



CONTRACTOR SAFETY MANUAL

Revision 9.12.18

Contractor Safety Manual

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1. PREFACE

BJC HealthCare is committed to improving the health and well-being of the people and communities we serve. As we strive to be the national model among health care integrated delivery organizations our values extend into every aspect of our business. We actively embrace our shared principles of being Patient-Focused, Disciplined, Knowledge Driven, Motivated Leaders continuously demonstrating trust, dignity and respect while diligently working to achieve goals. BJC HealthCare strives to maintain high ethical standards and behaviors while practicing teamwork and upholding a high level of accountability. To that end, we embrace Contractors employed on our projects as team members and as such we expect the same level of ethical behavior as we demand for ourselves and shall hold Contractors accountable for adherence to this document and the level of performance expected.

At BJC HealthCare our people are our most valuable resource. It is vitally important to provide a safe and secure workplace and operate in an environmentally sound manner. BJC Environmental Health and Safety (EH&S) requirements may be stricter than government regulations due to the need for protection of staff and patients. Contractors shall ensure that their employees understand these requirements and shall have a mechanism for tracking education provided to their employees regarding such requirements, along with any additional requirements that may be deemed to be project specific. The effort of BJC HealthCare EH&S is not intended to directly manage the safety of contractors or their personnel.

BJC HealthCare, its designee, or any authority having jurisdiction (AHJ) may monitor and evaluate the Contractor's safety and health compliance. Additionally, BJC HealthCare may conduct periodic job site safety surveys or audits of Contractors' activities to observe their safety performance, make recommendations and document non-compliance items. Compliance is a minimum expectation and BJC HealthCare PM and EH&S maintains the right to stop work or "shut down" any project or job site for Contractor's failure to adhere to the BJC HealthCare Contractor Safety Manual or any related codes, rules, or regulations. Additionally, violations may result in disciplinary action up-to and including fines or expulsion from BJC HealthCare property and contract termination.

Contractors are responsible for obtaining and following the entity specific requirements for locations at which they are working.

2. Purpose and Scope

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The Contractor Safety Manual identifies the minimum expectations applicable to all contractors and their personnel regarding environmental, health, and safety responsibilities while performing work and/or services at BJC HealthCare

owned/leased or operated entities. The manual applies to contractors, subcontractors, respective employees, agents, vendors, and invitees. In addition to the protection of contractors and their employees, it is expected to be used in an effort to ensure the protection of BJC HealthCare patients, staff, visitors, and property.

Contractor assures BJC HealthCare that its safety program will meet or exceed what is required under all local, state, county, federal laws, statutes, rules and regulations and will meet or exceed the safety rules at the particular BJC HealthCare facility where work is being performed. The most stringent of the applicable governmental laws, rules and regulations (or this Manual) will apply should a conflict arise. Failure of this Manual to reference any specific Occupational Safety and Health Administration (OSHA), National Fire Protection Association (NFPA), The Joint Commission (TJC), or other regulatory agency requirements does NOT excuse the Contractor from complying with those requirements that may be applicable to the scope of work and/or services being performed by the Contractor.

The requirements of this Manual are supplemented by specific written rules, policies and procedures of BJC HealthCare and its individual operating entities as described in the BJC HealthCare Contract for Construction, Blanket Agreement, Purchase Order, or other applicable Agreement, or in applicable entity specific forms documenting pre-job planning and/or attachments. All such specific rules and procedures will be deemed to supplement this Manual and the most stringent of any conflicting or duplicative requirements shall be deemed to apply.

Contractor is solely responsible for the supervision and training of its employees at all times. Unless otherwise expressly provided herein, all duties and obligations created, established or otherwise referenced herein shall be those of Contractor and not BJC HealthCare.

Any exceptions, exclusions or variances to this Manual must be agreed to and accepted in writing by the BJC HealthCare PM and EH&S or their designee.

3. Contractor's Duty

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Contractor acknowledges responsibility of awareness and compliance with all applicable rules, regulations, laws, and practices related to their work including, but not limited to, Occupational Safety and Health Act of 1970, the National Fire Protection Agency regulations, including but not limited to, NFPA 101 Life Safety Code 2012 edition, NFPA 241 2009 edition, NFPA 99 2012 edition, TJC, and any other federal, state or local laws, rules and regulations.

It is the Contractor's duty to ensure that places of employment be free from recognized hazards and unsafe conditions causing, or likely to cause, death or serious physical or material harm. **The Contractor will be solely responsible for familiarizing itself and each of its, and its subcontractors' employees, agents and invitees with all such rules and regulations** and, in the event any such person(s) violate any such rules and/or regulations, the Contractor will undertake corrective action which may include permanent dismissal of such person(s) from the project site. Contractor will be solely responsible for ensuring the effective communication of all safety hazards, warnings and communications to all of its and its subcontractors' respective employees, agents, vendors and invitees.

Contractor will develop and maintain a formal written safety program with respect to work and/or services being performed that includes: safety, industrial hygiene, emergency preparedness and environmental protection. BJC Healthcare anticipates that a Contractor that is committed to safety will complete regular reviews of its safety program documenting findings and corrective actions to ensure the program is up-to-date and in alignment with current regulations. If requested by BJC HealthCare, **Contractor agrees to review its safety program and documentation relating to the work and/or services with designated BJC HealthCare representatives upon request.** The purpose of such review(s) shall be (i) to enable Contractor to demonstrate its compliance with this Manual and applicable laws, rules and regulations, (ii) assure BJC HealthCare that its employees, patients, or property shall not be endangered by the presence of Contractor on BJC HealthCare's premises. In conducting any such review, BJC HealthCare is not assuming any responsibility for the safety of Contractor or Contractor's agents, vendors, servants or employees.

4. Staffing For Safety

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The Contractor must provide a competent safety manager or supervisor who is responsible for managing the overall safety program and monitoring, directing job site safety during all phases of on-site work and/or services performed on BJC HealthCare premises, and ensuring Contractor's compliance with the requirements of this Manual. At a minimum, when the total number of contractor employees, its subcontractors' respective employees, agents and invitees reaches or exceeds thirty (30), the Contractor must provide a full-time Safety Person 24/7 dedicated solely for project safety. At the request of BJC HealthCare, additional safety coverage may be required by the Contractor. The Contractor may be required to send the qualifications of its personnel to BJC HealthCare EH&S. The minimum qualification requirements are:

- The position's primary responsibility must be safety and the prevention of harm to people and property, and;
- Bachelor degree in Safety, Industrial Hygiene, or Environmental Health is preferred but an associate degree or higher in safety or a closely related field is acceptable or;

- Three or more years of professional safety experience under the guidance of a qualified safety professional.

Note: Professional-level work experience in safety, health, fire protection, and industrial hygiene is considered professional safety experience.

5. Safety Meetings

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Contractor shall be responsible for ensuring that all of its, and its subcontractors' respective employees, agents and invitees attend a weekly safety meeting (e.g. toolbox/tailgate meeting).

Contractor records of safety meetings must be kept for a minimum of a rolling 12-month period, but not less than the duration of a project, and made available for inspection by BJC HealthCare upon request.

Contractor must attend periodic contractor safety review meetings as scheduled by BJC Healthcare EH&S or the specific entity's location.

6. Subcontractor Management

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The safety program of the Contractor must extend beyond its own employees. If such safety program is to be effective, it must involve both the Contractor and all subcontractors and any of their respective employees, agents and invitees whereby they are included in the orientation training, the drug testing, the safety planning, etc. of the Contractor. **Ultimately, Contractor bears responsibility for the safety of its employees and subcontractors.**

7. Site-Specific Safety Plan (SSSP)

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Contractor is required to engage in creation of a Site-Specific Safety Plan (SSSP) and must submit the plan to BJC HealthCare PM prior to the start of work. As a proactive approach to the management of workplace safety Contractors are required to create and utilize a SSSP for each project & location (dependent on the project, the Risk Assessment may be accepted as the SSSP).. A SSSP should be designed to identify and correct or mitigate hazards on a jobsite. Separate from a corporate/company safety manual, a SSSP should be tailored to address the relevant concerns associated with the scope of the current project. Items to include in the SSSP include, but are not limited to, the following;

- Scope of Work
- Assignment of accountability and responsibilities
- Identification of Competent and Qualified Persons
- Assessment of hazards, risks, or potential exposures
- Control measures and mitigation plans

- Safety communication plan
- Safety training and site safety orientation plan/program
- Accident/Incident Investigation Procedures
- Emergency Plans
- Record Keeping

8. Pre-Task Planning

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Contractor is required to engage in Pre-Task Planning using the Contractor's or BJC HealthCare Pre-Task Plan form (see document attached below). The form must be completed daily prior to the start of work and reviewed on-site where the work will be occurring to discuss specific hazards associated with the tasks being performed. Changes in scope, hazards, conditions, materials or processes subsequent to Pre-Task Planning must be effectively communicated by Contractor to all affected personnel prior to work. Upon request, Contractor must provide documentation of the Pre-Task plans to BJC HealthCare PM or EH&S. Pre-Task Plan documents must be kept for a minimum of a rolling 12-month period, but not less than the duration of a project.

[Core: BJC HealthCare Pre-Task Plan](#)

9. Pre-Construction Risk Assessment (PCRA)

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Contractor is required to engage in Pre-Construction Risk Assessments using the BJC HealthCare Risk Assessment Package. Changes in conditions, materials, processes or scope of work subsequent to the assessment must be effectively communicated by Contractor to all affected personnel prior to start of work and another assessment must be conducted. Contractor must meet all the requirements of the documents provided in the attachment below. Such requirements include assisting in the completion, execution and use of all forms, checklists, summaries, requests, and other items pertaining to the Risk Assessment Package.

[Core: Contractor Safety Management-Risk Assessment Package](#)

Additional Risk Assessments may be deemed necessary due to phasing, shut-downs, or other reasons identified by BJC HealthCare.

When temporary construction barriers are required for a project drawings shall be included as part of the Risk Assessment. Such drawings shall include the following;

- Barrier location
- Barrier type
- Sticky Mat location
- Valve locations inside contained area

10. BJC HealthCare Equipment

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Contractor's employees will not operate tools, equipment (ex. Mobile containment units) and/or machinery owned by BJC HealthCare ("BJC HealthCare Equipment"), other than in emergency situations or under specific circumstance (and in either such event, subject to Contractor's compliance with the conditions of this document) where equipment owned by BJC HealthCare is either uniquely designed for the task, or the only equipment appropriate to perform the task. *This section does not refer to building systems.*

When it is necessary to perform any work and/or services utilizing BJC HealthCare Equipment, the Contractor must obtain the written permission of the BJC HealthCare PM. Contractor must receive such consent prior to each usage of BJC HealthCare Equipment that is outside the scope of other written authorizations, and no consent given by BJC HealthCare shall be deemed to be a continuing consent as to other usage of any BJC HealthCare Equipment. In the event that Contractor uses or operates any BJC HealthCare Equipment, including cases where BJC HealthCare has consented thereto, Contractor hereby agrees that such use and operation shall be at Contractor's own risk and peril and that Contractor shall be liable for, and Contractor hereby releases and discharges BJC HealthCare from any claims arising out of damage to property or bodily injuries or death arising there from, notwithstanding the condition, location, operability, safety, suitability or any other aspect of such BJC HealthCare Equipment. BJC HealthCare makes no, and hereby disclaims any and all representations and warranties regarding the condition, operability, safety or suitability for any purpose of any BJC HealthCare Equipment.

Contractor will carefully inspect all BJC HealthCare Equipment prior to any use thereof. Contractor's use of BJC HealthCare Equipment will be considered as certification that the BJC HealthCare Equipment is in proper working condition. Contractor will defend, indemnify and hold harmless BJC HealthCare from any and all suits, actions, claims, costs, expenses (including attorney fees) and liabilities associated with Contractor's use of any BJC HealthCare Equipment. Proper training and instruction in proper use of BJC HealthCare Equipment is the sole responsibility of the Contractor.

11. SUBSTANCE ABUSE

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BJC HealthCare's objective is to be 100% drug free at its facilities. To this end, upon request, the contractor must provide BJC HealthCare with a copy of their written Drug and Alcohol Policy and Testing Program. Contractor also agrees to comply with any Substance Abuse program that may be implemented by BJC HealthCare and provided to Contractor.

Contractor, upon request, is required to provide BJC HealthCare the most recent drug screen results for its employees, date of such tests, and any additional information deemed pertinent by BJC HealthCare.

Contractor employees under the influence of alcohol, illegal substances, or prescription drugs that are incorrectly used shall be removed from BJC HealthCare projects and suspended for a period of time as determined by the BJC HealthCare PM and EH&S up to and including permanent removal from BJC HealthCare projects.

Testing will occur upon **reasonable suspicion** that a worker is under the influence of a prohibited substance. When test results indicate the worker is positive for prohibited substances such worker(s) shall be immediately removed from all BJC projects and surrender their project credentials.

12. CONTRACTOR EH&S EVALUATION

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The Contractor will annually complete the BJC Contractor EHS Evaluation Worksheet (see attached form below) and submit supporting documentation. Completion requires information be provided for the three most recent years regarding;

- Experience Modification Ratings (EMR's)
- Total Recordable Incident Rate (TRIR)
- Days Away from Work Rate (DART)
- OSHA Citations
- Total Number of Fatalities

Such data is supported by the Contractor's OSHA Form 300 Log. If no OSHA 300 log then additional supporting documents are required.

The associated data will be utilized to determine if the Contractor's Safety Rating is Green (acceptable), Yellow (marginal), or Red (deficient).

- In the event that a Contractor's Safety Rating results in a yellow or red a Continuous Improvement (CI) Plan must be submitted as part of the annual review documentation, as described in this document, and approved by BJC HealthCare EH&S (CI Plan for Contractor's with a "Red" rating may be required to have a full-time safety manager on BJC project sites).

Contractors without a current EH&S rating worksheet on file, will be required to complete one as part of the bidding process.

[System: 2018 Blank BJC Toolbox Contractor EHS Rating and with Scoring System: 2018 EHS Rating Directions Contractors Compliant with the BJC Contractor Safety Program](#)

13. SAFETY EDUCATION: ORIENTATION AND SPECIALIZED TRAINING

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In order to ensure that BJC HealthCare patients and personnel are not put at risk by the presence of Contractor's personnel on site:

Contractor supervisory personnel must complete BJC HealthCare Safety Orientation annually. This is a minimum requirement. Contractor must also adhere to the safety orientation requirements for each entity where contractor will perform work.

Contractor personnel performing work in an existing BJC HealthCare patient care area must be trained in facility specific Infection Prevention and Infection Control Risk Assessment (ICRA).

The Contractor will instruct each employee in the recognition and immediate correction of unsafe acts/conditions and the regulations applicable to the Contractor's work environment and the specific BJC HealthCare project. The employee will use these instructions to control or eliminate any hazards or other exposure to illness or injury.

The Contractor will acquaint each Contractor employee with the safety and emergency equipment available and the procedures to be followed in each type of accident/incident/occurrence.

Safety indoctrination by the Contractor will include compliance with regulatory agency standards that are applicable to the employee and the work environment, including, but not limited to the following: Hazard Communication, Energy Control Procedures, Fall Protection, Cranes, Mobile Equipment, Hazardous Material Spills, Clean Up and Disposal, Emergency Response, Excavations and Confined Spaces.

Contractor will maintain documentation of those trained. In the event there is a change in personnel in the Contractor's workforce, the Contractor is responsible for providing any new employees with all required safety information and maintaining all necessary records. Training records will be submitted to BJC HealthCare upon request.

Contractor will be responsible for assuring that only trained, certified and qualified personnel operate equipment (i.e., cranes, mobile equipment, derricks, hoists, elevators, aerial lifts, etc.) or enter electrical control rooms, motor rooms, etc.

Contractor will measure the effectiveness of their safety training and orientation. BJC HealthCare EH&S may review the Contractor's record of measurement. Examples of measurement may include testing, observations, injury rates, etc.

Contractor Observations - Contractor shall perform daily field observations of work activity performed by its personnel. Findings of observations should be reviewed with contractor employees to ensure adherence to all applicable

provisions of this Manual. *Observations may result in positive findings of personnel adhering to all applicable rules/procedures. . Documentation must be made available to BJC HealthCare for review upon request.

Supervisors are expected to initiate corrective action for any unsafe/hazardous physical conditions identified.

14. Safety Inspection

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At a minimum, the Contractor will inspect the work area daily at the beginning and at the end of each work shift to ensure safe working conditions (i.e., stable shoring, hot work, safe access and egress, proper housekeeping, etc.).

15. Reporting of Incidents, Injuries, & Illnesses

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The Contractor, upon notification, must report all occupational injuries, illnesses and incidents (including incidents without injury) to the BJC HealthCare PM and EH&S as soon as is reasonable after the incident is stabilized. Initial notification for injuries and major incidents are expected to be made via direct contact by phone.

A preliminary *written injury/illness/incident report shall be prepared and sent by the Contractor to BJC HealthCare PM, prior to the end of the shift. *Email may be used for the preliminary written report which should include; Who, What, Where, When and the recognized significance of the incident.

A formal written incident/injury/illness report must be provided to BJC HealthCare PM & entity EH&S within 48-hours of the event (7-days a week). At a minimum, the formal report must contain the same information as is provided in the BJC HealthCare Contractor Incident Report Form (see attachment below). This form is available for use as a reference.

[System: Contractor Incident Investigation Form](#)

Contractor is required to conduct an investigation, and dependent upon the event, the BJC PM and/or EH&S may require that they be included on the investigation team. When investigating an incident it is important to obtain and secure as much specific and relevant data as possible as soon as feasible. Such sources may include interviews of those involved in or who witnessed the incident, Risk Assessments, Pre-Task Plans, equipment inspections, photos, etc. The acquirement of facts will help guide the investigation in determining the root cause of the incident.

All incidents and injuries must be investigated and analyzed to determine the cause(s) and implement future corrective measures. Results of the investigation and analysis must be included with the formal report. A review meeting may be required as determined by the BJC HealthCare PM or EH&S.

Every Contractor and Subcontractor will keep occupational injury and illness records for employees in compliance with all applicable federal, state and local safety regulations. BJC HealthCare reserves the right to request that Contractor provide site specific and/or Company copies of the following: OSHA 300 Log and or equivalent from the current and previous three years.

Information regarding incident rates, lost workday cases, days away and restricted or transfer cases, medical cases, fatalities, history of OSHA inspections/citations and man-hours worked each project and/or year must be provided upon request.

16. Just Culture

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While the typical approach to workplace errors is punishment, BJC HealthCare does not interpret punitive actions as a means to resolving systemic problems. Punishing people without changing the system only perpetuates the problem rather than solving it. Additionally, workers must feel obligated to report incidents without a fear of punishment. Such is not intended to create a blame-free culture, some incidents will warrant disciplinary action, but to develop a balance that drives improvement within the system.

Thus, BJC HealthCare's expectation is for a "Just Culture" in which the Contractor is obligated to collect productive investigative data that can be analyzed and acted upon to improve safety. In doing so the Contractor must remain vigilant and mindful when performing investigations and taking into account factors that influenced a worker's decision. To assist in the process BJC HealthCare EH&S recommends the Contractor use the BJC HealthCare Construction Incident Decision Tree (see attachment below).

[System: BJC HealthCare Construction Incident Decision Tree](#)

Incidents, Accidents, Near-Misses deemed serious by BJC Healthcare PM or EH&S shall be escalated to follow the Contractor Serious Safety Violations Protocol (see attachment below).

[Core: BJC PDC Contractor Safety Violation Protocol](#)

Additional site-specific reporting requirements may apply and will be communicated during the Pre-Construction Meeting.

17. Personal Protective Equipment

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The Contractor shall ensure its employees conform to the following BJC HealthCare rules and regulations:

PPE shall be inspected regularly to ensure it is in proper condition and meets requirements for compliance.

Contractor is responsible for ensuring employees wear the appropriate personal protective equipment (PPE) for all work where there is an exposure to hazardous conditions. Certain minimum requirements must be adhered to at all times. The following items are the minimum requirements for construction sites:

Hard hats must meet ANSI Z89.1 requirements. Metal hard hats are not permitted. Hard hats will be worn with welding helmets and face shields.

Properly fitted safety glasses with side shields meeting ANSI Z87.1 requirements. Rigid slip-on side shields are acceptable but properly fitted safety glasses are preferred. BJC Healthcare may deem slip-on side shields as unacceptable if jobsite conditions warrant (to be determined by BJC HealthCare). When the possibility of loose particles or flying projectiles exists (as with welding, cleaning, grinding, chipping, brushing, chiseling, jack hammering, etc.), a full-face shield is required. In dusty environments, consideration should be given to the use of goggles.

Respirators when required to protect against airborne hazards. Respirators must be NIOSH approved, appropriate for the hazards and employees must be properly fit tested. Disposable respirators are permitted for protection against nuisance contaminants. Contractors shall submit copies of their written Respiratory Protection Program to BJC HealthCare EH&S upon request. For more information regarding the BJC HealthCare respiratory program see attachment below.

[Core: Respiratory Protection Program](#)

Shirts with a minimum of a 4" long sleeve and full-length trousers are required. Clothing is to be in good condition. High visibility apparel (vest, shirt, or jacket) is required for all employees on construction sites. *No foul, lewd, suggestive, or provocative language or images shall be allowed on apparel.*

Sturdy work boots with a hard sole. Work boots with protective (safety) toe cap are recommended for construction sites and should meet ASTM F2413 or ANSI Z41.1999 requirements.

Visitors being escorted through a project may be excluded from wearing work boots if they are not performing any work and do not enter areas where hazards requiring protective footwear exists. Shoes worn by visitors must be substantial, closed toe and closed heel.

Protective footwear for non-construction workers should be selected based on the hazards associated with the jobsite and the work being performed. It is

recommended that such footwear meet ASTM F2413 or ANSI Z41.1999 requirements.

Gloves, appropriate for the hazard are recommended.

Beyond the Entity requirements, certain job tasks require additional PPE. The requirements for PPE for individual tasks should be covered as part of the overall safety plan and or the daily Pre-Task planning meetings. Examples of task based PPE are goggles, gloves, hearing protection, face shields, full-body safety harnesses, safety nets, flame retardant clothing, chemical protective suits, chemical eye protection, welding hood, personal exposure monitoring equipment, etc.

18. Personal Conduct/Security

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Alcohol, illegal drugs, legal medication without a valid prescription, weapons, and explosive devices, are forbidden on all BJC HealthCare sites. Entry to any BJC HealthCare project worksite is consent to search, and/or seizure.

All BJC HealthCare sites are Tobacco Free unless otherwise indicated. The use of tobacco at a BJC Site is prohibited. (Tobacco includes, but is not limited to, cigarettes, electronic cigarettes, cigars, pipes, and chewing tobacco.)

The use of electronic entertainment devices such as audio video players, radios, mp3 players, televisions headphones, or other such device is prohibited. *Cell phones may be used to make/receive calls or text messages during breaks at the jobsite trailer an approved break area or as designated by the Contractor.

Workplace violence will not be tolerated and shall result in immediate termination and possible criminal prosecution.

BJC HealthCare reserves the right to deny project site entry to any person(s) for any reason.

Providing false information to any BJC HealthCare representative may result in permanent denial of access to perform work from all BJC HealthCare facilities and/or prosecution.

Contractor's employees must remain only in the area pertaining to their work and shall access the project site only when performing work for BJC HealthCare. Contractor's employees must enter an operating BJC HealthCare project site only at the gate(s)/entry points designated for Contractor's use by the BJC HealthCare PM.

Contractors shall maintain, on their person at all times, BJC HealthCare issued identification. Contractors performing work inside a BJC HealthCare facility shall be subject to the specific entity's badge requirements.

Eating, drinking, and consumption of food products will only be allowed within controlled areas of the project site. Eating, drinking and food storage is prohibited outside the designated break/lunch area.

19. Visitors to Project Site

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The Contractor will be responsible for the safety of project site visitors (including user groups, vendors, etc.) and alert them to the potential hazards existing on the site. All safety regulations and procedures must be obeyed by visitors, including the wearing of safety apparel as required by BJC HealthCare facility/project being visited.

A member of the Contractor's supervisory staff will accompany visitors at all times while on the jobsite and will be responsible for the safety of escorted visitors.*Security is not considered a visitor especially when performing afterhours Fire-Watch.

Contractor shall immediately notify the BJC HealthCare PM and entity EH&S when a visit from, or an inspection by, a regulatory agency (ie. OSHA, or other regulatory agency) occurs.

20. Housekeeping

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Good housekeeping is essential to a safe worksite. Accordingly the Contractor will be responsible for properly organizing all activities on the job site to the extent that good housekeeping will be practiced at all times. Contractor duties will include, but not be limited to:

All materials, tools, and equipment must be stored in a stable position to prevent rolling or falling. Materials and supplies will be kept away from edges of floors, hoistways, stairways, floor openings, and where they will interfere with operations or create hazards. When exterior walls are being constructed, materials and supplies will be kept away from the perimeter of the building.

Safe access way to all work and storage areas and emergency egress must be maintained. All stairways, corridors, ladders, ramps, passageways, and work platforms will be kept clear of loose material and trash.

Ladders, tools, equipment, and debris ***shall not*** be left unattended outside of secured project areas.

Forms and scrap lumber with protruding nails and all other debris will be cleared from work areas, passageways, stairs, and in/around buildings or other structures.

The Contractor will supply an adequate number of dumpsters to ensure a clean working area at all times. The Contractor is prohibited from utilizing BJC HealthCare provided dumpsters unless specifically approved during the Pre-Construction Meeting. The Contractor will load and transport all refuse and debris to a suitable disposal area away from the job site and make disposition in a lawful manner. Contractor will always be responsible for their own areas. Refuse and debris must be encapsulated during transport when working inside a BJC HealthCare facility where patients may be present.

Storage locations for flammable and combustible liquids (i.e. gasoline, fuel gases, etc.) for use by Contractor will only be in areas approved by the BJC HealthCare PM and entity specific EH&S. Appropriate spill containment and fire protection must be provided. Flammable and combustible liquids will not be stored on rooftops or near exits.

Cords and hoses will be kept a minimum of 7-feet overhead or laid flat outside of walkways to avoid tripping hazards.

21. Permits

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“Work Permits” are required for work performed on site and require coordination with the applicable BJC HealthCare PM & facility representative or designee. Permits and associated hazards are to be discussed during the Pre-Construction Risk Assessment. Specific examples of special permits required by Contractor include, but are not limited to the following:

Above Ceiling Permit: May be required before breaching or accessing above ceiling tiles. Used to ensure workers are familiar with and adhere to an entity’s Above Ceiling Protocol (See Section 24, Above Ceiling Work, this document).

Barrier Penetration Permit: May be required before for starting work that will result in the penetration of any fire walls, smoke walls, suite separation wall, or decking. Used to ensure all penetrations are properly sealed and identified in accordance with Life Safety requirements and entity’s policy (See Section 27, Life Safety/Penetrations, this document).

Confined Space Entry Permit: Required before entering any excavations, sewers, or similar enclosures that may be considered “Permit-Required Confined Spaces.” The Contractor and BJC HealthCare PM & facility representative must jointly determine if a confined space permit is required in conformance with BJC HealthCare’s confined space policy. If required, a pre-planning meeting must be held to complete the Entry Permit Form and to review the procedures for safe entry. The confined space permit is valid as defined by the BJC HealthCare confined space policy.

Excavation Permit: To perform ANY excavation or digging, an excavation permit is required. Potential hazards associated with the excavation should be discussed in a risk assessment prior to the permit being issued (see Section 46, Excavations, Trenching & Protective Systems, this document).

Hot Work Permit: Required when the work to be completed creates a source of ignition as defined in the BJC HealthCare Hot Work Policy (see Section 32, Hot Work, this document). A permit is also required at the request of BJC HealthCare EH&S.

To perform radiographic non-destructive testing, risks and mitigation factors must be addressed during the project specific pre-construction risk assessment and in the daily task analysis.

22. Indoor Air Quality

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It is important to patient and staff safety and health to maintain proper air quality within a healthcare facility. Therefore, Contractors must be cognizant of any particulates, dust, fumes, vapors or offensive odors that may be found on the project site utilizing mitigation plans as necessary. Additionally, Contractor should remain aware of the potential for fungi or mold. If fungi or mold is discovered the Contractor should immediately contact the BJC PM and/or the entity EH&S, and IP.

Welding emissions negatively impact air quality and as such must be mitigated on the jobsite. Mitigation controls applied inside occupied building should include a HEPA fume extractor. Other emission generating activities such as soldering may also require the use of a HEPA fume extractor.

Contractors performing demolition and/or renovation work shall provide a dust control plan as part of their site-specific safety plan.

When deemed necessary by BJC HealthCare, air monitoring shall be performed.

Airflow inside construction areas where barriers are in use shall provide a clean-to-dirty airflow with a negative pressure in relationship to the surrounding area. Gauges, such as magnehelic and/or vaneometers shall be utilized on temporary construction barriers. See Section 23 Infection Prevention, this document.

[Core: Indoor Air Quality Management Program](#)

23. Infection Prevention

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The BJC Infection Prevention & Healthcare Epidemiology Consortium (IPEC) has developed construction guidelines for infection prevention and control to be

followed during construction activities when working inside and outside areas that may potentially affect high-risk patients. Infection Control Risk Assessment (ICRA) guidelines must be followed during all phases of construction: Initial planning, pre-construction, intra-construction, post-construction, and move-in. Precautions taken should be based on the Infection Control Risk Assessment (ICRA). The Infection Control Specialist has been granted the authority by IPEC to implement infection control standards to ensure prevention and control of infectious diseases that are linked to environmental disturbances caused by construction activity. **This includes the authority to temporarily stop construction if work is not in compliance with infection control standards.**

An Infection Control Risk Assessment (ICRA) must be completed in the initial planning and for each phase of all construction work performed at BJC HealthCare facilities. The ICRA, which is part of the Preconstruction Risk Assessment Package, must be completed prior to the start of any work (see Section 9, this document). The BJC HealthCare PM is responsible for overseeing the completion of the ICRA and the document's return to Infection Prevention.

Contractors must ensure that employees scheduled to work in areas occupied by patients are free from communicable diseases. Contractors are prohibited to work in these areas if they have fever, chills, sore throat, runny nose, pink draining eyes, vomiting, diarrhea, or recent exposure to any communicable disease. If questions arise about whether it is safe for an employee to work Contractor should seek guidance from the entity IP.

The facility IP Department must be contacted before starting any and all BJC HealthCare construction projects.

24. Above ceiling Work

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Any work performed above ceiling tiles requires special consideration. When ceiling tiles are removed for any reason concern for infection prevention and general safety issues must be considered as part of the Risk Assessment process. This may include the use of portable containment units, following the entity specific ceiling access protocols, as well as additional safety precautions deemed necessary.

25. Fire Protection and Prevention

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BJC HealthCare maintains fire-fighting equipment in all of its facilities. This equipment is available and may be used only in the case of emergencies, however this equipment is intended to address the fire risks that exist during normal facility operation. Since this equipment is not intended to address specific site construction issues, the Contractor shall include as part of the project site specific safety plan, an assessment of the fire hazards for the project and the procedures and firefighting equipment required to address the hazards. The fire protection plan needs to include:

- All firefighting equipment and corresponding locations provided by the Contractor.
- Flammable and combustible liquids storage and handling procedures in accordance with applicable regulatory requirements.
- Fueling locations and procedures.
- The facility specific emergency telephone number(s) will be conspicuously posted at the job site.
- Fire alarm activation reporting procedures.

All fires and type(s) of extinguishing equipment used will be reported using the entity's notification procedures, additionally the BJC HealthCare PM and entity EH&S will be promptly notified.

Temporary heating devices must be approved by the BJC HealthCare PM and the entity EH&S.

Deactivation or disabling of smoke/heat detectors or any manner of sprinkler system impairment is prohibited without the express written approval of Facilities, the entity EH&S and implementation of ILSM / ALSM procedures.

26. **Interim Life Safety Measures (ILSM) / Alternate Life Safety Measures (ALSM)**

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Contractor will assist the Project Manager with completion of ILSM / ALSM documents required by BJC HealthCare EH&S. ILSM / ALSM are required to be completed per the NFPA 101 and The Joint Commission, when working in/adjacent to patient treatment facilities. Specific program elements are contained within the BJC Core Policy on Interim/Alternate Life Safety Measures (ILSM/ALSM). Applicable forms are maintained as part of the BJC HealthCare Risk Assessment Package.

Contractor must not block a fire exit or evacuation route. If a route must be altered due to the work being performed Contractor must request approval in advance as defined per the entity's policies and participate in the assessment and completion of the Interim/Alternate Life Safety Evaluation Form. Signs and maps with alternate routes must be posted in the affected areas. Contractor shall assess the ILSM / ALSM 24 hours prior to implementation to assure conditions have not changed.

Contractor will observe and comply with all standards and requirements of the ILSM / ALSM as outlined in NFPA 101, Life Safety Code 2012 edition as required

by The Joint Commission as well as with the BJC HealthCare policy regarding Interim/Alternate Life Safety measures (see policy attached below).

[Core: Interim Life Safety Measures](#)

Contractor shall also comply with all requirements for construction, repair and improvement operations set forth in the 2012 edition of the Life Safety Code (NFPA 101), and in the 2009 edition of the Standard for Safe Guarding Construction, Alteration, and Demolition Operations (NFPA 241).

27. Life Safety/Penetrations

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Contractor shall abide by the BJC HealthCare entity specific fire safety procedures.

Contractors are required to seal any penetrations generated as a result of construction activity in accordance with the entity's guidelines.

28. Noise/Vibrations

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Construction activities tend to generate noise and/or vibrations at levels that may be disruptive to occupied areas surrounding a construction site. Noise and vibrations can have seriously detrimental effects on critical care patients including increases in heart rate, stress, and susceptibility to infection. Additionally, vibrations may have a negative impact on medical equipment, procedures and/or sensitive instruments.

To minimize disruption the Contractor shall provide the Project Manager and building occupants next to, above, and below the construction site with a notice of activities and discuss normal operations with those occupants in an effort to seek a mutually satisfactory plan for coordination of construction or demolition activities with ongoing normal business activities.

The plan for coordination of construction/demolition activities shall include an established procedure for the facilitation of a temporary discontinuation of construction/demolition if the noise or vibrations become overly disruptive to the surrounding occupant's activities.

29. Water Intrusion – Flood Management

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Damage caused by water intrusion has the potential to generate a severe negative effect within a healthcare facility. With the likely impact on indoor air quality, the growth of mold, and damage to equipment it is important that contractors have a plan to address water intrusion. Any water intrusion witnessed should be immediately reported to the BJC HealthCare PM.

Contractor may be required to have a “flood cart” (see attachment below) and an emergency fire sprinkler shut-off tool as determined by the risk assessment (*both are required for new construction and renovation projects*). For additional information regarding Water Intrusion see the BJC HealthCare Water Intrusion (Flood) Management Policy (attached below).

[Core: Water Intrusion \(Flood\) Management Program](#)

[System: Flood Cart Content](#)

30. Temporary Construction Barriers

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To avoid patient and staff and visitor exposures to contaminants and additional construction safety hazards, protection must be provided to separate occupied portions of a structure from portions undergoing alteration, construction, or demolition. For assistance in identifying requirements associated with the design and construction of barriers please see the BJC HealthCare Temporary Construction Barrier Policy (attached below).

[System: Temporary Construction Barriers](#)

31. Emergency Notification Procedures

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Contractor is required to complete a Project Emergency Contact List. Information to be provided includes the name, company, and positions of pertinent personnel as well as primary and secondary phone numbers. The list will also include BJC Project Manager and BJC facility contact information including Infection Prevention and EH&S. Finally, the list shall have the Emergency phone number as provided by the facility at which work is being performed. See the Project Emergency Contact List form, attached below, as an example.

[Core: Emergency Contact List](#)

Project Emergency Contact List shall be conspicuously posted at the jobsite, the trailers, and the superintendent’s office and is also required at or near the main entrance door on all renovation projects.

Contractor, when working inside a BJC HealthCare facility shall follow the evacuation protocol established at such facility, when working on BJC HealthCare property located outside of a BJC HealthCare facility, shall establish its own written evacuation plan for the respective work area, which shall include Primary and Secondary Assembly Areas. All personnel, including Contractor’s and any subcontractors’ respective employees, agents and invitees, will be notified by Contractor of the evacuation plan(s). In the event of an evacuation, Contractor will be responsible for performing an accurate headcount. This information shall be provided to the BJC HealthCare PM.

EMERGENCY CODES: The following emergency codes are utilized inside BJC HealthCare facilities. Emergencies may also be communicated in plain language. Contractor is expected to be familiar with the codes and the action required by its employees, agents, subcontractors, vendors, visitors, etc...

CODE BLUE - Cardiac/Respiratory Arrest Adult/Pediatric

Contractor should stay clear of hospital personnel who are in the process of responding to the code.

CODE RED – FIRE

Assess the immediate area for fire or smoke. Listen to the overhead page to identify the location of the code red. If in the immediate work area ensure that all work materials are removed from exit corridors. **Do not open fire doors;** stay in the compartment you are in unless evacuation is ordered or fire/smoke is present. Follow hospital personnel instructions to evacuate.

CODE SILVER – Armed Violent Intruder

Quickly exit the building if possible. If not hide or fight.

CODE PINK – Infant/Child Abduction

Secure your worksite and block the nearest exits. If anyone is observed who is, or could be, carrying a baby report to security immediately. Do not attempt to detain! You will receive specific instructions if working on the Mother/Baby Unit.

CODE WHITE – Aggressive or Combative Person(s)

Secure your worksite, listen for the location to be announced. If the aggressive/combative person(s) is in your area immediately alert Security and announce a Code White in your location.

SEVERE WEATHER – Severe Weather/Tornado Warning

Move to an enclosed area, away from windows. An all clear will be paged once the weather emergency has passed.

32. Hot Work

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Hot Work is defined as: Any operation producing flames, sparks, or heat (examples include: arc welding, torch cutting, grinding, brazing, soldering, power sawing, torch applied roofing, use of heat guns (as determined by the facility)). All Hot Work activity at BJC HealthCare must, at a minimum, meet the requirements of the documents listed below.

[Core: Hot Work](#)

[Core: Fire Protection System Impairment \(RedTag\) Policy](#)

PPE required when performing Hot Work shall meet OSHA 1910.132. Clothing worn while performing Hot Work should be of natural fibers such as cotton or wool, and flame retardant (FR) clothing is recommended. Contractors are prohibited from wearing nylon, polyester or fleece while performing Hot Work.

33. **Electrical Safety**

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Contractor employees who are potentially exposed to electrical hazards must have current, appropriate Arc Flash (NFPA 70E) training and wear the requisite PPE for the hazards.

34. **Essential Electrical System (EES)**

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Contractor shall make every possible effort to ensure there is no, or minimal, interruption to the EES. When project/work requires the system be impacted, Contractor shall take all necessary steps to minimize potential harm. The EES is comprised of three branches: Life Safety Branch, Critical Branch, and Equipment Branch as defined in NFPA 99.

35. **Energy Control & Utilities**

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Energy Control - The Contractor, at a minimum, shall fully comply with requirements included in the documents listed below in order to protect people and processes from the unexpected startup or release of hazardous energy during construction activities, servicing or maintenance of machines or equipment.

[Core: Lockout/Tagout Program](#)

Contractors are not permitted to initiate equipment lockouts except as outlined in the attached Lockout/Tagout policy. BJC HealthCare Documented Energy Control Procedures are available upon request as a reference for Contractor use.

Energization, De-Energization, and Connection to Utilities:

Contractor's employees will not work on any energized circuit or utility line under pressure. Exceptions must be covered by Energized Work Permit and thoroughly discussed in a Risk Assessment.

Service interruptions and shutdowns must be properly coordinated and scheduled through BJC HealthCare. Contractors shall notify the BJC entity at which the interruption or shutdown is to occur in accordance with such entity's

policy. Advanced planning is required and the request for shutdown is to be documented per the BJC Shutdown Request Process. The BJC HealthCare Shutdown Request is part of the Preconstruction Risk Assessment Package (this document).

- See also, Section 34, Essential Electrical System, this document.

Incidental or unscheduled interruptions shall be reported immediately.

Contractors shall consult with the BJC Healthcare PM, a public utility representative and/or the applicable BJC HealthCare facility representative before working on or around high voltage, electric wires, or power circuits.

Contractor's employees will not enter control rooms, motor rooms or substations unless required and then only after clearance with the appropriate BJC HealthCare PM and the specific facility representative(s). Contractor employees must have the proper level of training to be granted access.

- See also, Section 33, Electrical Safety, this document.

All temporary power systems must comply with any applicable local, state, county, federal laws, statutes, rules, codes, regulations, BJC HealthCare requirements as well as the following guidelines:

Above ground

- Energized wiring is not permitted to be suspended in areas of crane operation and mobile equipment access.
- Connections in suspended wires will be structurally supported so that the connections do not carry tension.
- All suspended wires must be insulated.

At & Below ground

- All wire at or below the ground surface will be installed per the guiding authority.
- Contractor will provide warning signs for both above and below ground installations throughout the site. Danger signs must be maintained at all switch houses, enclosures surrounding high-voltage covers and equipment, and at all places where it is considered necessary to warn employees of the presence of dangerous voltage; e.g. exposed wiring. Metal tags are not permissible; all tags must be of fiber or other nonconductive material. Voltage must be identified.

- Proper ground fault protection will be provided. Circuit breakers, fuses, and other circuit protective interrupting devices shall have adequate interrupting capacity to safely meet power system requirements.
- Contractors will maintain minimum clearances between personnel/equipment and high-voltage to conform to applicable state codes and standard facility practice.

Grounding - All jackhammers, concrete busters, etc., will be grounded if operating in areas where they may come in contact with energized circuits.

Illumination – Contractor will ensure that aisles, construction areas, stairs, ramps, runways, corridors, offices, shops, and storage areas where work is in progress will be adequately lighted with either natural or artificial illumination. Temporary lighting shall be of manufactured type, UL listed (or other NRTL) and in good condition.

Temporary Electrical Cords (Extension Cords) – Cords must be UL listed, in proper condition, free from splits, splices and electrical tape. All cords shall be grounded.

36. Motor Vehicles and Mobile Equipment

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To minimize impact to indoor air quality, vehicle operations shall be minimized near building fresh air intakes and mobile equipment should be tier 3 or 4 (and/or equipped with exhaust scrubbers as possible) when within close proximity (as defined during the project risk assessment process) to occupied buildings. Additional mitigation efforts may be required as determined by the Risk Assessment.

All mobile equipment shall be inspected daily in accordance with manufacturer's recommendations. Copies of the inspection reports shall be kept on site and made available to BJC HealthCare upon request.

37. Aerial Lifts

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Only documented, trained personnel shall be allowed to operate aerial and scissor lifts. Aerial and scissor lifts shall only be used for lifting personnel and their tools and must not be used as material hoists.

Workers in aerial lifts, boom trucks, suspended or supported personnel baskets, articulating lifts, and other similar devices must be tethered to the device using a harness and a 6' adjustable lanyard, reduced to 3' in length while in motion.

Aerial lifts that are not equipped with proper anchorages shall not be used.

Work shall only be accomplished from the floor of the basket and must not involve climbing on basket railings, ladders or other non-approved elevating platforms.

38. Bloodborne Pathogens/Medical Waste

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Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the prevention of bloodborne infections means preventing exposure to blood or other potentially infectious materials (OPIM) such as bodily fluids.

Prior to working in an area where exposure to bloodborne pathogens or medical waste may occur, Contractor must provide its personnel with training as required by OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030. Additionally, Contractor is expected to abide by the BJC HealthCare and/or entity specific policy regarding bloodborne pathogens. For more information see the documents attached below.

[Core: Bloodborne Pathogens Exposure Control Plan](#)

[Core: Hazardous Waste Management Plan](#)

Preventing the spread of bloodborne infections means preventing exposure to blood or other potentially infectious materials (OPIM) body fluids. Two major elements of protection are the use of "protective barriers" (such as gloves and face mask) and immediate and thorough washing of hands or other parts of the body contaminated with blood or other potentially infectious body fluids.

It may be necessary for Contractor to don personal protective equipment before working in certain areas. Clothing or personal protective equipment worn to protect against a hazard (i.e., blood or OPIM) must be doffed prior to leaving the immediate work area. This includes but is not limited to gloves, gowns, laboratory coats, masks/face shields, foot coverings, etc. Wash hands after removal of any barriers/PPE.



- **The hospital affixes warning labels on equipment, containers, or other potentially infectious materials. When you see this symbol (pictured**

above), do not touch the materials unless specifically instructed by your supervisor. Infectious Waste bags marked with the biohazard symbol and other containers also warn against potentially infectious material. If you are contaminated by potentially infectious materials, thoroughly wash the area immediately and contact your designated medical provider.

39. Industrial Hygiene Requirements

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Contractor and the designated BJC HealthCare PM will discuss the Industrial Hygiene issues associated with the specific work activity. The Contractor is responsible for compliance. Contractor remains solely responsible to determine the means and methods of safely performing its work. Compliance requirements by Contractor may include, but are not limited to the following measures:

Training – Use, selection, care of PPE; the requirements of the OSHA standard; control measures to limit exposures; safety procedures to be followed; emergency response and emergency procedures. Contractor is responsible for preparing its employees for potential hazardous exposures by training its employees. The minimum training requirements are defined in various OSHA standards.

Prior to the beginning of work, the Contractor will submit a completed chemical inventory with SDS's for Contractor-supplied materials.

All containers of hazardous substances used or generated by Contractor on the project site must be appropriately labeled and identified by Contractor. Labels are to include the identity of the substance and the appropriate hazard warning on all containers of hazardous substances.

Rooftop exhaust fans located at BJC entities are capable of discharging potentially hazardous vapors. Contractors shall not conduct work around rooftop exhaust fans without a risk assessment that includes a discussion of specific and potential hazards. See below for the BJC HealthCare policy regarding Exhaust Outlet Safety (attached below).

[Core: Exhaust Outlet Safety](#)

40. Respirable Silica

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Crystalline Silica is a natural occurring mineral that is found in many construction materials, including concrete, masonry, mortar and more. Cutting, grinding, drilling or sanding materials containing silica can release respirable particles. OSHA has released strict guidelines regarding management of silica hazards in the workplace. Contractors are expected to adhere to the OSHA standard when the potential for silica exposure exists.

[System: Respirable Crystalline Silica](#)

41. Asbestos Containing Material and Lead

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BJC HealthCare will be responsible for informing Contractor of known or potential areas where **A**sbestos **C**ontaining **M**aterial (**ACM**) or **P**resumed **A**sbestos **C**ontaining **M**aterial (**PACM**) and/or **L**ead is present. Contractor will be responsible for communicating the presence of these materials to their employees, agents and invitees as well as that of their subcontractors. Contractor is to contact the responsible BJC HealthCare PM and Facility EH&S if the presence of ACM, PACM and/or Lead is suspected. Contractor shall not disturb any material suspected or presumed to contain ACM or Lead. All suspect material is to be presumed as ACM or Lead until tested and proven otherwise. BJC HealthCare PM will coordinate all testing and removal of these materials; provided, however, that BJC HealthCare will rely on the expertise of Contractor with respect to the existence, location, handling, storage and disposal of these materials that is within Contractor's specific scope of work.

[Core: Asbestos Management](#)

Other industrial hygiene related links:

[Core: Hazardous Waste Management Plan](#)

[Core: Hazard Communication Program](#)

[Core: Respiratory Protection Program](#)

[Core: Hearing Conservation Program](#)

42. Confined Space Entry Requirements

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The Contractor shall adhere to a Confined Space Program that, at a minimum, meets the requirements set forth in the document below.

[Core: Confined Spaces Entry](#)

Additional information regarding specific confined spaces may be provided by the applicable BJC HealthCare entity.

43. Elevated Work, Floor & Wall Openings

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Contractor shall require its employees, agents and invitees to receive appropriate training and wear Personal Fall Protection (PFP) equipment when exposed to a FALL HAZARD at a height of four (4) feet or greater.

Contractor must ensure that Fall Protection Equipment is inspected prior to each use and inspected annually by a competent person.

Contractor must protect open stairwells, manholes, hatches, pits, floor holes, floor openings, wall holes and wall openings with adequate barricades, lights, guardrails, covers, etc. Holes, shall be marked and identified as such when covered. All barricades/guardrails must pass the 200-pound OSHA test criteria.

Contractor's use and erection of ladders and scaffolds must comply with all applicable local state and federal regulations as well as the BJC policy regarding ladder safety (see document attached below).

[System: Ladder Safety](#)

44. Overhead Work

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Contractor will be responsible for barricading ground or floor to protect personnel when working above ground level. The protection will be at least equal to that described by OSHA standards or in accordance with entity's written procedures furnished to the Contractor. Signs will be placed warning of overhead work. A ground safety person will be provided if required by the BJC HealthCare PM or EH&S.

Contractor's employees will not leave unsecured material, tools and equipment overhead.

Contractor's employees will not take gas bottles on roofs or elevated areas, without appropriate discussion during the Risk Assessment.

45. Signs, Signals Barricades and Flagmen

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At locations where potential hazards exist, the Contractor will be responsible for posting, installing, and maintaining signs, signals, flagging, and barricades to detour the passage of persons or vehicles.

When operations are such that signs and barricades do not provide the necessary protection, a flagman or safetyman will be assigned by Contractor to protect the work area. All flagmen must be trained and certified (per OSHA CFR 1926.201) and wear reflective vests. Flagmen are required to direct traffic whenever equipment (cranes, manlifts, etc.) partially blocks an active roadway.

A Temporary Traffic Control Plan is required when work location is in, near, or has an impact on, an active roadway. The "plan" should describe how the specific work zone is set-up to ensure the safety of workers, motorists, and the general public.

46. Excavations, Trenching & Protective Systems

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No excavation will start until Contractor completes the "Excavation Permit". An excavation means any man-made cut, cavity, trench, or depression in an earth

surface, formed by earth removal. *Multiple excavations or holes utilizing one permit is allowed only when detailed site layouts are provided.* The area must be identified and discussed in a Risk Assessment and an "Excavation Permit" must be completed prior to the start of excavation.

Shoring, sloping, protective systems and excavation methods implemented/used by Contractor must comply with applicable local, state or federal regulations.

All excavations made by Contractor must have safe access ways and be properly barricaded and will have a flashing light or reflective barricade at night.

Temporary spoil must be placed no closer than 3 feet from the surface edge of the excavation, measured from the nearest base of the spoil to the cut.

An appropriate number of egress ramps, staircases, or ladders, at least one every 25-feet, is required.

Excavations shall be barricaded on all sides to prevent accidental entry.

Competent Contractor personnel shall check all excavation walls before entering and after a heavy rain or thaw. Check protective system daily or more often in extremely wet weather.

No one shall be permitted in an excavation while equipment is being used next to the edge unless the Protective System is adequate to support the surcharged load of the equipment, and the potential operating conditions created by the equipment (i.e., vibration).

Excavations 4-feet deep or greater, where there is potential for a hazardous atmosphere, monitoring and controls as set forth by OSHA 1926.651 are required.

When an excavation is 20-feet deep or greater, the Contractor must provide engineering drawings stamped by a qualified Professional Engineer certifying that the protection method is adequate for the geometry of the excavation, soil type and soil conditions.

Note: Any additional facility specific and/or regulatory requirements must be adhered to.

[System: Excavation Permit](#)

47. Concrete, Concrete Forms and Shoring

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Reinforcing steel. All protruding reinforcing steel, onto and into which employees could fall, shall be guarded to eliminate the hazard of impalement.

Form work and shoring will be designed, erected, supported, braced,

and maintained so that it will safely support all vertical and lateral loads that may be imposed upon it during placement of concrete.

When saw cutting concrete Contractor shall use a “wet method” or HEPA vacuum system, or other OSHA approved method to mitigate silica exposure.

Care shall be given when jackhammering or cutting into slabs. Potential hazards shall be identified and addressed prior to the start of such work.

48. Cranes, Derricks, Rigging & Lifting Devices [<Table of Contents>](#)

The contractor is to know and, at a minimum, follow the BJC HealthCare rules and regulations listed in the document attached below.

[System: BJC HealthCare Crane Safety Rules & Guidelines](#)

All helicopter lifts will require a lift plan. A pre-construction/lift meeting is required with the BJC HealthCare PM, EH&S and the appropriate entity and contractor representatives.

49. Steel Erection [<Table of Contents>](#)

Contractor's erection of structural steel shall require compliance with the BJC HealthCare Facilities Regulations and applicable OSHA Regulations, including CFR 1926 Subpart R – Steel Erection.

Applicable BJC HealthCare fall protection requirements must still be observed at all times.

50. Demolition [<Table of Contents>](#)

Prior to permitting employees to start demolition operations, Contractor shall comply with the requirements of OSHA 1926 standard, Subpart T-Demolition. This includes:

- Application and obtainment of abatement permits (if required)
- Obtaining a written engineering survey from a competent person to include:
 - The structure and any adjacent structures where employees may be exposed
 - The perimeter protection needed to isolate and warn people in the area.

Such information shall be reviewed with BJC HealthCare PM.

For additional details regarding lead and asbestos abatement, refer to Asbestos Containing Material and Lead, this document.

Other necessary preparatory measures will be taken by Contractor to prevent employee exposures to:

Unplanned collapse of any portion of the structure.

Utilities – electrical, gas, water, steam, sewer, etc.

Hazardous chemicals, gases, explosives, flammable materials, insulation or gasket materials containing asbestos, or similarly dangerous materials, or substances that have been used in any pipes, tanks, or other equipment on the property.

Glass fragmentation hazards.

Floor and wall openings.

Falling materials – dropping and removal of debris through holes in the floor, chutes, etc.

Airborne particulate and visible emissions (air monitoring may need to be anticipated for major demolition work).

Noise & Vibrations

Perimeter protection to isolate area as a warning to other personnel.

Stairs, passageways, entrances, and ladders shall be designated, protected, inspected and maintained as required. Other access ways shall be entirely closed at all times.

No material shall be dropped to any point lying outside the exterior walls of the structure unless the area is effectively protected.

All manual and mechanical removal of walls, floor, masonry construction, and steel construction shall be done in accordance with the OSHA standards.

51. Care, Custody, Control and Commissioning

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Care, custody and control of designated BJC HealthCare entities, or portions of an entity may be transferred to the Contractor.

Contractor is in control of its contracted Scope-of-Work, which includes planning, scheduling, and directing the activities of its and any subcontractors' respective employees, agents and invitees.

52. Additional Requirements

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Hand and Power Tools – All hand and power tools and similar equipment, whether furnished by the Contractor or Contractor's employees, will be maintained in a safe operating condition. Damaged tools will be immediately repaired or replaced. Tools will be used only for the purpose for which they were designed.

Painting and Media Blasting

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The Contractor will discuss and address associated hazards during the Risk Assessment prior to using spray-painting equipment. Signs will be posted. Wind direction, location of roads and parking lots must be considered prior to starting work.

The Contractor will discuss and address associated hazards during the Risk Assessment prior to media blasting. The work area is to be isolated by appropriate signs and barricades.

- Media blasting hoses must be of the bonded, conductive type.

53. Environmental Control Requirements

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Contractor will comply with all applicable BJC HealthCare, Facility, Local, State, County and Federal Environmental Compliance laws, rules and regulations applicable to its work and/or services being performed.

New construction sites near existing BJC HealthCare sites have a potential to pose a risk due to dust exposure. Contractor must be cognizant of such potential and utilize measures to control/suppress dust. Water is an acceptable suppressant during warm months, however an alternative must be considered and used when temperatures drop to 40F degrees or below.

A plan for monitoring dust control and testing environmental conditions should be included with the SSSP.

Contractor will become knowledgeable of all materials associated with all scheduled work to insure the proper handling, use, storage, clean up and disposal of these materials. SDS's of all materials, BJC HealthCare furnished or Contractor furnished, will be available for use and review by all affected employees.

Contractor must contact the BJC HealthCare PM, Environmental Engineer and the entity EH&S department prior to starting work if Contractor believes that any work activity has the potential to result in an unauthorized release to the environment or will require disposal of any hazardous or uncharacterized materials.

Contractor will provide appropriate training for employees to work with all materials associated with specified work. Training will include the appropriate level of *HAZWOPER* training for personnel who will be involved in the handling or cleanup of hazardous materials. Upon request, Contractor will provide applicable certificates of training for employees.

Contractor is responsible for the proper labeling and containment of Contractor's portable storage tanks, (i.e. temporary diking or catch basin, etc.) drums, and all portable containers. Labeling shall follow Globally Harmonized System (GHS) guidelines and will include Contractor name, telephone number, commodity contained, associated warnings, required PPE and the capacity of the portable storage tank.

Contractor is responsible for removal of excess hazardous materials and disposal of all Contractor generated waste.

54. Environmental Incident Reporting Requirements

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All contractors that work at, transport material to/from and perform services for BJC HealthCare entities must comply with any and all entity, Local, State, County and Federal laws, rules and regulations regarding Environmental Incident Reporting. Contractor is required to notify BJC HealthCare PM, Environmental Engineer, EH&S and the entity EH&S of any release to the environment. BJC Healthcare Environmental Engineer will coordinate notification to the appropriate Regulatory Agencies for any reportable release to the environment.

55. Air Compliance Requirements

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Contractor is responsible for developing and complying with Fugitive Dust Control Plans and Continuous Compliance Plans as required for the work being performed.

56. Water Compliance Requirements

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All containers of hazardous substances used or generated by Contractor in connection with the work must be appropriately labeled and identified by Contractor. Labels are to include the identity of the substance and the appropriate hazard warning on all containers of hazardous substances.

Contractor must be familiar with any and all facility, local, state, and federal regulations regarding releases of materials into sewers or waterways.

Contractor is not permitted to discharge any water, liquid waste stream into any non-contact water sewer, process water sewer, storm sewer, sanitary sewer, stream, or waterway without first contacting the BJC HealthCare Environmental Engineer to receive approval or a suggested alternate disposal location.

Contractor must report to the Environmental Engineer any accidental discharge of chemicals or contaminated water or discovery of any contaminated groundwater.

Contractor is responsible for developing and/or complying with Storm Water Pollution Prevention Plans (SWPPP) and Spill Prevention, Control and Countermeasures (SPCC) Plan as required for the work being performed.

57. EXCEPTIONS

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Exceptions to any portion of this document must be requested in writing addressed to the BJC HealthCare PM and EH&S. If the request is agreed to and approved it will be signed by the BJC HealthCare PM and EH&S (or respective designees) and added to the project file. Additionally, Contractor shall add any approved exceptions to the Site Specific Safety Plan.

Requirements set forth in this document are not intended to prohibit the use of emerging technology. Questions regarding the potential use of new or emerging technologies should be directed to the BJC HealthCare PM.

58. Glossary of Terms

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Alternate Life Safety Measures (ALSM) – See Interim Life Safety Measures below.

BBP – Acronym for Bloodborne Pathogens

BJC HealthCare – Any facility, entity or premises owned, leased, or operated by BJC HealthCare

Contractor - Person or company that undertakes a contract to provide materials or labor to perform a service or do a job.

Entity – Refers to the specific BJC HealthCare facility or premises (ex. Barnes Jewish Hospital, St. Louis Children’s Hospital, Missouri Baptist Hospital, etc.)

EH&S – Acronym for Environmental Health and Safety

EMR – Acronym for Experience Modification Rate

Essential Electrical Systems (EES) - A system comprised of three branches; Life Safety Branch, Critical Branch, and Equipment Branch. These alternate sources of power are designed to ensure continuity of electrical power to designated areas and functions of a health care facility during disruption of normal power sources, and also to minimize disruption within the internal wiring system.

Hazardous Job Procedure – Procedure determined to be the safest approach for conducting a job that has been determined to be hazardous.

Healthcare Facilities Accreditation Program (HFAP) – Nationally recognized healthcare accreditation organization.

Incident – Any event that caused harm or had the potential to cause harm to persons or property.

Infection Prevention (IP) – Refers to the Infection Control Specialist and the efforts required to mitigate risk of Hospital Acquired Infections.

Interim Life Safety Measures (ILSM) / Alternate Life Safety Measures (ALSM) – Health and safety measures that are put into place to protect the safety of patients, visitors, and staff who work in the hospital. Includes access/egress pathways, fire protection/suppression/alarms and more. ILSM / ALSM are required by The Joint Commission and the Healthcare Facilities Accreditation Program (HFAP).

Near Miss – Any event that had the potential to cause harm or damage property but was narrowly avoided.

NFPA – National Fire Prevention Association

Pre-Construction Risk Assessment (PCRA) – A proactive assessment process to identify potential risks that may arise and to develop a risk mitigation strategy to minimize such risks. Included in the assessment are Infection Control/Prevention, Noise, Vibrations, Dust, utility requirements/impacts, air quality, life safety and the protection of occupants.

Project Manager (PM) – Person assigned to oversee and manage the project or services being performed.

Site Specific Safety Plan (SSSP) – Written safety plan specific to the project site. The plan should identify all hazards associated with the scope of work and provide safe work practices and personnel protection methods.

Subcontractor – Secondary contractor that is contracted by another contractor to perform a portion of work that is part of a larger project.

The Joint Commission (TJC) – Independent, not-for-profit, hospital and health care accrediting organization.

Vendor – Person or company offering something for sale.

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ACKNOWLEDGEMENT OF RECEIPT

I have received and read the BJC HealthCare Contractor Safety Manual.

I acknowledge that the contents of the Contractor Safety Manual describe the minimum safety requirements, practices, and standards for all BJC HealthCare projects.

BJC HealthCare Contractor Safety Manual

The Contractor Safety Manual does not contain all applicable standards but I (and therefore my company) agree to comply with BJC HealthCare's Contractor Safety Manual, Federal, Occupational Safety and Health Administration (OSHA), National Fire Protection Association (NFPA), The Joint Commission (TJC), Centers for Medicare and Medicaid (CMS) standards, and state and local standards where the project is located. If there is any inconsistency in the foregoing standards, we will comply with the most stringent standard on the applicable subject.

Contractor Company Name:

Project Location:

Company Name:

Printed Name of Signee:

Signature: _____

Date: _____