CONTRACTOR’S HANDBOOK

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***Also applicable to all other locations that are under the Hospital System’s License***
The purpose of this handbook is to summarize safety procedures and other pertinent information that will be useful to the contractor performing work at the UCLA Health System. Information contained in this handbook is supplemental to the project specifications and as such, the specifications take precedence.

The contractor and its subcontractors are responsible for this information and it represents the expectation of the Hospital Administration and UCLA Capital Projects.
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Welcome to UCLA Health System. The purpose of this handbook is to summarize safety procedures and other pertinent information that are specifically related to Hospital operations. This information is provided as supplementary to the project plans and specifications. If there is any conflict between this information and the specifications, the specifications prevail. Questions regarding specific guidelines and life safety related questions should be directed to the University’s Representative. Your observance and cooperation with the expressed guidelines in this handbook will assist in ensuring a safe and positive environment for patients, visitors, and staff.

CONTRACTOR’S RESPONSIBILITY

The contractor assumes full responsibility for its employees, its sub-contractor’s employees, third party subcontractors and vendor’s conduct and activity while on medical center property.

Damages caused by any of these personnel must be immediately brought to the attention of the University’s Representative. The contractor assumes full responsibility for all repairs and/or corrective measures.

ALL CONSTRUCTION SUPERVISORY PERSONNEL ARE EXPECTED TO READ, UNDERSTAND, AND SPEAK THE ENGLISH LANGUAGE.

SMOKING

The Medical Centers are part of an overall smoke-free environment and has a "Smoke and Tobacco Free" policy to promote a healthy environment, to reduce risk of fire hazard, and to set a standard that prohibits the use of smoke and/or tobacco related materials throughout the hospital building (including e-cigarettes). Contractor’s workers may not smoke on the job site or on hospital grounds to include parking structures and lots. The Medical Center is not obligated to and will not provide any designated smoking areas.

ALCOHOLIC BEVERAGES/DRUGS/FIREARMS

Possession or use of alcohol, unauthorized drugs, firearms or any illegal substance is strictly forbidden and is grounds for immediate removal of the offending personnel from the site and project. A zero tolerance enforcement policy is in effect.

WORKER CONDUCT

All contractor workers and personnel are expected to maintain adult, professional behavior at all times. It is important to remember that patients and their visitors are in a stressful situation, and while they are at the Medical Center, deserve to be treated in a respectful manner and enjoy an environment that contributes to a positive patient experience.

Horseplay, fighting, sexual harassment, use of offensive language, patient harassment, partial nudity, or any other inappropriate behavior, is not allowed and may be cause for immediate removal from the property.

WORK CLOTHING/ACCESSORIES
Cleanliness is expected for all construction workers who work on Medical Center property. If, in the opinion of the University’s Representative, the worker’s work clothes become excessively soiled, the worker may be requested to immediately change into clean clothing. If clean clothing is not available, the worker may be removed from the site until clean clothing can be obtained. Workers may not wear tank tops, sleeveless shirts, shorts, or clothing that in the opinion of the University’s Representative displays offensive images or wording. The worker may be requested to turn such offensive clothing inside out or change into something more appropriate. Failure to comply will subject the worker to immediate removal from the jobsite.

C-I-CARE

UCLA’s commitment to provide every patient and visitor to the Medical Center with world class treatment does not stop with UCLA staff. To assure each and every experience is consistent with this commitment, we expect all contractors, workers and vendors to follow our C-I-CARE practices.

Please review our Patient Experience Model below with your crew.

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**Patient Experience Model – The UCLA Way**

<table>
<thead>
<tr>
<th>World class practices that apply to every Patient and family encounter – The UCLA Way</th>
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### C-I-CARE
- Call patient/family by name if posted or use an appropriate title, such as Sir or Miss
- Introduce self to patient/family on each encounter until the Patient/family calls you by name
- Communicate what you are going to do, how it will impact the Patient and how long it will take
- Ask or anticipate possible Patient/family needs or requests during your visit
- Respond to Patient/family needs/requests with urgency
- Exit courteously and with an explanation of what will come next or when you are coming back if necessary

### Respect and Dignity
- Knock on a Patient’s door and ask permission prior to entering
- Introduce yourself and identify which department/company you are with
- Let the patient know why you are there and how long your visit will be
- Keep the Patient informed of possible delays
- Provide a warm & informed farewell

### Professional and Courteous Behavior
- Allow visitors to go first when getting in/out of elevators, doorways and in the hallways
- Adhere to organizational appearance standards (uniform, badge)
- Speak in moderate tones; be aware of the level of your voice (speaking loudly or yelling) in the hallways, elevators, or central work areas
- Speak only English while patients, visitors or staff are present
- Do not make disparaging remarks in front of Patients about other workers, departments or staff

### Service Management
- Visits to the job site and surround areas may be performed by Health System Management to ensure patient satisfaction and service behavior compliance
- During safety and other meetings, reinforce the UCLA service model by reminding the workers of the C-I-CARE definition and program

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**HOUSEKEEPING**

Debris, tools and construction materials shall be put away and work areas cleaned at the end of each day.
Cleaning procedures for each patient care area shall be reviewed prior to the start of any project and will include an assessment for the need of dust and barrier controls, walk-off mats, etc. The importance of compliance with the cleaning procedures shall be communicated by the contractor to all workers on the job-site. Refer to the Construction Impact Risk Assessment, (CIRA) process for further information on this subject.

All power tools are to be unplugged and properly stored when unattended, especially during breaks, lunch periods and when employees are away for extended periods of time. Written permission from the Health System Facilities department is required for use of any mechanical space/room to store tools and materials.

CONSTRUCTION SITE SHALL BE MAINTAINED IN A NEAT AND ORDERLY CONDITION AT ALL TIMES.

WALL AND FLOOR PENETRATIONS

Penetrations to fire or smoke barrier walls, ceilings or floors must be repaired and filled with a UL approved fire barrier system installed in accordance with California Building Code, Office of Statewide Health Planning and Development, OSHPD Fire Marshal, California Fire Marshal and Medical Center requirements.

WORKING AROUND CRITICAL UTILITIES

Prior to working around Medical Center utilities, the contractor must present to the University’s Representative a work plan that shows how the utilities will be protected from damage by its construction operations. The work plan must be detailed in the submittal of a Construction Impact Risk Assessment (CIRA) form (see the Appendix for the form and additional information). The CIRA may be supplemented by drawings or sketches to provide clarification to the CIRA.

DISRUPTION OF MEDICAL CENTER UTILITIES IS EXTREMELY CRITICAL AND COULD RESULT IN LIFE THREATENING SITUATIONS FOR PATIENTS WHOSE LIVES DEPEND ON CONTINUOUS SUPPORT OF CRITICAL UTILITIES.

WORK THAT IMPACTS MEDICAL CENTER OPERATIONS

Prior to performing work that may impact Medical Center operations, the contractor must present to the University’s Representative a work plan that shows how Medical Center operations may be affected by its construction operations and what steps will be taken to minimize the impact. The work plan must be detailed on a Construction Impact Risk Assessment (CIRA) form (see the Appendix for the form and additional information). If necessary, the CIRA may need to be supplemented by drawings or sketches to provide clarification to the CIRA.

Work that impacts Medical Center operations is any work that directly or indirectly affects the daily routine of the Medical Center. It also includes work that may impact the visiting or general public such as interruption of normal vehicular and pedestrian access, parking, noise, vibration, deliveries, crane and equipment setups, street closures or detours, etc.

PATIENT PRIVACY

The Contractor must instruct his/her employees that proper behavior is expected in a Patient Care Environment. If work must be accomplished in a patient care area, the privacy of a patient’s care must be strictly understood and followed by all workers.

PATIENT PRIVACY IS THE LAW. PATIENTS’ NEEDS TAKE PRIORITY OVER CONSTRUCTION NEEDS. NON-COMPLIANCE TO PATIENT PRIVACY MAY RESULT IN IMMEDIATE REMOVAL FROM THE MEDICAL CENTER.

SECURITY ISSUES AND ACCESS

Should the contractor require access to any of the utility or electrical panel rooms, Facilities must be contacted and an engineer will unlock the space. No Facilities keys will be given to any contractor.

All contractor locksets on the project(s) site must be keyed alike and a key provided to the University representative. If the Construction crew needs to access any other area, they must contact the University’s Representative for assistance.

Contractors and Contractors’ employees will be issued temporary I.D. badges by the Owners Representative. Selected contractor personnel will be issued photograph badges. I.D. badges must be visible and worn at all times while working in the Medical Center.

JOINT COMMISSION STANDARDS
Strict guidelines require that safety not be diminished during construction and provide for more intensive Interim Life Safety Measures. The contractor is responsible for the review and implementation of the following:

- Provide additional fire extinguishers in the construction area as required to supplement existing Medical Center fire extinguishers.
- Conduct fire drills in the construction area as required to ensure contractor’s workers understand emergency procedures.
- Conduct daily safety surveys of the area.
- Conduct daily fire watch.
- Provide adequate barriers between the construction area and patients, staff, and the public.
- Provide clear signage to direct people away from hazardous areas.
- Construct dust partitions to reduce the possibility of infection.
- Reduce or eliminate vibrations caused by construction equipment that can damage sensitive Medical Center equipment or interfere with patient care activities.

HEALTH SCREENING FOR CONSTRUCTION STAFF

The University requires that before any construction worker is permitted to work in any patient care areas (working within 6 feet of patients), all workers complete health immunization screening for Tuberculosis, Measles, Mumps, Rubella, Varicella, Tetanus, Diphtheria, Pertussis Vaccine (Tdap) and Influenza vaccine. The University reserved the rights to request and upon request the contractor provide proof of the required construction worker vaccinations.

1. All UCLA facilities/Capital Programs and construction workers (Campus and Health System) will be officially on-boarded through Occupational Health and will be required to undergo health screening and yearly influenza vaccination.
2. For workers not employed by UCLA:
   a. Workers are not allowed into occupied patient rooms/treatment areas
   b. Workers should perform construction behind sealed barriers
   c. Barriers are required to be closed and adequately maintained
   d. Dust mats should be changed regularly when soiled
   e. Workers will not take hospital elevators with patients in them
   f. Workers will not come to work if they have fever, URI symptoms
   g. Workers will stay 6 feet away from patients at all times
   h. Workers who will be going into patient rooms where they will be within 6 feet of patients will require health screening prior to performing these activities (see above).

General contractors are strongly advised to provide Hepatitis B vaccinations for workers who deal with plumbing and raw sewage.

SAFETY AND HEALTH INSPECTIONS

The Medical Center reserves the right to conduct safety and health inspections in any area, as it deems necessary. The Medical Center epidemiologist may survey any construction area for the possibility of aspergillosis, and other construction-related infectious diseases. Results of this survey will be given to the contractor upon request. Facilities will monitor the project area and change air filters more frequently based on their current condition and the duration of the construction project.

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THAT THEIR WORKERS AND STAFF ARE IN GOOD HEALTH BEFORE WORKING IN A PATIENT CARE ENVIRONMENT.

CLINICAL EPIDEMIOLOGY and INFECTION PREVENTION

Medical Center and clinic construction, demolition and remodeling can be a risk factor for certain hospital-acquired infections in patients, especially those who are immunosuppressed. Activities that disturb dust may be associated with transmission of aspergillus, a fungus found in ceiling and wall spaces where dust has accumulated. Aerosolized fungal spores can be inhaled by a susceptible patient and cause disease. Because of this risk of disease, all projects that may result in dispersing settled dust should have an Infection Control Risk Assessment (ICRA) matrix and permit form as described below in the Construction Risk Assessment Policy.

In consultation with Clinical Epidemiology, the contractors may be required to attend up to four hours of training classes conducted by the Medical Center.

HANDLING EMERGENCIES
Personal Injury

If an accident occurs on Medical Center property, guidelines should be followed that have been established by the contracting company. If emergency services are needed for an injured contract worker, the Medical Center Emergency Department receives all types of major emergencies and/or can stabilize the patient until appropriate services can be obtained. The contractor may choose these options in conjunction or as they apply with the guidelines of their own company.

**Call 911 if outside** of the building, or **#36 if inside** of the building.

**UTILITY DAMAGE**

If utilities, such as electrical, water, medical gases, and central plant piping, etc. are damaged, **IMMEDIATELY call #36** or call the Operator by dialing “0”.

Contractors should post the Emergency Contact Poster (See Appendix) at selected locations on the job site and in the job office by the telephone.

**FIRE SAFETY**

Prior to each construction project the Construction Operations Planning Committee (Health System Facilities Manager, Safety Officer, University’s Representative, Manager of affected area(s) and Security) will determine the frequency of fire drills to be conducted throughout the duration of the project. The Contractor and his staff are expected to actively participate in any fire drill process. The University’s Representative will answer any questions regarding the fire-life-safety systems within the Medical Center, connecting water, additional fire equipment, and the necessity of fire drills, etc. The Contractor is expected to ensure all employees understand their role during a drill or Code Red.

**IN THE EVENT OF A FIRE, THE PROCEDURE IS “RACE”:**

- **R** – Remove persons in danger.
- **A** – Alarm, call 911 or #36 and pull Alarm Box.
- **C** – Contain fire; close doors in areas.
- **E** – Extinguish fire only if safe
  or Evacuate area properly; horizontally and vertically

**NOTE:** #36 IS ONLY USED FOR EMERGENCIES.

**INTERIM LIFE SAFETY MEASURES**

The area under construction must be assessed for possible compromise to the Building Life Safety System. Interim Life Safety Measures will be developed with the University’s Representative and Medical Center for all such items and a plan will be maintained by the Contractor and Medical Center owner/agent including specific issues, plans during impairment, responsible individuals and schedule/times. A specific form will be used for documentation purposes and identifying which measures will be implemented. Contractors are expected to comply with the plan’s measures.

* **FIRE AND SMOKE BARRIERS SHALL BE MAINTAINED AT ALL TIMES.**

* **NOTE:** NO WORK MAY BE DONE TO THE FIRE DETECTION OR FIRE PROTECTION SYSTEMS UNLESS THE WORK IS COORDINATED AND RECEIVES PRIOR APPROVAL BY THE FOLLOWING MEDICAL CENTER STAFF:
  - Director, Manager or Sr. Superintendent of Health System Facilities
  - Assigned Project Manager or designee from the Health System Planning, Design and Construction Office
  - UCMT (where applicable)
  - Hospital Safety Officer
EVACUATION

Should an earthquake, explosion, fire, or other disaster occur that requires evacuation of the Medical Center, the Contractor must designate specific collection points for its workers that are in harmony with the Medical Center’s evacuation plan.

If Contractor’s employees volunteer to assist the Medical Center in the event of an earthquake, or any other disaster, the workers must report to the designated Medical Center representative before assisting with Disaster duties. If any construction worker is injured while performing volunteer work, the injured worker may be taken to the designated emergency treatment center.

The contractor shall follow all exit signs, evacuation plans and procedures to properly exit the facility.

APPENDIX

Emergency Preparedness Program (HICS)
Code Red - Emergency Fire Procedure – RACE
Interim Life Safety Plan
Construction Risk Assessment & Mitigation Policy
Emergency Contact Poster
EMERGENCY PREPAREDNESS PROGRAM (HICS)

MEDICAL CENTER EMERGENCY PLAN

The Hospital Incident Command System (HICS) is designed to manage the consequences of natural disaster or other emergencies that disrupt the hospital's ability to provide patient care.

Definitions

Incident
- Any event that has the potential of becoming a major event or disaster impacting one or more departments or areas.

Disaster
- An incident that results in an overload of either: existing personnel, supplies, or equipment.
- An incident that occurs in a situation where resources for back-up staff and equipment are not readily available in an amount of time to reduce risk to person and property.

Responsibility

Activation and termination of HICS shall be by direction of the highest-ranking Administrative Officer on duty.

Activation

- CODE TRIAGE STANDBY - Indicates an incident which may have occurred, or which may occur and has the potential for becoming a major event. The Charge person in each Department will locate the "Disaster Manual", complete the Department Status Report (DSR) and send a copy to the Command Center. All other on-duty hospital personnel will continue with normal operations and wait for further instructions.

- CODE TRIAGE ACTIVATE - Indicates an incident that meets Disaster criteria and necessitates immediate activation of the HICS plan. The Charge person in each Department will locate the "Disaster Manual", complete the Department Status Report, and send a copy to the Command Center. The Department Specific Disaster Response Plan must be activated. As appropriate, personnel will be asked to report to the Labor Pool. Listen for further instructions.

Deactivation

- "CODE TRIAGE All Clear" - will be authorized by the Incident commander and announced overhead three times by the operator.

Overhead Emergency Pages

Emergency pages are used at the Medical Center to alert staff to potential emergency situations and to summon staff, which is responsible for responding to specific emergency situations. You may hear the following emergency pages while you are working:

- **Code Blue: Medical Emergency – Cardiac or Pulmonary Arrest**
  - Dial #36

- **Code Gray: Abusive or Combative Patient or Visitor**
  - Dial #36 and request Code Gray to location

- **Code Silver: Threat by person with weapon or hostage situation**
  - Stay clear of the area

- **Code Pink: Possible Infant Abduction**
  - Cover all exits, stairwells and elevators near your area
Code Purple: Possible Child Abduction
- Cover all exits, stairwells and elevators near your area

Code Triage Internal: Internal Disaster/Stand-By and Activate

Code Triage External: External Disaster/Stand-By and Activate

Code Orange: Major Chemical/Hazardous Materials Spill or Incident

Code Red: Fire – Remember RACE

R – Remove persons in danger
A – Alarm, Call 911 or #36 and pull Alarm Box
C – Contain fire; close doors in area
E – Extinguish fire only if safe
Or E – Evacuate area properly; horizontally or vertically

REMEMBER: “#36” is dialed from any campus phone for emergencies only.

FIRE AND LIFE SAFETY

The Medical Center has carefully developed extensive plans for fire emergencies, which each employee must understand and be ready to implement.

Basic Fire Information

- **AVOID PANIC** - The greatest danger in most fires is panic. Do not alarm patients by excited motions. Never shout "fire." Patients look to you for protection. Appear calm and move with assurance.

- **PREVENT FIRES** - Good housekeeping is the best guarantee against fire. Do all you can to maintain order and cleanliness in the interest of fire prevention. Make it a habit to watch for fire hazards.

- **BE ALERT FOR SIGNS OF FIRE** - If you see or smell smoke, report it immediately for investigation. Early detection enables prompt fire extinguishment. Form habits of watchful care; above all, be alert at night, for help is most scarce during the late hours.

- **KNOW THE LOCATION OF FIRE EXTINGUISHERS IN YOUR AREA** - Use the right extinguisher on the fire. Think over the instructions you have been given in the use of fire extinguishers.

- **LEARN THE EMERGENCY PROCEDURES** - Know exactly what your duties are. Memorize location of fire extinguishers, fire alarm pull stations and evacuation routes in your assigned area.

OSHA BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN - UNIVERSAL PRECAUTIONS

UCLA Health System has a detailed policy called the Bloodborne Pathogen Exposure Control Plan. The objective of the plan is to provide information about bloodborne pathogens and describe how an employee can protect him or herself from exposure. Key elements of the plan include hand washing techniques, use of personal protective equipment (PPE) which includes gloves, masks, gowns, and goggles, and describes safe methods for disposal of sharps.

Health System employees use "Standard Precautions" with ALL patients, regardless of their diagnosis. If an employee is exposed to blood or other potentially infectious body fluids while on duty, it must be reported to the manager of the department and Occupational Health. A Custodial Officer/Agent must report any exposure to a bloodborne pathogen to the Nursing Unit Manager/Charge Nurse, and to their own employer.
FIRE - CODE RED WILL BE ANNOUNCED OVERHEAD
Emergency Fire Procedures - RACE

Any employee who discovers a fire or pre-fire condition, such as smoke or melting wires (“CODE RED”) will follow the steps in this procedure. All personnel should familiarize themselves with all portions of this procedure.

IN THE EVENT OF A SUSPECTED OR CONFIRMED FIRE, REMAIN CALM AND IMMEDIATELY DO THE FOLLOWING:

**Remove** all personnel from the immediate fire area if it is safe to do so.

1. When possible secure a physician or charge nurse to supervise patient evacuation.
2. Attend to injured and/or non-ambulatory persons.
3. Evacuate patients to a safe refuge area beyond smoke barrier doors. Primary route of evacuation should be horizontally to a safe refuge area beyond smoke doors.

Activate **Alarm** and notify others.

1. Activate nearest audible fire alarm by pulling the handle down. This alarm also notifies the Fire Department.
2. Report the fire to the Emergency Dispatchers by dialing 911 and to Medical Center Communications by dialing “#36”. Provide the following information:
   a) Location of event including building, floor and room number (i.e. -1111-1a)
   b) description of problem
   c) your name
   d) Notify other staff members and employees in the area to obtain assistance.

**Contain** the fire and the smoke by closing all doors leading into and surrounding the fire area. Do not lock them.

Attempt to **Extinguish** the fire only if safe to do so or **Evacuate** the area.

1. Select the proper type of extinguisher (in most cases, type A-B-C), attack the base of the flame, sweeping nozzle back and forth as you advance.
2. Do not allow the fire and smoke to get between you and your escape route.
3. Be alert for re-kindling of the flame.
4. If there is smoke or heat, stay low.
5. Do not arbitrarily open or break window, although the Fire Department may order this done to evacuate smoke.
6. Do not open any door without first feeling it near the top. If it is hot, do not open the door.
INTERIM LIFE SAFETY PLAN

AREAS OF NEW CONSTRUCTION OR RENOVATION

It must be verified that UCLA MEDICAL CENTER'S interim life safety measures are fully adhered to in areas where new construction or renovations are taking place.

DEFINITION:

Interim safety measures - A series of operational actions taken to reduce the hazard posed by temporary life safety deficiencies during, and until the completion of a construction or renovation program.

RESPONSIBILITIES:

Safety Officer

- Decides when Interim Life Measure is necessary.
- With the help of the Project Manager of the project, will determine administrative actions that should be implemented.
- Audits the project’s ILSM documentation weekly and makes adjustments as needed to the plan.
- Performs the daily inspections and fills out the inspection form.
- Responsible for the documentation necessary to support each administrative action implemented.
- Maintains the ILSM documents with the project file for a period of at least 3 years.

OBJECTIVES:

- Ensures that appropriate exiting is maintained. Where exits are blocked, ensures alternate exiting is provided and staff is provided with appropriate training. Where other structural features of fire safety are compromised, staff is provided with appropriate training for awareness and alternatives.

- Ensures that the function of all fire warning and safety systems is not impaired during the period of construction, or the development of alternative systems that maintain the same level of safety are provided. Ensures the testing/inspection of alternative systems in excess of JC standards (monthly at a minimum) is accomplished.

- Development and enforcement of storage practices that reduce and maintain combustible load at the lowest level acceptable for hospital operations.

- Fire drills in excess of JC requirements (requiring a minimum of 2 per shift per quarter per building).

- Provision of additional fire fighting equipment and training of personnel as to its use appropriate to the hazard potential.

- Temporary construction partitions must be non-combustible or limited combustible material that will not contribute to the development or spread of a fire, smoke tight and have smooth, clean surfaces.

- Strict enforcement of hospital, housekeeping (refuse removal) policies/procedures, or, if necessary, development of additional policies as required to ensure safety for the duration of construction.

- Increased enforcement of the smoking policies specified by JC standards and if necessary, development of additional policies to meet the needs of the situation.

- Increased safety in-service education programs.

- Increase hazard surveillance programs and documentation of problem resolution.

- Increase grounds surveillance programs to manage hazards presented to the facility during construction, such as combustible storage, field offices, excavations and emergency accessibility.
• On larger projects the attached VA VISN 1 Healthcare's construction/renovation project safety review check list must periodically be filled in and given to the manager of Facilities.

• Where deficiencies are identified under the JC Statement of Conditions, it may be necessary to implement interim life safety measures (administrative actions) to compensate for the deficiencies until such time said deficiencies have been resolved. This may include but is not limited to double fire drills, modifications of the fire plan, training, etc.

• If the suppression or detection system has been shut down or deactivated for four or more hours, a fire watch should be implemented during the time of the shutdown. Other administrative actions may also apply.
CONSTRUCTION RISK ASSESSMENT AND MITIGATION

PURPOSE:

To present procedures to be implemented during the design, planning and construction phases to assess and reduce risk and minimize the impact of these activities to patients.

POLICY:

When planning demolition, construction or renovation work, it is the policy of the UCLA Medical Center to conduct a proactive risk assessment using risk criteria to identify hazards that could potentially compromise patient care in occupied areas of the Medical Center’s buildings.

I Scope
This policy applies to any demolition, construction or renovation work that could potentially compromise patient care in occupied areas of the Medical Center’s buildings.

II Pre-Construction Activities
Prior to performing work that may impact patient care, the contractor must present to the University’s Representative a work plan that shows how hospital operations may be affected by its construction operations and what steps will be taken to minimize the impact. The work plan must be detailed on a Construction Impact Risk Assessment (CIRA) form (see attachment).

III Infection Control
If any dust will be generated from the construction activity, the contractor must determine the level of containment required by referring to the Infection Control Risk Assessment (ICRA) matrix and permit form (see attached). Projects requiring Level III or IV containment will require a completed ICRA form.

IV Authorization
A Pre-construction approval for projects as defined under “Scope”, above, must be obtained from the following persons or representatives thereof:
  • Medical Center Infection Control (Hospital Epidemiology)
  • Medical Center Safety Officer
  • Health System Facilities Representative
  • UCLA Project Manager

B Pre-construction approval for Level III or IV projects as defined in the ICRA must be obtained from the following persons or representatives thereof:
  • Medical Center Infection Control
  • Medical Center Safety Officer
  • Health System Facilities Representative
  • Contractor or Facilities

V Notification
In addition to the above notifications, project managers or individuals, who oversee a construction project which may impact occupied areas of the Medical Center’s buildings, must notify the supervisor of the affected area at least 48 hours prior to commencement of work.

VI Monitoring
In addition to the UCLA project manager, monitoring of construction projects will be maintained by Medical Center Infection Control, the Safety Office and Medical Center Administration throughout the duration of construction in order to ensure adherence to infection control and safety requirements.

VII Completion
The Project Manager will notify Hospital Epidemiology upon completion of the construction project. Hospital Epidemiology will then conduct a final inspection prior to giving approval for removal of the barriers and/or putting the area into service.
Barriers for a Level III or IV containment will not be removed until the project has received this inspection and clean up has taken place in accordance with instructions on the Infection Control Construction Permit.

VIII Post-Construction Acceptance Sign-Off
Post-Construction Acceptance sign-off of the CIRA will be initiated by Hospital Epidemiology upon completion of the project and final inspection. The contractor MUST inform Hospital Epidemiology 24 hours in advance of project completion so a scheduled final walk through can be performed before the barriers can come down. The CIRA will then be signed off by the Safety Officer and Hospital Administration.

Please contact the Health System Facilities department at (310) 794-4244 or email styra@mednet.ucla.edu to obtain the CIRA/ICRA forms.

References:
Santa Monica-UCLA Medical Center “Dust Control Policy”.
JC Life Safety Standard LS.01.02.01
2001 AIA Guidelines: 5.1 Planning & Design Overview.

EMERGENCY CONTACT POSTER
(See following Page)
Secure the Situation and **IMMEDIATELY** Notify

Health System Communications at:

#36
I acknowledge that I have been provided with a copy of the UCLA Health System Contractor’s Handbook and understand that I am expected to read and comply with the established guidelines, protocols and policies listed within.

I further acknowledge that the contents of the handbook are minimum requirements for maintaining a safe environment during periods of construction and are not intended to reflect completely what I am required to comply with in accordance with federal, state and/or local codes and regulations.

Name (Print): _______________________________  Date: __________________

Signature: ____________________________________________________________________

Company/Department: ____________________________________________________________________