CONTRACTOR, AND OTHER CONTRACTED SERVICE REQUIREMENTS:

Safety
Security
Infection Control
Purchasing

Created: March 1997     Revision #9     Revised: January 2010

Approval:

________________________ SIC__________________ Director of Facility Operations

________________________ SIC__________________ Projects Coordinator

________________________ SIC__________________ Associate Administrator/Facility Administrator
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INTRODUCTION

Safety in the CUMC/Saint Joseph Hospital system is regarded with high priority. Our employees are trained in all aspects of hospital safety as it affects the hospital, and we expect that all of our contractors will be competent, knowledgeable and compliant as well. Each contractor working in the hospital or on its grounds is an integral part of the hospital; and therefore is charged with the safety of the hospital as long as they are performing service in and on the CUMC property. Construction activities in a hospital can sometimes last for extended periods of time and can impact major parts of a facility. Because of the sensitive population in a hospital it is imperative that the contractors follow proper safety guidelines.

1. This manual is designed for contractors and vendors who provide services in CUMC/Saint Joseph Hospital and Creighton University leased areas in the hospital.

2. Contractors, sub-contractors, or other vendors working in the hospital must be on the hospital "Approved Contractors" list; this also applies to Contractors and Vendors who do in business with Creighton University at their in-house clinics, etc.

3. This manual lists the requirements and expectations of the Contractors, Subcontractors, and/or any other persons or entity that may be contracted to performed work and services in this hospital.

4. Each General/Prime Contractor is responsible for any of their Subcontractor’s activity and is expected to ensure compliance with all applicable regulatory or compliance guidelines set out in this manual.

5. This manual, the Project Manual (if any) applies, and any Construction Specifications Guidelines will apply for each construction, renovation, or repair project undertake in this facility.

6. Any incident (safety, health, infection control, etc) which occurs while working in or on the hospital property must be reported to the Director of Facility Operations to assure hospital reporting requirements are met.

7. Failure to comply with the requirements of this manual may result in disciplinary actions up to and including removal of the violator from the premises and removal of the contractor from the Approved Contract/ Vendors list.

8. The safety requirements which follow are based on regulations and standards that define safe activity in a hospital setting from a variety of governing bodies:
   - Occupational Safety and Health Administration; (OSHA)
   - Center for Medicare and Medicaid Services (CMS)
   - American National Standards Institute (ANSI)
   - National Institute for Occupational Safety and Health (NIOSH)
   - Environmental Protection Agency (EPA)
   - National Fire Protection Association (NFPA)
   - Compliance standards of Joint Commission on Accreditation of Healthcare Organizations (TJC)

9. Training and distribution will accompany each major revision.

Attached: CUMC Additional Construction Requirements.
# IMPORTANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>PERSON</th>
<th>PHONE</th>
<th>OFFICE LOCATION</th>
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</thead>
<tbody>
<tr>
<td><strong>Security &amp; Safety</strong></td>
<td>Security Control Center</td>
<td>449-4090, 449-4089, 449-4887</td>
<td>Lobby Level, Lower Level, Lobby Level</td>
</tr>
<tr>
<td></td>
<td>Peggy O’Shea</td>
<td>449-4089</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ken Nesbitt</td>
<td>449-4887</td>
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<tr>
<td><strong>Fire Reporting</strong></td>
<td>Security</td>
<td>449-4711</td>
<td>Lobby Level</td>
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<td><strong>Emergency</strong></td>
<td>Security</td>
<td>449-4534</td>
<td>Lobby Level</td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td>Annette Koehler</td>
<td>449-4470</td>
<td>Lower Level, Room 1113</td>
</tr>
<tr>
<td><strong>Director of Facility Operations</strong></td>
<td>Steve Dyer</td>
<td>449-4366 or 449-4470</td>
<td>Lower Level, Room 1108</td>
</tr>
<tr>
<td><strong>Projects Coordinator</strong></td>
<td>Dan Cooper</td>
<td>449-4082 or 449-4470, Pager 977-1658</td>
<td>Lower Level, 1D -</td>
</tr>
<tr>
<td><strong>HVAC Specialist III</strong></td>
<td>Gary Smith</td>
<td>449-5657 or 449-4470</td>
<td>Pager 977-1631</td>
</tr>
<tr>
<td>------------------------</td>
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<tr>
<td><strong>Electrical Tech III</strong></td>
<td>Randy Royal</td>
<td>449-4282 or 449-4470</td>
<td>Pager 271-1105</td>
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<tr>
<td><strong>Housekeeping</strong></td>
<td>Environmental Services</td>
<td>449-4468</td>
<td></td>
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<tr>
<td><strong>Infection Control</strong></td>
<td>Ann Lorenzen, Jan Keuchel</td>
<td>449-4779, 449-4042</td>
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<tr>
<td><strong>Information Services</strong></td>
<td>Rick Sweeney</td>
<td>449-4086</td>
<td></td>
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<tr>
<td><strong>CU Project Management</strong></td>
<td>Fran Reed, Lennis Pederson, Dan Josoff</td>
<td>280-2780, 280-2953</td>
<td></td>
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<tr>
<td><strong>IS/COM</strong></td>
<td>Jim Axsom</td>
<td>449-4723</td>
<td></td>
</tr>
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</table>

**CHECK-IN AND CHECK-OUT**

1. From the vendor parking lot (described later in this document), entrance to the facility should be through the employee entrance on the east end of the south dock. Support Services (Room #1113) is down the hall on the right side behind the large glass windows. **Entry through 1D garage area is no longer allowed.**

2. These contractors, vendors, and their employees will be required to record their name, company name, time of arrival, location of work (a Department, a floor, or general description), a contact person’s name and number (cell phone, pager, or other contact person) while in the building.

3. All vendors, contractors, and other contracted services are required to check-in at the Support Services Desk when arriving at or in the hospital to perform any services or for any meetings.

4. Union-promoting attire is NOT acceptable dress for any employee, contractor or subcontractor while in the hospital or on the grounds performing contracted or other services. Company shirts with logos are preferred. Tattoos must be concealed by clothing, and visible body piercings must be limited to the ears only. (Per our HR-406 policy)

5. When access is needed into secured areas, keys to only those areas where the work will be performed will be issued during or after the check-in process has been complete.

6. All vendors, contractors, and other service employees will be issued a Creighton University Medical Center identification badge upon checking in. This badge must be worn above the waist and visible at all times while in the building or on the grounds of the facility.

7. Upon departing the building or grounds each person who checked in and received a hospital badge is required to check out and record their checkout time in Support Services and turn-in the badge and keys (if any) issued to them. If keys are not returned after each work shift, keys may not be reissued to the contractor. Check-in and Checkout procedures and access to areas requiring keys after 3:00 p.m. must be
coordinated through the Security Office. Badges and keys are not to leave the building. NO EXCEPTIONS!

8. All personnel entering or leaving the hospital and grounds is subject to an unannounced toolbox, bag, package or vehicle inspection.

9. All Contractors and Vendors will plan their work so there is minimal interference with normal hospital operation.

10. Failure to comply with any portion of these policies and Procedures may result in the person’s removal from the premises and/or cancellation of their project.

CODES AND STANDARDS

Any company or firms working on CUMC/Saint Joseph Hospital property will comply with all applicable local, state, federal codes; including, but not limited to, building codes or ordinances, all applicable laws of the City of Omaha and the State of Nebraska and any other law, ordinances, and regulations of any applicable governmental body. In the case that more than one code applies, the more stringent shall be followed. Any discrepancies between the specifications outlined in this manual and any codes shall be brought to the attention of the Director of Facility Operations for a decision.

NON DISCRIMINATION

During the performance of work for CUMC/Saint Joseph Hospital, contractors and vendors shall comply with all statutes, regulations, executive orders, and other requirements of law regarding equal opportunity.

SEXUAL HARASSMENT

The Hospital's policy on sexual harassment is designed to uphold the credo and mission statement of the Hospital, while preserving the dignity and fundamental human rights of individuals involved in hospital activities. Sexual harassment will not be tolerated. It will be the responsibility of each contractor or vendor during the performance of services at Creighton University Medical Center/Saint Joseph Hospital to ensure that all employees and subcontractors understand and comply with this requirement. Such conduct is subject to prompt and effective remedial action.

STANDARDS OF CONDUCT AND ETHICAL BEHAVIOR

As contracted services to the Hospital, you have the responsibility to act with complete integrity. Integrity is the basis of every individual and/or organizational reputation. To provide the best possible work environment and to assure orderly business operations for our facility, the Hospital expects you to follow general rules of conduct that protects the interests and safety of all patients, staff members, and visitors while in the Hospital. Conduct that is offensive to patients, visitors or employees, discredits the Hospital, and interferes with business operations. This includes any other conduct which the Hospital in its judgment offensive will not be tolerated. Contracted work within the Hospital is at the mutual consent of the Hospital and your company; and either party may terminate that relationship at will, at any time, with or without cause, or with or without advance notice.
STANDARDS FOR EMPLOYMENT

Each Contractor who contracts to perform work in or on CUMC/Saint Joseph Hospital must adhere to the following:

- Contractor agrees to carefully screen its employees assigned to perform services at this Hospital to determine their qualifications and competence in accordance with the terms of the agreement entered into, oral or written.
- Contractor employees working in the Hospital or on its grounds shall meet the requirements of all Hospital employees.
- Each Contractor shall obtain proof of compliance with all applicable immigration laws and shall maintain a current I-9 document for each employee.
  1. Contractor shall maintain said documentation verifying that its employee meets these requirements for a period of not less than four years following the termination of contractual agreement with the Hospital.
  2. Such documentation from Contractor shall be immediately available to this Hospital upon Hospital’s reasonable request.

HAZARDOUS MATERIALS

1. Contractors shall choose materials with the least hazardous threat, when possible. Jobsites are subject to survey at anytime. Attached EC-502.

2. Any quantities of hazardous materials to be used in Creighton University Medical Center/Saint Joseph Hospital must be reported to the Director of Facility Operation or a CUMC/SJH Engineering 24 hours prior to introducing it on the premises. This includes, but is not limited to:
   - Flammables (solvents, paints, etc.).
   - Corrosives (acids, etc.).
   - Explosive materials.
   - Radioactive or reactive materials.
   - Toxic or irritants (glues, paints, finishing material).

3. Contractors shall ensure proper labeling – no satellite accumulation containers allowed.

4. Hazardous chemicals must be properly labeled (whether cantered or de-cantered) and comply with NFPA, OSHA and EPA standards prior to entering the facility. Any chemical that is hazardous and is not properly labeled will be removed by CUMC/SJH personnel and reported to the Director of Facility Operations who will inform the General or Prime Contractor of the project to ensure the proper labeling is carried out.

5. Contractors are responsible for providing a Material Safety Data Sheets (MSDS) for each chemical introduced on site and to ensure those MSDS forms are available to all employees working on the project and that a copy is provided to Support Services or the Director of Facility Operations before job is started.

6. All hazardous chemicals will be secured during the work phases and must not be left in hallways, waiting rooms, or other public areas.

7. Any hazardous chemical will be secured, at the end of the work shift, in an OSHA, and/or NFPA approved storage container or removed from the facility and grounds until the next work day.
8. Contractors and Vendors are responsible for ensuring that each employee has the correct personal protective equipment available while working in or on the hospital site, and that each employee is wearing or using said equipment while performing any service requiring said equipment while on site.

9. Contractors and Vendors are responsible to insure all employees, patients, and visitors are protected; therefore the Director of Facility Operations must be notified in advance if any chemical is to be used which requires a respirator, or would endanger the surrounding area or personnel in any way; prior to its approved use.

10. All Contractors and Vendors are responsible for the proper disposal of all hazardous materials used or produced before, during or after construction activities. There will be NO disposal of hazardous materials on the CUMC/Saint Joseph Hospital grounds or in Hospital contract waste disposal containers. Each Contractor and Vendor is responsible for providing his or her own approved services.

All Contractors and Vendors are responsible for the proper clean-up of any chemical/hazardous material spill that happens in relation to work related activities. The Security Control Center (449-4534) must be notified immediately if the spill is of a hazardous nature or is more than manageable by the company performing the work. S.P.I.L. – Secure, Protect, Inform, Look up MSDS.

FIRE SAFETY (CODE RED)

When a fire alarm is sounded, Security will announce, via overhead paging, the effected Zone (area). Security, Safety, Respiratory Care, SJH Engineering, and the Omaha Fire Department will respond to the alarm and determines the status of the alarm (false alarm, actual fire, system malfunction etc). Each department has procedures to follow to ensure that patient, visitor and staff are safe; as well as to prevent the spread of a fire or smoke. In a fire (Code Red) situation, contractor/vendor employees should consult with CUMC/SJH employees for further instructions, explanations or instructions. The following are some guide lines:

1. Contractors are expected to know where the nearest fire extinguisher, nearest pull station and nearest fire exit is located in the area of their work. There is a fire extinguisher every 50’ in the hospital corridors.

2. Never block fire doors or prop open a fire door. These doors are meant to close automatically if held open by an approved device or to remain closed at all times.

3. Never remove or alter an exit sign without prior approval of the Director of Safety and Security or designee and implementation of Interim Life Safety Measures (ILSM).

4. Contractors shall not block, impede, defeat or alter any feature of the fire alarm, suppression or extinguishing system without expressed permission from the Director of Safety and Security or designee.

5. CUMC/Saint Joseph Hospital requires all contractors and vendors take special precautions, as defined in the NFPA’s Life Safety Code INTERIM LIFE SAFETY MEASURES. See the next page.

6. If a fire develops in a construction area, contractors are expected to:

• **R** Remove any one in danger

• **A** Activate the nearest fire alarm pull station or ask a staff member of the hospital to pull the
alarm and call security at (4711) or have a staff member call security to report the **CODE RED**. Security must be notified in every **CODE RED** situation!

- **C** Confine the fire by closing the doors and or window openings in the construction area if applicable.

- **E** Extinguish the fire, only if it is safe to do so, and it is small and manageable.

**SMOKING POLICY**

SMOKING WITHIN THE HOSPITAL FACILITY IS STRICTLY FORBIDDEN. Smoking is NOT allowed anywhere on hospital grounds to include parking areas.

Violation of this policy may result in immediate removal from the premises and termination from the project.

**LIFE SAFETY AND INTERIM LIFE SAFETY MEASURES**

All contractors are required to follow all Life Safety Codes and Interim Life Safety Measures as outlined in NFPA 101 Life Safety Code, 2002.

Interim Life Safety Measures will be instituted if any one of the following occurs:

- Exits and/or exit routes are compromised.
- Compartmentalization (smoke or fire containment) is compromised.
- Fire alarm system, detection system, and/or an extinguisher/suppression system are impaired or disabled.
- Hotwork, including but not limited to, cutting, burning, and welding.
- A collection of an abnormal amount of combustible products or debris.

Contractors and subcontractors will:

1. Provide additional life safety equipment for the areas under construction.

2. Provide proper smoke and/or fire tight barricades for interior and exterior to comply with the NFPA 101 Life Safety Code, 2002 and AIA 2002 requirements for construction.

3. Maintain unobstructed access around all areas under construction for the purpose of ingress, egress, traffic control, and emergency access.

4. Provide the correct signage to designate construction areas, directions to any relocated exits, hard hat areas, high noise areas and other hazardous areas.

5. Provide OSHA approved storage containers for all flammables, and combustible items.

6. Obtain a Hot Work Permit from the Engineering Dept before any welding or cutting or any other hot work activitie(s) commences.

7. Notify the Project Coordinator or the Director of Facility Operations at least 48 hours before any
required interruption in utility services to include all medical gasses, electrical systems, and water, fire alarm, or detection systems.

8. **Be responsible for restoring the integrity of any fire or smoke wall affected during construction activities.**

The Director of Safety and Security or a designee will:

All contractors are responsible to ensure ILSM requirements within the area under ILSM.

1. Conduct daily inspections of the construction or hazardous areas for safety violations,
2. Post a notice that the area is under ILSM,
3. Conduct additional fire drills in ILSM affected area(s), as necessary, and
4. Conduct training sessions for employees affected by the contractor’s work.
NOTICE

INTERIM LIFE SAFETY MEASURES

Interim Life Safety Measures (ILSM) are a series of administrative actions that must be taken to compensate temporarily for the hazards posed by existing NFPA Life Safety Code 101, 2000 deficiencies or construction activities.

ILSM are instituted in _________________ for one or more of the following reasons:

_____ 1. Normal exits or exit routes have been compromised.
_____ 2. Compartmentalization (smoke or fire) has been compromised.
_____ 3. Fire alarm system, detection, and/or an extinguisher system are impaired or disabled.
_____ 4. Hot-work, including but not limited to cutting, burning, welding.
_____ 5. A collection of an abnormal amount of combustible products or debris.

ILSM are in effect in this area from ____/____/____ to ____/____/____.

Maintenance of a safe environment during the temporary deficiency condition will be managed by:

MATT SHAW - SAFETY & SECURITY  Phone 4880
KEN NESBITT – LSO, SAFETY & SECURITY  Phone 4887
STEVE DYER – DIRECTOR FACILITY OPERATIONS  Phone 4366

Please cooperate and comply with the following Interim Life Safety Measures listed below. The following activities have been designated to manage the risks that may occur during this project:

• Ensuring free and unobstructed exits.
• Ensuring free and unobstructed access to emergency services for Fire and Police.
• Ensuring fire alarm, detection, and suppression systems are accessible and in good working order.
• Ensuring temporary construction barriers are smoke tight and built of noncombustible or limited combustible materials.
• Providing additional fire fighting equipment and training.
• Prohibiting smoking.
• Developing and enforcing storage, housekeeping, and debris removal guidelines.
• Conducting additional fire drills (if the project extends past 30 days).
• Increase hazard surveillance of areas affected by the current project.
• Training personnel to compensate for the impaired structural or compartmentalization features of fire safety.
• Conducting organization-wide safety education programs to promote awareness of ILSM.
NOTICE

Your work site has been surveyed and found in violation for:

- Failure to post appropriate signage and permit.
- Failure to minimize dust from construction activities.
- Unsecure tools, equipment, construction material, hazardous material, chemicals, etc.
- Failure to adhere to the clothing/PPE requirements.
- Failure to contain construction waste.
- Failure to run portable HEPA filter properly.
- Failure to replace displaced ceiling tiles or open tiles unattended.
- Failure to maintain airtight barriers.
- Seal unused doors with duct tape.
- Block off and seal supply air vents & filter return air.
- Use drop sheets to control dust.
- Failure to replace/refresh sticky mats or wet carpets at entrances/exits.
- ILSM violation: ________________________________
- Other ________________________________
- Other ________________________________

Correct all violations immediately and contact Support Services at 4470 to prove correction. Failure to respond or correct violation in a timely manner will result in a loss of work permit and JOB STOPPAGE.

Surveyor ___________________________ Date & Time ________________

Corrected by: ________________________ Date & Time ________________

Verified by: _________________________ Date & Time ________________

CONSTRUCTION SIGNS AND EQUIPMENT
1. All contractors are responsible for proper signage and placards in the construction areas.

2. The entrance of construction areas should have signs warning of construction activities. **For example:**

   | CONSTRUCTION AREA, AUTHORIZED PERSONNEL ONLY |
   | CAUTION! CONSTRUCTION IN PROGRESS, AUTHORIZED PERSONNEL ONLY |

3. When exits are removed or altered due to construction activities, the contractor should provide the proper signs. For example:

   | NOT AN EXIT | AND | EXIT |

4. These are examples of proper signage for construction areas. Contractors should refer to OSHA and NFPA 101 Life Safety Code for more information.

5. Contractors are expected to provide, maintain, store, secure, and remove their own equipment on a daily basis and upon completion of the project. This Hospital is not responsible to provide, maintain, store, secure, and/or remove equipment and/or supplies for the contractor.
ABOVE THE CEILING PERMIT

SECTION I: Completed by Requester

Contractor: ______________________________  Permit Requestor: _____________________
Project: _________________________________  Date(s) of Project: ____________________

________________________________________  Start time: ________     End time: ________

Description: ____________________________________________________________________________
______________________________________________________________________________________

Location
Floor:  _____________________________________
Dept.:  _____________________________________
Room (s): ___________________________________

Additional Information:  ______________________________________________
________________________________________
________________________________________

SECTION II: Completed by Issuer  Issuer: _____________________________________

- Work outlined on floor plan by requestor
- Requestor has water bottle (to mist ceiling tiles)
- Requestor has vacuum (to vacuum grid)
- Requestor has fire caulk (to seal fire walls)
- Hepa-filter required (if more than 2 ceiling tiles)
- ILSM required
- ILSM implemented
- Permit/Permission given
- Other (describe): _____________________________________________________
  ___________________________________________________
  ___________________________________________________

SECTION III: Verification

Work Verified by: ______________________________ Date __________________ Pager/Phone Number __________________

Reviewed by: ______________________________ Date __________________ Pager/Phone Number __________________
FIRE ZONE BYPASS REQUEST

SECTION I: Completed by Requester

Fire Zone(s): ________________________
Contractor: ______________________________
Bypass Requestor: ____________________
Project: _________________________________
Date of Bypass: ______________________
Start time: ________     End time: ________
Description: ____________________________________________________________________________
______________________________________________________________________________________
Location
Floor:  _____________________________________
Dept.:  _____________________________________
Room (s): ___________________________________
Additional Information:  ______________________________________________
______________________________________________
______________________________________________

SECTION II: Completed by the Requestor

☐ ILSM required
☐ ILSM implemented
☐ Fire Watch required (Fire alarm or Sprinkler system disabled more than 4 hours)
☐ Permit/Permission given
☐ Other (describe): _____________________________________________________
_____________________________________________________

SECTION III: Authorization

Given by: __________________        Date __________________        Pager/Phone Number __________________
Reviewed by: __________________    Date __________________    Pager/Phone Number __________________

HOT WORK PERMITS

1. The Projects Coordinator or Engineering must approve all hot work activities prior to starting any hot work. A "Hot Work Permit" will be issued to a contractor by the Projects Coordinator or Engineering designee, when requested, with the understanding that the contractor will take every precaution to avoid fire hazard situations and provide their own ABC Fire Extinguishers for each area of work.
2. The Creighton University Medical Center/Saint Joseph Hospital Security Department will be notified when hot work permits are issued. The Director or Supervisor of Safety & Security will initiate Interim Life Safety Measures in the area, when and where necessary.

**EXAMPLES OF HOT WORK INCLUDE, BUT ARE NOT LIMITED TO:**
- Welding, grinding, some cutting activities, soldering, and any activity that would create sparks or heat.

3. If you have a question about the nature of the work you are doing, please call Support Services or Security for clarification. It is imperative that any costs incurred as a result of false alarms/activations will be passed onto the contractor. Fire detecting devices and zones are placed in “test”, prior to the commencement of any work to avoid false activation of the alarms.

.Contract workers engaged in hot work will periodically be audited for hot work permits.

**ELECTRICAL SAFETY**

1. All electrical equipment brought into the hospital by contractors or sub-contractors must be fully grounded and inspected and tagged by the Engineering Staff.

2. Contractors are expected to adhere to basic electrical safety including but not limited to:
   - Do not overload circuits
   - Do not use staples, nails, or other sharp objects to fasten electrical cords.
   - Do not use extension cords that are not approved for use in a healthcare setting. (must be at least 14 gauge) (See NFPA 99, 1999)
   - Do not use electrical equipment when wet or water is present.
   - Do not use metal ladders for electrical work; all ladders must OSHA approved...

3. Only "Qualified" workers (as defined by OSHA, State of NE and the City of Omaha) may conduct electrical work in the hospital.

4. All electrical equipment brought into the hospital by contractors or sub-contractors must be in good working order. Electrical equipment that sparks, smokes, shocks, smells, blows fuses or trips circuit breakers will not be allowed on hospital property.

5. All Contractors and Sub-Contractors must notify Support Services (4470) prior to any electrical wiring being pulled into or out of any electrical panel or box.

6. Emergency power outlets (red outlets) are not to be used for any construction or similar activity.

7. Electrical wiring and devices shall meet or exceed NEC hospital requirements, all devises installed or replaced in this hospital shall be Hospital Grade only.

**LOCKOUT / TAGOUT**

1. ALL LOCK OUT/TAG OUT ACTIVITIES MUST BE PERFORMED IN CONJUNCTION WITH CUMC/SAINT JOSEPH HOSPITAL ENGINEERING EMPLOYEES.

2. CONTRACTORS MUST FOLLOW THE OSHA GUIDELINES BEFORE WORKING ON ANY ELECTRICAL CIRCUITS -- MACHINERY -- EQUIPMENT REQUIRING LOCK OUT – TAG OUT PROCEDURES:
a) Notify Engineering (4470). Information must be available concerning:
- what circuits, machinery or equipment they will be working on and who is doing the work,
- time and approximate duration of the work to be conducted during any lock--out--tag--out item,
- the purpose of the work to be conducted.

b) Every individual contractor will utilize their own lockout/tagout devices.

Violation of this policy will result in immediate removal from the premises and termination from the project.

**NOISE MONITORING**

1. Noise levels are expected to be kept low if possible. It is the contractor's responsibility to see that employees render quiet and courteous service. No loud talking, radios or undue noise will be permitted.

2. If excessive noise levels are reported or suspected, the Safety officer will monitor the noise levels with a noise level meter. If construction activities result in harmful noise levels, the construction work will be halted and alternative construction methods or noise barriers will be required.

**INFECTION CONTROL, ENVIRONMENTAL CONTROLS, AND HOUSEKEEPING**

**PURPOSE:** To prevent the acquisition of nosocomial infection in patients, visitors, healthcare workers during hospital construction and renovation.

1. An PCRA & ICRA (Infection Control Risk Assessment) will be completed prior to the start of any construction or renovation project. The construction activity and infection risk of the location of the project determines the barriers and containment procedures that are followed during the project. Refer to policy EC308.

2. The Project Coordinator and Infection Control will issue a permit & meet with each contractor before construction to review safety and infection control procedures and to discuss any specific issues.

3. Traffic routes for the removal of construction debris and the delivery of construction materials are performed via a predetermined route and defined corridors and elevator #2. Refer to policy EC308.

4. The Support Services Personnel must notify all affected departments or services when there is planned/unplanned disruption in water, power, or other utility supply and assist in providing alternate sources.

<table>
<thead>
<tr>
<th>Location of Construction:</th>
<th>Permit No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Description:</td>
<td></td>
</tr>
<tr>
<td>Contractor Performing Work:</td>
<td>Project start date:</td>
</tr>
<tr>
<td>Contractor Contact Name:</td>
<td>Estimated duration:</td>
</tr>
<tr>
<td>Contractor Contact Phone:</td>
<td>Permit expiration date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONSTRUCTION ACTIVITY TYPE</th>
<th>INFECTION CONTROL RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type A: Inspection, Non-invasive activity</td>
<td>GROUP 1: Low Risk</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Type B: Small Scale, Short duration, Low to Moderate levels</td>
<td>GROUP 2: Medium Risk</td>
</tr>
<tr>
<td>Type C: Activity generates moderate to high levels of dust. Requires greater than 1 work shift.</td>
<td>GROUP 3: Medium/High Risk</td>
</tr>
<tr>
<td>Type D: Major duration construction activities requiring consecutive work shifts</td>
<td>GROUP 4: High Risk</td>
</tr>
</tbody>
</table>

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**Construction Activity/Infection Control Matrix**

<table>
<thead>
<tr>
<th></th>
<th>Type A</th>
<th>Type B</th>
<th>Type C</th>
<th>Type D</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP 1</td>
<td>I</td>
<td>I/II</td>
<td>II</td>
<td>III/IV</td>
</tr>
<tr>
<td>GROUP 2</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 3</td>
<td>I/II</td>
<td>II/III</td>
<td>III/IV</td>
<td>IV</td>
</tr>
<tr>
<td>GROUP 4</td>
<td>II/III</td>
<td>III/IV</td>
<td>III/IV</td>
<td>IV</td>
</tr>
</tbody>
</table>

**Class I**

1. Perform work by methods to minimize raising dust & debris from construction operations.
2. Provide own supplies and Personal Protective Equipment.
3. Secure all tools, equipment, construction materials, hazardous materials, chemicals, etc.
5. Immediately replace any ceiling tile displaced for visual inspection and do not leave unattended.
6. Frequently clean up the work area and remove all food & drink items at the end of the day.
7. Adhere to appropriate clothing requirements, customs/courtesies, elevator usage and all other pertaining standards for work at Creighton University Medical Center.

**Class II**

1. All Class I requirements plus:
2. Seal unused doors with duct tape.
3. Block off and seal air vents or disable return air system.
4. Water mist work surfaces to control dust & debris while cutting.
5. Use zipper walls/doors and drop cloths to control dust & debris.
6. Fully contain construction waste before transport in a tightly covered container. Use approved route for disposal and wash container & covering before re-entry of the building.
7. Place 2x3 walk-off (sticky) mats or wet carpets at all entrances and exits. Replace or refresh as needed.
8. Provide active means to prevent air borne dust from dispersing into atmosphere (i.e. HEPA filtration).
9. Clean area with HEPA vacuum and wet mop periodically and before vacating work area.
10. Notify Support Services at 4470 when job is complete.

**Class III**

1. All Class I & II requirements apply plus:
2. Construct airtight barriers extending from floor to ceiling with joints sealed prior to the start of the project. Poly barriers can be used for short-term projects (Fire-rated poly may be required). Long-term projects are evaluated on an individual basis. Anteroom may be required.
3. Maintain negative air pressure within work site (i.e. exhaust to outside and use filtered air return).
4. Run portable HEPA filters 24 hours a day for the duration of the project.
5. Do not remove barriers from work area until completed project is thoroughly cleaned.
6. Remove barrier materials carefully to minimize spreading dirt and debris associated with construction.

**Class IV**

1. All Class I, II & III apply plus:
2. Construct airtight hard barriers that extend from the floor, beyond the false ceiling, to the under-side of the floor above with sealed joints prior to the start of the project.
3. Use HEPA filtered vacuum to clean false ceilings in critical care areas.

**Additional requirements/Exceptions:**

**REQUESTED BY:**

☐ No 1C risk

Infection Control:

Date:

Safety/DFO:

Date:

**CONSTRUCTION ACTIVITY TYPES**
**TYPE A**  Inspection and Non-Invasive Activities. Includes but is not limited to removal of ceiling tiles for visual inspection (limited to 2 (2’ x 4’) per 50 square feet), 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**  Small-scale, short duration activities that create minimal dust. Includes but is not limited to installation of telephone and computer cables, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.

**TYPE C**  Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes but is not limited to sanding walls for painting or wall covering; removing floor coverings, ceiling tiles and casework; new wall construction; minor ductwork or electrical work above ceilings; major cabling activities and any activity that cannot be completed within a single work shift.

**TYPE D**  Major demolition and construction projects. Includes but is not limited to activities that require consecutive work shifts, heavy demolition or removal of a complete ceiling system and new construction. Any work that requires disruption of water supply for more than 1 hour.

### INFECTION CONTROL RISK GROUPS

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOWEST RISK</strong></td>
<td><strong>MEDIUM RISK</strong></td>
<td><strong>MEDIUM-HIGH RISK</strong></td>
<td><strong>HIGHEST RISK</strong></td>
</tr>
<tr>
<td>1. Office Areas</td>
<td>1. All other patient care areas and adjacent support areas not listed in Groups 3 or 4  (i.e., Creighton Clinics)</td>
<td>1. Emergency Department</td>
<td>13. Intensive Care Unit</td>
</tr>
<tr>
<td>2. Unoccupied Units/Departments</td>
<td>2. Occupational Therapy</td>
<td>2. Radiology/MRI/CT</td>
<td>14. Coronary Care Unit</td>
</tr>
<tr>
<td>5. Business Office</td>
<td>5. Outpatient Pharmacy</td>
<td>5. Echo Lab</td>
<td>17. Anesthesia/Operating Room</td>
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<tr>
<td></td>
<td></td>
<td>9. GI Lab</td>
<td>21. 5100</td>
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<tr>
<td></td>
<td></td>
<td>10. Esophageal Lab</td>
<td>22. 5200</td>
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<td></td>
<td></td>
<td>11. Vascular Lab</td>
<td>23. 5500</td>
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<tr>
<td></td>
<td></td>
<td>12. Breast Center</td>
<td>24. Short Stay Unit (4200)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>25. 4500/Newborn Nursery</td>
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<td></td>
<td></td>
<td></td>
<td>26. 4600</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>27. Hemodialysis Unit</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>28. Labor &amp; Delivery</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>29. Cardiac Cauterization Lab</td>
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<td>30. Electrophysiology Lab</td>
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<td>31. Pharmacy</td>
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<td>32. Sterile Processing</td>
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<td>33. Central Supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>22. Radiation Oncology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>23. Creighton Oncology Clinic</td>
</tr>
</tbody>
</table>

**Class I Barrier and Containment Procedures**

1. Work is performed using methods that minimize the creation of excess dust and debris.

2. The appearance and safety of construction areas around the hospital is extremely important. All contractors must plan for periodic clean up of work areas. The frequency of clean up should be based on the amount of dust and/or debris created by the construction activity and the areas where construction is taking place (high traffic and public areas will need more policing).

3. Each contractor must provide their own housekeeping equipment, including but not limited to vacuums (wet/dry), mops, mop buckets, etc.

4. The construction site is secured at all times unless a contractor is present.
   a. Chemicals, paints, hazardous materials, and tools should all be secured at the end of each work shift.
   b. Ladders, tools, boxes, and other construction materials should not be stored in public-accessible areas.
5. Contractor personnel should remove all food items brought into the building on a daily basis.

6. Ceiling access panels without barriers must be closed when unattended.

7. Traffic in the construction area is limited to contractors and hospital employees that have business in the construction area. Other hospital employees and visitors should not be entering the construction area. If this is happening, please contact the Director of Facility Operations or the Infection Prevention and Control.

8. At the end of a contracted job the contractor must clean the ceiling, walls, floors, lights, counters and vents in the construction area.

**Class II Barrier and Containment Procedures**

All of the Class I requirements plus the following:

1. Unused doors are sealed with duct tape, or similar material...

2. Return air vents are blocked off and sealed.

3. Ceiling tiles are misted with water before removal.

4. Drop sheets are used to assist in the control of dust.

5. Each contractor must provide containers (carts and bins) for waste disposal.
   a. Carts are covered with a washable tarp when being used for removal of debris from the building.
   b. Carts and tarp are to be washed to remove dust before returning to the building.

6. Sticky mats or wet carpets must be placed inside of each door exiting the construction area. They should be freshened or wetted each am, or more often if necessary. Any dust tracked outside of the barrier walls is removed immediately.

**Class III Barrier and Containment Procedures**

All of the Class I and II procedures plus the following:

1. Airtight barriers extending from floor to ceiling with seams sealed to prevent dust and debris from escaping. Airtight barriers are placed in ceiling penetrations, chases and other ceiling spaces to stop air and debris moving into occupied spaces.

2. The return air system is disabled to isolate the area from other areas of the building.

3. Portable HEPA filter units for control of airborne contamination are provided unless otherwise contracted. These units run 24 hours a day during the project. Multiple units may be needed depending on the size of the project.
   a. A HEPA filter will be exhausted outside the building when necessary.
   b. The Hospital is responsible to change the filters on hospital-provided HEPA filter units. Changing the filters on the contractor-provided HEPA filter units is the responsibility of the contractor.

**Class IV Barrier and Containment Procedures**

All of the Class I, II, and III procedures plus the following:
1. **Airtight drywall barriers** extending from the floor beyond the false ceiling to the underside of the floor above.

2. Critical areas may require **vacuuming of the false ceiling** with a HEPA filtered vacuum prior to removal of the ceiling.

**Other Air Handling Precautions:**

1. For **outdoor demolition or dirt-moving construction projects** the location of building air intakes must be identified. If the project is in close proximity to an air intake system that supplies patient-care areas, the contractor must make arrangements with the Facility Services department to take precautions.

**AIR MONITORING**

1. **Indoor air monitoring** will be conducted by the Infection Control Specialist or her representative periodically during most construction projects. Depending on the results of the monitoring additional safety requirements may be requested of the contractors.

**COMPUTERS, PHONES, AND CELLULAR COMMUNICATIONS**

1. Cellular and two-way radio communication devices (cellular telephones, two-way radios, etc.) can interfere with critical medical device operation. This is caused by radio frequency (RF) interference generated by the powerful transmitters in telephones which interferes with computer microprocessors.

2. **Cellular and two-way communication devices are prohibited in all critical care units, intermediate care units and surgery** (ICU, NICU, CCU-4100, Pediatric ICU, 4600 telemetry, Operating areas). If you have any questions about the specific locations of these units please ask Safety, Security, or Information Services.

3. Computers, telephones, or other voice/data needs must be handled through Information Services.

**WIRELESS COMMUNICATIONS**

1. The Hospital wireless communication network is able to support hospital-provided wireless devices (wireless telephones, wireless laptops, etc.). These devices, which are safe to use in all areas of the hospital, are not to be confused with cellular devices, which can interfere with critical medical device operation.

**CABLES, CABLING, AND WIRING**

1. Any cable and wiring pulls through the hospital must be approved in advance by obtaining an above the ceiling work permit.

2. Contractors are responsible to repair and maintain the fire integrity of all walls, filling any penetration they must make with an approved fire-stopping material.

3. Above the Ceiling work: Any work requiring removal of ceiling tile must be done with extreme caution and care for infection control measures. Ceiling tile must not be left displaced for an extended period of time. If you damage the tile, contract Support Services to acquire a new tile for replacement.

4. Cabling Closets: These closets are Secure Access Areas and all work to be performed therein will be
coordinated through IS Department. Work in cabling and electrical closets must meet all building and fire codes and other requirements. Contractors are not allowed to store materials in the closets, and debris must be removed and the closet cleaned upon completion of the work.

5. Any new cabling and wiring must be in plenum-rated.

6. All cabling and wiring work will be inspected for compliance with these requirements.

**SEVERE WEATHER PROCEDURE**

1. In case of severe weather, Creighton University Medical Center/Saint Joseph Hospital the Security Department will announce the National Weather Service bulletin. The Hospital has specific procedures that are followed in case of severe weather. The Hospital expects that contractors and vendors will act in a safe and appropriated manner when severe weather is announced and follow all hospital procedures. You may consult any staff member for further instructions in the event of this type of emergency.

**SEVERE THUNDERSTORM WARNING OR TORNADO WATCH**
- Close all outside doors and windows in the construction areas.
- Secure equipment and vehicles that are outside of the building.
- If you are working outside you may seek shelter inside the building.

**TORNADO WARNING (Tornado has been sighted in the area)**

**ACT QUICKLY**
- Close and avoid all outside doors and windows in the construction areas.
- Do not attempt to secure outside equipment or vehicles.
- If you are working outside, seek shelter inside the building.
- If you are working in one of the upper levels of the hospital you may seek shelter in the lower level. Use the stairs, not the elevators.

**PARKING PROCEDURES**

1. Recognized contractor parking is located in the designated area along the south end of the loading dock, opposite the dock area.

2. Contractors should not park at the south loading dock (against the building) or in the dock approach lanes. The dock should only be used for unloading and loading of equipment, debris, materials etc.

3. Contractors should not park in any of Outpatient/Visitor parking areas. This includes the front visitor lot, west of the hospital building and the visitor lot northwest of the building.

4. Carpooling by contractors is strongly encouraged.

5. There should not be more than two company owned vehicles parked in the designated parking area. If more than two vehicles are found, it will be towed. Overflow parking is located in Lot 9, lower level.

6. General contractors will coordinate parking for their employees and their sub-contractors.

7. All Contractors and Sub-contractors must obtain a parking permit from Support Services. The permit must be displayed when parking on Hospital property.
**VIOLATION OF HOSPITAL PARKING POLICIES**

<table>
<thead>
<tr>
<th>VIOLATION</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Violation</td>
<td>Warning Ticket</td>
</tr>
<tr>
<td>Second Violation</td>
<td>The vehicle will be towed from the premises at the owner's expense.</td>
</tr>
<tr>
<td>Third Violation</td>
<td>The vehicle will be towed from the premises at the owner's expense, and further disciplinary actions will be taken, up to and including ejection from the premises and removal of the contractor from the approved contractor’s list.</td>
</tr>
</tbody>
</table>

**ANY VEHICLE PARKED IN A "NO PARKING" AREA WILL BE TOWED WITHOUT WARNING.**
CREIGHTON UNIVERSITY MEDICAL CENTER

ADDITIONAL

CONSTRUCTION

REQUIREMENTS
To All Architects, Engineers, Contractors and Sub-Contractors

This document is to notify you of the additional construction requirements to be followed and adhered to during any new construction, remodel, or renovation undertaken in the building of Creighton University Medical Center at 601 North 30th Street Omaha Nebraska.

These requirements are in addition to the Federal, State and City Codes which are applicable for construction in any existing or newly constructed acute care healthcare facility associated with or in Creighton University Medical Center. Each architect, engineer, contractor, and sub-contractor is charged with the responsibility to conduct their field survey accordingly for each project.

The following CUMC Construction Standards are in addition to the standards setforth in 2006 NFPA Code 101 Life Safety Code and it’s cites; 2006 AIA Guideline for Design and Construction of Healthcare Facilities, CMS Codes, ADA Compliance Standards, and OSHA, EPA, FDA Codes, or those codes later adopted by the Authority Having Jurisdiction, as applicable to the healthcare industry. Please make sure each of you who will be making proposals or bidding on CUMC projects is familiar with the referenced requirements.

As the internal Authority Having Jurisdiction; the following standards will apply to all construction, remodeling, renovation, and equipment replacement undertaken in the Creighton University Medical Center.

Framing:

1. No wood products of any sort will be used in the framing of any walls or used to provide interior blocking or backing to facilitate the installation of mill work.
2. Wall surface mounted backing for mill work may be of fire rated wood products, and shall be so marked and visible upon attachment.
3. All door frame and header framing will be double studded for strength and support.
4. All door frames and doors shall be fire rated accordance with the walls in which they are to be installed and shall be so certified at the factory.
5. Any field rating of any fire rated frames and doors shall be supported by the appropriate documentation authorizing the field rater to rate in the name of the rating agency; said documentation shall be provided to CUMC.
6. In all remodeling projects where door frames are to be installed, removed and relocated the door frame shall be set (installed) and anchored first, in accordance with the manufacturer’s specification, after which the wall and header framing shall be installed.
7. Door frames which are to be installed in existing wall openings shall be fire rated “Knock Down” frames. In the case of installing knock down frames the framing around the door frame and header shall be triple studded to support the knock down jamb anchor bolts and provide for stability.

Drywall Applications:

1. All drywall application will be 5/8” Fire Rated (FX), or equivalent, no exceptions.
2. All drywall call outs which go to structure will have joints taped to structure with rated material.
3. All walls which go to structure, shall be stenciled on both sides each wall, at 8 feet on center (horizontally), above the ceiling with the following designations:

   - 2HR – designating a 2 fire hour rated wall
4. All drywall and floor penetration will be sealed as follows:
   a. 2 Hour Walls and Floor:
      • All walls and floors will be sealed with readily identifiable fire rated materials at structure on both sides of the wall and floor,
      • All penetrations made for communications and other cabling will be accommodated by metal sleeves inserted through the wall and floor, or by cable trays breaching through the wall and floor; each penetration will be sealed with approved fire rated material around the sleeve on each side of the wall and floor; each end of the sleeve shall likewise be sealed with fire rated material, once cable has been pulled, or with fire rated pillows in the case of cable trays the pillows shall transition the entire breach and cover the entire cable package being placed in the tray on all sides leaving no air gaps in the tray or cable bundle,
      • All penetration made for electrical conduit (pipe) will be sealed with fire rated material around the conduit on both sides of the wall or floor,
      • All existing penetration not meeting code or these standards in any area under construction, remodeling or renovation are required to meet the code upon completion of the project, and will be considered part of any proposal or bid being submitted on any project,
      • The wall above each room, which has a drop ceiling, will be stenciled accordingly and in accordance with the stenciling legend in this document.
   b. 1 Hour Walls:
      • All walls will be sealed with readily identifiable fire rated materials at structure on both sides of the wall,
      • All penetration made for communications and other cabling will be accommodated by metal sleeves inserted through the wall or by cable trays breaching through the wall, each penetration will be sealed by fire rated materials around the sleeve at the wall on each side of the wall, and the ends of the sleeve, once cable has been pulled, on each side of the wall; or with fire rated pillows in the case of cable trays which shall transition the entire breach and cover the entire cable package being placed in the tray on all sides leaving no air gaps in the tray or cable bundle,
      • All penetration made for electrical conduit (pipe) will be sealed with fire rated material at the wall around the conduit on both sides of the wall,
      • All existing penetration not meeting code or these standards in any area under construction, remodeling or renovation are required to meet the code upon completion of the project, and are considered part of any bid for being submitted on any project.
      • The wall above each room, which has a drop ceiling, will be stenciled accordingly and in accordance with the stenciling legend in this document.
   c. Smoke Containment Walls:
      • All walls will be sealed with drywall compound, hot mud, or any filler that meets the NFPA 701 Code for flame spread and smoke control at structure on both sides of the wall,
      • All penetration made for communications and other cabling will be accommodated by metal sleeves inserted through the walls or by cable trays breaching through the wall, each penetration-
tion will be sealed with drywall compound, hot mud, or any filler that meets the NFPA 701 for flame spread and smoke control on both sides of the wall, around the sleeve at the wall on each side of the wall, and the ends of the sleeve, once cable has been pulled, on each side of the wall; or with similar materials; cable trays may be filled with insulation material which shall transition the entire breach and cover the entire cable package being placed in the tray on all sides leaving no air gaps in the tray or cable bundle,

- All penetration made for electrical conduit (pipe) will be sealed with drywall compound, hot mud, or any filler that meets NFPA 701 for flame spread and smoke control on both sides of the wall, around the conduit on both sides of the wall,

- All existing penetration not meeting code or these standards in any area under construction, remodeling or renovation are required to meet the code upon complete of the project, and are considered part of any bid for being submitted on any project,

- The wall above each room, which has a drop ceiling, will be stenciled accordingly and in accordance with the stenciling legend in this document.

d. Sound Attenuation Walls:

- All walls will be sealed with readily identifiable fire rated materials at structure on both sides of the wall,

- All penetration made for communications and other cabling will be accommodated by metal sleeves inserted through the walls or by cable trays breaching through the wall, each penetration will be sealed by fire rated materials around the sleeve at the wall on each side of the wall, and the ends of the sleeve, once cable has been pulled, on each side of the wall; or with fire rated pillows in the case of cable trays which shall transition the entire breach and cover the entire cable package being placed in the tray on all sides leaving no air gaps in the tray or cable bundle,

- All penetration made for electrical conduit (pipe) will be sealed with fire rated material at the wall around the conduit on both sides of the wall,

- All existing penetration not meeting code or these standards in any area under construction, remodeling or renovation are required to meet the code upon complete of the project, and are considered part of any bid for being submitted on any project,

- The wall above each room, which has a drop ceiling, will be stenciled accordingly and in accordance with the stenciling legend in this document.

5. All drywall shall fit snugly behind the door frames and tightly up to the jamb, with no more than ¼” clearance between the door frame and the drywall on both sides of the frame and at the header.

**Electrical/Communications Wiring**

1. All electrical will be in conformance with NFPA 70 and 70E or the local authority having jurisdiction whichever is more stringent.

2. All conduit will be suspended independently on its own supports to structure or the floor pan above.

3. All communications wiring will be similarly suspended (electrical) or on “J” hooks, unless laid in a rated cable tray, suspended independently on its own supports to structure or the floor pan above.

4. It is CUMC’s intention in the future to move toward vendor identified cable jackets.

5. All communications wiring, unless in conduit, will be Plenum Rated.

6. All face plates will be labeled with the circuit # and panel serving said circuit,

7. All electrical receptacles in this hospital will be:
   a. Hospital Grade, installed as follows:
      (1) Normal Power, no more than six (6) single outlets (3 duplex units) per circuit breakers,
      (2) Emergency Power, no more than two (2) single outlets (1 duplex unit) per circuit breakers,
      (3) Redundant grounding will be carried out throughout the hospital
electrical system wiring.
b. Installed with the ground on top,
c. Hospital Grade GFI at all wet locations as follows:
   (1) within 6’ of any sink, water outlet or similar,
   (2) all ORs or Special Procedure Rooms are considered wet locations,
   (3) all engineering areas where water is present.
4. Emergency Power Supply System will be wired in accordance with NFPA 110
   a. Life Safety Circuits will be connected to the Life Safety Circuit Transfer
      Switch only.
   b. Critical Care Circuits will be connected to the Critical Care Circuit Transfer
      Switch(s) only.
   c. Essential Equipment Power Circuits will be connected to the Essential
      Equipment Power Transfer Switch(s) only.
   d. No unauthorized connections will be made to any of these circuits unless
      approved by the Director of Facility Operations or the Building Supervisor.
   e. Clarifications of these requirements are available from the Facilities/
      Engineering Department upon request.
POLICY: The Environment of Care Committee shall ensure the establishment, enforcement and monitoring of appropriate procedures for the management of materials and wastes which have been designated as hazardous by the Environmental Protection Agency (EPA), the Occupational Safety and Health Administration (OSHA), the National Fire Protection Association (NFPA), or the Nebraska Department of Environmental Control.

I. DEFINITIONS

A. This policy shall apply to the entire physical premises of the Hospital complex, including the Creighton University Medical Center.
B. Any material or waste, singularly or in combination; and whether in solid, liquid, or gaseous form; and whether contained or airborne, which is:
   • Toxic
   • Corrosive
   • Flammable
   • Reactive
   • Radioactive
   • Irritant
   • Carcinogenic
   • Strong Sensitizer
   • Generates pressure through decomposition
   • A likely agent for adverse medical effects to humans or substantial injury or harm to animals or the environment shall be considered a "hazardous material."
C. This policy shall apply to all Hospital departments and employees, as well as to any individual or organization conducting business within the Hospital facility.

II. GENERAL RESPONSIBILITIES

A. The Director of Safety & Security and the Hazardous Materials Subcommittee will:
   1. Determine which materials in use within the Hospital are considered hazardous by virtue of their composition and volume
   2. Ensure the implementation of effective current inventory reporting, and tracking for such materials from hazardous waste storage to final disposal (cradle to grave)
   3. Establish criteria for the identification, labeling, storage, handling and disposal of such materials
   4. Ensure appropriate education and training of personnel working within the facility regarding such materials
   5. Ensure that protocols are developed to minimize risk to personnel and the environment in the event of accidents and spills
B. The Director of Safety & Security shall:
   1. Advise the Environment of Care Committee and other Hospital personnel regarding the physical hazards to safety presented by various hazardous materials; and
   2. Act to promptly identify and minimize the hazard presented by unidentified or unconfined materials (e.g., airborne fumes and vapors, unconfined liquids) within the Hospital.
C. Each Department Director/Manager:
1. Shall be responsible for the safe and appropriate use of identified hazardous materials within the Department; and
2. Shall ensure that departmental policies for the storage, use, handling and disposal of hazardous materials are:
   a. No less stringent than those in effect for the Hospital as a whole

III. HAZARDOUS MATERIALS TRACKING
A. Identification and Inventory
   1. The Director of Safety & Security shall maintain a master inventory of hazardous materials known to be present within the Hospital facility, as well as a master file of Materials Safety Data Sheets (MSDS) for all such identified hazardous materials.
      a. The master inventory shall be kept as either electronic or paper copy.
      b. This information shall be readily available to the Facility Services office and the Hospital Emergency Department, as well as appropriate civilian authorities.
      c. Each department Director/Manager shall be responsible for providing an electronic copy of the MSDS or request that the MSDS be added to the departmental e binder through the MSDS on-line system for each hazardous material known to be used or stored within the Department (adding the MSDS through the on-line system shall be the preferred method of update).
      d. The department Director/Manager shall ensure that the departmental MSDS e binder is reviewed periodically (at least annually) to verify hazardous materials used and compliance with the provisions of this policy within the Department.
      e. The department Director/Manager shall ensure that MSDS are updated in the MSDS on-line system as needed and as obtained from the hazardous materials distributor.

B. PROCUREMENT OF HAZARDOUS MATERIALS:
   1. It shall be the responsibility of each Department Director/Manager or their designee, prior to ordering any material, to verify whether the material is hazardous under the terms of this policy.
      a. If a desired item is listed as a hazardous material, the Department Director/Manager or their designee shall:
         1) Substitute a non-hazardous or less hazardous material whenever possible, and
         2) Order the smallest practical quantity of any hazardous material at a time.

C. RECEIVING HAZARDOUS MATERIALS
   1. Leaking container shall not be received from delivery agents.
   2. Containers, which are visibly damaged, shall not be removed from the receiving area until inspected and approved by the Environment of Care Manager.
   3. Hazardous materials shall be delivered only to the Department Director or his/her designee; in no instance shall the material be left unattended in the department.

D. LABELING OF HAZARDOUS MATERIALS
   1. Upon receipt of hazardous materials, the Department Director/Manager or his/her designee shall ensure that appropriate standardized identification labeling is affixed to the container. Only approved satellite accumulation containers shall be used. Re-packaged containers shall have proper labeling affixed to the container prior to use.

Dram vials and other small containers can be difficult to label because of their size. In this instance, the vials and other small containers may be placed in a test tube rack, box or other container and the rack, box, or container labeled instead. Labeling a shelf or drawer where chemicals are located is also acceptable only if the chemical remains under direct control and constant supervision. If the hazardous material is left out of the drawer, test tube rack, box, or container for any length of time the hazardous material must be properly labeled.

Labels on hazardous materials must include:
1. The common name of the chemical

2. The name, address and emergency phone number of the company responsible for the product

3. An appropriate hazard warning

The warning may be a single word such as "danger", "warning" and "caution". The warning must also identify the primary hazard, both physical (i.e., water reactive, flammable or explosive) and health (i.e., carcinogen, corrosive, or irritant).

2. Standardized NFPA color-coded labels, available from Support Services can be used to identify the physical and health hazard. If used:
   a. The labels shall be RED (flammability), YELLOW (reactivity), WHITE (special/misc.), or BLUE (health hazard). A YELLOW and PURPLE radiation label shall be affixed to radioactive materials.
   b. Hazard severity shall be indicated on the label with a number from 0 (minimal hazard) to 4 (severe hazard). This information should be obtained from the MSDS or the hazardous material distributor.

3. If special personal protective equipment (PPE) is required when using or handling the hazardous material, the specific PPE requirements shall be indicated on the label or container.

E. MONITORING OF HAZARDOUS EXPOSURES

1. Employee Health Services and the Emergency Department shall:
   a. Maintain a reference library of appropriate documents and publications regarding the identification and monitoring of employee exposure to hazardous materials.
   b. Determine the necessity for pre-placement and periodic employee medical evaluations.
   c. Ensure appropriate medical record keeping of all significant employee exposures, to include the nature, extent and duration of known occupational exposures to hazardous materials.

2. The Director of Safety & Security, in consultation with Employee Health Services shall:
   a. Develop an ongoing hazards surveillance program to identify, monitor and document recognized hazards to employees
   b. Determine the necessity for personal protective equipment for employees working with hazardous materials
   c. Determine the type and frequency of environmental monitoring for hazardous materials

3. The Director of Facility Operations shall:
   a. Schedule all environmental testing for hazardous materials as needed
   b. Monitor and ensure the proper functioning of all engineering measures used to reduce exposure to hazardous materials, including all fume hoods and other ventilation devices

F. STORAGE AND DISPOSAL OF HAZARDOUS MATERIALS

1. The Director of Safety & Security with the assistance of the Director of Facility Operations shall:
   a. Assure proper storage of all hazardous material awaiting off-site disposal, until the material is transported to an approved hazardous waste disposal site
   b. Assure that at no time shall the quantity of material awaiting off-site disposal exceed 220 pounds for a period exceeding 180 days

2. Each Department Director/Manager shall ensure proper storage of all hazardous materials within the Department or patient care area.
   a. Hazardous materials shall not be stored or used in any area of the Hospital which does not meet appropriate fire protection and ventilation requirements for such storage or use.
   b. The Director of Safety & Security, the Director of Facility Operations or Associate Administrator – Support Services will approve storage areas.
c. The Department Director/Manager shall ensure that all employees observe safe storage and handling procedures within the department.

IV. HAZARDOUS EXPOSURE REDUCTION AND CONTROL

A. Any employee who may reasonably be expected to be exposed to a hazardous material during normal conditions of work or in a reasonably foreseeable emergency (e.g., spills, fires, explosions, equipment failure) shall receive training in the safe handling, use, storage and disposal of hazardous material.

1. As part of new employee orientation, Human Resources shall provide and document the initial training regarding the recognition of and the methods of protection from occupational hazardous materials exposure.

2. Each department using or storing hazardous materials shall ensure that every employee that could potentially contact the hazardous material has access to a current MSDS either on-line or hardcopy. The MSDS shall be readily accessible by any employee working in the department at all times through the on-line MSDS system.

3. Each Department Director/Manager shall ensure that each departmental employee receives instruction and training in the recognition, handling, use and disposal of hazardous materials.

a. Each employee shall receive such instruction PRIOR TO ANY WORK WITH HAZARDOUS MATERIALS, and whenever new hazardous materials are introduced into the department during the period of employment. The instructional program shall include at a minimum:

1) A review of appropriate MSDS information for all hazardous materials to which the employee may reasonably be expected to be exposed

2) A review of the potential for long-term (delayed or cumulative) effects of occupational exposure to hazardous materials, which may be significant and serious despite the lack of any acute effects, and which may be totally untraceable to the specific occupational exposure or exposures

3) A review of the use of any personal protective equipment which the employee will be required to use

4) Instructions regarding the necessity for prompt reporting and appropriate handling of any accident or spill involving hazardous materials

5) The frequency and extent of educational orientation to Hospital policies and procedures dealing with occupational exposure to hazardous materials

6) Any employee may obtain a copy of the MSDS pertinent to his/her department or work area upon request to the Department Director/Manager or by printing the MSDS through the electronic MSDS system.

B. Patients shall be protected from exposure to hazardous materials.

1. Hazardous material shall not be stored where patients may gain access to them.

2. The Department Director/Manager shall ensure that all established precautions are observed when hazardous materials are used in the course of patient care.

C. Visitors shall not be allowed in any area where hazardous materials are stored unless absolutely necessary and, in no case, without supervision (by the Department Director/Manager or by his/her designee).

D. Protection of the environment can only be accomplished with the active awareness of each employee regarding the risks presented by hazardous materials. It is therefore incumbent upon each Hospital employee to help minimize the risk by following established policies.

V. ACCIDENTS AND SPILLS

A. All significant accidents, leakage or spills involving hazardous materials must be reported to the Security Control Center immediately (Extension 4534).

1. The Security Control operator shall promptly notify the Director of Safety & Security or his designee as well as other personnel as appropriate to the situation; this may include:

a. The Nurse Coordinator of Employee Health Services
b. The Administrator On-Call

c. The Associate Administrator, Facilities Administrator

d. Support Services, and

e. The Omaha Fire Department, if their response is needed.

B. All significant accidents, leakage or spills involving hazardous materials must be reported in writing to the Director of Safety & Security within 24 hours through the eSRM report system. The eSRM report system is accessed at www.etenet.com by employee log-in.

Information included in the report shall include:

a. How did the spill happen?

b. How did you learn of the spill (Safety, Security, Manager of department, patient)?

c. Who did you notify of the spill (Safety, Security, Manager of department)?

d. Location of the spill (floor, room #, brief description of the exact area).

e. Type of spill (Chemical, cleaner, Mercury, etc.)

f. Quantity. Be accurate as possible (i.e. ounces, drops, mm, pints, gallons, etc.).

g. Method of clean up (describe how you cleaned up the spill, be specific).

h. Personal protective equipment used during clean up (boots, gloves, goggles, etc.).

i. Method of disposal (What did you do with the material after clean up, including rags, sponges, contaminated clothing, etc.).

C. Appropriate protective equipment shall be worn during containment and clean up. The MSDS Form will specify what protective equipment is required.

1. A spill clean up kit, with appropriate protective equipment, shall be readily available in CS/Receiving, Security and Environmental Services.

2. Equipment used in spill clean up shall be regarded as contaminated. Decontamination or disposal shall be accomplished at the direction of the Director of Facility Services, or the Director of Environmental Services.

VI. POLICY REVIEW AND APPROVAL

A. This policy shall be reviewed annually, or more frequently as appropriate, by the Director of Safety & Security and Hazardous Materials Sub-Committee.

B. Recommendations, conclusions, activities and policies regarding hazardous materials shall be reported to the Environment of Care Committee.