

Exhibit H

2023/24

Contractor Construction Safety Program



**Parkland Health
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Dallas, Texas 75235**

Contents

Scope/Intent	3
Introduction	3
Safety and Health Objectives.....	3
General Safety Rules	4
Jobsite Inspections	5
Interim Life Safety Measures (ILSM)	5
Pre-Construction Risk Assessment (PCRA).....	6
Contractor Competent Safety Person.....	6
Personal Protective Equipment (PPE)	7
Lockout Tag out Procedure	7
Hot Work	7
Smoke Detectors.....	7
Utility Work.....	8
Emergency Shutoff.....	8
Above Ceiling Permit	8
Containment Requirements	8
Infection Prevention	8
Special Care Areas.....	9
Food and Drink.....	9
Blood Borne Pathogens/Exposures.....	9
Dust Mitigation.....	10
Parkland Safety and Emergency Alerts	10
Confined Space Entry	10
Crane Operations	10
Asbestos.....	10
Tobacco/Smoking Policy.....	10
Safety Data Sheets (SDS/MSDS)	10
Badging.....	11
Parking.....	11
Job Safety Training.....	11
Tools	11
Reportable Events.....	11
EMERGENCY RESPONSE PROCEDURES.....	13
Fire Alarm Response Procedures.....	13
Permits & Assessments.....	14
Parkland Main Campus Map	18
Forms.....	19

Construction and Renovation

Scope/Intent

To establish guidelines and specific instructions for all contractors and staff working at Parkland, to abide by, for the protection of patients, employees, the general public and contractors' personnel. These instructions apply to all construction and renovation projects to include data and telecom cabling installation.

Introduction

Contractors, subcontractors and staff working at Parkland are required to follow Parkland's established policies and procedures concerning safety, construction and infection control. No construction project or task is more important than the health and safety of patients, visitors, employees and workers. Quality health care is top priority.

If a job represents a potential safety or health threat, every effort will be made to plan a safe way to do the task.

Every procedure must be a safe procedure. Shortcuts in safe procedures will not be tolerated.

If any worker observes any unprotected job or associated condition, which may pose a potential threat to their health or safety, he/she must inform Parkland management and management must take adequate precautions.

Contractors working at Parkland will be required to have a written Site-Specific safety plan submitted to the Program Manager or the Safety officer of the contractor team and PDC Project Management.

Safety and Health Objectives

Contractors working at Parkland must plan to achieve a safe workplace through the following:

- Using a competent safety person.
- Continually making job site safety inspections.
- Enforcing the use of safety equipment.
- Following Parkland's safety procedures and rules.
- Providing on-going safety training.
- Enforcing Parkland's safety rules and using appropriate discipline.
- Preparing Incident Reports for all noted reportable events and noted "close calls".
- Complying with Parkland's policies concerning:

Above Ceiling Permits	ID Badging
Asbestos	Infection Control
Barrier Management (Wall, Floor Penetrations, etc.)	Lockout Tag out
Crane Safety	Parking
Confined Space	PCRA/ICRA
Dust Control	Scaffold Safety
Fire Protection System Impairment	Security
Fire Safety	Tobacco/Smoking
Hot Work Permit	Use of Parkland Facilities
ILSM	Utility Interruption

General Safety Rules

ALL OF PARKLAND'S SAFETY RULES **MUST** BE OBEYED. FAILURE TO DO SO BY ANY CONTRACTOR'S EMPLOYEE WILL RESULT IN A DISPLINARY ACTION AND/OR REMOVING THAT PERSON FROM THE PREMISES

1. Keep your mind on your work at all times. No horseplay on the job. Injury or removal from the job or both can be the result.
2. Personal safety equipment must be worn as prescribed for each job; such as safety glasses for eye protection, hard hats, and safety vests at all times within the confines of the construction area where there is a potential for falling materials or tools, gloves when handling materials, and safety shoes are necessary for protection against foot injuries. Everyone entering the construction zone must have full PPE for all times within the construction zone, no exceptions.
3. Precautions are necessary to prevent sunburn and to protect against burns from hot materials.
4. If any part of your body should come in contact with an acid or caustic substance, rush to the nearest water available and flush the affected part. Secure medical aid immediately by calling 911.
5. Watch where you are walking. Don't run.
6. The use of illegal drugs or alcohol or being under the influence of the same on the project shall be cause for removal from the project. Parkland has a zero-tolerance policy regarding drug and alcohol use on Parkland property.
7. Workplace violence will not be tolerated; Parkland has a zero-tolerance policy regarding workplace violence.
8. Do not distract the attention of fellow workers. Do not engage in any act which would endanger another employee.
9. Coordinate with Parkland's Program Manager on the use of sanitation facilities. Defacing or damaging these facilities is forbidden.
10. Hand washing sinks are not to be used for construction or renovation purposes except with approval by the Program Manager. Outdoor handwashing sinks may be appropriate for outdoor construction sites where port-a-pottys are used.
11. A good job is a clean job, and a clean job is the start of a safe job. So, keep your working area free from rubbish, dust and debris.
12. Do not use a compressor to blow dust or dirt from your clothes, hair, or hands.
13. Never move an injured person unless it is absolutely necessary. Further injury may result. Keep the injured as comfortable as possible and utilize job site first-aid equipment until an ambulance arrives.
14. Know your emergency exit routes and follow Parkland's policies and procedures that apply to emergency response and routine drills.
15. Know where firefighting equipment is located and be trained on how to use it.
16. Lift correctly - with legs, not the back. If the load is too heavy GET HELP. Stay fit. Control your weight. Do stretching exercises. Approximately twenty percent of all construction related injuries result from lifting materials.
17. Nobody but operator shall be allowed to ride on equipment unless proper seating is provided.
18. Do not use power tools and equipment until you have been properly instructed in the safe work methods and become authorized to use them.

19. Be sure that all guards are in place. Do not remove, displace, damage, or destroy any safety device or safeguard furnished or provided for use on the job, nor interfere with the use thereof.
20. Do not enter an area which has been barricaded.
21. Entry into any portion of the construction zone must come through a designated portal.
22. Never oil, lubricate, or fuel equipment while it is running or in motion.
23. Use the "four and one" rule when using a ladder. One foot of base for every four feet of height.
24. Portable ladders in use shall be equipped with safety feet unless ladder is tied, blocked or otherwise secured. Step ladders shall not be used as a straight ladder.
25. Use ladders according to related OSHA Standard, general ladder safety and instructions.
26. Ladders must extend three feet above landing on roof for proper use.
27. Defective ladders must be properly tagged and removed from the project site.
28. Keep ladder bases free of debris, hoses, wires, materials, etc.
29. Build scaffolds according to manufacturers' recommendations and applicable OSHA Construction Safety Standard.
30. Scaffold planks shall be properly lapped, cleated or otherwise secured to prevent shifting.
31. Use only extension cords of the three-prong type. Use ground fault circuit interrupters at all times and when using tools in wet atmosphere (e.g. outdoors) or with any temporary power supply. Check the electrical grounding system daily.
32. Use approved fall protection procedures and comply with related OSHA Standard regarding fall protection.
33. Never throw anything "overboard". Someone passing below may be seriously injured.
34. Open fires are prohibited.
35. Know what emergency procedures have been established for your job site. (Location of emergency phone, first aid kit, stretcher location, fire extinguisher locations, evacuation plan, etc.). Call 911 from within the Hospital to report emergency situations.

Jobsite Inspections

Parkland has a pre-construction Risk Assessment (PCRA) policy, which includes an Infection Control Risk Assessment (ICRA) and an Interim Life Safety (ILSM) policy in place. Parkland personnel are required to conduct daily and weekly job inspections to comply with those policies. Contractor is responsible for becoming familiar with and complying with the specific PCRA/ICRA requirements for each project.

Interim Life Safety Measures (ILSM)

ILSM's are a series of 14 administrative actions, as outlined by The Joint Commission (TJC) Life Safety Standard, required to be taken, as appropriate to temporarily compensate for hazards posed by construction and renovation activities within the Hospital buildings.

ILSM's are required in and adjacent to all construction/renovation areas as assessed by the Hospital's Fire Marshal and apply to all personnel including Parkland employees, health care providers, contractors/sub-contractors and consultants,

When required, ILSM's must be implemented at project startup and continue until the hazard posed by the construction or renovation activity is removed.

Pre-Construction Risk Assessment (PCRA)

A PCRA must be conducted before any work commences. If identified as necessary during PCRA, an ICRA and/or ILSM must also be completed before work commences on project. Contractors working at Parkland must comply with the PCRA findings and are required to implement all items on the daily, and ILSM reports, as applicable, with no exceptions. The Contractor is responsible, at the contractor's expense, to implement all of the requirements of the ICRA/PCRA, including negative air machines, containment buggies, containment walls, etc. The Contractor's competent safety person, or other designated person, must conduct frequent tours on each job site and observe potential safety/health hazards, including the potential hazards of confined spaces and develop a site specific safety plan, when required, for safeguarding the Hospital, which may include the following:

- Removing the hazard when discovered.
- Guarding against the hazard as require by the PCRA, ICRA and ILSM.
- Providing personal protective equipment and enforcing its use.
- Training workers in safe work practices and implementation of Parkland's applicable policies.
- Coordinating protection of workers through other contractors.
- Communicating newly identified risks to Parkland designated Project Manager.
- Communicating any changes in demolition, construction, or renovation due to unforeseen issues in project to Program Manager for evaluation.

Parkland will retain all records related to safety inspections and correctional steps.

Contractor Competent Safety Person

The Contractor must designate a competent safety person, as defined by OSHA 1926 to implement the safety requirements when working at Parkland construction or renovation projects. The responsibilities for this position are as follows:

- Assure a safe workplace and OSHA compliance.
- Identify and correct potential job hazards and reportable spills.
- Assuring compliance with Parkland's construction safety and health standard requirements.
- Conducting regular safety inspections.
- Establishing safety procedures.
- Assure regular safety training with lead persons on site.
- Training their employees on Parkland's Emergency Response and Infection Prevention Procedures.
- Maintaining safety and training records.

Personal Protective Equipment (PPE)

All construction personnel must be protected from hazards in the workplace by using appropriate PPE, including but not limited to:

- A. Head protection (hard hats) to be worn on all job sites when there are potentials of falling objects, hair entanglement, burning, or electrical hazards. Hard hats are for protection against impact and penetration of falling objects. Hard hats must meet ANSI specifications.
- B. Eye and face protection when there are potentials of hazards from flying objects or particles, chemicals, arcing, glare, or dust.
- C. Protective footwear to protect from falling objects, chemicals, or stepping on sharp objects. Athletic or canvas-type shoes shall not be worn.
- D. Safety vests in a bright safety appropriate color.
- E. Protective gloves or clothing, when required, to protect against a hazard.
- F. Harnesses and lanyards for fall protection as required in OSHA Construction Safety Standards.
- G. Protection against the effects of noise exposure. Also, take appropriate measures to protect Hospital occupants from noise pollution.
- H. Respirators in accordance with the applicable OSHA Standard when such equipment is necessary to protect the health of the employee.
- I. Infection Prevention required PPE if in designated isolation areas or special care areas.

Lockout Tag out Procedure

For projects involving electrical work, Contractor must have a documented lockout and tag out procedure on site and must coordinate any lockout or tag out process with Parkland's Program Manager and the Engineering Department and must follow Parkland's written policy on lockout tag out.

Hot Work

For work involving hot work, Contractors and subcontractors must have a current hot work permit issued by Parkland's Safety Office and/or the City of Dallas. See Figure 1 – Parkland Hot Work Permit.

Welding, cutting, grinding and burning operations, or any other heat or spark producing operations must be performed in accordance with OSHA 29 CFR 1926 Subpart J. Contractor must obtain a Hot Work Permit from the Parkland Safety Office prior to any scheduled hot work. A fire extinguisher that has a current inspection must be maintained in the immediate access area of the hot work at all times.

All compressed gas cylinders must be transported, handled and stored in accordance with OSHA 29 CFR 1926 Subpart J.

Acetylene gas and other flammable gases must be removed, by the contractor, from the hospital at the end of business day before leaving the job site.

All compressed gas cylinders must be secured at all times.

Smoke Detectors

Smoke detectors within the work area must be covered by the appropriate covers to prevent false alarms. Coordinate with the Program Manager and Foreman to obtain the approved covers. Covers may be in place when work is in effect. Remove covers when areas are not occupied.

Utility Work

Utility shutdown or interruption must be coordinated with the Parkland's Program Manager and the Engineering Department before any work is scheduled.

Emergency Shutoff

Contractor must immediately notify the Program Manager, Foreman and the Engineering department in the event there is a need for an emergency shutoff of utilities. Contractor must retain phone numbers and pagers of Parkland's Foreman, Program Manager and the Engineering department for that purpose.

Above Ceiling Permit

For above ceiling work ICRA comes first, all contractors working at Parkland must obtain an above ceiling permit from Program Manager and the Fire Marshal in the Engineering Department prior to accessing any ceiling in the hospital. If using containment or HEPA filtration for above ceiling work, contractors must ensure that containment units are flush with ceiling.

Containment Requirements

Contractor must use containments with separate anterooms for work areas where required. Containments with HEPA filtration must be used in all patient care areas. Mobile containment units must extend to existing ceiling and must be properly sealed.

Infection Prevention

Due to the nature of the high risk patients that receive care at Parkland, it is important that all efforts are made to prevent the introduction and spread of infectious diseases in the facility.

Illness/Disease

A contractor will not be allowed to work on Parkland projects until evaluated by a physician if they have any of the following symptoms:

- Fever over 100 degrees Fahrenheit
- Diarrhea
- Eye Infection
- Draining Wound that cannot be covered
- Undiagnosed rash

Please see Occupational Health Services Policy OHS 6-26 for additional information and exclusion criteria.

Depending on the level of Infection Prevention Risk, the contractor may be required to provide evidence of immunizations or testing for its workers, including TB, Diphtheria, Hepatitis B, Measles, Mumps, Rubella, Pertussis, Tetanus, Varicella and Seasonal Influenza.

Special Care Areas

Special Care areas are those defined by the Infection Prevention Department.

Additional precautions must be taken in special care areas to prevent illness in high risk populations. This includes but is not limited to:

- Tools shall be wiped with hospital approved disinfectant before entering special care areas.
- Donning of hospital approved PPE in isolation rooms/areas and special care areas.

Tools shall be wiped with hospital approved disinfectant or bagged for later disinfection before exiting contact isolation rooms.

Hospital Approved Disinfectants:



Oxivir Tb Wipes



PDI Bleach Wipes

**Follow manufacturer's instructions for required contact time for each product. Contact Infection Prevention at 214-590-8127 with any questions.*

Food and Drink

For protection of the contractors, food and drink shall not be consumed or stored in active construction sites.

Blood Borne Pathogens/Exposures

Biological hazards or containers that store biohazard items such as needles or sharps must be removed by Parkland personnel (or designated contracted service) only. If construction personnel find a biohazard container or biohazard material in a construction site, they must contact Parkland's Project Manager for proper handling and removal.

It is expected that contractors will have a low risk of exposure to blood or body fluids during work at Parkland, but evaluation may be necessary for contractors selected to work in high risk/special care areas. In the unlikely event that a contractor is stuck with a needle or contaminated sharp, contact Occupational Health at 214-590-8121 or page them at 214-786-8121.

Dust Mitigation

All possible efforts must be made by contractors to limit the amount of dust created and released at the job site and in surrounding area. Dust from construction/demolition/renovation may contain germs, molds, spores and various other items that have the potential to cause life threatening illness in Parkland's immune compromised patients and therefore must be prevented.

Dust mitigation activities include:

- Debris removal from site in clean covered bins
- Removal of debris from site at specified times or specific routes if deemed necessary in ICRA
- Use and regular replacement of adhesive walk off mats at entrances and exits to site
- Wet mopping or HEPA vacuuming immediate area around entrance and exit of site
- Water misting work surfaces to control dust disturbance during work
- All penetrations into site sealed (around piping and windows closed)
- All temporary partitions sealed to prevent dust escape
- Tools wiped down before removal from site
- Planning ahead to limit number of entrances and exits from site
- Negative air pressure maintenance in high dust generating sites
- Removal of dust from clothes before leaving site
- For excessive dust generation areas, sign to be posted to warn individuals of potential dust exposure

Parkland Safety and Emergency Alerts

While job is in progress, the prime contract, Project Superintendent and Project Safety Officer will have phone set to receive all Parkland Advisory Alerts. This is to be expanded to their contractors/sub-contractors that will be on site and directing staff.

Confined Space Entry

Contractor must coordinate entry to confined spaces with Parkland's Program Manager and the Safety Department and must follow Parkland's written policy on Confined Space Entry.

Crane Operations

Crane operations must be coordinated with the Engineering Department and the Department of Public Safety. A Crane Safety Checklist must be completed prior to any crane use at Parkland facilities. Crane safety checklist can be obtained from the Parkland Safety Office.

Asbestos

Unless clearly prescribed as part of the work scope, Contractor must not disturb any asbestos-containing material, as noted on the PCRA, and must coordinate any asbestos work with Parkland's Engineering Department and must follow Parkland's written policy on asbestos.

Tobacco/Smoking Policy

Contractors and their personnel are prohibited from smoking or using tobacco products at Parkland facilities and must abide by Parkland's non-smoking policy.

Safety Data Sheets (SDS/MSDS)

Contractor is responsible for compiling a master file of SDS/MSDS sheets of all hazardous chemicals and building materials used on Parkland projects. Contractor must also have a book containing all SDS/MSDS sheets at project site and shall submit copies with the closeout documents.

Badging

Contractor employees are required to obtain badges, issued by Parkland's Police Department, before working on any construction or renovation project. Contractor must coordinate issuance of badges with Parkland's Program Manager. Contractor employees and subs must wear their own badges at all times. Under no circumstances shall a person wear someone else's badge.

Parking

All contractor and subcontractor employees must park their vehicles in approved designated areas coordinated with Parkland's Program Manager. Contractors must not block public areas while loading and unloading materials and equipment.

Job Safety Training

Contractor is responsible for training his employees on:

- Parkland's policies and procedures, including ICRA/PCRA.

Tools

Tools must not be left unattended. Contractors must make every effort to keep tools and equipment concealed and out of reach of patients, public, or employees.

Reportable Events

Safety Incidents which shall also be expanded to include "close calls" are defined as follows:

- Physical Incidents of injury on site. This will be registered as a safety incident regardless of if the worker had to leave jobsite due to the incident to receive medical care. If worker has to leave site due to strain, sprain or cuts, and required treatment offsite a full incident report will be provided. Upon the worker's return to the site, a clearance letter that indicates he/she is physically capable to return to their duties. If worker is returned to the site with reduced jobsite responsibilities for any period of time, the lead contractor must notify the Parkland designated project manager and get approval.
- Illness becomes an incident of project safety if the illness is classified as a contagious illness. If illness is classified as contagious (not including cold symptoms or allergies), the worker should leave the jobsite to receive treatment and is required to present documentation that the contagious period has passed. A disinfection of the work area may be needed; contact the Program Manager for requirements.
- "Close Calls" shall be defined as jobsite occurrences that could have resulted in injury but did not due to no worker being directly involved with the scene. Frames, bracing collapse; items breaking loose due to inadequate securing, noted jobsite conditions that could result in injury would all be considered "close calls". Without exception, the reporting and documenting of "close calls" will be the same as reportable incidents.
- Other occurrences of close calls, improper or lack of minimum PPE on all employees at work site, improper usage or lack of a complete safety harnesses, improper usage of ladders, lack of adequate safety railing, careless or dangerous storage of material or tools on site. All of these "close calls" will result in job shutdown until the conditions have been corrected.
- Reporting Process for Reportable Events: **See Figure 13**
 - Work in the immediate vicinity of the incidence or observation of a close call will be paused until the recording process at incident site has been completed.
 - Complete photographic documentation to be done.
 - Documentation of incidence reporter, contractor involved, subcontractor involved and name of any employee involved will be recorded.
 - Work to resume only when site is completely cleared and inspected by the lead contractor and PDC to confirm that work can resume.

- Written documentation will be prepared and circulated via PDC Project Manager to parties having jurisdiction. This documentation would have as an attachment the contractor prepared incident/safety report prepared specifically by the contractor team. This documentation will note the root cause of the incident and make recommendations to prevent repetition of incident. In most cases corrective action must be completed prior to resuming work.
- After the recording document has been received/reviewed, a review meeting with mandatory attendance from all parties (including the workman involved) will be conducted. The contractor/subcontractor will review the process conditions that resulted in the incident/close call will be discussed and action items for corrective measures of future presentation shall be agreed to and a timeline for implementation also agreed to.
- Documentation that condition has been addressed and corrected will be presented to PDC for review/approval.

EMERGENCY RESPONSE PROCEDURES

In case of an emergency on site the following procedures should be instituted at:

Emergency Police Dispatch

On & Off Campus	911
Safety Officer	469-419-5020
Disaster Management	469-419-7082

Medical Emergency Codes

On & Off Campus Incident type	Plain Language
Utilities Downtime/Outage	Facility Alert – Utility Descriptor – (Location) – Follow Downtime Procedures - Command Center Activated/Not Activated
Emergency Operations Response Plan Activation	Disaster Alert – Descriptor - Command Center Activated/Not Activated - (Location)
Medical Decontamination Team Activation	Facility Alert - Decon Team Activation- (Full / Partial)
Fire Alarm Activation	Facility Alert – Fire Alarm Activation – (Location)
Bed Capacity	Facility Alert – Bed Capacity level 1, 2, or 3 – Command Center Activated/Not Activated (Description)
Severe Weather	Weather Alert (Description) – (Location)
Tornado	Tornado Warning (Description) – (Location)
Active Shooter	Security Alert – Active Shooter (Location) – (Protective Actions)
PHHS DCHS event Notification	PHHS DCHS Event Notification (details)
Missing Infant - endangered	Infant / Child Alert (Location) – (Description)
Missing Patient-endangered	Patient Alert (Description) – (Location)
Cardiac Arrest	Code Blue + Location
Medical Assist	Medical Assist + Location
Security Watch	No longer used
Bomb Threat	No longer used

Fire Alarm Response Procedures

- 1) “I” Occupancy Building – Buildings with Inpatients
 - a) **R.A.C.E.:** Rescue, Alert, Confine, Extinguish
 - b) Evacuate – Determined by Parkland Incident Command
- 2) “B” Occupancy – Buildings where Business is conducted
 - a) **R.A.C.E.:** Rescue, Alert, Confine, Extinguish
 - b) **P.A.S.S.:** Pull, Aim, Squeeze, Sweep
 - Stay where you are if it is safe to do so
 - Do not use elevators
 - Do not go around fire doors and fire curtains

Permits & Assessments

Hot Work Permit – Issued to contractor for all work which produces a flame, hot spot, or fire related concern. This includes grinding, torching, and metal cutting. See Figure 1 – Hot Work Permit.

<u>Description:</u>	Prime contractor requests permit for each activity that is covered by work type. A permit will be issued once walkthrough and permit has been completed.
<u>Env. of Care Policy:</u>	EC-40-02
<u>Form:</u>	Forms are distributed by the Parkland's Parkland Safety Office.
<u>Responsible Party:</u>	Prime Contractor.
<u>Issued by:</u>	Parkland's Parkland Safety Office – (469) 419-5020, or (469) 419-4996.
<u>Closure:</u>	After work completion, but no more than one week, the permit must be returned. Fire safety watches must be completed for the subject area, as per policy.

Above Ceiling Permit – Issued to contractor for all work above ceiling work (including inspections, field verification). See Figure 2 – Above Ceiling Permit.

<u>Description:</u>	Prime contractor requests permit for each activity that is covered by work type. A permit will be issued once permit application has been completed. A walkthrough may be requested for work areas before permit is issued. An inspection must be requested and completed by at completion of each work area, see Wall or Floor Penetration Inspection below.
<u>Env. of Care Policy:</u>	EC-40-01
<u>Form:</u>	Forms are distributed by the Program Manager, Infection Prevention, and Engineering.
<u>Responsible Party:</u>	Prime Contractor.
<u>Issued by:</u>	Program Manager.
<u>Approved by:</u>	Infection Prevention (214) 590-8969 and the Fire Marshal (214) 590-4771.

Wall or Floor penetration inspection – All penetration Inspections are made by the Fire Marshal. All above ceiling work requires penetration inspection for walls, slabs, roofs, or other building elements before ceiling cover- up is allowed.

<u>Inspected by:</u>	Fire Marshal (214) 590-4771.
<u>Closure:</u>	After work is completed the work area must be inspected and the permit signed. Permit must be returned to the Program Manager.

Fire/Smoke detector or system Disruption – Issued to contractor for all work which requires a component of the fire/smoke system to be called out of service or covered to prevent false alarms due to dust generating work. See Figures 3 and 4.

<u>Description:</u>	Prime contractor requests permit for each activity that is covered by work type. A permit will be issued once permit form has been completed. A walkthrough may be requested for work areas before permit is issued. The area in question must be monitored on a continued basis by the contractor issued the permit until the area has been returned to service fully operational. Fire extinguishers must be present and displayed in clear sight within construction zone. NO FIRE/SMOKE DETECTOR OUTAGES CAN BE ISSUED IF HOT WORK IS ONGOING IN THE SAME FIRE/SMOKE COMPARTMENT.
<u>Env. of Care Policy:</u>	EC-40-09 & EC 8071-08-10
<u>Form:</u>	Contractor shall obtain a "Fire Protection System Impairment" request form from the EMCS foreman (214) 590-8130. Or, the forms are currently available forms are attached in EC policy online. All impairment requests must be submitted no less than 24 hours in advance. All work areas will have a pre sight/area inspection with contractor, EMCS Foreman, Fire Marshal.
<u>Responsible Party:</u>	EMCS Foreman – (214) 590-8130, Fire Marshal (214) 590-4771, and Power Plant Operator – (214) 590-5138 Engineering will address outage with the system and will notify the Fire Department of system downtime if required.
<u>Issued by:</u>	Prime Contractor or Program Manager.
<u>Closure:</u>	After work is completed the work area must be called back into service. All work areas will have a post sight/area inspection with contractor, EMCS Foreman, and the Fire Marshal.

Fire Sprinkler Disruption – Issued to contractor for all work which requires a shutdown of any component of the fire sprinkler system, including zone work, pumps, risers, etc. See Figures 3 and 4.

Description: Prime contractor requests permit for each activity that is covered by work type. A permit will be issued once permit has been completed. A walkthrough may be requested for work areas before permit is issued. The area in question must be monitored on a continued basis by the contractor issued the permit until the area has been returned to service fully operational. Fire extinguishers must be present and displayed in clear sight within construction zone. **NO FIRE SPRINKLER OUTAGES CAN BE ISSUED IF HOT WORK IS ONGOING IN THE SAME FIRE/SMOKE COMPARTMENT.**

Env. of Care Policy: EC-40-09 & EC 8071-08-10

Form: Contractor shall obtain a "Fire Protection System Impairment" request form from the EMCS foreman (214) 590-8130. **System Impairment** forms are attached in EC policy online. See Figure 3 – Fire Protection.

Responsible Party: EMCS Foreman – (214) 590-8130, Fire Marshal (214) 590-4771 and Power Plant Operator (214) 590-5138.
Engineering will address outage with the system and will notify the Fire Department of system downtime if required.

Issued by: Prime Contractor or Program Manager.

Closure: After work is completed the work area must be called back into service.

Lock-out/Tag-out Safety procedure – Permit in place for all work which requires a shutdown of any equipment or power source. See Figure 5 – LOTO Safety tag.

Description: Prime contractor or power plant employee must place permit on the location or locations which the power source is disconnected. Power sources include natural gas, oxygen, electrical, domestic water, process water, fire sprinkler, etc. The permit ensures that the power source remains disconnected while work is taking place. **ALL LOCK-OUT/TAG-OUT PERMITS MUST BE COMPLETELY FILLED OUT. PRIME PERSON LISTED MUST REMAIN PRESENT FOR THE ENTIRE DURATION OF THE OUTAGE.**

Env. of Care Policy: EC-10-07

Form: Forms are requirement of prime contractor. Forms can be purchased through Brady (Item No 65367). See Figure 5

Responsible Party: Prime Contractor supervisor & Power Plant supervisor.

Issued by: Contractor Provided.

Closure: After work is completed the power source must be returned back into service.

Crane Safety Checklist – Checklist for the use of a crane on Hospital grounds. See Figure 6 – Crane Safety Checklist.

Description: Prime contractor must submit safety checklist for all work which requires a crane or other movable lifting vehicle.
ALL CRANE SAFETY CHECKLISTS MUST BE COMPLETELY FILLED OUT. ONE COPY MUST BE SUBMITTED TO THE PARKLAND SAFETY OFFICE AND A SECOND COPY MUST BE SUBMITTED TO THE Program Manager PRIOR TO LIFTING OPERATION COMMENCING

Env. of Care Policy: CRANE SAFETY CHECKLIST

Form: Forms are requirement of prime contractor. Forms can be obtained through Safety Office.

Responsible Party: Engineering Office – (214) 590-5122, Safety Office (469) 419-5020, (214) 590-8606, or (469) 590-4996. See Figure 6

Issued by: Prime Contractor.

Closure: After work is completed an inspection of site, roof, and lifting path shall be completed to ensure that there is no building damage. This includes staging area, lay-down area, crane supports, roof or drop point, and trailer staging area.

Confined Space Entry – A pre sight/area inspection will be conducted before entry into any confined space. Inspection will be conducted by Contractor Competent personnel and Safety Office. See Figure 7 – Caution Flag posted during Confined Space Entry and Figure 8 – Confined Space entry Checklist.

Description: Prime contractor must receive prior approval before entry into hospital designated confined spaces.
Env. of Care Policy: No Parkland Employees are authorized for entry; therefore, no policy exists.
Form: Confined Space Entry Permit must be contractor provided by competent personnel.
Responsible Party: Safety Office – (469) 590-5020 or (469) 590-4996. See Figure 8
Issued by: Prime Contractor.
Closure: Signage removed and work stop notification provided to Safety Office.

Asbestos Abatement Request – Request form to engage Parkland contracted services for testing, survey, or abatement. See Figure 9 – Abatement Request Form.

Description: The objective of the Asbestos Control Program is to minimize the exposure of patients, workers, visitors, and employees to the hazard of airborne asbestos fibers.
Env. of Care Policy: ACM Policy.
Form: Forms must be completed and submitted by Program Manager.
Responsible Party: Program Manager and Engineering (214) 590-5117. See Figure 9
Issued by: Program Manager.
Closure: Abatement Documentation is completed by the Program Manager/Engineering.

Pre-Construction Risk Assessment (PCRA) – Issued by and to Design and Construction for all construction related projects. See Figure 10 – Pre-Construction Risk Assessment (PCRA).

Description: Program Manager completes the PCRA for each project or activity that is covered by work type.
Env. of Care Policy: EC-70-01
Form: Forms are distributed by the Planning Design & Construction
Responsible Party: Program Manager.
Approved by: PCRA Committee (Required signatures must be obtained).

Interim Life Safety Measures (ILSM) – Issued by the Fire Marshal for all construction related activities which require disruptions to corridors, exits doorways, exit stairway, exit pathway, or in suite egress pathway. See Figure 11 – Interim Life Safety Measures (ILSM).

Description: Interim Life Safety Measures must be posted in and around all areas affected. Training must be completed by the Fire Marshal for all staff in the affected areas. An inspection or simulation must be completed by during construction activities as determined by the Fire Marshal.
Env. of Care Policy: EC-70-01
Form: Forms are distributed by the Fire Marshal. Completed forms and associated communications are to be saved to the project folder.
Responsible Party: Program Manager.
Issued by: Fire Marshal (214) 590-4771.
Closure: After work is completed program Manager to notify the Fire Marshal and remove posted ILSM signage.

Infection Control Risk Assessment (ICRA) – Issued by the Infection Prevention department for all construction related activities which require infection control measures in place. See Figure 12 – Infection Control Risk Assessment (ICRA).

<u>Description:</u>	Program Manager requests assessment for each activity that is covered by work type. An assessment will be issued once completed. An inspection must be completed by the Infection Prevention department during construction activities on a daily or weekly basis as determined by the Infection Prevention department.
<u>Env. of Care Policy:</u>	EC-70-01
<u>Form:</u>	Forms are completed by Infection Prevention only.
<u>Responsible Party:</u>	Program Manager.
<u>Issued by:</u>	Infection Prevention (214) 590-8127.
<u>Closure:</u>	After work is completed Program Manager to notify IP representative.

[illegible]

Forms

Figure 1

<h1 style="margin: 0;">HOT WORK PERMIT</h1>			
BEFORE INITIATING HOT WORK, CAN THIS JOB BE AVOIDED? IS THERE A SAFER WAY?			
This Hot Work Permit is required for any temporary operation involving open flames or producing heat and/or sparks. This includes, but is not limited to: Brazing, Electric Arc Cutting, Soldering, Torch Applied Roofing and Welding.			
PART 1			
INSTRUCTIONS		REQUIRED PRECAUTIONS CHECKLIST	
1. FIRESAFETY SUPERVISOR: A. Verify precautions listed at right (or do not proceed with the work). B. Complete and retain Part 1. C. Issue Part 2 to person doing job.		<input type="checkbox"/> Available sprinklers, hose streams and extinguishers are in service/operable. <input type="checkbox"/> Hot Work equipment is in good repair. <u>Requirements Within 35 ft (11 m) of Work</u> <input type="checkbox"/> Flammable liquids, dust, lint and oily deposits removed. <input type="checkbox"/> Explosive atmosphere in area eliminated. <input type="checkbox"/> Floors swept clean. <input type="checkbox"/> Combustible floors wet down, covered with damp sand or fire-resistive sheets. <input type="checkbox"/> Remove other combustibles where possible. Otherwise protect with fire-resistive tarpaulins or metal shields. <input type="checkbox"/> All wall and floor openings covered. <input type="checkbox"/> Fire-resistive tarpaulins suspended beneath work. <input type="checkbox"/> Protect or shut down ducts and conveyors that might carry sparks to distant combustibles.	
HOT WORK BEING DONE BY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> CONTRACTOR _____		<input type="checkbox"/> Work on Walls, Ceilings or Roofs <input type="checkbox"/> Construction is noncombustible and without combustible covering or insulation. <input type="checkbox"/> Combustibles on other side of walls, ceiling or roofs are moved away.	
DATE _____ JOB NUMBER _____		<u>Work on Enclosed Equipment</u> <input type="checkbox"/> Enclosed equipment cleaned of all combustibles. <input type="checkbox"/> Containers purged of flammable liquids/vapors. <input type="checkbox"/> Pressurized vessels, piping and equipment removed from service, isolated and vented.	
LOCATION/BUILDING AND FLOOR _____		<u>Fire Watch/Hot Work Area Monitoring</u> <input type="checkbox"/> Fire watch will be provided during and for 60 minutes after work, including any coffee or lunch breaks. <input type="checkbox"/> Fire watch is supplied with suitable extinguishers, and where practical, a charged small hose. <input type="checkbox"/> Fire watch is trained in use of equipment and in sounding alarm. <input type="checkbox"/> Fire watch may be required in adjoining areas, above and below. <input type="checkbox"/> Monitor Hot Work area for 4 hours after job is completed.	
NATURE OF JOB _____		Other Precautions Taken: <input type="checkbox"/> _____ <input type="checkbox"/> _____	
NAME OF PERSON DOING WORK _____		I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for this work.	
SIGNED (ENGINEERING SAFETY LIAISON/SUPERINTENDENT) _____		PERMIT EXPIRES _____ DATE _____ TIME _____ AM PM	
NOTE: EMERGENCY NOTIFICATION ON BACK OF FORM. USE AS APPROPRIATE FOR YOUR FACILITY.			
F8071 (03/17) ENGINEERING SERVICES			

Figure 2

Firestop Management System

http://www.3m.com/fsmsweb/servlet/WorksitePermitAction


3M United States

3M Fire Protection Products
Version 1.3

[Logout](#) [Profile](#)

Logoff. You can change your password by clicking on the 'profile' button.

Contractor Welcome



Create Worksite Permit Request
Select a physical location and define the work to be performed

Worksite Permit Request for Parkland Hospital

Contractor: Parkland Life Safety Specialist

Contact Name: Michael W. Rader

Contact Training Date: 01/01/2000

Contact Phone: 214-590-4771

Worksite Permit Request Date: December 10, 2012

***Building:**

-- Select --

***Floor:**

-- Select --

***Room:**

-- Select --

Grid:

-- Select --

Hourly Rating:

--Select--

***Fire Barrier Penetrated:**

☐ Yes ☒ No

***Has ICRA Assessment been completed:**

☐ Yes ☒ No

***ICRA Permit Required:**

☐ Yes ☒ No

***Has ILSM assessment been done:**

☐ Yes ☒ No

***Is ILSM Permit Required:**

☐ Yes ☒ No

***Lock-out Tagout Permit Required:**

☐ Yes ☒ No

***Open Flame Permit Required:**

☐ Yes ☒ No

***Confined Space Permit Required:**

☐ Yes ☒ No

***Utility Shutdown Permit Required:**

☐ Yes ☒ No

Notes:

WorkPermit No: None

***Authorizer:** -- Select --

***Type of Work:** -- Select --

S.W.O:

[Facility Documents](#)

Submit

Cancel

* Asterisk indicates required field

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1 of 1

12/10/2012 10:05 AM

Figure 3

FIRE PROTECTION IMPAIRMENT REQUEST	
Number: _____	
<div><div>Requestor /Dept. /Phone No: _____ Date: _____</div><div>Location: _____</div><div>Reason for Request: _____</div></div>	
Requested Shutdown Date/Time: _____	
Estimated Shutdown Duration: _____	
<div>Request Approved by EMCS Foreman: _____</div>	
Fire Pump Shutdown Date / Time _____	
Notified <input type="checkbox"/> DFD @ (214) 670-4700 _____	
<input type="checkbox"/> Security Dispatch @ 28694 _____	
<input type="checkbox"/> Insurance Carrier @ (888) 216-9322 _____	
Fire Pump Restored to Service Date/Time _____	
Notified <input type="checkbox"/> DFD @ (214) 670-4700 _____	
<input type="checkbox"/> Security Dispatch @ 28104 _____	
<input type="checkbox"/> Insurance Carrier @ (888) 216-9322 _____	
Power Plant Forman Signature: _____	

[illegible]

Figure 5



Figure 6

<div><div>Parkland Hospital</div><div>CRANE SAFETY CHECKLIST</div><div><p>PURPOSE: This policy is directed at the use of cranes and other lifting devices on the Parkland Campus by employees, construction workers or subcontractors.</p><p>SCOPE: This policy applies to all lifting operations conducted on the Parkland Hospital campus.</p><p>REFERENCE: OSHA 29 CFR PART 1926.1427, Subpart CC, Cranes and Derricks, OSHA 29 CFR Part 1926 Subpart R Steel Erection</p><p>POLICY:</p><p>INFORMATION</p><p>The use of cranes and heavy lifting devices will be considered a high-risk operation. The potential for loss of life, injury, and property damage is great. OSHA 29 CFR PART 1926.550, Subpart N, Cranes and Derricks, and OSHA 29 CFR Part 1926 Subpart R Steel Erection, will be complied with.</p><p>General requirements: The employer shall comply with the manufacturer specifications and limitations applicable to the operation of any cranes or lifting devices. Where manufacturer specifications are not available, the limitations assigned to the equipment shall be based on the determinations of a qualified engineer competent in this field and such determinations will be appropriately documented and recorded.</p><p>All employees must be kept clear of loads about to be lifted and suspended loads.</p><p>Attachments used with cranes shall not exceed the capacity, rating, or scope recommended by the manufacturer.</p><p>Hand signals to crane and lifting device operators shall be those prescribed by the applicable ANSI standard for the type of crane in use. An illustration of the signals will be posted at the job site.</p><p>Inspections for each hoisting machine and piece of equipment will be maintained by the employer or contractor, including a record of the dates and results of inspection. These documents will be presented to the Parkland safety officer prior to conducting lifting operations. In accordance with 1926.753 (c) cranes will be inspected prior to each shift by a competent person.</p><p>Rigging will be performed by a competent person. The load will be rigged so the weight will be evenly divided among the lifting legs. Wire rope or sling inspections and safety factors will be in accordance with ANSI and SAE criteria.</p><p>Swing radius barricades: Accessible areas within the swing radius of the rear of the rotating superstructure of the crane, either permanently or temporarily mounted, shall be barricaded in such a manner as to prevent an employee from being struck or crushed by the crane.</p><p>Overhead wires shall be considered to be energized and handled appropriately.</p><p>Fire safety: An accessible fire extinguisher of 5BC rating, or higher, shall be available at all operator stations or cabs of equipment. Combustible and flammable materials shall be removed from the immediate area prior to operations.</p><p>Truck cranes: All truck cranes in use shall meet the applicable requirements for design, inspection, construction, testing, maintenance and operation as prescribed in the ANSI B30.5-1968 Safety Code.</p><p>Load limits: The project supervisor or designee will verify in writing, using the attached checklist, that the weight of the load is within the manufacturer limitations of the crane or lifting device and can be safely lifted. When the weight of the lifted load is unknown it is recommended that a professional engineer calculate the lift parameters.</p><p>Pre-Lift Safety Meeting: A meeting attended by the crane operator, signal person, all participating employees, the Parkland Safety Officer, and the project manager shall be held to review the appropriate requirements and the procedures to be followed. This meeting will be repeated for each new lift and anytime a new employee is assigned.</p><p>The following minimum information will be briefed:</p><ol style="list-style-type: none">1. Overview of the lifting operation, ie who, when, where, why, how.2. Assignment of responsibilities, ie who does what.3. Emergency contingencies, ie what if the load becomes unstable, etc.4. Emergency phone numbers and persons to contact.5. Safety information, ie overhead obstacles, swing radius, hand signals, etc.<p>Point of contact for this policy is the Parkland Safety Officer.</p><p>Crane type_____</p><p>Crane inspection date_____</p><p>Crane Operator (print name)_____</p><p><input type="checkbox"/> Weight of item to be lifted (in pounds)_____</p></div></div>

Page 1 of 2

Figure 6 (cont.)

<div>Parkland Hospital <input type="checkbox"/> If weight is unknown, a professional engineer will compute weight. <input type="checkbox"/> Boom length of crane required to lift object (in feet) _____ <input type="checkbox"/> Maximum weight capacity allowed to be lifted by crane being used (in pounds) _____ <input type="checkbox"/> Maximum load weight limit for wire rope or sling being used (in pounds) _____ <input type="checkbox"/> The weight of the load being lifted is within the manufacturer limitations of crane or lifting device. <input type="checkbox"/> The weight of the load being lifted is within the manufacturer limitations of the wire rope or sling being used. <input type="checkbox"/> Area has been checked for overhead wires or obstacles. Electrical distribution and transmission lines have been deenergized or grounded when necessary. Operations in close proximity to powerlines will be IAW 1926.550(a)(15). <input type="checkbox"/> Crane operator and signalman have reviewed hand signals. <input type="checkbox"/> The area within the crane swing radius has been barricaded. <input type="checkbox"/> Combustible materials have been removed from the immediate area. A fire extinguisher is available at the crane operator station or cab. <input type="checkbox"/> All employees will be kept clear of loads about to be lifted and suspended loads. <input type="checkbox"/> A pre-lift safety briefing has been conducted for all participating personnel. The following minimum information has been briefed: 1. Overview of the lifting operation, ie who, when, where, why, how. 2. Assignment of responsibilities, ie who does what. 3. Emergency contingencies, ie what if the load becomes unstable, etc. 4. Emergency phone numbers and persons to contact. 5. Safety information, ie overhead obstacles, swing radius, hand signals 6. Traffic control – security has been assigned traffic control responsibilities I have verified the weight of the load being lifted and compared it to the maximum weight capacity of the lifting device. I have verified the capacity, rating, and safety of all equipment and I verify that this load can be safely lifted. I have completed a pre-lift safety briefing for all participating personnel. Printed name of project supervisor or designee (Competent Person) _____ Signature of project supervisor or designee _____ Company Emergency Phone Number _____ DATE _____ COPY SENT TO THE PARKLAND SAFETY AND ENGINEERING OFFICE PRIOR TO LIFTING OPERATION COMMENCING</div>

Page 2 of 2

Figure 7



Safety Flag 18" Bright Orange Mesh Warning Flag

Figure 8


PARKLAND HEALTH & HOSPITAL SYSTEM				
CONFINED SPACE ENTRY APPLICATION & PERMIT				
Date: _____		Time: _____		Expiration: _____ Site: _____
Entry Supervisor: (print) _____		Phone: _____		Pager: _____
<u>Name(s) of Entry Team Members</u>	<u>Training Date</u>	<u>Resp. Permit</u>	<u>Attendant</u>	<u>Work Group</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Space ID# / Location: _____				
Purpose of Entry: _____				
Description: _____				
Potential hazard associated with this entry: _____				
<u>PRE-PERMIT ATMOSPHERIC TEST RESULTS:</u>				
Monitor Name _____		Serial# _____		Calibration Date: _____
Time of test: _____		Tester's Name: _____		
<u>Results:</u>				
O ₂ (19.5 – 23.5%) _____		LEL (<10%) _____		
CO (*<25 ppm) _____		Dust _____		
H ₂ S (*<10 ppm) _____		Other _____		
* 8-hour time weighted average _____				
<u>Check List:</u>				
	Y	N		Y N
LO/TO	_____	_____	Fire Extinguisher	_____
Lines blanked/drained	_____	_____	Fall Protection	_____
Welding Permit	_____	_____	Respiratory Protection	_____
PPE on job site	_____	_____	Ventilation Required	_____
Explosion Proof Lighting	_____	_____	(on all tanks, pits, vessels, manholes, etc.)	_____
Other:	_____	_____		_____
<u>EMERGENCY CONTACT INFORMATION:</u>				
PHHS Dept of Public Safety No.		214-590-8603 or 2018 _____		
Rescue Service No.		_____		
Radio Channel		_____		
Communications Equipment		_____		
<u>PERMIT REQUESTED:</u>				
Entry Supervisor Signature: _____				
<u>PERMIT APPROVED:</u>				
Safety Department Signature: _____				
Safety Department Name: _____		Phone: 214-590-8603		Pager: _____
<u>Job Cancellation Reason:</u> _____				
<u>Post-Entry Debrief/Evaluation Notes:</u>				
1. Did all parties comply with the Entry requirements? (Yes or No.) _____				
In "No", please explain. _____				
2. Were any unanticipated hazards encountered? (Yes or No.) _____				
In "Yes", please explain. _____				
3. Did the work performed increase the level of hazard in the space? (Yes or No.) _____				
In "Yes", please explain. _____				

30-32 - Confined Space Program - Form 1 - Confined Space Entry Application Permit

Figure 9

DALLAS COUNTY HOSPITAL DISTRICT			
ASBESTOS CONTROL PROGRAM			
ASBESTOS RELATED REQUEST			
		<div style="text-align: right; font-size: small;">FOR ASBESTOS PROGRAM USE ONLY</div> <div style="text-align: center;">REQUEST # _____</div> <div style="text-align: center; font-size: x-small;">REVISED 01/02</div>	
DATE _____	DEPARTMENT _____	PROJECT # _____	
REQUESTED BY _____		EXT _____	PAGER _____
REQUEST TYPE:			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ACCESS</div><div><input type="checkbox"/> TILE/MASTIC REMOVAL</div><div><input type="checkbox"/> CARPET REMOVAL</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ESTIMATE</div><div><input type="checkbox"/> PIPE (TSI) REMOVAL</div><div><input type="checkbox"/> FULL ABATEMENT</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> OTHER _____</div><div></div><div></div></div>			
LOCATION/AREA (ATTACH DRAWING)	FLOOR	DIV	BLDG
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
DATE NEEDED _____			
REASON FOR REQUEST _____			
<div>FOR ASBESTOS PROGRAM USE ONLY:</div> <div style="display: flex; justify-content: space-between;"><div>DATE RECEIVED _____</div><div>RESPONSE DATE _____</div><div>BY _____</div></div> <div>RESPONSE:</div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> ACCESS</div><div><input type="checkbox"/> ABATEMENT</div><div><input type="checkbox"/> O&M</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> SURVEY</div><div><input type="checkbox"/> ESTIMATE</div><div><input type="checkbox"/> OTHER</div></div> <div style="margin-top: 10px;">DESCRIPTION OF ASBESTOS WORK INVOLVED _____</div> <div>_____</div> <div>_____</div> <div style="margin-top: 10px;">REMARKS _____</div> <div>_____</div> <div>_____</div>			

Figure 10



Parkland
Planning, Design and Construction

EC 70-01A

Pre-Construction Risk Assessment

Project Name		Project Number	
Location		Project Type	
Start Date		Completion Date	

Brief Description:

Risk Element	Dept.	Potential Risk	Comments
Air Quality	PDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infection Control (ICRA)	IP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Utility Interruption Potential	Eng	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Noise and Vibration Impact	PDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Life Safety (ILSM)	Eng	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asbestos Remediation	PDC	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Above Ceiling Penetration/ Permit	Eng	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot Work Permit	DPS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Security Risk	Police	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Hazards		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Contractor:	

ICRA Required ☐ Yes ☐ No

ILSM Required ☐ Yes ☐ No

Infection Prevention (IP) _____ Date _____

Engineering (ILSM) _____ Date _____

Department of Public Safety _____ Date _____

Project Manager _____ Date _____

ICRA=Infection Control risk assessment

ILSM=Interim Life Safety Measures

PM=Project Manager

IP=Infection Prevention

Figure 11

Parkland Hospital ILSM Pre-Assessment

Value: Service/Impairment Risk Score	
Fire Alarm	
(1) Line of communication not working	4
All lines of communication not working	7
(1) Initiating device not working	
multiple initiating devices not working	3
(1) Notification device not working	2
multiple notification device not working	3
Fire/Smoke Doors and openings	
Missing / Damaged Rating Tag	1
Top / Bottom Gaps	1
Torn Gasket	1
Not latching / Self closing	3
Fire Rated door glass missing/broken	2
Egress/Exiting Issues	
Reduced width of corridor over 50%	3
Reduced width of corridor under 50%	2
Obstruction of Staircase	7
HVAC and dampers	
Damper has no access	1
Damper not working	2
HVAC not shutting down on fire alarm	2
Emergency, exit, egress lighting	
Exit Light not working	1
Egress light not working	1
Fire Sprinkler	
System Yellow Tagged for minor issue	2
(1) Sprinkler head temporarily removed for construction	1
multiple sprinkler heads temporarily removed for construction	3
Other Issues	
Fire alarm or sprinkler shut down more than 4 hours	3
compromised smoke compartment	3

Value : Occupancy Weight Score	
Acute Care Hospital	
General Patient care area	3
Operating rooms	4
Off Stage employee only area	2
MPH	4
Psychiatry	4
Infant or pediatric unit	4
Acute Care Hospital Cont.	
Mechanical/Electrical Room	2
Main Kitchen	2
ICU	4
Emergency Room	4
Anesthetizing Location	4
Business Occupancy	
Clinic/COFC	2
Warehouse	1
Office Space	1
Lab Area	1
Business Occupancy Cont.	
Pharmacy Area	1
Central Utility Plant	2
ASC	
General Patient care area	3
Employee Only Area	2
Operating rooms	4
Mechanical/Electrical Room	2

Date of Assessment:
Name of Assessor:
Building:
Location:
Floor:
Work Order Number:

Score: Impairment(____) X Occupancy (____) = Score (____)

Comments

Any Score greater than 7 points will require further action and a ILSM will need to be created contact Life Safety for further assistance

ILSM Matrix															
TJC Standard	LS.01.02.01 EP	Yes/No	1	2	3	4	5&12	6&10	7	8	9	J	K	L	M
Existing significant Life Safety Code deficiencies or conditions as a result of construction			A	B	C	D	E	F	G	H	I	J	K	L	M
			Code Deficiencies												
1	Patient room door latching problem							x			x		x		x
2	Fire door latching/protection problem		x					x			x				x
3	Smoke door latching/protection problem		x					x			x				x
4	Lacking a code-compliant smoke barrier														
5	Fire exit stairs discharge improperly	x			x	x									
6	Excessive travel distance to approved exit				x						x				
7	Lack of two remote exits				x						x				
8	Nonconforming building construction type					x				x					
9	Improperly protected vertical openings					x					x				
10	Large/excessive penetrations in fire barriers					x					x				
11	Corridor walls do not extend to the structure					x					x				
12	Fire protection systems impairment-Alarm, detection, or suppression (< four hours)		x								x				
13	Fire protection systems impairment-Alarm, detection, or suppression (> four hours)	x	x			x					x				
14	Hazardous areas are not properly protected										x				
			Construction, or Renovation-related Issues												
1	Total blocking of an approved exit	x		x	x	x					x				x
2	Partial block of an approved exit			x	x	x			x		x				
3	Rerouting of primary egress path	x		x	x	x					x				
4	Rerouting of secondary egress path	x		x	x	x					x				
5	Rerouting of traffic to emergency care center	x		x	x	x					x				
6	Major renovation of an occupied floor			x	x	x					x				
7	Replacing the fire alarm system (out-of-service)	x		x	x	x					x				
8	Installing sprinkler system (out-of-service)	x		x	x	x					x				
9	Significantly modifying smoke or fire barrier walls														
10	Adding an addition to an existing structure	x		x	x	x					x				
			Maintenance and Testing												
1	Taking a fire alarm system out of service	x				x									
2	Taking a sprinkler system out of service	x				x									
3	Disconnecting alarm devices	x				x									

This Matrix criteria is used as a guide to assess LSC
deficiencies and implement IL SM 2c processes.

Figure 12

Construction ICRA:
AREA:
DATE:

**Parkland Health & Hospital System
INFECTION CONTROL**

CONSTRUCTION ACTIVITY TYPES

TYPE A	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 B	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 coverings; removing floor coverings, ceiling tiles and casework; new wall construction; minor ductwork or electrical work above ceilings; major cabling activities; and/or any activity that cannot be completed within a single work shift.
TYPE C	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.

INFECTION CONTROL RISK GROUPS

GROUP 1 LEAST	GROUP 2 MEDIUM	GROUP 3 HIGHEST
1. All other patient care units (e.g., ultrasound, cardiac rehab, other rehabilitation, PVI, neurophysiology) 2. Cafeteria 3. Office areas 4. Engineering 5. Environmental services	1. Emergency Room 2. Radiology/MRI 3. Post-anesthesia Care Units (PACUs) 4. Labor & Delivery 5. Newborn nurseries 6. Renal patients 7. Day Surgery 8. PT – tank areas 9. Outpatient surgery 10. Nuclear medicine 11. Admission/discharge units Echocardiography 12. Dialysis, inpatient 13. Laboratories 14. Blood draw area 15. Central sterile supply 16. Cardiopulmonary 17. Outpatient services 18. Respiratory Therapy	1. Surgery, inpatient 2. Labor & delivery operating rooms 3. Operating Rooms, Sterile Processing 4. Transplant 5. Cardiology 6. Cardiac catheterization & angiography areas 7. Outpatient areas 8. Dialysis 9. Intensive Care Units 10. Oncology 11. Anesthesia and pump areas 12. Endoscopy 13. Pharmacy admixture 14. Radiation therapy 15. Burn center 16. Oncology, inpatient

CONSTRUCTION ACTIVITY/INFECTION CONTROL MATRIX

Infection Control consultation is required when the construction activity and risk level indicate that Class III and Class IV control procedures are necessary

RISK LEVEL	CONSTRUCTION ACTIVITY		
	TYPE “A”	TYPE “B”	TYPE “C”
Group 1	I/II	III	III
Group 2	I/II	III	IV
Group 3	III	IV	IV

Reference APIC Materials, 1999

IC 4-40 Forms/Construction ICRA's/IC/P

Confidential for investigation and review by quality assurance/improvement committee or designated agent(s). Pursuant to Section 160.007 of Texas Occupations Code, Texas Health & Safety Code 161.032 and 42 USC Sec. 11101 et seq., this information is confidential and privileged.

Figure 12 (cont.)

Construction ICRA:
AREA:
DATE:

Location of Construction:				Project Start Date:	
Project Coordinator:				Estimated Duration:	
Contractor Performing Work				Permit Expiration Date:	
Supervisor:				Telephone:	
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP
		TYPE A: Small scale, short duration, moderate to high levels			GROUP 1: Least Risk
		TYPE B: Activity generates moderate to high levels of dust, requires greater than 1 work shift for completion			GROUP 2: Medium Risk
		TYPE C: Major duration and construction activities Requiring consecutive work shifts			GROUP 3: Highest Risk
CLASS I		1. Execute work by methods to minimize raising dust from construction operations. 2. Immediately replace any ceiling tile displaced for visual inspection. 3. Minor Demolition for Remodeling			
CLASS II		1. Water mist work surfaces to control dust while cutting. 2. Seal unused doors with duct tape. 3. Wipe surfaces with IC approved disinfectant. 4. Contain construction waste before transport. 5. Wet mop and/or vacuum before leaving work area. 6. Place dust mat at entrance and exit of work area. 7. Isolate HVAC system in areas where work is being performed.			
CLASS III		1. Complete all critical barriers before construction begins. 2. Maintain excess exhaust over supply air during construction activities. 3. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 4. Do not remove barriers from work area until complete project is thoroughly cleaned by Env. Services Dept. 5. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 6. Assure that Infection Control pre-construction checklist has been completed. 7. Contain construction waste before transport in covered containers			
Date		8. Cover transport receptacles or carts.			
Initial		9. Isolate HVAC system in areas where work is being performed.			
		10. Ante Room constructed outside of entrance to construction site			
Class IV		1. Isolate HVAC system in area where work is being done. 2. Complete all critical barriers or implement control cube method before construction begins. 3. Maintain excess exhaust over supply air during construction activities. 4. Seal holes, pipes, conduits, and punctures appropriately. 5. Do not remove barriers from work area until completed project is thoroughly cleaned by the Environmental Service Dept. 6. Assure that Infection Control pre-construction checklist has been completed. 7. Vacuum or wet mop work area. 8. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in covered containers. 10. Cover transport receptacles or carts. 11. Ante-Room constructed outside entrance to construction site.			
Date					
Initial					
Additional Requirements:					
Date Initials				Exceptions/Additions to this permit	
				Date Initials are noted by attached memoranda	
Permit Request By:				Permit Authorized By:	
Date:				Date:	

Reference APIC Materials, 1999

IC 4-40 Forms/Construction ICRA's/IC/P

Confidential for investigation and review by quality assurance/improvement committee or designated agent(s). Pursuant to Section 160.007 of Texas Occupations Code, Texas Health & Safety Code 161.032 and 42 USC Sec. 11101 et seq., this information is confidential and privileged.

Parkland Safety Incident Report – Figure 13

Incident Designated Number: _____ Prepared by: _____
(To be completed and submitted for all Incidents and noted “close calls”)

Upon the discovery of an incident that could harm a worker or endanger that worker, all work in the immediate vicinity shall be paused until the incident is thoroughly assessed.

Prior to the resumption of work, this incident report is to be completed and reviewed by PDC Project Management. Timing or work stoppage and restart shall be at recommendation/approval of the PDC Project Manager.

The following is a step by step process. As each step is completed the reviewer shall note the task as completed and initial and date the item.

Prepared needs to check each box and note the date complete and Initials of preparer.

- _____ 1. Confirm adequate treatment for all workers affected by safety incident.
- _____ 2. Make site safe. Including placement of temporary barricades appropriate to contain the incident zone.
- _____ 3. Notify all workers who may have site access of the incident and request notification of potential impact to day to day operations or site access.
- _____ 4. Prepare a complete photographic diary of conditions after the incident. Prepare a diary of conditions prior to the incident.
- _____ 5. Not names of **ALL** firms and staff of said firms either in the vicinity of the incident or were scheduled to be in the vicinity of the incident.
- _____ 6. Prepare a full safety report per the associated project specifications to attach to the parkland letter. Notify PDC Project Manager of the anticipated timeline to prepare and deliver to PDC. Review site status with PDC Project Manager. PM will determine the length of time and scope of work shutdown that will be enforced.
- _____ 7. If workers were required to seek treatment either on or off site, attach physician’s assessment that will allow them to return to job in either a full work effort employee or in a limited work capacity. Release letters will be attached to this report.
- _____ 8. Schedule a face to face mandatory review meeting for all parties involved which would include:
 - a. PDC (Planning Design and Construction) Project Manager
 - b. Prime Contractor Project Manager
 - c. Prime Contractor Project Superintendent on duty at time of incident
 - d. Prime Contractor Safety Officer
 - e. Subcontractor Project Safety Officer
 - f. Subcontractor Project Superintendent
 - g. Employee(s) directly involved with incident
- _____ 9. Review meeting will publish meeting minutes as taken by the Prime Contractor.
 - a. To be resolved in meeting:
 - i. Cause and extent of incident
 - ii. Corrective action to make site back to state required prior to incident
 - iii. Cost to revise site conditions to make ready to renew work effort
 - iv. Schedule impact cause by incident
 - v. Corrective actions to address schedule impact
 - vi. Revision of policies or work effort approach to mitigate chances of incident being repeated.
 - vii. Means and timelines to enact preventative measures.
 - viii. Review of potential corrective and/or punitive actions
 - ix. Agreement to proceed and sign off by all parties.
 - b. Final document will have this checklist with the following attached:
 - i. Prime contractor firm safety report
 - ii. Incident photographs
 - iii. Meeting minutes
 - iv. Final recommendations for all parties

_____ 10. Circulate document as required

Additional Comments/Observations:

Reviewed/Approved:

_____	_____
PDC Project Manager	Date

Prime Construction Project Manager	Date