

 Advocate Health Care |  Aurora Health Care

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**Departments of  
Facilities,  
Planning, Design  
and Construction**



# 2025 Contractor Handbook

**December 1, 2024  
Supersedes All  
Previously Issued  
Handbooks**

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**Welcome to Advocate Health (AH) Midwest Region.**

**You are a very important part of our customer service and satisfaction effort.**

**Contractors, their subcontractors, and employees visiting or conducting business on behalf of the contractor on any present or future AH site are required to comply with these guidelines as part of the contract requirements.**

**OUR PURPOSE**

*We help people live well.*

**OUR VALUES**

*EXCELLENCE - We are a top performer in all that we do.*

*COMPASSION - We unselfishly care for others.*

*RESPECT - We value the unique needs and preferences of all people.*

**1. Introduction**

- 1.1. The purpose of this handbook is to communicate Advocate Health (AH) Midwest Region standards, procedures and safety practices that reflect our purpose and values to all outside service providers and construction contractors working at our facilities, to ensure a safe environment.
- 1.2. Outside service providers and contractors are required to know and follow their company and AH safe work practices and procedures. Failure to follow can result in a contractor, employee, sub-contractor being removed from the site and the contractor losing their preferred vendor status.
- 1.3. Each outside service provider and construction/contractor management team must thoroughly review the AH Contractor's Handbook and their own work practices and workplace hazards, providing employees all the necessary training and equipment for their safety.

## **2. Accountability**

- 2.1. Each outside service provider and construction contractor is responsible for enforcing and disciplining their employees and subcontractors for unsafe conduct and deviations from AH regulations and procedures.
- 2.2. The AH Project Manager or the Facilities Operations Manager has the primary responsibility to stop work at any time if work is deviating from safe work practices. The Safety Department, Infection Prevention, Public Safety, and the unit clinician are also authorized to stop work. Such work stoppage shall be at no additional cost to the project. It is the responsibility of the outside service provider and construction contractor to coordinate the re-start of work with the AH Project Manager or Facilities Operations Manager.
- 2.3. All maintenance and construction projects/sites will be subject to routine hazard surveillance rounds to ensure compliance. Copies of any deficiencies will be provided to the appropriate contractor for immediate corrective action.
- 2.4. Outside service providers and construction contractors not displaying identification will be asked to produce designated identification. Failure to provide identification will result in removal from the facility.
- 2.5. We reserve the right to approve any potential contractor or subcontractor before working on AH campuses. Deviation will result in removal of individuals or firms from the property and the preferred vendor list.
- 2.6. The Safety Non-Conformity process is an internal process that is intended to capture safety non-conformities related to work performed on current or closed construction/facility-related projects by external or internal partners. A multi-page form is used to document the non-conformity including a corrective action plan. Each form is reviewed by a multi-disciplinary leadership team monthly, and a ranking/score is assigned based on a multitude of criteria. Scoring levels are: NC1 - most serious, NC2 - less serious, and OFI - opportunity for improvement where no one is found 'at fault'. Non-conformity levels are tracked each year and for anyone accruing more than three NC1's in a limited timeframe, a possible safety stand-down may be implemented. Multiple Safety Non-Conformities will be included in the process for identifying preferred vendor status.

## **3. Codes and Standards**

- 3.1 We recognize and strive to follow all codes, regulations, guidelines, and standards from federal, state, and local agencies. Outside service providers and construction contractors are responsible for applying and obtaining all necessary local permits. AH

requires all contractors and vendors to become competent with and to follow the applicable codes, regulations, and standards.

3.2 This handbook is Advocate Health specific and is supplemental to applicable codes, regulations, and standards. If a conflict is identified between this handbook and an applicable code, standard or regulation, the code, standard or regulation shall supersede anything in this handbook. Any conflict is to be brought to the immediate attention of the AH Project Manager or Facilities Operations Manager. This handbook is intended to provide a general overview and orientation for contractor work at all our facilities. In no way does it include all safety issues or concerns encountered on a given day. All contractors/vendors are expected to abide by OSHA CFR 1926 & 1910, EPA, and other codes, regulations, and standards as applicable to their trade and scope of work.

#### **4. Training**

4.1 Prior to working at any AH facility, the outside service providers and construction contractors are required to receive training on all applicable policies and procedures referenced in this handbook. This training is an annual requirement. Contractors and outside service providers shall maintain a record of training certificates that shall be available for audit at any time and must be produced within 2-hours of request.

4.2 The identification badges worn by outside service providers and contractors shall document compliance with the training requirements. Identification badges shall not be worn until required training is completed.

4.3 Prior to the start of work, outside service providers and construction contractors are required to complete the Computer Based Training (CBT) course covering the content of this handbook. The link to the CBT will be provided in numerous ways. Upon completion of the CBT all contractor personnel will be required to print or maintain a copy of the certificate of completion. The certificate is to be presented to Public Safety or AH Project Manager prior to the issuance of a badge. If the site is unable to generate a photo ID badge, Public Safety will issue a numbered, non-photo ID badge.

4.4 Additional training may be offered by Infection Prevention or Safety Department, dependent on the project. This training will be communicated prior to the project start. Infection Prevention can be consulted for questions or concerns not answered in this handbook.

4.5 Training for the use of wall, ceiling or floor penetration fire sealants must be made available when requested by the site. All sealants must be labeled with UL listing of

product.

## **5. Contractor Personnel Behavior**

### **5.1 Patient Privacy**

- 5.1.1 While working at our facilities we ask that you follow our Values of ensuring our patients are always treated with dignity and respect, including respecting patient confidentiality.

Outside service providers and construction personnel are bound by Wisconsin statutes 146.81-84.51.30. 146.025 9, applicable Illinois statutes and Federal Law PL 93-282, to access patient health information only in accordance with the specific need to perform work. Outside service and construction personnel acknowledge that as a condition of working at our facilities they are bound by statutes and laws to keep all information they see or have access to confidential. Outside service providers and contractors agree not to disclose patient information to any party. Outside service providers and contractors acknowledge that any violation, whether willful or accidental, could result in disciplinary proceedings up to and including termination, as well as prosecution for the violation of patient's privacy. This is in accordance with HIPAA (Health Insurance Portability and Accountability Act), which is a Federal Law.

### **5.2 Tobacco Use**

- 5.2.1 All our facilities are Tobacco free. Tobacco uses in any form (cigarettes, cigars, smokeless tobacco, vaping devices (e-cigarettes), etc.) is strictly prohibited on all our property. This includes the project site, new construction and may include adjacent public sidewalks and right-of-ways as designated by the AH Project or Facilities Manager.

### **5.3 Alcohol/Drugs**

- 5.3.1 The use, sale, manufacturing, or distribution of controlled substances within the project site is strictly prohibited. Alcohol consumption before entering or while on the project site is prohibited.
- 5.3.2 Persons found to be under the influence of alcohol or controlled substances will be permanently dismissed from the project. The appropriate law enforcement agency will be notified accordingly.
- 5.3.3 Contractors involved in a safety incident that causes injury, damage to property or equipment, or have been involved in a near incident during work may be subject to drug and / or alcohol testing.

### **5.4 Appearance**

- 5.4.1 Clothing worn shall be appropriate for the duties being performed. The following clothing items are prohibited from being worn onsite:

- a. Torn Clothing
- b. Shorts
- c. Clothing displaying profanity or offensive material
- d. Items displaying gang symbols or visible gang tattoos

## 5.5 Conduct

- 5.5.1 Fighting or horseplay is prohibited on AH property.
- 5.5.2 Foul language and inappropriate conversations are prohibited.
- 5.5.3 It is important to maintain a quiet and relaxed atmosphere for the health and well-being of our patients, visitors, and staff.
- 5.5.4 No radios, CD players or any digital music devices are allowed.
- 5.5.5 In some instances, hearing protection may be required for the contractor/vendor. For contractors' safety, the use of music devices using earphones is prohibited.

## 5.6 Stealing/Damage to Property

- 5.6.1 Stealing is prohibited.
- 5.6.2 No materials may be removed from a facility beyond project generated construction debris.
- 5.6.3 All incidents of stealing will be addressed through the site Public Safety Department and immediately referred to the local law enforcement agency.
- 5.6.4 Causing damage to AH property will not be tolerated.
- 5.6.5 The AH Project Manager or Facilities Operations Manager shall bill the identified contractor for all repairs to our property.

## 5.7. Firearms, Weapons, Explosives and Fireworks

- 5.7.1 Firearms, weapons, explosives, and fireworks are prohibited at all AH facilities.
- 5.7.2 Violation of the firearm policy will be addressed through the site Public Safety Department and immediately referred to local law enforcement.
- 5.7.3 "Weapon" refers to any arm, armament, instrument, or tool that could be used for the purpose of causing bodily harm or injury, including but not limited to guns, tasers and knives. As used in this policy, "weapon" does not include small Swiss Army-type pocket-knives or multi-purpose tools.
- 5.7.4 Contractors and outside service providers shall pay special attention to and be aware of tools that may appear to look like weapons and to transport such tools in



a case or an inconspicuous manner.

5.7.5 We prohibit all weapons, whether concealed or visible, from being carried on our premises except as permitted by this statement. Teammates, visitors and patients who arrive at a facility with personal weapons must secure the weapon in their personal vehicle by storing it in the glove compartment, trunk, gun case or other locked area of the vehicle. Weapons may not be removed from a vehicle on our property including in any parking lot or parking structure owned or leased by AH. Contractors/Vendors with Conceal Carry permits should follow all Federal, State, and local laws concerning the transportation of weapons.

**5.7.6 *Exceptions to this policy are:***

- a. Sworn law enforcement personnel, current or former, who by law are permitted to carry a weapon.
- b. Uniformed personnel who are providing security, corrections, or law enforcement type services directly or for an agency supporting corrections or law enforcement. Examples would be contracted corrections officers, and officers who service ATMs. In these situations, weapons must be carried in a non-concealed manner.

**5.8 Harassment**

5.8.1 Harassment is unwelcome conduct, which can be verbal, nonverbal, physical, and/or visual. Harassment can take the form of crude, rude or intimidating verbal or physical behavior.

5.8.2 We will not tolerate conduct which negatively affects any patients, visitors, physicians, and teammates' environment or that creates an intimidating, hostile, or offensive environment. All outside service providers and contractors shall maintain a work atmosphere that is free of any type of harassment.

5.8.3 All reports of harassment will be referred to the AH Project Manager or Facilities Operations Manager for action and will result in removal of individuals or firms from the property and the AH preferred vendor list.

**5.9 Contractor Access/Utilization of Facilities and Site**

5.9.1 Facilities Operations shall be notified by the AH Project Manager of all contractor presence in all areas of the facilities including buildings and grounds. The contractor shall provide the AH Project Manager or the Facilities Operations Manager a complete written description of work which is scheduled to be performed, including work perimeter.

5.9.2 Maintaining a safe environment is paramount. The contractor must ensure all construction, maintenance, and storage areas are kept isolated from our teammates, patients, visitors, and all other non-contractor personnel.

- 5.9.3 Contractor personnel shall enter and leave the facility only through the entrance designated by the AH Project Manager or Facilities Operations Manager. Contractor staff are only permitted in identified specific work areas and cafeteria when use of the cafeteria has been approved by the AH Project Manager or the Facilities Operations Manager.
- 5.9.4 When outside of the work site, contractor attire, boots, etc. shall be clean and free of construction dust/dirt.
- 5.9.5 When it is necessary for a job to be completed on a shift other than first shift, pre-arrangements must be made with the AH Project Manager or the Facilities Operations Manager.
- 5.9.6 Access to certain areas may require keys, keyless access cards or codes. These will be distributed by the Public Safety Department, Facilities Operations Manager, or the Project Manager.
- 5.9.7 Locked doors must not be blocked open, or the locking mechanism defeated.
- 5.9.8 Any work compromising the function of a patient room or treatment area must be approved through the AH Project Manager or the Facilities Operations Manager by the patient care manager responsible for that area.
- 5.9.9 Access to any roof area is prohibited unless approved by the Facilities Operations Manager. Contractors must follow their own safety strategies to include safety harnesses or tie-offs when work on the roof is required within 6 feet of the edge.

#### 5.10 Elevator Use

- 5.10.1 Patient and visitor use take priority above all.
- 5.10.2 Construction and outside service personnel shall vacate elevators if a patient or medical transporter is waiting on a landing and requires use of the elevator.
- 5.10.3 Transportation of labor, materials and construction debris is restricted to designated service elevators. Contact Facilities Operations for specific elevators and schedules for deliveries.

#### 5.11 Parking/Vehicular Access and Safety

- 5.11.1 The following shall be followed during vehicular use while onsite:
  - a. All vehicles or motorized equipment onsite must be operated by an appropriately licensed or certified individual.
  - b. Seat belts shall be worn while traveling in vehicles onsite.
  - c. Posted speed limits shall be enforced for all project sites. Any persons

- operating a vehicle at excessive speeds will be banned from the site and prohibited from operating a vehicle onsite.
- d. No vehicle shall be operated while using a cell phone or texting.
- 5.11.2 Vehicle parking, including short-term, will be permitted only in locations specifically designated by the AH Project Manager, Facilities Operations Manager or Public Safety Manager.
- 5.11.3 Except for short-term parking to load or unload materials and tools, contractors shall not park vehicles at the loading dock. Unloaded materials will not be left at the dock; they will be moved immediately to a secured location inside the construction zone.
- 5.11.4 All vehicular access and potential disruption to the hospital campus, including deliveries and staging, shall be pre-arranged by AH Project Manager or Facilities Operations, coordinating with the Public Safety Department
- 5.11.5 Contractors and outside service providers must ensure free and unobstructed access to emergency services, including the ED for patients, EMS, Fire and Police. No conditions should delay identification of ED location.

## **6. General Conditions and Safety**

### **6.1 Electrical Safety**

- 6.1.1 No outside service provider or construction contractor shall perform maintenance or shut down any electrical systems without prior written approval from the AH Facilities Operations Department. A shut down request must be submitted and approved prior to any shutdown as covered elsewhere in this handbook.
- 6.1.2 Electrical panels shall remain secured/locked if outside the construction area, unless attended continuously by the tradesperson.
- 6.1.3 Only the AH Facilities Operations Department can turn off live circuit breakers serving occupied areas of the facility. A written plan outlining all affected areas shall be submitted by the contractor prior to de-energizing any component of the electrical system. After exploration with Facilities Operations and confirmation of location, local circuit breakers can be de-energized by the contractor after the following measures are in place:
- a. Approved utility shutdown request that clearly identifies the panel number and circuits that are approved to be de-energized by the contractor
  - b. Lockout-Tagout are in place
  - c. Circuit breakers that serve occupied areas are clearly marked and secured to prevent them from being accidentally de-energized
  - d. The panel where the circuits to be de-energized are located within the project work zone and Facilities has verified the panel and circuits are dedicated to the project work zone only.

- 6.1.4 The Contractor shall train employees who are exposed to the hazards of flames or electrical arcs of the hazards involved.
- 6.1.5 Frayed, damaged or worn electrical cords or cables must be promptly replaced. All extension cords are required to have grounding prongs.
- 6.1.6 Flexible cords and cables must be protected from damage. Sharp corners and projections should be avoided.
- 6.1.7 Extension cord sets used with portable electric tools and appliances must be three-wire type and designed for hard or extra-hard service. (Look for some of the following letters imprinted on the casing: S, ST, SO, STO.)
- 6.1.8 All electrical tools and equipment are maintained in safe condition and checked regularly for defects and taken out of service if a defect is found.
- 6.1.9 Do not bypass any protective system or device designed to protect anyone from contact with electrical energy.
- 6.1.10 Overhead electrical power lines must be located and identified.
- 6.1.11 Ensure that ladders, scaffolds, equipment, or materials never come within 10 feet of electrical power lines.
- 6.1.12 Multiple plug adapters are prohibited.
- 6.1.13 If working in damp locations, inspect electric cords and equipment to ensure they are in good condition and free of defects, and use a ground-fault circuit interrupter (GFCI).
- 6.1.14 The use of red electrical outlets is prohibited without prior permission from AH Facilities Operations.

## 6.2 Compressed Gas Cylinder/Fire Extinguisher Storage

- 6.2.1 All cylinders containing compressed gas must be stored upright and individually secured. All cylinders not in current use must have the valve protection caps secure and in place.
- 6.2.2 Oxygen and Acetylene cylinders must be stored according to OSHA regulations and the authority having jurisdiction when not in use.
- 6.2.3 Portable fire extinguishers are considered a compressed gas cylinder. Portable fire extinguishers must always be properly secured on a hanger intended for the extinguisher, in a bracket incorporating releasing straps, by bands supplied by the

extinguisher manufacturer or in approved cabinets, pedestal units or wall recesses.

### 6.3 Fire Extinguishers

6.3.1 The use of AH fire extinguishers other than for an actual fire emergency is prohibited. Contractors and outside service providers must provide their own fire extinguishers as required by the project ALSM Permit or Hot Work Permit(s) for all construction sites and/or when cutting, welding, or soldering outside of a construction site.

6.3.2 Once a contractor-owned fire extinguisher comes on-site, the extinguisher falls under health care codes. All contractor extinguishers must be checked monthly, in addition to an annual inspection. The extinguisher is required to be mounted in a high visibility stand or wall hung mounting while on-site. It is the contractor's responsibility to have all documentation for the extinguisher.

### 6.4 Emergency Response/Accident/Incident and Lost/Stolen Equipment Reporting

6.4.1 The AH Project Manager or Facilities Operations Manager will advise the outside service providers and construction contractors of the site emergency response numbers and procedures for each specific project. Outside service providers and construction contractor managers shall provide documented orientation to all personnel on emergency response numbers and procedures.

6.4.2 Accidents, fires, chemical spills, near misses, (however slight), injuries, stolen equipment/materials and incidents that occur at our facilities must be reported utilizing the Safety Non-Conformity process and form and then forwarded on to the AH Project Manager or Facilities Operations Manager within 4 hours of the occurrence regardless of the severity. All serious injuries must be verbally reported to the AH Project Manager within 1 hour of the occurrence and followed up in writing within 4 hours.

6.4.3 If an outside service provider or construction personnel is injured while servicing a piece of equipment owned by AH, do not further handle the piece of equipment. Notify the AH Project Manager or Facilities Operations Manager immediately, tag the equipment and remove from service.

6.4.4 Outside service providers and construction personnel should follow the requirements of the authority having jurisdiction, including OSHA, for reporting such accidents. OSHA Standard (1904.39) states that if a worker is injured while working and sustains a severe injury, the injury must be reported (BY THE WORKERS EMPLOYER) to OSHA within 24 hours (**8 hours** in the case of a fatality). Severe Injury definition as outlined in the Standard is:

- a. All work-related fatalities
- b. All work-related inpatient hospitalizations of one or more employees.

- c. All work-related amputations
- d. All work-related losses of an eye.

#### 6.5 Flammable Liquids and Sources of Ignition

- 6.5.1 All flammable liquids must be stored in appropriate quantities and approved containers in areas approved for storage of these liquids.
- 6.5.2 A list and quantity of hazardous materials will be provided to the AH Safety Department with the required SOS information prior to the start of work.
- 6.5.3 All hazardous materials are to be properly identified and labeled.
- 6.5.4 Sources of ignition shall be prohibited from areas where flammable liquids are stored or distributed. Appropriate warning signs shall be posted as required.
- 6.5.5 No internal combustion engines will be permitted within AH facilities unless under special circumstances and approved by the AH Project Manager, Facilities Operations Manager and Safety Department.

#### 6.6 Construction Site Perimeter and Storage Security Coordination

- 6.6.1 Construction work sites shall be secured by physical barriers that are marked with appropriate signage. Contractors assume total responsibility for the security of the area within the perimeter of a construction project or the area being renovated.
- 6.6.2 Interior work sites are required to be secured by a one-hour rated separation (CMS/IDPH) with fire rated openings that are secured by locks. Interior work sites that cannot maintain a one-hour rated separation require the approval of the AH Regional Construction Director.
- 6.6.3 Exterior worksites shall be enclosed by physical barriers: fences for larger projects, construction horses, traffic cones, and/or caution tape at a minimum for small excavations or repairs.
- 6.6.4 Work sites shall be secured with keypad locks for job site security. Keypad combinations shall not be written outside of the work site e.g., on the door, lock, or frame. Combinations found to be written outside of the work site shall result in a safety non-conformity report issued to the contractor. The use of keyed locks shall be approved by the AH Project Manager or Facilities Operations Manager on an individual basis.
- 6.6.5 The contractor must ensure that all windows, doors, and gates are secured at the end of the day. The contractor must safeguard the rest of the facility from access

through possible open construction areas.

6.6.6 Contractor is responsible for securing their own materials and tools.

6.6.7 All work in or at our facilities must be completed in such a way as to prevent the contractor/vendor and AH staff working in the same space at the same time.

6.6.8 Any work that involves the contractor/vendor and AH staff working in the same space at the same time must be approved in writing by the Safety Department, AH Project Manager and Facilities Operations Manager prior to the start of work and reviewed at least once per week.

6.6.9 The contractor must submit a project construction plan that identifies project storage within clearly defined and approved perimeter of construction. No stored materials or job boxes are permitted outside approved clearly defined construction perimeters. Construction storage is not comingled with AH storage. If co- mingling is required, it must be approved in writing by the AH Project Manager in consultation with the Safety Department and Facilities Operations.

6.6.10 Any materials, tools, and carts outside of the secured construction perimeter must be secured and not left unattended for any period. The contractor will document daily inspections of storage outside the construction area, ensuring that the area is maintained in a safe and secure manner. This could include materials delivered to the dock.

#### 6.7 Job Site Cleanliness

6.7.1 Construction work sites are to be kept clean and free of trash, construction debris, scrap, or miscellaneous materials.

6.7.2. Every contractor is responsible for the cleanliness of the job site during the shift and at the end of each day. The contractor shall clear and sweep the work site. Rubbish, scrap, and other materials shall be disposed of in contractor-supplied code compliant containers.

#### 6.8 Personal Protective Equipment

6.8.1 Personal protective equipment items must be worn AT ALL TIMES based on the work being performed and OSHA requirements.

#### 6.9 Inspections

6.9.1 Contractors shall designate a competent site-safety coordinator for each job site. The contractor's site-safety coordinator should be identified to the AH Project Manager, Facilities Operations Manager and Safety Department prior to the start

of each project.

- 6.9.2 Contractors shall initiate and maintain a daily inspection program to provide for frequent and regular self-inspections of the job site, materials, and equipment. The records of this inspection shall be readily available to the AH Project Manager, Facilities Operations Manager and Safety Department.
- 6.9.3 Documentation of all inspections, rounding and testing is required to be relayed to the AH Facilities Operations Manager, Project Manager, or designated lead. The construction or maintenance contractor shall obtain the signature of the AH manager or lead on the inspection, testing or rounding documentation to validate that work was complete. The construction or maintenance contractor shall maintain project and/or maintenance contract documentation that is available for review at any time during the work. All documentation shall be turned over to AH at the end of the project or contract period.

#### 6.10 Tools and Equipment

- 6.10.1 All tools and equipment brought into a facility by a contractor must be in safe operating condition and operated per manufacturer recommendations.
- 6.10.2 We may inspect the contractor's equipment at any time. Such inspections or failures to inspect shall not relieve the contractor of responsibility for the safe condition of the equipment.
- 6.10.3 Contractor shall provide their own ladders of appropriate type and length for the work being done. Non-conductive ladders shall be used when working near any electrical equipment
- 6.10.4 Tools and equipment should be always in an organized and secured state during the workday and at the end of the workday.
- 6.10.5 No tool carts, gang boxes, ladders or construction tools or equipment are to be left in corridors or unattended during breaks, lunch periods and non-working hours.
- 6.10.6 Soft fluorescent orange safety cones as approved by Public Safety, or the Safety Department must be used when working in public areas.
- 6.10.7 In the event of a facility announced emergency, tools should be put away in a safe manner and power to all equipment should be shut off.
- 6.10.8 Before an outside service provider or contractor plugs an electrical tool into an electrical outlet, the vendor must confirm with Facilities/Engineering staff that the



associated circuit does not support clinical networking switches and/or servers that are sensitive to the electrical fluctuations of the power tool.

6.10.9 All electrical tools must be properly grounded unless they are of the double insulated type.

6.11 *Equipment Dependent Patient Locations/Cell Phone and Other Radio Transmission Device Use*

6.11.1 AH policy prohibits the use of cellular or portable phones and other radio transmission devices within specific areas. Clinical Engineering will designate these equipment-dependent locations. These areas, due to high equipment density and acute-patient dependency, are at risk of experiencing a negative outcome in the event of electromagnetic interference (EMI). These areas typically are critical-care patient rooms, surgical and catheterization suites, and emergency department patient areas.

6.11.2 EMI-producing devices must be turned off when in an equipment-dependent location.

6.11.3 Transmitting devices should not be used within 3 feet of active medical equipment.

6.12 *Cable Hanging*

6.12.1 All above ceiling cabling must comply with the standards for sealing penetrations as well as the AH Low Voltage Standards. Nothing is to hang-on, lay-on or touch fire sprinkler supports or actual sprinkler piping.

6.13 *Influenza Vaccinations and Health Requirements*

6.13.1 AH requires influenza vaccination on an annual basis for all outside service providers and contractor personnel working at any site. This includes those working inside and outside of the buildings. Flu season begins annually starting October 1<sup>st</sup> and extends through March 31<sup>st</sup>. During flu season, outside service providers and contractor personnel must receive the influenza vaccination or be approved for a medical or religious exemption prior to starting work and consistent with their employer's requirements.

6.13.2 The cost of the annual influenza vaccination shall not be the responsibility of AH.

6.13.3 Employers shall maintain the vaccination records of all their personnel working at our facilities. Records shall be available for audit and may be requested at any time.

- 6.13.4 Outside service providers and contractor personnel that enter patient care areas must have proof of immunity to items a - c. Employers shall maintain the vaccination records of all their personnel working at our facilities. Records shall be available for audit and may be requested at any time:
- Rubella, Rubeola, and Mumps - Proof of immunization(s) or immunity by titer.
  - Varicella - Proof of immunizations or immunity by titer.
  - Pertussis - Proof of Tdap (tetanus diphtheria and pertussis) immunization per CDC recommendation.

- 6.13.5 For any free-standing non-patient occupied facilities; (excludes free standing buildings on any campus with any patient activity)
- Flu** shot requirements for those workers or vendors on these sites is not required but is recommended. (e.g., Greenfield sites).

6.13.6 Contractors will adhere to AH and CDC guidelines as it relates to COVID-19 vaccine requirements and practices.

6.14 Potential Hospital Specific Hazards and Symbols



Biological Hazard



Corrosive Hazard - chemicals that can burn / damage the skin, eyes, or mucous membranes



Carcinogen Hazard



Poisonous/Toxic Hazard - chemicals that can cause serious injury or harm if swallowed, inhaled, or contact with skin



General Health Hazard



Radioactive Hazard

## 7. Pre-construction Proactive Risk Assessments

The intent of the proactive risk assessment is to determine the effects of the project on air quality, architecture, business disruption, communication interruptions, environmental contamination, patient infection and life safety/ changes and interruptions. In order to reduce or prevent unwanted disruptions, a pre-construction risk assessment is required to be completed before any work is started. Upon identifying impairments, compromises and deficiencies, specific mitigation and communication requirements are to be established and documented. Each change in work affecting hospital safety will be re-assessed to ensure compliance to the hospitals risk assessment program.

### 7.1 Alternative Life Safety Measures (ALSM)

- 7.1.1. It is the policy of AH to implement alternative life safety measures appropriate to the risk level to patients, visitors, and staff and/or construction workers during facilities maintenance, structural deficiencies, and construction projects.
- 7.1.2. An ALSM assessment and checklist shall be completed for each phase of the project by the AH Project Manager before any work can begin.
- 7.1.3. Implementation of ALSM can be required within adjacent areas. ALSMs apply to all personnel, including construction workers and must be implemented upon project development, and continuously enforced throughout project completion.
- 7.1.4. The contractor shall maintain means of exiting the construction areas and areas adjacent to the construction site, ensuring free and unobstructed exits. This will be reviewed and approved by the AH Project Manager, Facilities Operations Manager **and** the Safety Department and posted on the job site.

- 7.1.5. The contractor shall ensure free and unobstructed access to emergency services for fire, police, and other emergency forces. The contractor shall ensure that there are no situations, which would delay identification of the location of the emergency department, or impede a patient's arrival at the E.D.
- 7.1.6 The contractor shall provide additional firefighting equipment. The AH Project Manager, Facilities Operations Manager, and the Safety Department shall identify the equipment needed and determined placement.
- 7.1.7 Contractors must be aware of fire-detection devices and the potential of their work triggering the smoke detection, heat detection, as well as the sprinkler systems. If a device must be disabled while work is performed, it is the responsibility of the contractor to contact the Facilities Operations Department.
- 7.1.8 Contractors **cannot** engage in the following activities without prior approval and ALSM in place:
- a. Working within the hallways.
  - b. Blocking corridors.
  - c. Blocking or closing an egress route or door.
  - d. Impairing the fire alarm or suppression systems.
  - e. Breaching vertical or horizontal smoke or fire barriers.
  - f. Removing ceiling tiles or grids.
  - g. Impeding police, patient, EMS, fire access to the facility.
  - h. Working on walls, ceilings, or floors.
- 7.1.9 Before working on a construction or renovation site, contractors must familiarize themselves with fire-exit routes, fire pull- station locations and fire-extinguisher locations.
- 7.1.10 Combustible waste materials and rubbish shall not be allowed to accumulate. The contractor must remove all such materials to designated dumpsters.
- 7.1.11 Contractors are responsible for maintaining the integrity of the fire-alarm system in their work areas.

## 7.2 Infection Prevention Measures

- 7.2.1 Our patients, visitors, and teammates are our primary concern. It is our expectation that no patient will be put at risk of infection due to construction or renovation. There are at-risk patients throughout that have impaired immune systems and cannot fight infections due to health issues.
- 7.2.2 Follow good personal health practices:
- a. Cover your cough - Use a tissue or your arm to cover coughs and sneezes.

b. Hands are the number one way to spread infections. Hand washing is essential in preventing infections. Use soap and water or hand gel to wash your hands.

7.2.3 Any contractor employee or subcontractor appearing ill shall be immediately sent home.

7.2.4 An Infection Control Risk Assessment (ICRA) and a Penetration and Above Ceiling Permit (if working above the ceiling) must be completed for each phase of the project and posted at the work site prior to the start of all construction and maintenance activity that has the potential for affecting patient care.

7.2.5 Dust and debris generated by construction and maintenance activity can carry fungus and molds into the air. Fungus/mold infections can be serious or life threatening to our patients, visitors and teammates.

7.2.6 The extent of dust mitigation measures will be determined on a case-by-case basis with the AH Project Manager, Facilities Operations Manager, and the Infection Preventionist.

7.2.7 The AH Project Manager or Facilities Operations Manager will notify and update unit managers of adjacent patient care areas when needed.

7.2.8 Before construction or any work begins:

- a. Outside service providers and construction contractors shall complete the mandatory Contractor Handbook training containing Infection Prevention information.
- b. Patient and procedure areas must be evaluated by the AH Project Manager or Facilities Operations Manager and the Infection Preventionist.
- c. The ICRA permit, with the AH Project Manager's or Facilities Operation Manager's name and contractor 24- hour contact information must be posted outside the construction zone.
- d. All patients, patient equipment, supplies, linens, curtains, and medical waste are to be removed from the area.
- e. Cover and seal all non-removable equipment
- f. Special areas (OR, L&D, etc.) require additional precautions. For example: bunny suits, booties, bonnets.

7.2.8.1 Tools must be wiped down with a disinfectant.

7.2.8.2 Construction barricades must be sealed from floor to ceiling.

7.2.8.3 Ventilation, including high efficiency particulate air filters (HEPA), must be in place and maintained in accordance with manufacturer requirements, to maintain the pressure differential between clean to dirty as specified in the ICRA.

- 7.2.8.4 A traffic control plan must be in-place including designated entrances and exits from the construction area that are based on an approved route for transport of equipment, materials, and debris to and from the site.
- 7.2.8.5 Adhesive walk off mats shall be in-place and changed at least daily or when visibly soiled and not effective. Wet/damp mop or HEPA vacuum equipment must be available within the site for debris clean up outside of the barricade. Debris removal will be performed in clean containers with covers.
- 7.2.9 If approved in writing by the site Infection Preventionist and the AH Project Manager or Facilities Operations Manager, eating is permitted in construction areas only in designated areas. Eating areas will be monitored for cleanliness and will be revoked if not kept clean and orderly.
- 7.2.10 Construction and maintenance work in a hospital setting poses risks to the contractor. Assume all blood and body fluids are biohazards and immediately notify your supervisor, AH Project Manager or Facilities Operations Manager if unexpected medical waste (needles, sharps containers, red bag waste) is encountered or if you are accidentally exposed, cut, stuck, or splashed with a suspected infectious agent of any kind.
- 7.2.11 If any Infection Prevention deficiency is identified at a work site, the outside service provider or construction contractor will correct the deficiency immediately or work will be stopped until corrective action is taken.

### 7.3 Pre-Construction Risk Assessment (PCRA)

- 7.3.1 Construction and maintenance activities have the potential to disrupt the normal operation of the hospital based on changes to numerous systems and conditions.
- 7.3.2 We require that hospital systems and the environment be assessed for impact and risk by the AH Project Manager or Facilities Operations Manager prior to the start of construction or maintenance activities.
- 7.3.3. We require action to be taken to minimize the impact of construction-related noise and vibration on our patients, visitors, and staff. Communication and coordination for planned loud work with the potential areas impacted is required. Noise and vibration issues may affect equipment, staff ability to hear clinical alarms or impact patient's ability to hear. Areas impacted may include occupied space above or below public spaces and adjacent to the area where work will be performed.
- 7.3.4 We require action to be taken to minimize traffic and parking issues that will affect access and movement on the hospital site.

- 7.3.5 We require action to be taken to address changes to access and flow through the hospital that will require communication and/or signage.
- 7.3.6 We require action to be taken to minimize the impact of work in high-risk security areas (Pediatrics, ED, Pharmacy, Behavioral Health).
- 7.3.7 We require action to be taken to minimize the impact and avoid unanticipated disruption to utilities (see shutdown requests).
- 7.3.8 We require action to be taken to minimize the impact of chemical utilization (see hazardous materials).
- 7.3.9 We require additional precautions, utilizing appropriate PPE such as bunny suits, booties, and bonnets for work in operating rooms and other areas.
- 7.3.10 The AH Project Manager and Facilities Operations shall be notified prior to cranes being used or brought onto the campus a minimum of one week prior to arrival. The AH Project Manager will facilitate coordination between the contractor/vendor, Public Safety, and other departments. The contractor shall be responsible for contacting the State FAA and obtaining approval when heliport area air traffic is in question. When being delivered, AH Public Safety shall work in conjunction with the contractor to ensure the crane does not interfere with the potential for emergency helicopter landings and take off, and disruption to normal and emergency patient, visitor and teammate access to the stte.

#### 7.4. Utility Investigation/Locator Checklist

- 7.4.1 AH requires that all exterior work be in conformance with municipal and state utility locator services requirements. We also require that a third-party utility locator service be utilized prior to the start of all exterior work in addition to the municipal and state required locator.
- 7.4.2 Before all excavation and demolition can begin, the contractor must complete the AH Pre-Excavation Assessment to assure that a thorough investigation of all utilities has been completed and all utilities have been located and identified. The checklist is required to be completed and submitted to the AH Project Manager 10 working days before the start of work activity.
- 7.4.3 This document will be reviewed and signed off by the AH Project and Facilities Operations Managers. The document shall be reviewed by the Regional Construction and Facilities Directors before the work activity can begin.

## 7.5. Commissioning

7.5.1 All projects are required to be commissioned.

7.5.2 Execution of all projects is required to include planning for the commissioning documentation that must be submitted at the time of project closeout. Commissioning documentation is required to be submitted based on COBie templates.

7.5.3 Final payment will not be made until commissioning documentation is submitted and approved.

## 8. **Security**

AH is committed to providing an environment that is safe and secure for all patient, visitor, employee, medical staff, volunteer, and contractor populations.

### 8.1 ID Badges

8.1.1 Identification badges are required to be worn by all outside service providers and construction contractors. Badges must always be worn above the waist and be clear and visible.

8.1.2 Identification badges are provided by the contractor/outside service provider, or Public Safety. ID badges will be issued with a photo when photo processing is available.

8.1.3 Contractors and outside service providers are required to notify AH Public Safety if a hospital provided ID badge is lost or stolen. There is a charge for replacement.

8.1.4 Hospital provided ID Badges remain the property of AH and must be returned to Public Safety upon completion of project work.

### 8.2 Keys

8.2.1 The Public Safety Department, AH Project Manager or applicable Facilities Operations Department are responsible for issuing access keys and/or key cards.

8.2.2 Keys will be issued to outside service providers and construction contractors who regularly work at the facilities, to avoid access issues.

8.2.3 Keys must be returned at the end of a project.

8.2.4 A charge and fine will be assessed for lost keys. The fee will be assessed by Public Safety or Facilities Operations dependent on the level of key lost and may include the cost to re-key areas affected by the key loss.

### 8.3 Secure Areas



- 8.3.1 Many areas within our facilities have elevated levels of security. Examples include: Pediatrics, Behavioral Health, Pharmacy, Obstetrics, Data Centers, Mechanical Rooms, Public Safety Department, etc. Contractor and outside service providers are required to be in compliance with site rules for these secured spaces.
- 8.3.2 Contractors and outside service providers shall not circumvent locks, latches or other devices intended to keep these areas secure.
- 8.3.3 Contractors and outside service providers shall not attempt to gain access to a secure area that is outside their scope of work.
- 8.3.4 Due to magnetic field in the MRI Department, specific rules apply when working in or near this space.

## **9. Safety Procedures**

All Contractors are responsible for the enforcement of and disciplinary action for unsafe acts done by their employees and subcontractors.

AH Safety, Facilities Operations and Construction Departments, Infection Prevention and Public Safety can stop work at any time if the Contractor or outside service provider is not in compliance with our safety procedures. Such work stoppage is at no additional cost to the project.

Work on a patient care unit can be stopped by a clinician on that unit if the work interferes with the standard of care for that unit.

### **9.1 Utility Shutdowns**

- 9.1.1 Prior to the start of work requiring any utility shutdown, the contractor is required to complete a Utility Shutdown Request and submit it to the AH Project Manager or Facilities Operations Manager.
- 9.1.2 AH Facilities Operations requires a minimum of a seven (7) working day notice (not including weekends) prior to any system or partial system shut down for a localized outage that does not affect other departments. Outages that affect a significant area beyond the immediate construction area will require a minimum of a ten (10) working day notice (not including weekends). A Utility Shut Down Request form must be completed and filed with Facilities Operations and must contain a list of the affected utilities and ALL AREAS affected by the requested shut down.
- 9.1.3 The contractor shall coordinate with Facilities Operations on the scope of the area affected by the proposed shutdown. Facilities Operations teammates shall shut valves, shut off breakers and secure utilities. Contractors may be required to provide assistance if the shutdown or re-fill/re-energization requires more than one

tradesperson; the contractor will be compensated for the costs of any additional assistance only with prior written authorization of the AH Project Manager or Facilities Operations Manager.

## 9.2 Lockout/Tagout

9.2.1 All Contractors are required to have a lockout-tagout program consistent with OSHA Standard 29 CFR 1910.147 in place prior to working at our facilities. A written form is required for lockout-tagout procedures on machinery or equipment which requires more than one energy-isolating device to be locked and/or tagged. Contractors will provide their own lockout-tagout equipment. Facilities Operations teammates and the contractor shall inform each other of their respective lockout-tagout procedures. This includes FM Global Red tags for fire alarm/fire protection impairment.

9.2.2 Contractor shall not enter or secure any motor control center or shut off circuit breakers or equipment without the permission of Facilities Operations utilizing the utility shut down request process.

9.2.3 After turnover of a construction area or equipment to AH, all lockout procedures shall be coordinated directly with the local Facilities Operations Manager to avoid accidental re-energization.

9.2.4 Facilities Operations shall insure their teammates understand and comply with restrictions and prohibitions of the outside contractor's energy-control procedures.

## 9.3 Penetration and Above Ceiling Permit

9.3.1 All outside service providers and contractors working above the ceiling, or penetrating walls, decks or ceilings must possess an AH Penetration and Above Ceiling Work Permit.

9.3.2 Before any penetration is made or any permit is issued, the contractor must submit a routing plan that shows all locations where fire and/or smoke barriers will be penetrated.

9.3.3 Any contractor creating an opening in a fire or smoke rated wall or floor is required to install the appropriate materials to maintain the rating of the assembly.

9.3.4 Penetrations must be able to resist the passage of smoke using UL Listed fire stop materials and systems when penetrations are made to rated assemblies.

9.3.5 Only fire stop materials approved by Facilities Operations can be utilized. Contractor will provide a cut sheet of the fire stop system used for approval by Facilities Operations before work begins.

- 9.3.6 Contractor applying fire stop materials must be qualified on the installation of the system and materials being applied.
- 9.3.7 The AH Project Manager or Facilities Operations Manager shall be responsible for ensuring that penetrations are immediately and properly sealed by the contractor.
- 9.3.8 Prior to work beginning a visual inspection of the area(s) shall be conducted by the contractor or persons performing the work to verify the following: the inspection shall be verified in writing and, where possible, with photos by the contractor or outside service provider:
- a. Rated assemblies are involved
  - b. Existing condition of planned work areas
  - c. Identify or verify that no asbestos-containing construction materials (ACM) are present or involved
  - d. Identify or verify if suspected mold is present or involved
  - e. Identify if other protective measures are required
- 9.3.9 Upon completion of planned work and prior to replacement of ceiling tiles (when permissible by ICRA permit) the vendor will request a visual inspection of the work by the AH Project Manager, Facilities Operations Manager, or designee to ensure penetrations are properly sealed. Failure of the contractor/vendor to obtain and document this above ceiling inspection will be cause for AH to have repairs of the unacceptable work completed and the costs for these repairs deducted from the contractors/vendors purchase order invoicing.

#### 9.4 Hot Work Permit

- 9.4.1 Contractors and outside service providers shall follow the AH Hot Work Permit process for all hot work activities in any facilities or new construction under the control of AH and its subsidiaries.
- 9.4.2 Hot work includes activities which involve using an open flame, or which generates heat, sparks, slag, or other superheated materials. This includes, but is not limited to brazing, cutting, grinding, soldering, thawing pipes, torch applied roofing, flooring and welding.
- 9.4.3 All equipment, including fire extinguishers, and manpower dictated by the Hot Work Permit shall be the responsibility of the contractor.
- 9.4.4 Contractors or outside service providers must be in possession of an approved Hot Work Permit before hot work begins, utilizing the FMGlobal Hot Work permit form/process.

## 9.5 Confined Spaces

- 9.5.1 Contractors and outside service providers must have a confined space program and trained staff in compliance with OSHA requirements. The AH Project Manager or Facilities Operations Manager shall be provided a copy of the contractor confined space program prior to commencing confined space work.
- 9.5.2 A written plan for each entry, approved by the outside service provider or contractor safety officer, must be provided to the AH Project Manager or Facilities Operations Manager prior to the start of the confined space work.
- 9.5.3 The AH Project Manager or Facilities Operations Manager shall provide information on the location, hazards and precautions or procedures in place for known confined spaces prior to the start of work in areas with confined spaces. If additional locations of confined spaces are suspected or encountered, stop work immediately, notify the AH Project Manager or Facilities Operations Manager, and proceed only after a confined space permit has been coordinated and approved consistent with the contractor confined space program.
- 9.5.4 The contractor or outside service provider shall provide all personnel required to complete the requirements of the Confined Space Permit.
- 9.5.5 Coordinate all access to confined spaces with AH Project Manager or Facilities Operations Manager.
- 9.5.6 Provide a debriefing to the AH Project Manager or the Facilities Operations Manager of the permit process followed, and any hazards encountered upon completion of work.

## 9.6 Rooftop Safety

- 9.6.1 Per OSHA.1926 fall protection is available and used where required. Walking/working surfaces 6 feet or more above a lower level will require a guardrail system, safety net system or personal fall system. A fall arrest system is provided by the contractor. Proper training is provided by the employer.

## 9.7 Behavioral Health Departments/Areas with Behavioral Health Patients

**If work is occurring inside a Behavioral Health Area or adjacent to an area that has Behavioral Health patients, additional safety procedures and training are required before contractors and outside service providers are allowed to work in those areas. All workers must complete the AH Behavioral Safety Training Module provided by the AH Safety Consultant/Manager. A specific work plan will be designated and approved by AH Safety, Clinical Manager, and Project Manager or Facilities Operations Manager that will be strictly followed.**

- 9.7.1 Daily logs are required to be provided to clinical staff in the Behavioral Health areas when projects are within these spaces. The log should include the list of workers that will be in the area that day, as well as any additional precautions due to the work scope - such as working in the corridors of the Behavioral Health Department.
- 9.7.2 Any work being performed in one of these areas must have a dedicated contractor observer whose sole task is to ensure that tools or equipment cannot be taken or used by patients that might seek to cause harm to themselves or others.
- 9.7.3 Every worker must ensure that secured doors to the workspace remain closed and locked.
- 9.7.4 If there is material or equipment being transported into or out of the secured space, a contractor observer must be used to ensure no patients are in the immediate area or trying to access the space.
- 9.7.5 Every worker must be cautious when going through Behavioral Health Department secured entry doors. Patients may be near by the doors with the intent to leave. When going through entry doors, ensure that doors latch and lock behind you. If a contractor notices a patient waiting by the entry doors, contact clinical staff to assist with accessing the unit.
- 9.7.6 Tools, equipment, sharp objects, and personal items are required to be attended to. During breaks or when moving work to other areas, tools and items are required to be moved to a secured space, and a contractor observer must be used to observe unattended items.
- 9.7.7 Contractor personnel shall keep tools and materials that are brought onto the Behavioral Health Unit to a minimum - only what is required for the day's work should be brought in. A daily inventory check shall be completed by the contractor to ensure materials and equipment are not lost or misplaced and should be double checked at the end of each workday.
- 9.7.8 Unsafe conditions or safety concerns must be brought to the attention of the clinical staff on the unit immediately.
- 9.8 Drone Use
- 9.8.1 Drones shall not be utilized on any project without approval of the Facilities Operations Manager and the AH Construction / Project Manager.
- 9.8.2 Request for approval must be submitted seven (7) business days in advance of use.

9.8.3 Facilities with heliports may require approval from Department of Transportation Division of Aeronautics.

## 9.9 Temporary Electrical Cabling

9.9.1 AH often uses temporary power supply sources to provide electricity during planned/unplanned outages. Contractors and outside service providers shall follow the AH process for inspecting temporary cabling and connections to ensure safe operation of electrical equipment.

9.9.2 We prefer straight cable with no splices and a point-to-point connection (generator to source that is being fed) for all planned temporary electrical work.

9.9.3 We sometimes require emergency cabling. In these cases, it is acceptable to use diesel locomotive (DLO) cabling with camlock connections.

9.9.4 It is important to install cabling in an organized fashion with a clearly identifiable grouping system (e.g., Group A, B, C, and Neutral).

9.9.5 When receiving cabling from a third party, we require it to be visually inspected for defects in the jacketing and cracks in cam lock hubs upon arrival to the site.

9.9.6 Before final terminations are made, all cables should be tested with an insulation testing device (e.g., "Megger" insulation tester) to identify any leaks in the insulation.

9.9.7 If cabling will be passing through a walkway, it needs to be sealed/protected so pedestrians do not step on it (e.g., partial enclosure, platform, etc.).

9.9.8 Throughout the duration of the project, all cabling should be inspected at least 2-3 times per day (e.g., once per shift). Document all inspections.

## 10. **Emergency Procedures and Codes**

AH uses the public address system to alert hospital personnel of various emergency situations. Emergency announcements are made in plain language. Whenever an Emergency Notification announcement is made, please listen for any additional instructions. When in doubt, follow the lead of the AH teammates in your vicinity.

### 10.1 Weather Alert- (may include but not limited to): Sever Thunderstorm;Tornado; Snow or Ice Storm

10.1.1 Take the following actions when outside:

- a. Secure loose materials

- b. Seek shelter in a safe area and remain there until the storm has passed

10.1.2 Take the following actions when inside:

- a. Move away from windows
- b. Remain in the building until the "All Clear" is issued

10.2 Medical Alert (may include but not limited to): Medical Code Team; Patient Surge; Trauma; Rapid Response Team

10.2.1 In your work area:

- a. Get items out of the hallway
- b. Stay clear of the responding medical code team
- c. Stay at the other end of the unit until the 'All Clear' is given

10.2.2 Outside your work area:

- a. Do not respond to the area of the notification
- b. Get items out of the hallway if the notification is in your building or on your floor

10.3 Security Alert- (may include but not limited to): Missing Person; Adult/Child/Infant with description/last location; Suspicious Package/Bomb Threat; Security Assist; Active Threat; Perimeter Control/Lock Down.

10.3.1 Missing Person: Remain on alert to adult/child/infant as described and report all sightings to Public Safety.

10.3.2 Security Alert - Active Threat/ Active Shooter

**Run** (the best option)

- a. Have an escape plan in place
- b. Leave belongings behind, evacuate regardless of whether others agree to follow
- c. Help others escape, if possible
- d. Do not attempt to move the wounded
- e. Prevent others from entering the area where the Active Shooter may be
- f. Keep your hands visible as you evacuate

**Hide** (only if Running is not possible or if you are told to shelter in place)

- a. Hide in an area out of the shooter's view
- b. Lock the door or block entry to your hiding place
- c. Turn off all equipment, radios, and lights
- d. Silence your cell phone (including vibrate mode) and stay quiet

**Fight** (if confronted with no other option)

- a. Fight as a last resort and only when your life is in imminent danger
- b. Attempt to incapacitate the shooter
- c. Act with as much physical aggression as possible
- d. Improvise weapons or throw items at the active shooter
- e. Commit to your actions, your life depends upon it

10.4 Facility Alert (may include but not limited to): Utilities Disruption; Fire Alarm; Electrical Disruption; Hazardous Spill; Evacuation

10.4.1 Utilities Disruption:

- a. When a utility failure occurs, the contractor will contact the Facilities Department for guidance. A utility failure includes loss of electricity, water, medical gases, or telecommunications.
- b. Selected equipment and outlets are also serviced by emergency generator power. Emergency electrical outlets are red, lighted, gray, or labeled "emergency". Contractors **are not** to use emergency outlets in the event of a power failure.

10.4.2 Fire Alarm:

10.4.2.1 Fire drills and fire alarms are responded to in the same way:

- a. In your work area:
  - Get any items out of the hallway
  - Stay clear of area affected and responding hospital staff
  - Follow the instructions of the hospital staff for sheltering or evacuation
- Outside your work area:
  - Do not respond to the area of the alarm
  - Get items out of the hallway
  - Wait for the "All Clear" or instructions from hospital staff
- b. **RACE** - Initial response to smoke or fire:
  - Rescue anyone in immediate danger
  - Activate the fire alarm
  - Contain the fire by closing the door to the area
  - Extinguish the fire if it is safe to do so or Evacuate
- c. **PASS** - Remember these instructions to use a fire extinguisher:
  - Pull** the pin on the fire extinguisher handle
  - Aim the extinguisher nozzle at the base of the fire
  - Squeeze the handle
  - Sweep it back and forth across the base of the fire

10.4.3 Hazardous Spill

- a. Hazardous Material spill outside of work area:



- Unless threat extends to the work area, stay in place
  - Wait for instruction from staff
  - Ensure all workers are accounted for and are aware of the spill
- b. Hazardous Material spill inside of work area:
- Alert everyone in the affected area of the spill
  - Move everyone out of the affected area and contain the spill
  - Contact the operator to have a Hazardous Release or Spill announced overhead.
  - Ensure all workers are accounted for and are aware of the spill
  - At a safe distance assign a person to keep the area secured
- c. If it is your chemical or agent, activate your clean up procedures by using the Safety Data Sheet (SOS).

#### 10.4.4 Evacuation

- a. Take instructions from staff in the unit where you are working.
- b. If you are working in a secluded area, follow the EXIT signs to the exterior of the building.

## 11 Hazardous Materials and Waste Disposal

### 11.1 Hazardous Materials, chemicals and other agents

- 11.1.2 The use of hazardous materials shall be minimized. All hazardous materials will be removed immediately upon use and not stored on site for more than 5 days of non-use.
- 11.1.3 Prior to any chemical or agent being brought on site the contractor must provide the Safety Department, Facilities Operations Manager and Project Manager a list of all materials to be used and the appropriate SOS.
- 11.1.4 Contractors must keep copies of SDS's on site for all chemicals and hazardous substances to be used on the job, including lubricants, solvents, paints, etc.
- 11.1.5 All chemicals shall be properly labeled.
- 11.1.6 Chemicals shall be maintained within the contractor's control. Chemicals brought in by the contractor shall be kept out of the control of AH teammates, patients, visitors, and other persons who are not trained in that specific chemical.
- 11.1.7 No chemical shall be used that generates a fume in the process, without prior approval from the Safety Department, Project Manager and Facilities Operations Department.

- 11.1.8 Contractors shall have the appropriate materials and apparatus (spill kit) to control and minimize any spill of a chemical in their area.
- 11.1.9 Contractors shall have a written spill response plan for all chemicals that are brought on site.
- 11.1.10 Contractor staff are to be adequately trained in the use, storage, handling, and disposal of hazardous materials and substances brought on or generated by the contractor on site
- 11.1.11 Each contractor must establish and maintain an effective hazard communication program to ensure that contracted employees know and understand the hazards of all chemicals they are exposed to and know how to protect themselves from hazardous chemicals. The program must comply with OSHA standard 29 CFR 1926.59
- 11.1.12 Facilities Alert - Hazardous Release or Spill is called when there is a large chemical spill that is beyond one's expertise or available equipment. See Emergency Procedures and Codes
- 11.1.13 The AH Project Manager or Facilities Operations Manager shall provide information on the location and quantity of known ACM (Asbestos Containing Material) or other hazardous material prior to the start of all work. If material that contains asbestos or other hazardous material is suspected or encountered, stop work immediately, notify the AH Project Manager or Facilities Operations Manager, and proceed only after conditions are verified and a mitigation plan has been approved by the AH Project Manager or the Facilities Operations Manager.

11.2 Waste Disposal

- 11.2.1 All waste shall be disposed of according to local, state, and federal guidelines.
- 11.2.2 Waste can only be placed within a waste stream at an AH facility with the approval of management staff within Facilities Operations, Safety Department, or Environmental Services and the AH Project Manager.
- 11.2.3 Under no circumstances shall chemicals be disposed of through the drains.
- 11.2.4 CONTRACTORS ARE RESPONSIBLE FOR THE REMOVAL OF ALL WASTE.
- 11.2.5 Any waste generating a destruction certificate or manifest, shall have such document provided to the Safety Department.
- 11.2.6 Requests to have an AH Environmental Services Department provide a terminal clean of a construction area shall require at least 48 business hours-notice.

11.2.7 All waste must be transported through the facility in clean and covered containers.

11.2.8 Waste disposal routes in the building shall be approved by the AH Project Manager or Facilities Operations Manager and should attempt to stay out of pathways traveled by patients.

11.2.9 Recycling - AH requires and supports recycling of materials. At the start of work, contractors shall prepare a recycling plan and submit it to the AH Project Manager or Facilities Operations Manager. A monthly report indicating pounds of materials recycled volume shall be submitted to the AH Project Manager.

11.2.10 Discharges to Storm Water Systems:

- a. A discharge to a storm water system refers to any discharge to a storm water drain, parking lot, ditch, loading dock, or ground that is connected to a sanitary sewer.
- b. No other non-storm water discharges are permitted unless approved by AH Project Manager or Facilities Operations Manager.
- c. An unauthorized or un-permitted non-storm water discharge is considered a release and must be reported and documented to AH Project Manager or Facilities Operations Manager.
- d. Contractors are liable for all releases.

## 12. Emergency Phone Numbers

12.1 The following emergency information must be posted by all outside service providers/contractors at all work sites:

- a. Contractor company name, address and 24-hour office phone number
- b. Contractor superintendent name and 24-hour phone number
- c. Contractor project manager/executive name and 24-hour phone number

12.2 The AH Project Manager or Facilities Operations Manager will provide the following emergency contact information to all contractors working at our facilities. This information must be posted by the contractor at all work sites:

Public Safety  
Safety Department  
Clinical Engineering  
Facilities Operations

Infection Prevention  
Radiation Safety  
Environment Services  
Risk Management

Design & Construction  
Communications  
Information Systems