed safety documents to Contracting prior to solicitation.

I certify that all project information is correct and complete to the best of my knowledge. I will ensure the precautions listed in the ICRA and ILSM, including those added by the ICRA and ILSM signers and/or their alternates, will be upheld.

COTR signature

Date

*Myal T. Green*

*1/5/13*

# MARTINSBURG VA MEDICAL CENTER INFECTION CONTROL RISK ASSESSMENT

Project Title:	and Rehab Medicine Expansion			Project Start Date:	Fall 2013
Project Number:	613	113		Estimated Duration:	12 Months
Location of Work	Connecting Corridor Area			COTR Extension	4175
VA COTR:	Sam Powell			Contractor Telephone:	3233
Contractor:	TBD				
Contractor's Supervisor	Shari Kesecker				

Please mark Construction Types and

Risk Groups with X's.

Precaution Classes will populate automatically based on this matrix.

TYPE OF CONSTRUCTION	PATIENT RISK GROUP	CLASS OF PRECAUTIONS
TYPE A	GROUP 1: Low Risk	CLASS I
TYPE B	GROUP 2: Medium Risk	CLASS II
TYPE C	GROUP 3: High Risk	CLASS III

	Type of Construction		
Patient Risk Group	A	B	C
Low Risk Group	I	II	II
Medium Risk Group	I	II	III
High Risk Group	II	III	III

Class of Precaution

Type of Construction	
Type A	<b>Inspection and Non-Invasive Activities</b>
	Small scale removal of ceiling tiles for visual inspection or minor installation (limited to 1 tile per 50 sq. ft.)
	Painting (but not sanding)
	Wall covering, electrical trim work, minor plumbing, and activities that do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type B	<b>Small scale, short duration activities that create minimal dust.</b>
	Installation of telephone and computer cabling.
	Access to chase spaces.
	Cutting of walls or ceiling where dust migration can be controlled.
Type C	<b>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components, assemblies, or new construction.</b>
	Sanding of walls for painting or wall covering.
	Removal of floor coverings, ceiling tiles, and casework
	New wall construction.
	Uncontained duct, HVAC, or electrical work above ceilings.
	Major cabling activities, major plumbing activities (including items that expose sewage, such as work on a major stoppage.)
	Any other project where high levels of dust are generated.
	Any activity that cannot be completed within a single work shift/ activities that require consecutive work shifts
	Activities that require heavy demolition or removal of a complete cabling system
	New construction

## Patient Risk Groups

Low Risk	Vacant Floor	Administrative Offices	Lobbies
	Public Corridors	Elevators	Day Rooms
	Canteen Retail Store	Outdoors	Non-Patient Care Space
Medium Risk	Cardiology	Outpatient Clinics	Endoscopy
	Food Service/ Dietary Care	Nuclear Medicine	Laboratory (non-specimen)
	Physical Therapy	Pharmacy	Radiology/MRI
	Primary Care and Urgent Care	Respiratory Therapy	Interim Care/ Medical Units
High Risk	CCU/Emergency Room	Areas w/ immuno-compromised patients	Negative Pressure Isolation Rooms
	Central Sterile Supply	Labor & Delivery	Protective Care 6A
	Laboratories (Specimen)	Oncology	Newborn Nursery/Pediatrics
	Interventional Radiology	Outpatient Surgery	Pharmacy I.V. Room
	Surgical Units	Operating Rooms	Medical Units
	SPD Storage/Sterilization	Post Anesthesia Care Unit	Intensive Care Units
		Bronch Suite	Endocardiography

Continued on next page

Project: Domiciliary Internet Café and Rehab Medicine Expansion

CLASS I	<ol style="list-style-type: none"> <li>1. Obtain infection control permit.</li> <li>2. Execute work by methods to minimize raising dust from construction operations.</li> <li>3. Immediately replace any ceiling tile displaced for visual inspection.</li> <li>4. Clean work area upon completion of task</li> </ol>
CLASS II	<ol style="list-style-type: none"> <li>1. Obtain infection control permit before construction begins.</li> <li>2. Notify staff in the immediate area</li> <li>3. Provide active means to prevent air-borne dust from dispersing into atmosphere.</li> <li>4. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation.</li> <li>5. Water mist work surfaces to control dust while cutting.</li> <li>6. Seal unused doors with duct tape.</li> <li>7. Block off and seal air vents.</li> <li>8. Place dust mat at entrance and exit of work area.</li> <li>9. Contain construction waste before transport in tightly covered containers.</li> <li>10. Upon completion, wipe work surfaces with disinfectant, wet mop and/or vacuum with HEPA filtered vacuum.</li> </ol>
CLASS III	<ol style="list-style-type: none"> <li>1. Obtain infection control permit before construction begins, and notify staff in the immediate area.</li> <li>2. Complete all critical barriers or implement control cube method before construction begins.</li> <li>3. Isolate HVAC system in areas where work is being performed. Upon completion, remove isolation.</li> <li>4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units.</li> <li>5. Cover transport receptacles or carts. Tape covering.</li> <li>6. Seal holes, pipes, conduits and punctures appropriately.</li> <li>7. Place dust mats at entrance and exit of work area.</li> <li>8. Vacuum work with HEPA filtered vacuums.</li> <li>9. Wet mop with disinfectant.</li> <li>10. Do not remove barriers from work area until completed project is thoroughly cleaned by Environmental Management Service.</li> <li>11. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction.</li> <li>12. Contain construction waste before transport in tightly covered containers.</li> </ol>

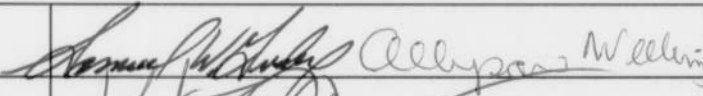



#### ADDITIONAL CONCERNS

Will the project produce any fumes or vapors, or otherwise affect air quality?	YES	NO X
(Whenever "X" is placed under the "Yes" box, the line above automatically populates with "Provide Details" to remind COTRs that details are needed.)		

Will the project create vibrations that could loosen dust or other particulates, impair construction barriers, or otherwise affect areas outside of the work area?	YES	NO X
(As above, whenever "X" is placed under a "Yes" box, "Provide Details" automatically pops up. If the "X" is in the "No" box, then no help text populates.)		

Will work activity include asbestos abatement or containment, or take place in areas where ACM has been found? PROVIDE DETAILS. List additional precautions below	YES X	NO
(As above, whenever "X" is placed under a "Yes" box, "Provide Details" automatically pops up. Also prompts COTR to include additional precautions in the next section.)		

ADDITIONS AND/OR MODIFICATIONS TO	PRECAUTIONS
Work will include abatement of existing asbestos transite panels and asbestos containing floor tiles and mastic located in the connecting corridor area.	

Infection Control		Date: 2/5/13
Industrial Hygiene		Date: 1/30/13
Safety Program Manager	 for Dennis Pennell	Date: 1/30/13
Project Section Supervisor		Date: 1/24/13

**MARTINSBURG VA MEDICAL CENTER  
INTERIM LIFE SAFETY MEASURES PERMIT**

Project Title:	Domiciliary Internet Café and Rehab Medicine Expansion		
Work Location:	Connecting Corridor Area		
Project Number:	613	113	
Point of Contact:	Sam Powell	Extension:	4175
Deficiency:			
Start Date:	Fall 2013	Estimated Duration:	12 Months

**PART I: PROJECT EVALUATION** Review each of the following categories and indicate whether each is acceptable to the project/Life Safety code deficiency by checking the appropriate response.

**A. EXITS**

Does the project/deficiency have the potential of affecting an exit or other components of the means of egress?	YES x	NO	N/A
Will affected exit be used by other than contractor personnel?	YES x	NO	N/A
Will alternate exit route be sufficiently marked and lit?	YES x	NO	N/A

**B. EMERGENCY ACCESS**

Does the project/deficiency have the potential of obstructing access to emergency departments, services or vehicles?	YES	NO x	N/A
Does the project/deficiency have the potential of obstructing access of emergency responders to the construction area?	YES	NO x	N/A

**C. FIRE PROTECTION**

Does the project/deficiency have the potential of impairing existing fire alarm, fire detection, or fire suppression systems?	YES	NO x	N/A
Will temporary fire protection systems be required as part of the project/deficiency?	YES	NO x	N/A

**D. TEMPORARY PARTITIONS**

Will construction involve the use of temporary partitions?	YES	NO x	N/A
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**E. ADDITIONAL FIRE FIGHTING EQUIPMENT and TRAINING**

Does the area affected by the project/deficiency warrant placement of additional fire protection equipment?	YES	NO x	N/A
Will additional fire safety training be required of affected personnel?	YES	NO x	N/A

**F. COMBUSTIBLE FUEL LOAD LEVELS**

Does the project/deficiency involve the storage of flammable or combustible materials?	YES	NO x	N/A
Does the project/deficiency have the potential of creating flammable or combustible debris?	YES	NO x	N/A

**G. FIRE DRILLS**

Does the project/deficiency warrant additional fire drills?	YES	NO x	N/A
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**H. HAZARD SURVEILLANCE**

Does the project/deficiency present added hazards, such as: excavations; construction/ chemical storage; or field offices, which warrant increased hazard surveillance?	YES x	NO	N/A
Contractor or COTR is to provide Material Safety Data Sheets to the Safety Office for all chemicals, cleaning agents, solvents, etc., to be used during project. Has this been done?	YES	NO x	N/A
Will hazard communication training be provided, including location of spill kits, and advisement to notify Fire Department in the event of spills?	YES x	NO	N/A



**I. ADDITIONAL PERSONNEL TRAINING**

Does the project/deficiency have the potential to affect structural features of the fire safety system?	YES x	NO x	N/A
Does the project/deficiency have the potential to affect compartmentation features of the fire safety systems?	YES	NO x	N/A

**J. FACILITY-WIDE TRAINING**

Does the project/deficiency present Life Safety Code deficiencies or construction hazards, which warrant facility-wide education of personnel concerning these Interim Life Safety Measures?	YES	NO x	N/A
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**K. FIRE/SMOKE BARRIERS**

Will the project cause penetrations to be made in Fire/Smoke Barriers?	YES x	NO	N/A
Will fire/smoke barriers be temporarily sealed with a UL-Listed material filler on both sides of the barrier?	YES x	NO	N/A
Will these temporary UL-Listed material adequately compensate for the penetrations made in the fire/smoke barriers?	YES x	NO	N/A

**L. GENERAL SAFETY**

Will the project cause noise levels greater than or equal to 90 decibels?	YES x	NO	N/A
Does Personal Protective Equipment and relevant training need to be provided for staff, patients or visitors?	YES	NO x	N/A
Does project involve relocation (or changes in designation) of functions or services requiring eyewashes or chemical showers?	YES	NO x	N/A

**M. ACCESSIBILITY**

Will signage be required to limit access to work area?	x	NO	N/A
Will there be sufficient clearance around the construction site to prevent tripping hazards, falling debris, or other safety concerns?	YES x	NO	N/A

**PART II: INTERIM LIFE SAFETY MEASURES:** Provide a description of all items indicated as applicable in Part I. Explain Interim Life Safety measures or procedures which will then be incorporated into the project.

Exit doors located on the connecting corridor will be temporarily closed during geotechnical investigation work and also during construction.

Construction Safety Committee Chair - ILSM Evaluator

Safety Program Manager

Fire Chief

Police Service Representative

Date

Date

Date

Date

## Project Re-Evaluation And Review

Projects are to be re-evaluated every sixty (60) days from initial start of construction to ensure all information is correct, complete, and current. Changes to the work location, construction type, or other factors necessitating any modification to the Infection Control Precautions as listed must be documented below, with approval from Infection Control, Industrial Hygiene, Safety, and Project Section.

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COTR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

\_\_\_\_\_  
COTR Signature

\_\_\_\_\_  
Date

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

	Circle Changes Below		
	New Construction Type		
	A	B	C
	New Risk Group		
	1	2	3
	New Class of Precautions		
	I	II	III

**Initial and Date Below**

\_\_\_\_\_  
Infection Control

\_\_\_\_\_  
Industrial Hygiene

\_\_\_\_\_  
Projects Section Supervisor

\_\_\_\_\_  
Safety Program Manager

Project Re-Evaluation	Date
Since the original risk assessment, has the location of the work changed to a different Patient Risk Group? (Low Risk, Medium Risk, High Risk)	
Since the original risk assessment, has the nature of the work to be performed changed to a different Construction Type? (Type A, Type B, Type C)	
Have any other factors changed that would cause a modification to the Infection Control Precautions? (Asbestos or other hazardous material, timing changes, correlation with other projects, etc.)	

Yes	No

If "No" to all of the above, COTR certifies that no changes need to be made to Infection Control Precautions as listed on the ICRA.

\_\_\_\_\_  
COTR Signature

\_\_\_\_\_  
Date

If "Yes" to any of the above, Infection Control, Industrial Hygiene, Safety, and Project Section must review and initial the changes/remarks below.

	Circle Changes Below		
	New Construction Type		
	A	B	C
	New Risk Group		
	1	2	3
	New Class of Precautions		
	I	II	III

**Initial and Date Below**

\_\_\_\_\_  
Infection Control

\_\_\_\_\_  
Industrial Hygiene

\_\_\_\_\_  
Projects Section Supervisor

\_\_\_\_\_  
Safety Program Manager

This work permit is to be printed by Project COTR. Infection Control, Safety and Fire Department are to check the boxes as applicable and sign the permit before work may begin.

## Construction Start Work Permit

613 113

Project Title:	Start Date:	Est. Duration: 12 Months
Project Location: Connecting Corridor Area		
Point Of Contact: Sam Powell	P.O.C. Phone Ext. 4175	After-Hours Contact #:

**Notice:** For projects with Class II and III Infection Control precautions, work is not to begin until after permit has been signed.

INFECTION CONTROL (Construction Barriers - Containment - Ventilation)	Yes	No	N/A
Is the Infection Control Risk Assessment (ICRA) visibly posted on-site?			
Is the ICRA complete and up-to-date (including re-evaluation forms as necessary)?			
Are the project conditions/scope the same as indicated on the signed ICRA?			
Have all conditions/controls indicated in the ICRA been satisfied?			
Have staff in immediate area been notified of construction?			

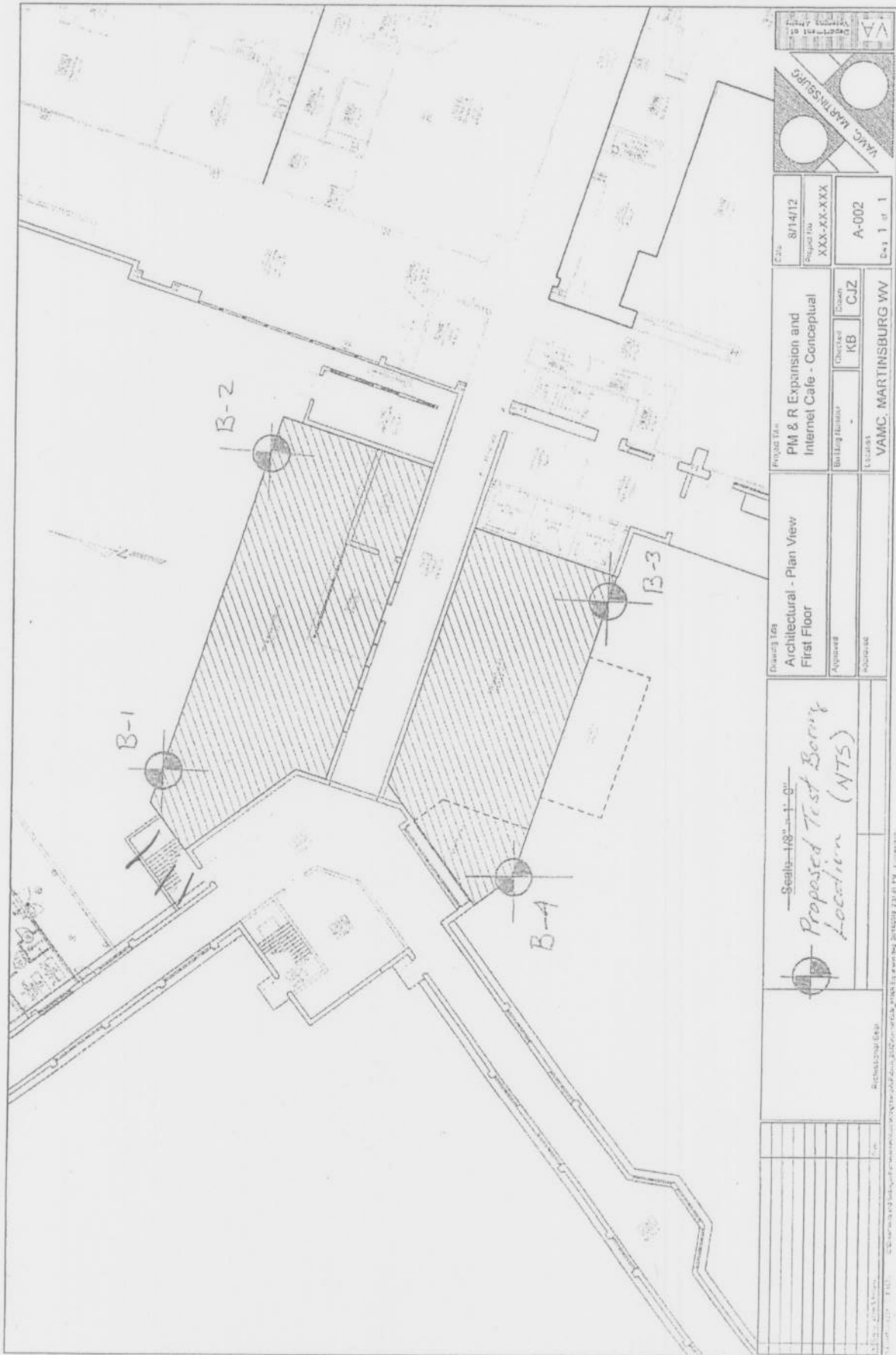
Hazard Surveillance and Life Safety	Yes	No	N/A
Is the Interim Life Safety Measures evaluation (ILSM) visibly posted on-site?			
Is the ILSM form complete and up-to-date?			
Are construction barriers made of fire-rated or fire-resistant material?			
Are means of egress clear and free of obstruction in construction and adjacent areas?			
Is access for the fire department and emergency services clear and free of obstruction?			
Are temporary signage, exit routes, etc., in place?			
Are fire extinguishers readily available in construction area?			
Are flammables and combustibles in proper containers?			

Fire Detection and Prevention Systems	Yes	No	N/A
Is fire sprinkler system active?			
Is fire alarm system active?			
Are smoke detectors active and uncovered?			
If "No" to any of the above, are temporary measures in place?			

General Safety and Security	Yes	No	N/A
Is there proper signage in place at the entrance to the construction site denoting appropriate PPE required for entry?			
Are workers properly attired and equipped with appropriate PPE?			
Are workers properly identified with appropriate badges?			
Are entrances to construction site closed and locked as appropriate?			
Has the proper fall protection equipment been provided?			
Is scaffolding compliant with OSHA standards?			
Are Material Safety Data Sheets present on-site for all chemicals to be used during the project?			
Are lock-out/tag-out procedures developed and present on-site?			

Description/Scope/Remarks/Details (To be filled out by Infection Control, Fire Department, or Safety Program Representatives)

Infection Control Representative	(Shari Self, x3626)	Alternates: Shirley York, x4574 Roberta Harris, x4875	Date
Fire Chief/Fire Dept. Representative	(Donnie Grubb, x4314)	Alternates: x4611; x4612	Date
Safety Program Representative	(Dennis Pennett x4582)	Alternates: Krista Bowen, x4715 Jill Schattel, x3412	Date



Project Title <b>PM &amp; R Expansion and Internal Cafe - Conceptual</b>		Date <b>8/14/12</b>		Drawing Number <b>XXX-XX-XXX</b>	
Building Name <b>VAMC, MARTINSBURG WV</b>		Drawing Sheet <b>A-002</b>		Drawing Date <b>8-1-12</b>	
Drawing Title <b>Architectural - Plan View First Floor</b>		Drawing Scale <b>1/8" = 1'-0"</b>		Drawing Author <b>XXX-XX-XXX</b>	
Drawing Date <b>8/14/12</b>		Drawing Scale <b>1/8" = 1'-0"</b>		Drawing Author <b>XXX-XX-XXX</b>	
Drawing Title <b>Architectural - Plan View First Floor</b>		Drawing Scale <b>1/8" = 1'-0"</b>		Drawing Author <b>XXX-XX-XXX</b>	
Drawing Date <b>8/14/12</b>		Drawing Scale <b>1/8" = 1'-0"</b>		Drawing Author <b>XXX-XX-XXX</b>	