Safety and Health During Construction Activities

MCP EOC-20

Coatesville VA Medical Facility
Coatesville, PA 19320

Rescinded Document:
EOC-20-19

Signatory Authority:
Coatesville VAMC Director

Effective Date:
December 7, 2021

Responsible Owner:
Safety

Recertification Date:
December 31, 2026

1. POLICY

In order to protect patients, staff, visitors, and contractors from safety and health hazards associated with construction activity on VAMC Coatesville property and VAMC Coatesville leased property. It is medical center policy that strategies are hereby established to assist this facility in controlling these hazards.

2. JUSTIFICATION

VHA Directive 2011-036, Safety and Health during Construction Activities.

3. RESPONSIBILITIES

a. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring overall VA medical facility compliance with this policy, and appropriate corrective action is taken if non-compliance is identified.

b. Facility Safety Office is responsible for:

1. Establishing and monitoring an effective facility construction safety program utilizing a Construction Safety Committee (CSC) composed of a multidisciplinary team with representatives from the following program areas: Infection Prevention and Control, Safety Office, Patient Safety, VA Police, Facilities Engineering, Green Environmental Management Employees are responsible for Systems (GEMS), Emergency Planning, Employee Health, Local Union Safety Representatives (from affected bargaining units) and Contracting.

2. Participating in OSHA's (or VA equivalent) 30-hour construction safety training and refresher courses.

3. Ensuring that VHA policy for the construction safety program is implemented.

4. Coordinate and lead construction site inspections.

5. Document safety deficiencies identified during safety inspections. Notify Construction Safety Committee about findings.

6. Ensuring multidisciplinary inspection team consist of VA Police, Safety Office, Patient Safety, Infection Prevention and Control, Facilities Engineering (Projects Management), Local Union Safety Representatives (from affected bargaining units), and Contracting Officer oversee:

(a) Protection of patients, visitors, and employees from traumatic injury, as well as occupational and facility-associated infections.

(b) Compliance with OSHA and State construction safety regulations.

(c) Compliance with EPA and State environmental regulations.

7. Updating and implementing this policy addressing the responsibilities of the multidisciplinary team.

8. Ensuring that VA staff receives training as follows:

(a) Project engineers, Maintenance and Operations (M&0) Supervisor, Project Managers/ Technicians, and facility safety program managers complete OSHA's (or VA equivalent) 30-hour construction safety course.

(b) Engineering supervisors and foremen who oversee construction work and contracting officers complete OSHA's (or VA equivalent) 30-hour construction safety course once and 10-hour refresher every two years.

c. **Facilities Engineering Service Director is responsible for:**

1. VHA policies for construction safety programs at VAMC Coatesville facilities are implemented.

2. Ensuring appropriate staff receives training in construction safety.

3. Ensuring that construction contracts awarded specify that on-site general and subcontractor's construction workers have completed the OSHA 10- hour construction worker course, the 30-hour construction course, or other relevant competency training, as determined by the Construction Safety Committee (CSC) with input from the Construction Safety Officer (CSO). The determination for training is based on the project hazards and complexity, State and Federal regulations and VA requirements. Identified projects require contractor submittals verifying completion of training.

4. Ensuring that contracts and similar documents for enhanced-use projects include language that authorizes and supports construction safety programs and requirements.

e. **Construction Safety Committee (CSC)** is a multi-disciplinary team responsible for:

1. Determining the scope and depth of safety, infection control, and security interventions appropriate for all in-house and contract construction work. The team may develop threshold criteria for each level of intervention. For instance, after review, some projects may require only CSO surveillance to ensure employee safety and OSHA compliance, while other projects will require all disciplines to be involved.

2. Conducting Pre-Construction Risk Assessment (PCRA). Using the current Architectural Barriers Act (ABA) Guidelines as a guide, staff must conduct and document PCRA for all construction projects (in-house and by contract) during the design or planning stage of the work (prior to bidding, purchasing, or starting work). PCRAs must be documented in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities. The complexity of the PCRAs report is determined by the complexity of the threats posed by the construction project.

3. Ensuring Interim Life Safety Measures (ILSM). Facility safety and engineering staff must ensure that ILSM are implemented on all construction work in accordance with The Joint Commission Environment of Care standards. ILSM are required when Life Safety Code deficiencies or construction activities pose significant hazards. See Medical Center Policy SF-07. Implementing ILSM is the responsibility of the construction contractors in accordance with Contract Specification Section 01 00 00 General Requirements.

4. Participating in all phases of construction work from planning through completion. This includes each design review and approval of the construction plans, contract specifications, and 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 CSC must be involved early in the process and continue oversight on a regular basis to avoid costly and disruptive delays.

5. 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 CSC and the PCRA report.

6. Hazard surveillance activities must be documented as to date, time, membership of the inspection team, deficiencies, type of corrective action, and time and date of correction. NOTE: Correction of hazards must be tracked to completion.

11. Ensuring all contractors entering VHA properties comply with the security management program. As a minimum, contractors must notify and obtain permission of the VA Police, be identified by project and employer, and restricted from unauthorized access.

12. 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.

13.The effectiveness of facility construction safety programs is monitored by Multidisciplinary Team and reported by the Safety Officer on a monthly basis to the EOC Committee

f. Project Manager/COR is responsible for:

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

2. Participating in OSHA's 30-hour construction safety training and refresher courses.

3. Participating in periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the program.

4. Serving on the facility CSC to ensure contracts meet the requirements of this policy.

5. Supporting the Multidisciplinary Inspection Team, Safety Officer, Contracting Officer and Facilities Engineering staff in implementing the construction safety program.

6. Perform follow-up inspections on all deficiencies to ensure corrective action is completed.

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

g. **The Fire Department is responsible for:**

1. Ensuring Interim Life Safety Measures (ILSM). Facility safety and engineering staff must ensure that ILSM are implemented on all construction work in accordance with Joint Commission, Environment of Care standards. ILSM are required when Life Safety Code deficiencies or construction activities pose significant hazards. (See Medical Center PolicySF-07) Implementing ILSM is the responsibility of the Medical Center and construction contractors in accordance with Contract Specification Section 01 00 00, General Requirements.

h. **Patient Safety is responsible for:**

1. Inspecting construction site for actual or potential Patient Safety hazards.

2. Completed construction work is Patient Safety compliant.

3. Corrective actions are taken as applicable and report findings in appropriate manner to Construction Safety committee.

i. **Contracting Officer is responsible for:**

1. Participating in OSHA's (or VA equivalent) 30-hour construction safety training and refresher courses shall be encouraged.

2. Ensuring safety elements of this policy are included in each construction contract.

3. Evaluating and considering past safety records of prospective contractors in the awarding of contracts.

4. Serving on the facility CSC to ensure contracts meet the requirements of this policy.

5. Supporting the Multidisciplinary Inspection Team, Safety Officer, Project Manager/COTR, and appropriate staff in implementing the construction safety program.

6. Communicating and enforcing any required corrective actions noted on the weekly inspection reports.

7. Designating, in writing, the CSO to serve as the Safety Officer for VHA contracts; and the RE to act as the Safety Officer for the Office of Construction & Facilities Management (CFM) contracts (applies to CO).

8. Evaluating and considering past safety records of prospective contractors in awarding contracts. At a minimum, ensuring that all solicitations and contracts specify that contractors must not have more than three serious, or one repeat, or one willful OSHA violation(s) in the past 3 years or any significant environmental penalties. Additionally, ensuring that all solicitations and contracts specify that contractors must have an Experience Modification Rate (EMR) of equal to or less than 1.0 (EMR of 1.0 indicates that a contractor had an average insurance claim's rate for worker injuries)

9. Note: For OSHA compliance history go to the following web site http://www.osha.gov/p1s/imis/establishment.html. Enter contractor's name into search engine, review search list for contractor verifying contractor's name and address as the one reviewing, and review inspection history for violations.

j. **The Police Department is responsible for:**

1. Ensuring all contractors entering VA Medical facility properties comply with the facility security management program.

2. Conducting periodic surveillance of site security and the integrity of barriers for trenches and other hazards.

k. **Construction Safety Officer(s) (CS0s).**

1. Submitting project reviews of all construction projects.

2. Providing oversight of contract construction safety.

3. Being knowledgeable in the general inspection of typical work sites during construction and renovation performed by contract staff, and in the review of contractor safety program submittals. Note: CSO(s) do not take the place of the contractor's CP nor act on their behalf. The CSO(s) determines if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance. When these standards and contract requirements are not being met, the VA Contracting Officer's Representative (COR), CO, and CSO must take immediate action to prevent injury, exposure, noncompliance, and/or property damage.

4. Completing OSHA's (or VA equivalent) 30-hour Construction Safety Training subsequently complete 10 hours of Construction Safety Training at least every 2 years.

5. Ensuring that the specific safety requirements for construction operations are implemented during facility projects. 6. Serving as a member of the Construction Safety Committee.

7. Conducting periodic inspections of VHA construction sites to ensure compliance with safety elements of the established program(s); at minimum, weekly inspections are required.

8. Monitoring and inspecting construction and renovation work sites periodically to assure compliance with these policies.

9. Maintaining competence in the general inspection of work sites during construction, renovation, and maintenance, falls under the purview of this policy.

10. Approving corrective actions.

11. Stopping unsafe work or activities that are non-compliant with the contract or OSHA and notifying the CO immediately.

12. Maintaining communication with the contractor CP on questions of safety.

l. **Infection Preventionist is responsible for:**

1. Participating in design meetings.

2. Reviewing of plans before project begins.

3. Educating of staff, contractors, architects and others regarding infection prevention and control and construction of PRCA.

4. Coordinating of the PRCA group and process.

5. Inspecting of the project to ensure compliance with infection prevention and control precautions.

6. Communicating with the facility staff, REs and contractors.

7. Documenting of the PRCA and inspections.

8. Documenting related infection prevention and control issues after the completion of the project to the facility engineer sand contractor.

m. **Construction Site Inspection Team Members:** The following members of the multidisciplinary team and the contractor will conduct worksite inspections.

1. Safety Specialist / Safety Officer

2. Infection Preventionist

3. Police

4. Patient Safety

5. Project Manager/COTR (NRM & Minor Projects)

6. M&O Supervisors (Service Contracts & Station Level Projects)

7. Contracting Officer 8. Local Union Safety Representatives (from affected bargaining units)

4. OTHER PARAGRAPHS

1. **Procedure. Inspection Procedures:**

a. General. Periodic inspections shall be performed of the construction worksite to ensure contractor compliance with contract specifications (or VA staff compliance with the Construction Safety Program) related to security, safety, environmental compliance, and infection control. Per the OSHA Standards for Construction, 29 CFR, Part 1926, Subpart C, General Requirements [1926.20(b)(2)], the purpose of safety inspections is to reduce the potential for injuries and illnesses to patients, employees, and visitors from unsafe construction activities conducted by contractors and VA employees. Frequent construction safety inspections reduce liability resulting from construction accidents. The inspections should:

(1) Identify unsafe acts and conditions in and around the respective work area.

(2) Provide emphasis on the fire, life safety, security, and general environment of care.

(3) Remind supervisors and foreman that it is their responsibility to inspect their own areas, tools, equipment, materials, and work practices on an on-going basis.

b. Frequency of Inspections. At a minimum, site safety inspections should be conducted weekly for general conditions, or daily for hazardous operations (i.e., trench inspections, confined space entries, etc.).

c. Inspections: Conduct Inspections using Construction Safety Checklist (Reference L).

(1) Record all unsafe acts and conditions.

(2) Discuss potential safety/health problems and/or corrective actions with supervisors/foremen immediately. Resolve differences of opinion promptly.

(3) Document findings immediately; include corrective measures.

(4) Intervention and Enforcement: All of the individuals with defined actions in this policy will intervene, whenever conditions, as a result of construction activities, immediately threaten life or health or threaten to damage equipment or buildings. Intervention and enforcement of this policy and the associated regulatory requirements are as follows:

d. All staff will identify hazardous conditions in need of intervention and further develop a culture of safety. CPs and all facility management will take prompt corrective measures to include immediate abatement of hazards, stopping of work, hazard awareness training, administrative controls, etc.

e. The Construction Safety Officer or CO shall notify the contractor orally, with written confirmation, and request immediate initiation of corrective action of hazards identified. After receiving the notice, the Contractor shall immediately take corrective action. 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). Upon a repeat offense of the same or substantially similar hazard, the Construction Safety Officer or CO should inform OSHA or other authorities (i.e., federal, state, or local officials) of the instances where the contractor has been notified to take immediate action to correct serious or imminent dangers (FAR 36.513). The Construction Safety Officer, with assistance from the Multi-Disciplinary Team, is responsible for making the Contractor and CO formally aware of hazards in need of correction. The CO is responsible for enforcement of the contract.

f. Note: Following these enforcement procedures will limit VHA's regulatory and civil liability while supporting TJC accreditation requirements.

5. DEFINITIONS

None

6. REFERENCES

a. http://vaww.ceosh.med.va.gov

b. NFPA Standards. NOTE: Current NFPA Standards are available at facility and/ or VISN Safety and Engineering and/or Facilities Management Offices

c. Guidelines on Assessment and Remediation of Fungi in Indoor Environments, New York City Department of Health, Bureau of Environmental and Occupational Disease Epidemiology, and the website is: https://www1.nyc.gov/assets/doh/downloads/pdf/epi/epi-mold-guidelines.pdf

d. Infection Control during Construction. A Guide to Prevention and Joint Commission Compliance, Wayne Hansen, Editor, Opus Communications, 2002.

e. OSHA Regulations for Construction Safety, 29 CFR 1926, available at: http://www.osha.qov

f. Current JC (Joint Commission) Standards form the Joint Commission on the Accreditation of healthcare Organizations.

g. VHA Directive 7701, Occupational Safety and Health

h. VHA Handbook 7701.1, Occupational Safety and Health Program Procedures.

i. VA Directive 7700, Occupational Safety and Health.

j. VHA Directive 2011-036, Safety and Health during Construction Activities.

k. VAMC Coatesville Policy E0C-14: Project Design and Review.

7. RESCISSION

EOC-20-19 is rescinded.

8. REVIEW

This Medical Center Policy (MCP) is to be recertified every five years at a minimum.

9. RECERTIFICATION

This MCP is scheduled for recertification on or before the last working day of December 2026. This MCP will continue to serve as local policy until it is recertified or rescinded. In the event of contradiction with national policy, the national policy supersedes and controls.

10. SIGNATORY AUTHORITY

JEFFREY A. BEILER 230030

Digitally signed by JEFFREY A. BEILER 230030
Date: 2022.01.05 14:54:02 -05'00'

Jeffrey A. Beiler, II
Medical Center Director
Date Approved:

NOTE: *The signature remains valid until rescinded by an appropriate administrative action.*

DISTRIBUTION: Medical Center Policies are available here.