As a contractor working at UCSF Medical Center I have received and understand the Policies and Procedures for:

- ID Badges
- Utility or System Shutdowns
- Protection of Utility systems
- Ceiling and Wall Access
- Fire Alarm Bypass Procedures
- Off-Hours Work
- Noisy Work
- Hot Work
- Elevator, Debris Boxes and Loading Docks
- Infection Control

Company ____________________________________________________________

Name ____________________________________ Date __________________________

Signature ___________________________________________________________

**Parnassus Heights Medical Center Contacts**

Facilities Management 24 hour number ________________ 353-1120
Construction Coordinator ____________________________ 353-8235
ACC Building __________________________________________ 353-2932
Central Utilities Plant (for Fire Alarm Bypass) __________ 476-4066
Security 24 hour number ______________________________ 885-7890
POLICE/FIRE EMERGENCY _____________ from UC house phone 9-911

**Mt. Zion Medical Center Contacts:**

Facilities Management 24 hour number ____________ 885-7576
Construction Coordinator __________________________ 514-6645
Security 24-Hour number ____________________________ 885-7890
POLICE/FIRE EMERGENCY __________________________ 9-911
Medical Center Facilities Management
Parnassus Heights Mission Bay and Mt. Zion
Jobsite Book

**EMERGENCY or PROBLEM REPORTING PHONE NUMBER**
Parnassus Heights  Mt. Zion Buildings
353-1120  885-7576

Mission Bay
**TBD**
24 HOURS / DAY - 7 DAYS / WEEK

**Parnassus Heights Medical Center Contacts:**
Facilities Management 24-Hour number.......................... 353-1120
Construction Coordinator............................................. 353-8235
Security 24-Hour number............................................. 885-7890

**Mt. Zion Medical Center Contacts:**
Facilities Management 24-Hour number.......................... 885-7576
Construction Coordinator............................................. 514-6645
Security 24-Hour number............................................. 885-7890

**POLICE / FIRE EMERGENCY** from UC house phone......... 9- 911
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ID Badges</td>
</tr>
<tr>
<td>2</td>
<td>Shutdowns</td>
</tr>
<tr>
<td>3</td>
<td>Utility Systems Protection</td>
</tr>
<tr>
<td>4</td>
<td>Ceiling Access</td>
</tr>
<tr>
<td>5</td>
<td>Fire Alarm Bypass</td>
</tr>
<tr>
<td>6</td>
<td>Off-Hours Work</td>
</tr>
<tr>
<td>7</td>
<td>Noisy Work</td>
</tr>
<tr>
<td>8</td>
<td>Hot Work</td>
</tr>
<tr>
<td>9</td>
<td>Elevators, Debris Boxes &amp; Loading Dock</td>
</tr>
<tr>
<td>10</td>
<td>Infection Control</td>
</tr>
</tbody>
</table>
ID Badges

ID BADGES MUST BE WORN AT ALL TIMES WHILE ON-SITE AT UCSF MEDICAL CENTER

1. ID badges are for access only to the areas necessary to the completion of your work. DO NOT attempt to access areas not needed for your project work.
2. Temporary ID badges for anyone working in our buildings are obtained from Facilities Management prior to any work starting. All temporary ID badges are project specific with an expiration date.
   a. Persons here for less than one day to 1 week will receive a paper temporary ID badge.
   b. Persons here for more than 1 week and up to the duration of the project will get a plastic photo ID badge.
3. ID Badges are issued only after verification of Infection Control Training compliance, completing the test and acknowledging reading of the OR Attire Procedures.
4. Persons working after-hours and weekends must obtain badges by appointment during normal working hours on weekdays.

We recognize the difficulty of wearing a badge during some types of construction work so we will accept the following conditions: (keep in mind that UCSF policy requires that ID Badges are to be worn AT ALL TIMES)

1. The ID badge must be worn anytime the individual leaves the project site.
2. The individual must keep the ID badge on his / her person at all times. We suggest keeping it in your pocket when working in conditions where it cannot be worn. Clipping it to a tool bag or job box is not acceptable.
3. If the individual forgets to display their badge when leaving the jobsite they must be able produce it immediately when asked and wear it thereafter.
4. If your ID badge is left in another location you will be required to stop work and obtain your badge immediately.
5. Persons not able to produce their ID badge may be asked to leave the premises.
6. These conditions do not supersede any UC ID Badge policy.

Parnassus Heights: Moffitt and Long Hospitals and Medical Building 1 (ACC)
Temporary ID Badges are obtained at the Facilities Management office, L-210. Use the attached IC training Sign in Sheet.

Mt. Zion:
Temporary ID Badges are obtained at the Facilities Management office, A-006. Use the attached IC training Sign in Sheet.
IC TRAINING SIGN IN SHEET

__________________________ Infection Control Training

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Company Name</th>
<th>Photo ID Y/N</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilities and Contract Employee Guidelines
Attire in the Operating Room and Procedural Areas

A. Prior to entering the restricted/semi-restricted areas, Facilities and Contract Employees will notify the Charge Nurse of areas they will be entering.

B. Scrubs are to be worn at all times in the restricted and semi-restricted areas by all personnel. Change into new scrubs and warm-up jackets when dirty and/or at the end of the working period. Scrubs must cover street clothes completely e.g. under shirts should not be visible at the neckline, unless needed for modesty or to cover chest hair.

   a. Bunny suits will be permitted during scheduled OR shutdown weekends, and areas where Facilities and Contract Employees perform work must be terminally cleaned by OR PSA's; NOTIFY OR staff of these areas.

C. Bunny suits are allowed to be worn over scrubs when having to work in a heavily contaminated area in order to protect the scrubs, but must be thrown away prior to exiting and are not permitted outside the Procedural area.

D. Scrubs must be covered by a cover gown when leaving the Operating Room (department).

E. A head cover is worn in all restricted and semi-restricted areas and confines all possible head hair. Beards must be covered using a surgical hood.

F. Disposable non-barrier shoe covers should only be worn to prevent tracking dirt and debris into the semi-restricted and restricted areas. This is not required if shoes are clean. Shoe covers are not to be worn outside the unit.

G. Single-use, disposable masks are worn at all times in the restricted areas when there are open sterile items. Masks cover both the mouth and the nose and are securely gasketed. Masks are not required in the operating room for non-sterile procedures or when there are no open sterile items. Perform hand hygiene after removing masks. **MASKS ARE EITHER ON OR OFF: USED MASKS ARE NOT WORN AROUND THE NECK OR ON TOP OF THE HEAD OR PLACED IN A POCKET FOR FUTURE USE.** Masks must be replaced if they become wet, soiled or torn. Respirators will be worn in place of masks when caring for patients with airborne or droplet precautions.

H. Bunny suits may be worn over street clothes by personnel who need to access to restricted and semi restricted areas for a period not to exceed 15 minutes. Scrubs must be worn when working in an Operating Room during a surgical procedure.
Facilities and Contract Employee Guidelines
Attire in the Operating Room and Procedural Areas

I. Jewelry worn within the semi-restricted and restricted areas must not impede the ability to thoroughly wash hands, interfere with patient care or personal safety.

J. Personal bags are not allowed in the OR unless they are placed in a plastic bag. The plastic bags supplied for this purpose can be found where the scrub hats are stored.

K. When in doubt about appropriate attire to wear please ask the Charge Nurse.

L. Designated tools assigned specifically for procedural areas will be stored in a case enclosed cart, approved by HEIC department.

M. Specialty tools used outside of the procedural areas will be kept in a clean tool belt/bag and wiped down with approved sani-wipes prior to entering the restricted areas. Tools used in the restricted and semi-restricted areas will wiped down after each use.

HISTORY OF DEPARTMENTAL PROCEDURES

Originated: 02/03/14
Reviewed: 02/24/14
Reviewed: MCFM: Bruce Mace, Jhoric De Guzman
Approved: Periop Leadership: Erika Grace, MCFM: Bruce Mace, Jhoric De Guzman
Post Test for Infection Prevention & Safety for Construction Personnel
(Circle the best answer: True or False)

1. Dust containing mold and other germs can cause serious illness and even death to some patients.
   TRUE    FALSE

2. Construction, demolition, renovation and excavation can generate dust containing mold spores and other germs.
   TRUE    FALSE

3. If you find an injection needle in your work site you should pick it up and throw it out in the garbage.
   TRUE    FALSE

4. Utility services (water, gas, electric) must not be shut off without approval from Facilities Management, except in an emergency.
   TRUE    FALSE

5. It is acceptable to leave the work site and enter the hallway if your work clothes are covered in dust.
   TRUE    FALSE

6. Barriers placed around job sites help to prevent dust from entering patient care areas.
   TRUE    FALSE

7. Adhesive walk-off mats need to be changed only daily.
   TRUE    FALSE

8. For large construction projects, HEPA filtered fan units running in the job site are required to scrub the air and create negative pressure.
   TRUE    FALSE

9. Remove debris using an open container via any route and at times when patients are present.
   TRUE    FALSE

10. During outdoor demolition soil and debris should be kept dry.
    TRUE    FALSE

11. Air sampling during construction and demolition can help determine if Infection Control measures for dust control are working.
    TRUE    FALSE

12. All on-site construction workers must attend an Infection Control in-service. This in-service must be completed at least annually.
    TRUE    FALSE

13. Workers who are sick with a cold, flu or other communicable illness should not enter the medical center.
    TRUE    FALSE

14. You must turn off all HEPA negative air machines before leaving the jobsite at the end of each working day.
    TRUE    FALSE

15. It is permissible to open a ceiling hatch or ceiling tile in a corridor if you only need to look for less than 10 seconds.
    TRUE    FALSE

CONTINUED ON OTHER SIDE
16. If you are not sure if a utility line is live or dead you should contact job superintendent immediately.
   TRUE   FALSE

17. If you are in a service elevator and a patient needs to be transported in that same elevator, you must vacate the elevator even if there is enough room for both of you to ride.
   TRUE   FALSE

18. You can use passenger elevators to transport materials and equipment.
   TRUE   FALSE

19. If construction dust needs to continually be removed in the corridors outside the project area, it is possible that there is airborne dust in the corridor and you should notify your job superintendent.
   TRUE   FALSE

20. A HEPA negative air machine unit running in a construction space will always produce negative air within the project site.
   TRUE   FALSE

21. Infection Control, Design and Construction, and Facilities Management can stop a job at any time for dust control violations.
   TRUE   FALSE

22. Ceiling and wall access permits are not required for portable barriers in the medical center.
   TRUE   FALSE

23. HEPA machine certification is good for 2 years.
   TRUE   FALSE

24. Fire and life safety systems are put in place to take the place of safety systems that may have been removed or disabled during construction.
   TRUE   FALSE

25. Corridors may be temporarily blocked by construction activity as long as worker is present and it can be cleared within 5 minutes.
   TRUE   FALSE

26. Before entering and after leaving a patient care area, you must wash your hands with either soap and water or an alcohol based hand rub.
   TRUE   FALSE

By signing below, I am confirming that I have viewed and understand all of the content presented in the training video. I also understand that Infection Control and Safety measures are important to safe patient care and UCSF Medical Center operations; I will adhere to all infection control and safety requirements.

Print Name:_____________________  Signature:_____________________  Date:_________

Project #:_____________________  Contractor or Company Name:_________________

I have read and WILL COMPLY with the UCSF Medical Center Operating Room Attire Policy.

Print Name:_____________________  Signature:_____________________  Date:_________

ORIGINAL TESTS MUST BE GIVEN TO FACILITIES MGMT AND COPIES RETAINED ON SITE BY CONTRACTOR
Examen posterior para prevención de infecciones y seguridad del personal de construcción
(Marque con un círculo la mejor respuesta: Verdadero o Falso)

1. El polvo que contiene moho y otros gérmenes pueden causar serias enfermedades y hasta la muerte de algunos pacientes.
   VERDADERO   FALSO

2. La construcción, demolición, renovación y excavación pueden generar polvo que contiene esporas de moho y otros gérmenes.
   VERDADERO   FALSO

3. Si halla una aguja de inyección en su centro de trabajo debe recogerla y arrojarla a la basura.
   VERDADERO   FALSO

4. Los servicios públicos (agua, gas, electricidad) no deben ser desconectados sin aprobación de la dirección de las instalaciones, excepto en caso de emergencia.
   VERDADERO   FALSO

5. Es aceptable dejar el sitio de trabajo y entrar al pasillo si su ropa de trabajo está empolvada.
   VERDADERO   FALSO

6. Las barreras puestas rodeando el centro de trabajo son para ayudar a prevenir que ingrese polvo en las áreas de atención al paciente.
   VERDADERO   FALSO

7. Los felpudos adhesivos deben cambiarse diariamente.
   VERDADERO   FALSO

8. En los grandes proyectos de construcción, los equipos de ventilación con filtrado HEPA que operan en el centro de trabajo son para limpiar el aire y crear una presión negativa.
   VERDADERO   FALSO

9. Retire los escombros con un recipiente abierto por cualquier vía y cuando los pacientes estén presentes.
   VERDADERO   FALSO

10. Durante una demolición al exterior, se deben mantener secos el suelo y los escombros.
    VERDADERO   FALSO

11. El muestreo del aire durante la construcción y demolición pueden ayudar a determinar si están funcionando las medidas de control de infecciones por el polvo.
    VERDADERO   FALSO

12. Todos los trabajadores de la construcción in situ en sitio deben asistir a un servicio interno de control de Infecciones. Este servicio interno debe completarse anualmente como mínimo.
    VERDADERO   FALSO

13. Los trabajadores que padezcan de un resfriado, gripe u otras enfermedades contagiosas no deben ingresar al centro médico.
    VERDADERO   FALSO

14. Debe apagar todas las máquinas de aire negativo HEPA antes de abandonar el centro de trabajo al fin de la jornada de trabajo.
    VERDADERO   FALSO

15. No se permite abrir una escotilla o azulejo del techo en un pasillo si sólo necesita asomarse por menos de 10 segundos.
    VERDADERO   FALSO

16. Si no está seguro de si una línea de servicio público está conectada o desconectada debe contactar al superintendente del trabajo INMEDIATAMENTE.
    VERDADERO   FALSO

CONTINUA EN EL OTRO LADO
17. Si se halla en un ascensor de servicio y el paciente necesita ser transportado en el mismo ascensor, **debe** dejar el ascensor, incluso si hay suficiente espacio para que ambos lo utilicen.
VERDADERO  FALSO

18. Se puede usar los ascensores para transportar materiales, pasajeros y equipos.
VERDADERO  FALSO

19. Si el polvo de la construcción necesita ser eliminado continuamente en los pasillos fuera de la zona del proyecto, es posible que haya polvo en el aire en el pasillo y usted debe avisar al supervisor de obra.
VERDADERO  FALSO

20. Las máquinas de aire negativo HEPA que operan en un espacio de construcción generarán siempre aire negativo dentro del lugar del proyecto.
VERDADERO  FALSO

21. La dirección de control de infecciones, diseño y construcción, y la dirección de las instalaciones pueden detener la obra en cualquier momento por violaciones del control de polvo.
VERDADERO  FALSO

22. Los permisos de acceso al techo y paredes no son necesarios para las barreras portátiles en el centro médico.
VERDADERO  FALSO

23. La certificación de la máquina HEPA es válida para 2 años.
VERDADERO  FALSO

24. Sistemas de seguridad contra incendios y la vida son colocados en lugar de los sistemas de seguridad que puedan haber sido removidos o inhabilitados durante la construcción.
VERDADERO  FALSO

25. Los pasillos pueden ser bloqueados temporalmente por la actividad de construcción, siempre y cuando el trabajador esté presente y puedan ser despejados dentro de 5 minutos.
VERDADERO  FALSO

26. Antes de ingresar y salir de un área de atención del paciente, debe lavarse las manos con agua y jabón o un desinfectante de manos o con cualquier frotación desinfectante con alcohol.
VERDADERO  FALSO

Al firmar a continuación, confirme que entiendo y he visto todo el contenido que se presenta en el video de entrenamiento. Entiendo que las medidas de control de infecciones y seguridad son importantes para la atención al paciente y las operaciones del Centro Médico de UCSF bajo condiciones de seguridad; y voy a cumplir con todos los requisitos de control de infecciones y seguridad.

Nombre en letra de molde:_____________________ Firma:_____________ Fecha:_______

Proyecto #:____________________ Nombre de contratista o empresa:________________________

He Leido Y YO CUMPLIRA Con el Vestimenta politica en la sala de operaciones en el Centro Medico de UCSF

Nombre en letra de molde:_____________________ Firma:___________________ Fecha:_________

LOS EXÁMENES ORIGINALES DEBEN ENTREGARSE A LAS INSTALACIONES MGMT Y LAS COPIAS DEBEN MANTENERSE EN LA OBRA POR EL CONTRATISTA
Medical Center Facilities shall ensure that the proper process of submitting, planning for, and performing a utility or system shutdown is followed. This process is designed to minimize the impact of such shutdowns on our patients, staff, and visitors.

**Submitting a Request and completing Research:**

1. Requests are to be submitted by the Project Manager, or by the General Contractor with the permission of the Project Manager. See attached Facilities Impact Request, (FIR)

2. Requests are to be submitted at the appropriate time:
   a. Shutdown requests are submitted at least 2 weeks prior to the requested date. Larger impacts will require more lead time.
   b. Maintenance Assists are submitted at least 1 week prior to the requested date.
   c. All fields must be filled out completely. Plans or drawings, requested date, duration, names and phone numbers, and a good description of the work scope are required. Incomplete requests will be returned.

3. Requests are reviewed and entered into the “Impacts List” and then submitted to the appropriate Craftsperson or Engineer for research.

4. The research will be returned to the Facilities Construction Coordinator within 2 weeks after being submitted to the Craftsperson or Engineer. **Some research involving large areas or system-wide impacts will take longer.**

5. Craftsperson or Engineer will return:
   a. All Information pertaining to the utility or system disruption. This information is to include circuit numbers, valve numbers and locations, equipment ID numbers and location and any other information needed to allow any qualified person to perform the shutdown.
   b. All Affected departments or users including complete room listing.
   c. If possible, copies of blueprints, schematics, and/or drawings indicating the affected areas and systems.
   d. Incomplete research will be returned for immediate resolution.

6. After the research is returned, it will be reviewed by the Facilities Construction Coordinator. The Project Manager will be notified of:
a. Completion of research  
b. Impact of the shutdown  
c. Special circumstances  
d. Lead-time needed to plan for the shutdown

**Planning for the shutdown or system disruption:**

1. Normal lead-time for scheduling the shutdown is 2 weeks. **Shutdowns impacting large areas or system–wide disruptions will take longer to plan and execute.**

2. **System shutdowns affecting various areas and/or departments may require 3 week notice or more prior to shutdown date.**

3. The Contractor and subs completing the actual work will submit a “Method of Procedure” (MOP) outlining all of the steps needed to successfully complete the work, including the date scheduled and duration of the shutdown.

4. If the impact is small the “Generic Method of Procedure” provided by the facility may be used. This is at the discretion of the Facilities Construction Coordinator.

5. The MOP will be reviewed by the Contractor, Subs, Craftsperson or Engineer and the Facilities Construction Coordinator. [See attached MOP Template](#).

6. Once approved the Facilities Construction Coordinator will schedule the actual date and inform the Project Manager.

7. The Facilities Construction Coordinator will send out the appropriate notices at the appropriate time prior to the scheduled date.

8. **Shutdown Notifications:**
   a. Notices are posted several days to a week in advance in the affected locations.  
   b. Areas requiring 3 weeks notice will be given the 3 week advanced notice.  
   c. E-mail notification is used to back up the posted notices.  
   d. When appropriate notification is included in the “Manager’s Weekly” 1 week prior to the shutdown.  
   e. Core distribution list includes:  
      i. Facilities Management (Director, Building Manager, Chief Engineer) and Facilities staff  
      ii. Impacted department managers and staff  
      iii. Safety Officer  
      iv. Fire Marshall when necessary  
      v. Security and UCPD when necessary  
      vi. Nurse Supervisors  
      vii. Administrator on-call  
      viii. Code Blue Team if corridors or elevators are affected
Actual shutdown or system disruption:

1. All shutdowns and system disruptions will be performed on schedule and as outlined in the MOP (Method of Procedure).

2. **Valves, breakers, mechanical equipment, etc. may ONLY be shut down or restored by an authorized Craftsperson, Engineer or Facilities Management person.**

3. Any variations or alterations from the MOP must be approved by the Medical Center Facilities Management prior to proceeding. **The shutdown is not to extend beyond the scope of the MOP without this approval.**

4. If any situation occurs prior to the start of the work that may jeopardize staying within the scope of the MOP, the work will not begin without the approval of the Medical Center Facilities Management.

5. The Craftsperson or Engineer attending the shutdown will monitor the progress of the work to determine if the work is staying on-schedule.

6. After the work has started the Contractor and Subs are required to notify Facilities of any circumstances that may affect the scope of the work or the completion time.

7. The work is not considered complete until all systems have been restored, tested and verified. Contractors, Craftsperson, and/or Engineer will remain on-site until all systems are verified to be returned to normal.

8. Affected departments and users will be notified of the systems restoration by a Craftsperson, Engineer, or Facilities Management person.

9. The completed MOP and the Generic MOP will be returned to the Facilities Construction Coordinator.

10. **Incomplete forms will be returned for immediate resolution.**
<table>
<thead>
<tr>
<th>UTILITY SHUTDOWN</th>
<th>MAINTENANCE ASSIST</th>
<th>SYSTEM IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount Zion</td>
<td>Moffitt / Long</td>
<td>Mission Bay</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date Submitted:</th>
<th>Project Funding / Cost Center:</th>
<th>WO#:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project # &amp; Name:</th>
<th>Provide names of authorized site supervisors:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Manager:</th>
<th>Office:</th>
<th>E-mail:</th>
<th>Pager:</th>
<th>Cell:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Contractor:</th>
<th>Superintendent:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub Contractor:</th>
<th>Foreman:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DCW</th>
<th>Heating Water</th>
<th>Med Gas</th>
<th>Oxygen</th>
<th>Nitrous Oxide</th>
<th>Nitrogen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DHW</th>
<th>Chilled Water</th>
<th>Electrical Panel</th>
<th>Facility Impact</th>
<th>Maintenance Assist</th>
<th>Lighting</th>
<th>Natural Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waste</th>
<th>MP Steam</th>
<th>Electrical Circuit</th>
<th>Fire Sprinklers</th>
<th>Equipment (specify)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vent</th>
<th>LP Steam</th>
<th>Fan</th>
<th>Low Voltage</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DI Water</th>
<th>Condensate Return</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Location and Description of Work: (Specifically identify valves, column references, circuit and panel numbers, etc.)

Contract Drawing Reference:

Estimated Duration: Review date REQUIRED MATERIALS & STAFFING ON SITE:

Requested Date for Activity:

DO NOT WRITE BELOW THIS LINE: FACILITIES MANAGEMENT USE ONLY!

Research assigned to: Date started: RESEARCH DUE:

SHUTDOWN SCHEDULED: Comments:

Date: Time: Duration:

E-MAIL TO FACILITIES MANAGEMENT: impact@ucsfmedctr.org

Mount Zion Facilities: 885-7576 Parnassus Facilities: 353-1120
## METHOD OF PROCEDURE

### Project

### Contractor

<table>
<thead>
<tr>
<th>Name</th>
<th>Abbr</th>
<th>Affiliation/Company</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Abbr</th>
<th>Affiliation/Company</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Start</th>
<th>End</th>
<th>Task</th>
<th>Location</th>
<th>Responsibility</th>
<th>System in operation?</th>
<th>Approval Needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Start</td>
<td>End</td>
<td>Task</td>
<td>Location</td>
<td>Responsibility</td>
<td>System in operation?</td>
<td>Approval Needed?</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>-----</td>
<td>------</td>
<td>----------</td>
<td>----------------</td>
<td>---------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Utility System
Identification & Protection

To protect the Hospital environment from accidental or unplanned disruption of utility services to occupied spaces the following safeguards will be put into place.

- Identification and tagging of utilities will be a joint effort between the Medical Center Facilities staff and the General contractor with UCSF being primarily responsible for existing utilities.
- Demolition activities make the facility particularly vulnerable to accidental utility disruptions. It is the responsibility of the General Contractor to properly identify demolition vs. live utility systems, Medical Center Facilities staff will assist as requested.
- All utility services (Water, Gas, Electrical, Fire Sprinklers, Fire Alarms, HVAC & Med. Gas & Air) may only be shut off by UCSF Medical Center Crafts Person or Engineers. Except in the case of an emergency

Electrical:

- All existing conduit must be identified and labeled as “Hot”, “Live”, “Do Not Touch” or equivalent and marked every 20 feet.
- Conduits passing through walls, both existing and new must be identified and labeled on both sides of the wall, existing only needs to be identified as stated above.
- Relocated conduits must be clearly labeled every 20 feet.
- Contractors or subs are not allowed to open or close any circuit breaker without the permission of Medical Center Facilities.
- All circuits shut off for construction must be tagged out. These tags must include the date and the craftsperson or engineer that shut this circuit off.

Plumbing:

- All valves will be tagged with “DO NOT OPEN”, “DO NOT CLOSE”, or “NOT IN SERVICE” or equivalent. “NOT IN SERVICE” is only for valves not connected to the building supply or return. These tags must include the date and the person or contractor the valve belongs to.
- Medical gas lines must be clearly labeled and protected and marked every 20 feet.
- UCSF Medical Center staff will use a “lockout / Tag Out” tag for utilities shut off for construction purposes.
- Valves located in vulnerable areas must be protected with a valve cover device.
- Valves that are connected to any live supply or return lines must be securely capped on all open ends. Dead legs must be permanently removed.
• Contractors or subs are not allowed to open or close any valve without the permission of Medical Center Facilities. Except in the case of an emergency.

HVAC:

• Do not cut into any ductwork or air shafts without the permission of Medical Center Facilities.
• Contractors or subs are not allowed to turn supply or exhaust fans on or off without the permission of Medical Center Facilities Crafts or Engineers.
• Contractors and subs are not allowed to open or close heating and cooling valves without the permission of Medical Center Facilities.
• Contractors and subs are not allowed to manually open or close dampers without the permission of Medical Center Facilities.
• Fire Dampers and Thermostats may be pneumatically controlled, all pneumatic control lines must be identified, labeled and protected and marked every 20 feet.

Other:

• Nurse call / Code Blue signal cable must be identified, labeled, and protected.
• Fire Alarm wiring is normally identified with red paint on the conduit and boxes, if not it must be identified and labeled.
• Telephone / Data cable typically does not follow any particular route through the ceiling space, it must be identified and protected.
• Overhead paging system wires run from speaker to speaker, these wires must be identified and protected.
• Pneumatic tube system control wiring and other system wiring must be identified and protected.

Accidental interruptions to any utility system must be reported immediately to Medical Center Facilities Management.

Parnassus Heights: (415) 353-1120
Mount Zion: (415) 885-7576

Colors used to identify utilities slated for demolition must not be the same as any colors used to identify hospital utility services.
Recommended colors are fluorescent orange, pink or purple.

“DO NOT USE THESE COLORS to mark for demolition”

- GREEN (Oxygen)
- WHITE (Vacuum)
- YELLOW (Medical Air)
- BLACK (Nitrogen)
- GRAY (Carbon Dioxide)
- BLUE (Nitrous Oxide)
- RED (Fire alarm Conduit)

PLEASE NOTE THAT SOME EXISTING MEDICAL GASES ARE COLOR CODED DIFFERENTLY THAN THE CURRENT STANDARD.
Ceiling and Wall Access

This procedure addresses the ceiling and wall access activities outside of the construction barricaded areas. The ceiling and wall access policy is included in the Infection Control Policy and Procedure for construction. (see Infection Control section in the guide)

There are virtually no areas of the hospitals that allow for the “5-minute look” without a containment tent. Treat every ceiling access as if you need containment. Only Facilities Management or Infection Control Practitioners can determine if no containment is required.

- A “CEILING ACCESS PERMIT” is required for all access.
- A permit will NOT be issued if your Infection Control Training is not up-to-date.
- Permits are obtained at the Facilities Management office during normal office hours.
  - L-210 at Parnassus Heights
  - A-006 at Mt. Zion Hospital
- After-hours or weekend permits must be obtained during normal office hours.
- Permits are valid for a maximum of 14-days. A new permit MUST be obtained for work continuing longer.
- Because each patient floor and area has varying requirements, permits are location specific.
- Anyone caught working without a ceiling access permit will be asked to stop work, close up the ceiling and remove the containment, and obtain a permit or leave the premises.
- NEVER leave a containment setup unattended in a corridor or lobby. If you must leave you are required to close up the ceiling or wall and remove the tent and any tools.
- NEVER block corridors or exits with your containment setup.
- Tools and supplies must be within the containment setup or stored elsewhere, do not leave it in the corridor or lobby.
- Maintain a clean area, use sticky-mats at each containment entrance.
- Remove dust and debris from your cloths prior to exiting the containment setup.

Containment setup and portable containment units must meet the following requirements:

- Must be well constructed with no holes or openings on all sides and bottom.
- Must use a zipper on the door opening that completely closes the containment, NO flap doors.
- Must fit snugly against the ceiling or wall with a foam gasket or equal.
- If on wheels, it must have brakes on all wheels.
- ‘Zip walls’ must be sealed top, bottom, and sides at all times.
If your containment setup does not meet these requirements you will be asked to immediately repair the setup or discontinue its use.

Examples of Containment setups:

**Portable, fold-up containment tent**

**Solid wall, portable containment unit**

**Hard Barricade**
Solid wall construction sealed top and bottom and all seams
This type of barricade is normally called out in the construction plans and documents. It is used for longer-term, heavier construction.

**ZIP WALL**
Plastic and zip poles, these are temporary barricades. They must be sealed on all sides with a zipper door in good working order. Flap openings are not normally allowed.
Ceiling Access Permit

Job:_______________________________________
Location:______________________________________
Start Date/Time:____________________________
Stop Date/Time:____________________________
Name:_____________________________________

Please post this permit on the containment while work is being performed. Contact Medical Center Facilities Management at 353-1120 for questions or concerns.

Authorized by:________________________________

CEILINGS & ACCESS PANELS MUST BE LEFT FREE OF FIGERPRINTS AND SMUDGES
OR Ceiling Access Permit

Job: ________________________________
Location: __________________________
Start Date/Time: ____________________
Stop Date/Time: ____________________
Name: ______________________________

Please post this permit on the containment while work is being performed. Contact Medical Center Facilities Management at 353-1120 for questions or concerns.

Authorized by: ______________________

OR CEILING HATCHES MUST HAVE NEW WHITE TAPE APPLIED AFTER EACH USE
CEILINGS & ACCESS PANELS MUST BE LEFT FREE OF FINGERPRINTS AND SMUDGES
Fire Alarm Bypass Procedure

Any work that may cause fire alarm activation requires a bypass.

Fire Alarm bypass must be requested through the Utility/System Shutdown process a minimum of **5 business days** in advance. After taking this information Facilities Management will research system requirements for enabling the bypass and providing the resultant notifications. **Please plan accordingly**, although depending on circumstances and workload, every effort will be made to expedite requests for service.

For work areas where Fire Alarm bypass is expected to repeat or extend over several weeks or more, provisions should be made to replace all smoke detectors within the work area with heat detectors for the duration of the project.

For work areas with substantial dust or smoke generation, smoke detector heads will be covered or removed by the Facilities Engineer once disabled. This MUST be requested. Covering any device in any other way is not acceptable, NEVER use masking tape or duct tape directly on a smoke detector.

Sign-in with Medical Center Facilities including your name, company name and direct contact information is required prior to ANY Utility/System Shutdown including Fire Alarm bypass.

You MUST call to restore the system at the completion of your work. This is your responsibility.

**At Mount Zion:** (415) 885-7576
- the contractor sign-in sheet is located in the Engineering Shop (B-010)

**At Parnassus Heights:** (415) 353-1120
- the contractor sign-in sheet is located in L-210

If you knowingly activate a device call Medical Center Facilities to report it immediately.
Interim Life Safety Measures

Compliance with the NFPA *Life Safety Code* and The Joint Commission – Standard LS.01.02.01

“The hospital has a written interim life safety measure (ILSM) policy that covers situations when *Life Safety Code* deficiencies cannot be immediately corrected or during periods of construction. The policy includes criteria for evaluating when and to what extent the hospital follows special measures to compensate for increased life safety risk.”

When any part of the Medical Center life safety systems, including:

- a fire alarm or sprinkler system
- means of egress

or protections provided by:

- door features
- fire windows
- stairs and corridors
- smoke barriers
- interior finishes

is interrupted and may be out of service for **more than 4 hours in a 24-hour period**, **Facilities Management MUST be notified immediately.**

Parnassus Heights: (415) 353-1120

Mount Zion: (415) 885-7576

The Chief Engineer, Assistant Chief Engineer, Construction Coordinator or Designated State Fire Marshal will evaluate the system interruption and establish a written ILSM based on hospital policy to be put in effect immediately. Work in the area or on the system(s) in question may not proceed until the ILSM is in place.

Please keep in mind these procedures exist for the safety of everyone at the Medical Center.
Off-Hours Work

Normal work hours are between 6:00 AM and 6:00 PM Monday through Friday. All other work is considered to be off-hours.

- Notify the Construction Coordinator at least 48 hours in advance when scheduling any off-hours work.
- Provide a list of names and companies they work for.
- The General Contractor must provide direct supervision anytime off-hours work is done. This specifically includes any work by the sub-contractors and vendors.

Parnassus Heights: (415) 353-1120

- ALL PERSONS on-site for off-hours work must check-in with Facilities Management in L210 prior to starting work.
- If Facilities is NOT notified of off-hours work in advance your work may be canceled.

Mount Zion: (415) 885-7576

- ALL PERSONS on-site for off-hours work must check-in with Security at the Mount Zion Main Hospital front desk AND sign-in with Facilities Management in B-010 prior to starting work.
- If Facilities is NOT notified of off-hours work in advance your work may be canceled.
Noisy Work

“Work that will produce enough noise outside of the jobsite area as to disrupt normal hospital operations or disturb the patients and their visitors.”

Facilities Management MUST be notified of and approve any expected noisy construction processes:

Parnassus Heights: (415) 353-1120
Mount Zion: (415) 885-7576

“Noisy Work” times are determined largely by the affected areas and their proximity to the work being done. Please Note: sound and disturbances travel vertically as well as horizontally! Be aware of your location within the hospital environment...

- For most patient care areas noisy work is between 8:00 AM to 5:00 PM.
- For areas not occupied at night or weekends the noisy work is to be done after hours or anytime on weekends.

Noisy work stoppage

Even when approved, noisy work may be stopped at the request of hospital staff. When a noisy work stoppage is requested it is the contractors and subs responsibility to:

1. Immediately stop.
2. Contact the Construction Coordinator or Facilities main number (above).
3. Do not resume the noisy work until instructed to do so.

It is not uncommon to have a staff member other than Facilities request the noise stop without calling Facilities first. Please follow the instructions above.
Hot Work

All work that poses a fire hazard shall be completed using special precautionary procedures, to reduce the risk of fire.

A. Before any hot work operations (welding, cutting, brazing, soldering and other work involving an open flame) are performed at the Medical Center, permission must be received from the Chief Engineer, Assistant Chief Engineer or Construction Coordinator.

B. Before any hot work is performed by an outside contractor, Medical Center Facilities Management (MCFM) shall be notified as to the location and nature of the work, and a Hot Work Permit specific to the worksite shall be obtained from the Designated Campus Fire Marshal. A minimum of 8 days in advance.

C. Any hot work must only be performed by trained, experienced personnel. The tradesperson cutting or welding must:

D. Dry chemical or carbon dioxide fire extinguishers rated at least 10BC shall be provided at all times and must be sufficient for the job.

E. Hot work and safety equipment shall be in satisfactory operating condition before use.

F. Cap acetylene gas tanks at all times when not in use. Store tanks upright and secure them with a chain or other form of holding device. Keep tanks away from heat and flame, in a space designed for flammable gas storage.

G. Flame cutting and welding will be done only in the MCF shop. If it is vital that such work be done elsewhere in the hospital, adjacent areas (pipelines, combustible structural materials, etc.), and the equipment must be properly inspected beforehand.

H. Protective equipment will be worn, including gloves, hoods, goggles, and aprons.
I. Set up adequate screening and warning devices to prevent eye injuries to other workers.
University of California, San Francisco
Designated Campus Fire Marshal
Hot Work
Hazardous Conditions Permit

Date: 

Building: 

A permit to (describe): 

Permittee: 
Department/Company: 
Address: 
State: 
City: 
Zip: 
Phone: 
Fax: 

Under the following conditions as described:
1. Gas welding or cutting must not be performed in or near rooms or locations where flammable liquids or vapors, lint, dust or loose combustible stocks are located.
2. Fire-extinguishing appliances of an approved type must be kept at locations where welding or cutting is performed.
3. When welding or cutting is performed a fire watch must be maintained for at least one-half hour after completion of cutting or welding operations to detect and extinguish smoldering fires. Call 476-0570 to have the site inspected by a UCSF Fire Division representative.
4. Conditions may change, based on field observations or a change in conditions, by any UCSF Fire Division representative.
5. For confined space hot works, must comply with Cal OSHA and California Code of Regulations requirements.

This permit is valid from ______ at ______ until ______ at ______.

Unless any of the "Conditions of Permit" are found to have been violated in which case this permit is automatically revoked and a new application will be required. The permittee is responsible for renewal upon expiration.

Signature of Permittee: ____________________________
Issuing Officer: ____________________________
Designated State Fire Marshal

Conditions of Permit

1. Permit shall be posted on the premises or held by permittee and will be subject to inspection and verification by any authorized representative of either the fire department or the police department.
2. Permits do not sanction violations and the issued permit contains the provision that the permittee will carry out the proposed activity in accordance with the Fire and Life Safety requirements of the UCSF Campus and any other laws applicable thereto.
3. This permit shall be used only by the permittee and only at the specific location.
4. No condition or limitation set forth in the permit shall be violated. If necessary the Fire Department must be contacted.
5. There shall be no false statement or misrepresentation as to a material fact in the application or plans on which the permit or application was based.
6. Permit valid only during time or date shown above end is not transferable.

IN CASE OF EMERGENCY DIAL 9-9-1-1
Elevators, Debris Boxes & Loading Docks

These are guidelines for use of hospital elevators:

- When traveling between floors on foot, remember the maxim… “1 Up, 2 Down” in order to minimize impact on service to others.

- Only “Service Elevators” are to be used for the transport of materials, tools, or debris removal under Infection Control Guidelines.
  - At Parnassus Heights: only the Long Hospital service elevators may be used.
  - At Mt. Zion Hospital: only Elevators #1 & #2 in the A-bldg and Elevator #1 in the Cancer Center may be used.

- If transporting materials, tools, or debris and the elevator stops at another floor with a patient waiting you are required to vacate the elevator with your materials and wait for the next available elevator. You may NOT enter an elevator that contains a patient in transit.

- You are responsible for the cleanliness of the elevators as well as any damages that occur to the elevators while transporting materials and debris.

- All debris must be covered with a tight seal when transported in the elevator and through the corridor per Infection Control guidelines.

These are guidelines for use of hospital loading docks:

- The loading dock is used for all deliveries and pick-ups.

- Deliveries can be made at any time at the loading dock. The best times for deliveries are before 7AM or after 5PM during weekdays. The wait time during normal hours can be substantial.
• The delivery driver cannot leave the vehicle unattended at the loading dock.

• Do not leave materials or job boxes on the loading dock. Move them to your jobsite or designated storage area immediately.

• There is no parking allowed at the loading dock, or in the loading dock area except for the temporary unloading of materials or freight.

• Schedule any loading dock access issues with the Construction Coordinator at least 7 days in advance.

These are guidelines for use of debris boxes:

• Large debris boxes can be staged at the loading dock between the hours of 7PM to 6AM. The debris boxes must be removed each morning. This must be scheduled with the Construction Coordinator and Security at least 48 hours in advance.

• Hospital provided debris boxes may be used for disposal of minor day-to-day debris ONLY.

• Pallets, furniture, electronics and hazardous materials MUST NOT be placed in the hospital provided debris boxes at any time.

• Cardboard and other recyclables MUST be disposed of in the provided recycling bins.
HOSPITAL
EPIDEMIOLOGY AND
INFECTION CONTROL:
POLICY 5.1

Guidelines for Construction/Renovation/Demolition Projects

I. PURPOSE

Dust and debris generated from construction/demolition activities can contain a mold or fungus, which, if inhaled by immune-compromised patients, can cause disease and even death. To ensure a safe environment for our patient population, visitors, and employees, dust mitigation measures must be utilized during all construction activities at the Medical Center. Dust-generating construction activities that disturb existing dust or create new dust must be conducted in enclosures that prevent the flow of particles into patient areas.

II. POLICY

The guidelines are designed to maintain air quality and dust control in the Medical Center during construction, demolition, or renovation projects.

III. PROCEDURES

NOTE: Not all dust mitigation measures described on this form are required for each project. Each project will be assessed independently.
**Infection Control Components for Construction/Renovation/Demolition**

Infection Control Risk Assessment (ICRA) and Infection Control Mitigation Plan (ICMP). A risk assessment form (Appendix A) will be completed by the project manager prior to the bidding process. This risk assessment is based on these factors of the project:

- Expected dust generation
- Location
- Duration
- Patient populations likely to be affected

Based on the ICRA and ICMP, dust mitigation strategies during the entire project are reviewed during the Interim Life Safety Measures meeting (see section III.B). HEIC must review and approve the risk assessment and mitigation plan prior to the beginning of any construction activities.

**Interim Life Safety Meeting**

1. Before on-site construction begins, the project manager shall hold a mandatory Interim Life Safety Measures (ILSM) meeting.

2. The meeting attendees will include Office of Design and Construction, Facilities Management, Medical Center Safety Office, Environmental Health and Safety, HEIC, and managers of affected departments as deemed appropriate.

3. All safety measures to be implemented, including the ICRA and ICMP will be reviewed during this meeting.

4. UCSF Medical Center requires all individuals performing construction activities, including UCSF staff, contractors, subcontractors, material suppliers, vendors, employees, or agents, to be bound by these same requirements.

5. Notes of this meeting will be kept with the project documentation.

6. The Office of Design and Construction document titled Interim Life Safety Measures and Infection Control Measures for Standard Operating Programs for Construction Areas (which includes the Division 1 Infection Control Specifications) is reviewed by the project manager with the contractor and is signed by the agent representing the contractor and/or sub-contractor.
Annual Training for Design & Construction:

Project Managers and Inspectors of Record (IOR) will attend an annual in-service training covering current dust mitigation measures. This in-service is sponsored by HEIC (Appendix B).

Pre-construction Infection Control Inspection

1. After dust mitigation measures are in place and before demolition begins, the project manager, with HEIC and the contractor at the job site, schedules an inspection of the job site. The “PRECONSTRUCTION INFECTION CONTROL SURVEY” form (Appendix C) will be completed at the time of this walk-through.

2. When the PRE-CONSTRUCTION INFECTION CONTROL SURVEY form is completed, it will be faxed to the attention of the project manager at the Office of Design and Construction or Facilities Management.

3. While UCSF Design and Construction and Facilities Management staff regularly inspect the project site for adherence to dust mitigation measures (Appendix F & Appendix G), HEIC staff may visit the project site at will.

4. Large projects may require several phases of demolition and/or construction. Each phase may require a separate pre-construction Infection Control inspection.

5. Major exterior construction, demolition or remodeling projects performed in the vicinity of Medical Center buildings also require contractor compliance with dust mitigation measures. These include but are not limited to partial or total building demolition adjacent to UCSF controlled properties. (Appendix D.)

E. Air Sampling: HEIC may order air sampling, including monitoring for airborne mold spores, which will be performed by the Office of Environmental Health and Safety and culturing for mold counts by UCSF Medical Center Microbiology Lab or designee. (Appendix E.)

IV. DEFINITIONS

Construction Activity Types

The construction activity types are defined by the amount of dust that is expected to be generated, the duration of the activity, and the amount of shared HVAC systems (Table A). For questionable activity, contact the construction site project manager (name and contact number posted at the construction site), UCSF Medical Center Facilities (Parnassus Campus: 353-1120; Mount Zion Campus: 885-7576) or HEIC (353-4343).
Medical Center Facilities Management  
Parnassus Heights • Mt. Zion • Benioff Children’s Hospital

<table>
<thead>
<tr>
<th>Type A</th>
<th><strong>Inspection and non-invasive activities.</strong> These include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>removal of ceiling tiles for inspection (up to 4 square feet)</td>
</tr>
<tr>
<td></td>
<td>movement of equipment, building structures, etc. for visual inspection</td>
</tr>
<tr>
<td></td>
<td>painting (but not sanding)</td>
</tr>
<tr>
<td></td>
<td>putting up wall covering, electrical trim work, minor plumbing, and</td>
</tr>
<tr>
<td></td>
<td>activities which do not generate dust or require cutting of walls or</td>
</tr>
<tr>
<td></td>
<td>access to ceilings other than for visual inspection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type B</th>
<th><strong>Small scale, short duration activities that create minimal dust.</strong> These include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>installing telecommunications cabling</td>
</tr>
<tr>
<td></td>
<td>accessing chase spaces</td>
</tr>
<tr>
<td></td>
<td>cutting of walls or ceiling where dust migration can be controlled.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type C</th>
<th><strong>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies (e.g., counter tops, cupboards, sinks).</strong> These include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>sanding of walls for painting or wall covering</td>
</tr>
<tr>
<td></td>
<td>removing of floor and wall coverings, baseboards, ceiling tiles and casework</td>
</tr>
<tr>
<td></td>
<td>new wall construction</td>
</tr>
<tr>
<td></td>
<td>minor duct work or electrical work above ceilings</td>
</tr>
<tr>
<td></td>
<td>major cabling activities</td>
</tr>
<tr>
<td></td>
<td>any activity which cannot be completed within a single work shift.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type D</th>
<th><strong>Major demolition, construction and renovation projects.</strong> These include, but are not limited to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>activities which require consecutive work shifts</td>
</tr>
<tr>
<td></td>
<td>heavy demolition or removal of a complete cabling system required new construction.</td>
</tr>
</tbody>
</table>

Infection Control Risk Groups

Patients and employees have been grouped according to their relative risk of being affected by the project because of its physical proximity or potential exposure to the activity. (Table B.)
Table B. Population and Geographic Risk Groups*

<table>
<thead>
<tr>
<th>GROUP 1</th>
<th>GROUP 2</th>
<th>GROUP 3</th>
<th>GROUP 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOWEST RISK</td>
<td>MEDIUM RISK</td>
<td>HIGH RISK</td>
<td>HIGHEST RISK</td>
</tr>
<tr>
<td>Office areas</td>
<td>Lobby</td>
<td>Emergency Room</td>
<td>All Critical Care areas</td>
</tr>
<tr>
<td>Administrative</td>
<td>Cafeteria</td>
<td>Radiology/CT scan</td>
<td>Comprehensive Cancer Center</td>
</tr>
<tr>
<td>areas</td>
<td>Clinical Labs</td>
<td>Labor and Delivery</td>
<td>Peri-operative areas</td>
</tr>
<tr>
<td>Areas not used</td>
<td></td>
<td>Well Baby Nurseries</td>
<td>(including L&amp;D OR, PACU)</td>
</tr>
<tr>
<td>for patient</td>
<td></td>
<td>Pediatrics Med/Surg</td>
<td>Sterile Processing</td>
</tr>
<tr>
<td>care, patient</td>
<td></td>
<td>Nuclear Medicine</td>
<td>Cardio-Pulmonary Acute</td>
</tr>
<tr>
<td>holding or</td>
<td></td>
<td>Admission/Discharge area</td>
<td>Care Units</td>
</tr>
<tr>
<td>transport of</td>
<td></td>
<td>Rehabilitation Therapy</td>
<td>Cardiac Catheterization &amp;</td>
</tr>
<tr>
<td>patients</td>
<td></td>
<td>Echocardiography</td>
<td>Angiography areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>General Medical</td>
<td>Dialysis areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Units</td>
<td>Inpatient Oncology &amp; Bone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outpatient Care Clinics</td>
<td>Marrow Transplant Units</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Endoscopy areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pharmacy admixture areas</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ambulatory Surgery Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pediatric Treatment Center</td>
</tr>
</tbody>
</table>

*Designation of grouping for any location may be changed at the discretion of HEIC.

CONSTRUCTION ACTIVITY/ INFECTION CONTROL MATRIX

Determine the level of infection control classification necessary for the work by matching the construction activity with the designated risk group in the matrix below (Table C). Plan for and use the associated infection control barriers as determined in conjunction with HEIC and Project Managers.

A copy of the Infection Control Risk Assessment and Infection Control Mitigation Plan must be submitted to HEIC when the matrix indicates that Class III or Class IV preventive measures are required. Adaptations to the prevention measures may be made only after HEIC staff have provided approval. HEIC personnel will be consulted when construction activities are placed in hallways adjacent to Class III or Class IV areas.
Table C. Construction Activity and Risk Group Matrix

<table>
<thead>
<tr>
<th>CONSTRUCTION ACTIVITY</th>
<th>TYPE “A”</th>
<th>TYPE “B”</th>
<th>TYPE “C”</th>
<th>TYPE “D”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1</td>
<td>Class I</td>
<td>Class II</td>
<td>Class II</td>
<td>Class III/IV</td>
</tr>
<tr>
<td>Group 2</td>
<td>Class I</td>
<td>Class II</td>
<td>Class III</td>
<td>Class IV</td>
</tr>
<tr>
<td>Group 3</td>
<td>Class II</td>
<td>Class III</td>
<td>Class III/IV</td>
<td>Class IV</td>
</tr>
<tr>
<td>Group 4</td>
<td>Class III</td>
<td>Class III/IV</td>
<td>Class III/IV</td>
<td>Class IV</td>
</tr>
</tbody>
</table>

A copy of the Infection Control Risk Assessment and Infection Control Mitigation Plan checklist must be sent to HEIC for review when the matrix indicates that Class III or Class IV preventive measures are required.