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SAFETY AND HEALTH DURING CONSTRUCTION ACTIVITIES

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for maintaining a healthy environment of care for patients, and a safe and healthy worksite for employees, visitors, and contractors during construction activities.

2. BACKGROUND

a. Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA) regulations, Joint Commission Accreditation of Healthcare Organizations (JCAHO) requirements and American Institute of Architects (AIA) guidance identify opportunities for maintaining the health and safety of VA patients, staff, visitors and contractors. OSHA and EPA regulations, with VHA Directive 7701 and VHA Handbook 7701.1 requirements, address occupational safety and health issues for VHA employees and contractors working on VHA property. JCAHO requirements and AIA guidance address patient safety during construction activities.

b. Construction activities include VHA projects performed by employees or contractors and enhanced-use lease projects within structures fully managed by VHA, or within the purview of VHA authority. The implementation of construction safety programs reduces the potential for injuries and illnesses to patients, employees, and visitors from unsafe construction activities conducted by contractors and VA employees, including operations and maintenance crews, permanent construction crews, and temporary purchase and hire staff. Construction safety programs reduce the potential for VA liability that could result from construction accidents.

3. POLICY: In order to protect patients, staff, visitors, and contractors from safety and health hazards associated with construction activities on VHA property and VHA-leased property at which VA-funded construction is occurring, it is VHA policy that strategies be established to assist VHA facilities in controlling these hazards.

4. ACTION: The established strategies include the assignment of responsibilities at all levels of the organization, publishing technical guidance outlining best practices to assist in managing the program, and providing construction safety training programs to support the implementation of these actions.

a. **Under Secretary for Health (10).** Under Secretary for Health (10), ensures that appropriate national policy on construction safety is issued.

b. **Chief Facilities Management Officer (18).** Chief Facilities Management Officer (18), is responsible for:

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(1) Providing construction specifications to Network staff that include requirements to ensure the safe management of construction projects. Specifications must reflect OSHA requirements and other recognized standards of safety that apply to the construction industry. Designs and specifications for VHA projects must be provided to the appropriate Network personnel for review and comment.

(2) Ensuring resident engineers participate in OSHA's 30-hour construction safety training course and refresher training.

(3) Ensuring resident engineers participate in the facility construction safety program as outlined in subparagraph 4l.

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

c. **Director, Occupational Health Program (136)**. The Director, Occupational Health Program (136) is responsible for advising VHA staff on occupational health issues related to construction activities and providing recommendations on how to mitigate exposures and other health-related issues as they arise.

d. **Director, Infectious Disease Program (111)**. The Director, Infectious Disease Program (111), is responsible for advising and/or providing recommendations on exposure mitigation for VHA staff and for the prevention of facility-associated infections in patients, staff, and visitors.

e. **Director, Safety and Technical Services (10NB)**. The Director, Safety and Technical Services (10NB), provides administrative program management and technical support to Veterans Integrated Service Networks (VISNs) and VHA facilities for hazard mitigation and compliance with regulations, industry standards, and VHA policy regarding construction safety.

f. **Director, Center for Engineering and Occupational Safety and Health (CEOSH)**. The Director, CEOSH, is responsible for promoting best practices in the field by providing course content for construction safety training and by publishing guidance on construction safety in the form of Safety Guidebook Series and web-based information services.

g. **Director, Little Rock Education Center**. The Director, Little Rock Education Center, develops and delivers OSHA's 30-hour and 10-hour Construction Safety Courses and a course on preventing facility-associated infections, illnesses, and injuries associated with construction projects. *NOTE: Courses may include audio and/or video teleconferences, correspondence, and web-based training formats.*

h. **Director, Office of Asset Enterprise Management (004B)**. The Director, Office of Asset Enterprise Management (004B), is responsible for ensuring that contracts and similar documents for enhanced-use projects, as appropriate, include language that authorizes and supports construction safety programs and requirements.

i. **Network Director.** The Network Director is responsible for ensuring that:

(1) VHA policies for construction safety programs at VHA facilities are implemented.

(2) The effectiveness of facility construction safety programs is monitored utilizing the Safety Automated Facility Evaluation (SAFE) process developed for conducting Annual Workplace Evaluations (AWEs).

(3) All Network Safety and Health Program Managers and staff participate in a 30-hour OSHA Construction Safety training program by December 2004.

(4) Network Safety and Health Program Managers annually assess the effectiveness of facility construction safety programs, i.e., AWE, in addition to any periodic inspections that may be warranted.

j. **VHA Facility Director.** The VHA Facility Director is responsible for:

(1) Establishing and monitoring an effective facility construction safety program utilizing a multidisciplinary team with representatives from the following program areas: Infection Control, Patient Safety, Occupational Safety and Health, Department of Veterans Affairs (VA) Police, Engineering and/or Facilities Management, Local Union Safety Representatives (from affected bargaining units) and Contracting.

(2) Ensuring appropriate staff receives training in construction safety (see subpar. 4j(5)).

(3) Designating a CP(s) to oversee construction safety who has the necessary training, experience, and authority to carry out their responsibilities with respect to safety and health during construction activities. Qualified VA staff must be appointed to serve as CP for construction work performed by temporary and permanent VA employees. The name and qualifications of the CP must be identified in writing and noted in the minutes of the facility safety committee (or equivalent body) responsible for safety management functions as defined under the JCAHO Environment of Care Standard.

NOTE: OSHA Title 29 Code of Federal regulations (CFR) 1926.32(f) states “competent person means one who is capable of identifying existing and predictable hazards in the surroundings and working conditions which are unsanitary, hazardous or dangerous to employees, and who has the authorization to take prompt corrective measures to eliminate them.”

(4) Ensuring multidisciplinary teams representing VA Police, Safety and/or Industrial Hygiene, Infection Control, Engineering and/or Facilities Management, Local Union Safety Representatives (from affected bargaining units), and Contracting oversee:

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

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

(c) Compliance with EPA and State environmental regulations.

(5) Developing and implementing a written facility policy addressing the responsibilities of the multi-disciplinary team (see subpar. 4k).

(6) Ensuring that VA staff receives training as follows:

(a) Appointed CPs, resident and/or project engineers and facility safety program managers complete OSHA's 30-hour construction safety course by December 31, 2004.

(b) Engineering supervisors and foremen who oversee construction work complete OSHA's 10-hour or 30-hour construction safety course by December 31, 2004.

(6) Ensuring that construction contracts awarded after December 31, 2004, specify that on-site general and sub-contractor's construction workers have completed the OSHA 10-hour construction worker course, the 30-hour construction course, or other relevant competency training, as determined by the VA CP with input from the multidisciplinary team. The determination for training is based on the project hazards and complexity, State and Federal regulations and VA requirements. Identified projects require contractor submittals verifying completion of training.

k. **Multi-disciplinary Team.** The multi-disciplinary team is responsible for:

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

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

(3) Conducting Infection Control Risk Assessments (ICRA). Using the current AIA Guidelines as a guide, staff must conduct and document ICRA for all construction projects (in-house and by contract) during the design or planning stage of the work (prior to bidding, purchasing, or starting work). ICRAs must be documented in writing and focus on eliminating, or minimizing, the risk of infection during construction and renovation activities. The complexity of the ICRA report is determined by the complexity of the threats posed by the construction project. Assigned VA staff, including resident engineers or project managers for major construction, must confirm compliance during the construction phase of the work.

(4) Ensuring Interim Life Safety Measures (ILSM). Facility safety, engineering staff, and VA resident engineers must ensure that ILSM are implemented on all construction work in accordance with JCAHO, Environment of Care standards. ILSM are required when Life Safety Code deficiencies or construction activities pose significant hazards. Each medical facility must have a local policy addressing ILSM in accordance with JCAHO requirements. Implementing ILSM is the responsibility of the local medical facility and construction contractors in accordance with VA Master Specification 01010, General Requirements.

(5) Participating in all phases of construction work from planning through completion. This includes review and approval the construction plans, contract specifications, and contract submittals related to construction safety and health and any other documents that may assist in the implementation of an effective construction safety program. The multidisciplinary team must be involved early in the process and continue oversight on a regular basis to avoid costly and disruptive delays.

(6) Ensuring the construction safety program includes periodic construction site hazard surveillance activities with appropriate membership, scope, and frequency for each project as determined by the VA CP and the ICRA report. Hazard surveillance activities must be documented as to date, time, membership of the inspection team, deficiencies, type of corrective action, and time and date of correction. *NOTE: Correction of hazards must be tracked to completion.*

(7) Implementing procedures to ensure general contractors exercise their responsibilities for ensuring subcontractors comply with VHA safety and health policies and procedures, and contract requirements.

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

(9) Evaluating the effectiveness of the construction safety program in an annual report to the facility safety and/or environment of care committee, or equivalent committee.

(10) Requiring the contractor CP to implement and maintain an effective safety program that identifies and controls hazards that may cause injury or illness to VA patients, staff, visitors, and contractor employees.

1. **Resident Engineer.** The Resident Engineer is responsible for:

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

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

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(3) Participating in periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the program established under paragraph k (6) and (7).

(4) Serving on the facility Construction Safety Committee/subcommittee to ensure contracts meet the committee's requirements.

(5) Supporting the VA CP, Safety Officer, Contracting Officer and engineering staff in implementing the construction safety program.

m. **Contracting Officer.** The Contracting Officer (or technical representative) is responsible for:

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

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

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

(4) Serving on the facility Construction Safety Committee/subcommittee to ensure contracts meet the committee's requirements.

(5) Supporting the VHA CP, Safety Officer, Resident Engineer, and appropriate staff in implementing the construction safety program.

n. **Competent Person (CP)**

(1) CP responsibilities include project submittal reviews, monitoring and periodic inspections of construction and renovation work sites conducted by contractors and VA staff.

(2) VA CPs for contract construction safety must be competent in the general inspection of typical work sites during construction and renovation performed by contract staff, and in the review of contractor safety program submittals. *NOTE: VA CP(s) do not take the place of the contractor's competent person nor act on their behalf.* The VA CP(s) determine if the contractor is meeting VA standards and contractual requirements for safety and OSHA compliance. When these standards and contract requirements are not being met, the VA Contracting Officer's Technical Representative (COTR) and CP must take immediate action to prevent injury, non-compliance, and/or property damage.

(3) In addition, the CP:

(a) Participates in OSHA's 30-hour construction safety training and refresher courses.

(b) Ensures that the specific safety requirements of construction operations are implemented during facility projects.

(c) Participates in the VHA facility multidisciplinary team established for construction safety.

(d) Conducts periodic inspections of construction sites to ensure compliance with safety elements of the construction contract and performance of the established program(s).

o. **VHA Facility Safety Program Manager.** The VHA Facility Safety Program Manager is responsible for:

(1) Participating in OSHA's 30-hour construction safety training and refresher courses.

(2) Ensuring that VHA policy for the construction safety program is implemented within VHA facilities.

5. REFERENCES

a. VHA Emerging Pathogens Guidebook, 1998, Center for Engineering and Occupational Safety and Health available electronically at: <http://vaww.ceosh.med.va.gov/>

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

c. APIC Infection Control Tool Kit Series: Construction and Renovation, available from the Association of Professional Infection Control Practitioners and Epidemiologists.

d. Guidelines for Design and Construction of Hospital and Health Care Facilities, American Institute of Architects, Washington DC 2001.

e. Guidelines on Assessment and Remediation of Fungi in Indoor Environments, New York City Dept of Health, Bureau of Environmental and Occupational Disease Epidemiology, the website is: <http://www.nyc.gov/html/doh/html/epi/moldrpt1.html>.

f. Infection Control During Construction. A Guide to Prevention and JCAHO Compliance, Wayne Hansen, Editor, Opus Communications, 2002.

g. OSHA Regulations for Construction Safety, 29 CFR 1926, available at: <http://www.osha.gov>.

h. Current JCAHO Standards from the Joint Commission on the Accreditation of Healthcare Organizations.

i. VHA Directive 7701, Occupational Safety and Health.

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- j. VHA Handbook 7701.1, Occupational Safety and Health Program Procedures.
- k. VA Directive 7700, Occupational Safety and Health.
- l. Construction Safety Council, <http://www.buildsafe.org/cshome.htm>.

6. FOLLOW-UP RESPONSIBILITY. The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for VHA programs related to this Directive. The point of contact for technical and program issues related to this directive is the Director, Safety and Technical Services at (202) 273-5844.

7. RESCISSIONS: None. This VHA Directive expires on April 30, 2009.

S/ Art Hamerschlag for
Robert H. Roswell, M.D.
Under Secretary for Health

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