**Wexner Medical Center Construction Standard Guidelines Index**

### The Wexner Medical Center Construction Standard Guidelines are requirements of the Wexner Medical Center and applicable to all contractors/vendors working on and/or within the confines of the Wexner Medical Center. These guidelines are enforceable by the Contracting Authority of The Ohio State University.

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## Contractor Construction Guidelines

The OSU Wexner Medical Center buildings are dedicated to providing a safe and healthy environment for patients, staff, visitors and contractors. Safety is paramount to the productivity, quality and morale of this medical institution.

These guidelines are stated to summarize the safety rules and procedures the contractors and their employees must adhere to while performing construction/renovation projects within the OSU Wexner Medical Center buildings.

##### GENERAL

All of these guidelines are reviewed during the Contractor Orientation class. Failure to adhere to the following Contractor Safety Guidelines may be cause for interruption of contractual agreement and dismissal from properties, or invoke a penalty for failure to adhere to these procedures.

1. Anyone working in any Wexner Medical Center Buildings must be aware of potential health precautions and hazards in your work areas and must ensure the use of proper personal protective equipment such as scrubs, gowns, masks, glasses, gloves, etc. when applicable.
2. Hazardous materials must be stored and disposed of properly. No waste products of any type are allowed to be disposed of in any storm drain.
3. Contractor crews working within the OSU Wexner Medical Center buildings shall wear appropriate work attire at all times i.e., socks/shoes, pants and shirt (jeans and T-shirt are acceptable) Any item of clothing containing vulgar or suggestive working or pictures are prohibited (includes hats, shirts, etc.).
4. All contractors and their staff are responsible for proper conduct and courtesy, as would be expected in any hospital organization, as well as, honesty and integrity. Any breech of this will result in disciplinary action by the OSU Wexner Medical Center.
5. Use of Cell phones within the OSU Wexner Medical Center Buildings, are restricted to appropriately signed areas, and are strictly prohibited in patient care space, this is strictly enforced.
6. The contractor will be responsible for controlling keys issued for access to the OSU Wexner Medical Center Buildings. Proper control for access during normal duty hours and non-normal duty hours shall be coordinated with the Facilities Construction Manager.
7. Project meetings shall be scheduled weekly with the Construction Manager, to ensure information related to construction/renovation is disseminated through proper channels. These meetings shall be set up by the Contractor Supervisor/Foreman and the Construction Manager.
8. Any life-threatening emergency within the project area please call Wexner Medical Center Security at 614-293-8500.

##### CONTRACTOR IDENTIFICATION

* 1. All contractor personnel including sub-contractors are required to display an OSU Wexner Medical Center I.D. badge when working in or on the OSU Wexner Medical Center Buildings. Absence of the display of an ID badge can result in removal from the building.
  2. The identification badge will be issued by the respective Wexner Medical Center Security Department after the successful completion of the Facilities Safety Orientation, and other applicable required processes.
  3. The contractors are responsible for submitting the names of all personnel involved in the project to the Facilities Construction Manager.
  4. The Facilities Construction Manager will send the list to Security I.D. section so that a time can be coordinated for contractor personnel to obtain I.D. badges.

##### GENERAL CONTRACTOR ADMINISTRATION

1. Equipment parking around the OSU Health Systems Buildings will be coordinated with Wexner Medical Center Security and Campus Park.
2. Personal parking for contractor workers will be directed to CampusParc (614-688- 0000) to obtain parking permits for garages and open air parking areas, for the all Wexner Medical Center locations except University Hospitals East, where parking will be coordinated with Facilities Services and East Security.
3. There is no smoking or use of tobacco products inside or outside of any owned, leased or occupied Wexner Medical Center Building. Anyone found in violation of this policy will be dismissed from the job site.
4. The Wexner Medical Center Hospital Safety Manager may visit the job at any time to perform inspections and to identify any problems. A project may be placed on hold if an imminent danger to patients, visitors, employees or contractor safety is observed. Violations will be brought to the attention of the Project Manager and Facilities Director and immediate corrective action taken.

##### CONTRACTOR SAFETY ORIENTATION

1. All contractor and sub-contractor employees will be required to attend a Contractor Orientation session prior to beginning work at any of the OSU Health Systems Buildings.
2. Attendance at the Contractor Orientation is required in order to obtain a contractor I.D. badge.
3. Credentials for Facilities Contractor Orientation are good for a period of one year.
4. Contractor Orientation will be conducted at a designated location as determined by the Safety Department.

##### INTERIM LIFE SAFETY MEASURES

Any project that compromises the life safety features of the OSU Wexner Medical Center Buildings will require the implementation of Interim Life Safety Measures (ILSM).

1. A review of the project scope prior to the start date with the Facilities Construction Manager will determine the appropriateness of the ILSM.
2. The OSU Wexner Medical Center’s ILSM Policy is attached to this pamphlet and outlines the decision logic to be used in determining ILSM.
3. The ILSM will include at a minimum the following procedures.
   1. Ensuring free and unobstructed exit routes and means of egress.
   2. Ensure free and unobstructed access to emergency and facility support areas for emergency response forces (IE Code Blue Team).
   3. Ensure that all fire alarm and fire suppression systems are not impaired. Anytime these systems are impaired, the contractor will inform the Construction Manager, who will contact the Safety Department and appropriate Facilities Shop Manager, to ensure a proper equivalent system is provided or other fire precautions methods are enforced. At OSU, WMC East the Health Systems Facilities Director will ensure compliance.
   4. Ensure that all temporary partitions are smoke tight and fire rated.
   5. Any fire extinguishers that are required to be provided by the contractor for the project area, will be maintained by the contractor with monthly and annual inspection as required by the Ohio Fire Code. Non-compliant fire extinguishers will be removed from the building.
   6. Maintain storage, housekeeping and debris removal practices that keep flammable and combustible fire loads to an absolute minimum.
   7. Participate in hospital fire drills as practicable.

i) The Wexner Medical Center Safety Manager, along with the Construction Manager will conduct weekly site inspections to identify hazards.

##### IMPAIRMENTS TO FIRE ALARM AND SPRINKLER SYSTEMS

1. When a fire protection or fire detection system is out of service or becomes diminished in its effectiveness, it will be considered impaired.
2. Impaired systems require that a fire watch be instituted per the “Fire Watch Policy” and the burden is upon the contractor unless other provisions have been made.
3. Heat detection devices (detectors and linear heat wire) are considered an equivalent substitute for a smoke detector in construction areas. Covering or bagging smoke detectors is not permitted.
4. In areas where the ceiling containing sprinklers and detection devices is removed or ceases to be able to contain the heat and/or smoke then the devices will be relocated near the top deck for effect operation.

##### FIRE REPORTING AND EVACUATION PLAN

1. Pull the fire alarm station immediately.
2. Call the Wexner Medical Center Security Command Center 614-293-8500.
3. Give your name, the location of the fire and a brief description of the incident.
4. Locate the nearest fire extinguisher and attempt to extinguish the fire if you can safely do so.
5. In the event that horizontal evacuation is directed, an emergency meeting point will be established by the Construction Manager, all contractor personnel shall report to that area for accountability of personnel. At OSU East the Project Supervisor will report this information to Facilities Director.

##### CONTRACTOR INJURIES

1. Injuries that threaten life and limb should be reported to

Safety Department via the Construction Manager, or the Facilities Director.

1. Contractor employees requiring immediate medical treatment and are ambulatory should be taken to the OSUMC Emergency Department.
2. Contractor employees that are injured with great severity will contact Hospital Security at extension 614-293-8500 and a Code Blue will be called sending medical personnel to the injured person’s location. When calling security, the caller should ensure that they give proper location on the construction project and designate Main University Hospital or University Hospitals East.

**HAZARD COMMUNICATION (Haz Com)**

1. The contractor must provide to the Wexner Medical Center, Safety and Emergency Preparedness a chemical inventory list and a material Safety Data Sheet (SDS) for each chemical that will be on-site during the project. SDS

sheets must be available upon request and in the event of an emergency.

1. Hazardous materials must be stored in approved containers and properly labeled.
2. The contractor must provide documentation that their personnel and sub- contractors have received proper training in Hazard Communications under OSDHA’s guidelines 1926.59 or 1910.1200.

##### PERSONNEL PROTECTIVE EQUIPMENT

1. The contractor will ensure that all workers on the job are provided the appropriate personal protective equipment.
2. If the scope of the project requires the use of respirators, the contractor must show documentation or compliance with 29 CFR 1910.134 “Respiratory Protective” and use only N.T.O.S.H or M.S.H.A approved devices.
3. All personnel protective equipment and devices will be subject to inspection and approval by the Safety Managers and other Facilities Services Managers.

##### PERMITS

All work permits are required on all construction projects and will be issued from the Safety Managers or Construction Managers.

1. Hot Work Permits
   1. No cutting, welding, soldering or other hot work can be performed without acquiring a Hot Work Permit from the Facilities Services Department.
   2. A Hot Work Permit will be valid only for the shift in which it is issued, and only for that project with specific time frames and number of days.
   3. A fire watch, fire extinguisher must be present during hot work and continue for a period of 20 minutes after the hot work is completed.
2. Confined Spaces
   1. If entry into a confined space is necessary the Facilities Services Department must be notified.
   2. The contractor or sub-contractor is required to provide all safety equipment needed for the entry (OSHA guidelines).

### Above Ceiling Permits

* 1. A permit is required for any above ceiling space that requires creating penetrations in the walls or ceiling or floor surfaces.
  2. All contractors, sub-contractors and vendors who are required to conduct

business above ceiling are responsible for obtaining an Above Ceiling Permit from the OSU, WMC Safety Department and displayed in clear sight.

##### HOUSEKEEPING

1. Construction sites must be kept reasonably clean during and after the workday. Combustible materials must be removed and/or stored properly during construction/renovation in the OSU, Wexner Medical Center buildings.
2. All aisles, corridors and exits must remain unobstructed in the construction area.
3. Contractors must use appropriate signage or other warning devices when necessary.
4. Electrical wiring, conduit pipes, metal struts and lumber must be stored and/or sealed properly to prevent the potential for injury to another worker, patient, visitor or hospital staff member.

##### EXPOSURE TO BLOODBORNE PATHOGENS

1. The contractor must make every effort to prevent exposure to blood and /or body fluids while performing a job in the OSU Health Systems Buildings.
2. If work is to be performed in an area where there is potential for exposure, then appropriate instructions and precautions will be given.
3. The contractor should have an understanding of standard precautions.

##### LABORATORY SERVICES

Contractor employees must receive an orientation from a Laboratory Services Supervisor before work is begins within the OSU, Wexner Medical Center, laboratory areas.

##### FIRE PREVENTION

1. All combustible materials and any unnecessary trash shall be removed from the job site at the end of each shift.
2. Excessive amounts of flammable products shall not be allowed on the job site. Flammable and combustible compressed gas cylinders may not be stored within the buildings. Only service cylinders are permissible. Minimized necessary stored materials. Secure all materials.
3. Fire sprinkler system impairments will require continuous work until the systems operation is fully restored. No impairments will be allowed for extended periods of time or during times when the site is not attended, without adequate systems in place to replace fire suppression systems. The Safety Managers must be notified to implement alternate fire safety precautions.
4. All firewall penetrations must be sealed with an approved UL fire-resistive sealant immediately. See permit section.
5. All contractors will follow the established procedures in the OSU Health System Fire Stop Maintenance Program.

**ASBESTOS CONTAINING MATERIALS**

1. All jobs must be reviewed prior to start date to determine the presence of Asbestos Containing Material (ACM).
2. All ACM must be removed by a licensed abatement contractor before any job can begin that may disturb or release asbestos fibers.
3. Any contractor employee working in an area known to contain ACM must wear an approved respirator and show documentation of the contractor’s respiratory protection program.

#### OSU, Wexner Medical Center

**Pre-Construction Risk Assessment (PCRA)**

|  |  |  |
| --- | --- | --- |
| **Project Name: Project Location:**  **FDC# Project Manager:**  **Architect: Contractor:** | | |
| **Project Description:** | | |
|  |  | **See page 2 for additional information, interventions or action plans** |

**YES NO**

**YES NO**

**A.**

**B.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Will construction directly affect patient care areas?**  Spaces adjacent to, above and below the construction area must be considered. | | | |
| **Will HVAC systems be affected by the construction (i.e., outside air intakes, exhaust**  **systems, air handlers)? If yes, note which systems and provide an action plan.** | | | |
| **Are Utility Shut Downs Required? Check all that apply.** | | | |
|  | HVAC  Hot / Cold Domestic Water Sanitary |  | Steam Medical Gas  Electric |
|  |
|  |
|  | Other (Specify): | | |
| ALL utility shut downs must be coordinated with contractor, Facilities Services, affected departments and hospital administration in order to minimize disruption to operations. | | | |
| **Will construction activities generate noise that will disrupt occupants adjacent to, above, or below the construction area?**   1. If yes, affected occupants must be notified. 2. How will work be managed to minimize disruption? | | | |
| **Will construction activities generate vibration that will disrupt occupants adjacent to, above, or below the construction area?**   1. If yes, affected occupants must be notified. 2. How will work be managed to minimize disruption? | | | |
| **Does the construction area contain any environmental hazards?** | | | |
|  | Asbestos Chemicals (Specify):  Other (Specify): | | |
|  |
|  | | | |
| **Will contractor deliveries or debris removal be made outside of normal working hours?**  If yes, describe hours and any special requirements. | | | |
| **Will debris removal require precautions above and beyond those required for the assigned ICRA precaution level? (i.e., covered carts, wiped down for levels III-IV)**  If yes, describe additional precautions. | | | |
| **Are there any other circumstances that may affect care, treatment and services?** | | | |

**C.**

**D.**

**E.**

**F.**

**G.**

**H.**

**I.**

**Has an ICRA been developed for this project?**

**Date Reviewed ICRA Level Assigned**

**Reviewed by: Date:**

The Joint Commission (TJC) Standard EC 02.06.05 states that space must be managed during demolition, renovation or new construction to reduce risk to those in the organization. This form addresses element of performance. An ILSM must be completed (See *ILSM for Construction and Renovation Projects* Form). An ICRA must be completed (See *Infection Control Risk Assessment and Permit* Form).

#### Page 2 Pre-Construction Risk Assessment (PCRA) ADDITIONAL INFORMATION

**Project Name: FDC#**

**Architect:**

**Project Location:**

**Project Manager: Contractor:**

**YES NO**

**A.**

|  |
| --- |
| **Spaces that will be affected:** |
| **HVAC systems affected by the construction:** |
| **Utility Shutdowns with greater than usual impact:** |
| **Construction activities generating disruptive noise:** |
| **Construction activities generating disruptive vibration:** |
| **Environmental hazards requiring special attention:** |
| **Deliveries or debris removal made outside of normal working hours:** |
| **Debris removal require precautions above and beyond those required for the assigned ICRA precaution level?** |
| **Are there any other circumstances that may affect care, treatment and services?** |

**B.**

**C.**

**D.**

**E.**

**F.**

**G.**

**H.**

**I.**

**Reviewed by :**

**Initials**

WEXNER MEDICAL CENTER-ABOVE CEILING AND PENETRATION PERMITS AND STANDARDS

###### Purpose:

The process of above ceiling and penetration permitting is to monitor and guide facility staff, vendors, contractors and sub-contractors in the process of proper above ceiling work producing floor, wall, and ceiling penetrations. This policy will be utilized in state owned Medical Center buildings that provide patient care and have interior smoke and/or fire rated walls or partitions. The intent is to maintain a safe environment for patients, staff, and visitors and maintain the facility in full compliance with The Joint Commission, CMS, NFPA, and applicable local and state Building and Fire Codes.

###### Policy:

It is to ensure the safety of all building occupants by ensuring the proper installation of work being performed. All rated and non-rated fire and smoke barriers at OSUWMC shall be maintained. In addition, the integrity of ceiling tiles, non-rated walls, cable support and electrical junction boxes needs maintained. Installing contractors are responsible for the reporting of breaches of any fire or smoke barrier that they create or discover in the course of their operations to Safety and/or Facilities Departments. The Safety, Design & Construction, and Facilities Departments will enforce this policy.

###### Responsibility:

1. The Facilities Operations Department is responsible for monitoring and maintaining all systems above the ceilings. (Wiring, cabling, ducting, and piping).
2. All contractors, sub-contractors and vendors who are required to conduct business above the ceiling are responsible for obtaining an above ceiling/penetration permit from the Safety Department.
3. All contractors, sub-contractors and vendors are responsible for ensuring that there is a final inspection of their work prior to closing of any ceilings. This will be accomplished through the Facilities Managers and Construction Managers or qualified designee for projects.
4. It is the responsibility of the contractor, sub-contractors and vendors to request a pre-above ceiling inspection to identify issues of concerns. If this inspection is not requested and completed, the contractor, sub-contractor or vendor will take responsibility in bringing all above ceiling penetrations along with any system they were installing, moving or modifying up to facility standards.
5. All systems and penetrations must remain in compliance with the Life Safety Code (NFPA 101).

###### Procedure:

1. All contractors, sub-contractors and vendors working above the ceiling will be properly identified by an OSUWMC badge and have an above ceiling/penetration permit.
2. The above ceiling permit will reside in the working area on the ladder.
3. All contractors, sub-contractors and vendors will be educated in conducting above ceiling

work. The contractor, sub-contractor or vendor will tour the area(s) where work will be accomplished, also addressing the Type A and Type B infection control risk group procedures. (See addendum)

1. All ladders used in above ceiling work will not be made of any type of conductive material to protect the technician from electrical shock.
2. All ladders will have the required OSHA and safety label on their ladders.
3. Contractors will have all their ladders clearly marked with company name for the ease of identification.
4. During the periods of above ceiling work the craft or technician will ensure that no wires will be hanging down in a loop or loose that could cause injury to another person. If wire needs to hang down from the ceiling, they need to hang to the floor or above a height of 7 feet.
5. During the periods of above ceiling work, if the ceiling is going to be abandoned for a period of more than 30 minutes the ceiling tiles will be re-installed. Inclusive of meals, breaks and end of shift.
6. Penetrations through rated fire assemblies require proper fire stopping. The only acceptable fire stopping product is the red color Hilti which conforms to both the flame and temperature testing per nationally accepted agencies per UL 1479 or ASTM E-814. Integrity of non-rated walls shall be maintained and require proper sealing to prevent the passage of air.
7. The contractor shall review with Construction Manager/Facilities Managers the following morning all penetrations completed the previous day prior to starting the next day’s work.
8. Any and all wire, cables (CAT V or VI, telephone, data, etc.) that penetrated non-rated or rated wall, floor or ceiling will be placed in a sleeve and sealed with the proper fire stop materials and systems. After the fire stop has dried and sealed the wire(s) should not be able to move.
9. No materials, tools, ladders, etc. shall be left unattended in public areas at any time without prior authorization from Facilities Operations or Safety.
10. All wiring, (cables, CAT V or VI, telephone, date, etc.) is to be suspended in the proper hangers. They are NOT to be hung or tied in any form or fashion to piping, ducting, ceiling hanger, pipe hanger, etc. or laid directly on top of ceilings or grids.
11. No wires, cables or other objects may rest on or be suspended by any fireprotection sprinkler piping or supports.
12. All, piping, ducting, piping hangers, duct hangers, etc. are to be suspended in accordance with the latest codes and standards.
13. All miscellaneous materials (trash, wall pieces, etc.) are to be removed from above the ceiling. Area shall be cleaned to the requirements of Infection Control department.
14. The integrity of the walls and ceilings are crucial for maintaining air pressure requirements and noise control, therefore a Facilities Representative will conduct a ceiling and wall survey prior-to-work. Upon the completion of the above ceiling work and reinstall of ceiling tiles, another inspection will be conducted to record any new ceiling tile damage. The Contractor will replace broken ceiling tiles at their expense unless otherwise stipulated in the work agreement.
15. Above ceiling inspections or assessments completed by internal Facilities associates or contractors will not require a permit.

###### Process

1. The contractor will apply for the permit online through the ATG software which requires entering a drawing showing the specific locations within the buildings with starting and termination locations, the path of travel through the building, noting locations of rated wall penetrations and the fire stop device as “existing” or if “new,” the specific manufacture, model, and type. If the contractor has not used this online process they will need to contact the OSUMC Safety Department to get access to the database.
2. Once complete and submitted, it will be reviewed by OSUMC Safety and be approved or a request for additional information will be returned to the applicant.
3. Upon receipt of the approval, Permit will be issued to the contractor with the specific start and completion dates and can be printed out by the contractor and shall be on site with the work during the work period. If the end date needs extended, you will need to contact the Safety Office and extended the dates and print an update permit.
4. Photographs of the completed fire stopped penetrations will be attached to the online permit and submitted for closeout.
5. A properly completed closeout, through the ATG program (with photos) is requited prior to payment being issued.

## Addendum:

**OSU HEALTH SYSTEMS FACILITIES AND CONSTRUCTION SERVICES**

**INFECTION CONTROL RISK ASSESSMENT (ICRA)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Description** | | | |
| **Location (Unit/Site)** |  | **Project Start Date** |  |
| **Project Manager (PM)** |  | **Estimated Duration** |  |
| **PM's Phone Number** |  | **Permit Expiration Date** |  |
| **Contractor Performing Work** |  | **Infection Preventionist (IP)** |  |
| **Contractor's Phone Number** |  | **IP's Phone Number** |  |
| **Comments:** | | | |

**Infection Risk Classes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class I  ▫ | | 1. Initiate an Infection Control Risk Assessment (ICRA) - Class III and IV   completion require posting at the project site.   1. Execute work by methods that minimize generating dust from construction operations. 2. Immediately remove incidental dust using HEPA vacuum or damp dusting. | 4. Immediately replace any ceiling tile displaced for visual inspection.  5. Clean work area upon completion of task. | |
| Class II | | 1. Provide active means to prevent air-borne dust from dispersing into  atmosphere. | 6. Contain construction waste before transport in tightly covered  containers | |
| (Includes measures in Class I)  ▫ | | 1. Construction workers will vacuum clothes with HEPA vacuum before leaving work area. 2. Water mist work surfaces to control dust while cutting. area 3. Air vents may require sealing; consult with Facilities Management 4. Place adhesive walk-off mats inside work area (and outside of area if safety allows) | 1. Seal unused doors with duct tape. 2. Wet mop and/or vacuum with HEPA vacuum before leaving work 3. Wipe surfaces with disinfectant. 4. Call EVS to perform terminal clean of area before area is released for use. | |
| Class III (Includes measures in Class I & II) | | 1. Complete all critical barriers or implement control cube method before   construction begins   1. Seal air vents on all sides and isolate HVAC system in area where work is being done to prevent contamination of duct system. | 1. Wet mop area with disinfectant. 2. Vacuum work area with HEPA filtered vacuum. | |
| ▫ | | 1. Seal all holes, pipes, conduits and penetrations appropriately. 8. Contain construction waste before transport in tightly covered containers (wheels should be clean to prevent dust tracks). 2. Maintain negative air pressure within work site utilizing HEPA equipped air 9. Remove barrier materials to minimize dirt and debris. Filtration units | | |
|  | | 5. Daily log kept to ensure negative pressure maintained. | 10. Do not remove barriers from work area until it is thoroughly cleaned. | |
|  | | 6. Flutter test strips or air pressure gauges shall be provided at each entrance | | |
|  | | to the construction area. | | |
|  | | 1. If walls are not full height, exposed wall or ceiling space must be sealed. 4. Do not remove barriers from work area until completed project is  inspected by the Facilities Compliance and Epidemiology and thoroughly cleaned. | | |
| Class IV | | 2. Construct anteroom and require all personnel to vacuum off in this room | 5. Upon completion of work, remove isolation of HVAC system in areas | |
| (Includes | | using a HEPA vacuum cleaner before leaving work site. Alternatively, they | where work is being performed. Follow established procedures for re- | |
| measures in | | can wear cloth or paper coveralls that are removed each time they leave the | starting HVAC and/or water systems. | |
| Class I, II & III) | | work site. Hair covers may be required. |  | |
| ▫ | | 3. All personnel entering the work site are required to wear shoe covers. Shoe covers must be removed each time the workers exit the work area. | | |
|  | \_Exceptions/Additions to this permit are noted below | | Date | Initials |
|  |
| Project Manager Signature: | | |  | Date |
| IP Signature: | | |  | Date |

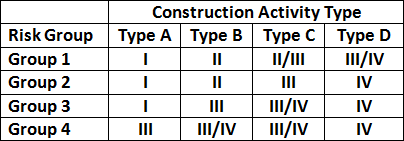
**Type of Construction Activity**

|  |  |
| --- | --- |
| Type A | **Inspection and non-invasive activities.** These include but are not limited to:  ▫ Removal of ceiling tiles for inspection (up to 4 sq. feet)  ▫ Movement of equipment, building structures, etc. for visual inspection  ▫ Painting (but not sanding)  ▫ Putting up wall covering, electrical trim work, minor plumbing, and activities which do not generate dust |
| Type B | **Small scale and activities that create minimal dust.** These include but are not limited to:  ▫ Installation of telecommunications cabling  ▫ Access to chase spaces  ▫ Cutting of walls or ceiling where dust migration can be controlled |
| Type C | **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).** These include but are not limted to:  ▫ Sanding of walls for painting or wall covering  ▫ Removal of floor and wall coverings, baseboards, ceiling tiles and casework  ▫ New wall construction  ▫ Minor duct work or electrical work above ceilings  ▫ Major cabling activities  ▫ Any activity which cannot be completed within a single work shift |
| Type D | **Major demolition, construction and renovation projects.** These include but are not limited to:  ▫ Heavy demolition or removal of a complete cabling system is required  ▫ New construction |

**Population and Geographic Risk Groups**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group 1**  **Lowest Risk** | **Group 2**  **Medium Risk** | **Group 3**  **High Risk** | **Group 4**  **Highest Risk** |
| □Office areas   * Lobby * Cafeteria * Non-clinical   area  □Areas not used for patient care, patient holding or transport of patients | * Registration * Rehab Areas * Radiology/   CT/MRI   * General Medical/ Surgical Units * Outpatient Care Clinics * Ancillary/ other patient care areas | * Emergency Department * Endoscopy * Women and Infants * Lab * Nuclear Medicine * Bronchoscopy | * All Critical Care Areas (including burn) * Comprehensive Cancer Center * Peri-operative Areas (including PACU, L&D, OR) * Pre-operative Areas * Dialysis * Sterile Processing * Interventional Radiology * Pharmacy Admixture * Radiation Therapy * Cardiac Catheterization & Angiography Areas * Transplant Units |

**Infection Risk Class Determination**



# Construction/Renovation Guideline

###### Infection Control during Construction and

**Renovation Projects within OSUWMC**

Architectural designs for new or renovated areas will support the delivery of services in a manner that promotes safe patient outcomes and prevents transmission of infections to patients, visitors and staff.

Environmental disturbances and interruption in life safety practices that may occur during construction, renovation, remediation and demolition projects within and adjacent to the facility create potential risk to our patients, visitors, staff and contracted employees

Construction Projects within The Ohio State University Wexner Medical Center (OSUWMC) vary in size, scope and complexity. A multi- disciplinary team collaborates on projects to ensure a safe environment during projects.

The success of the project requires open communication and collaboration amongst team members.

All construction workers (including subcontractors) will be required to attend an educational session during orientationthat discusses the risks and mitigation measures that are essential to protect our patients and staff while working within or around any OSUWMC facility.

**Infection Control Risk Assessment (ICRA)**

An ICRA provides a strategic, proactive design to mitigate environmental sources of microbes and to prevent infectious hazards through architectural design and control measures to mitigate potential contamination during actual construction or renovation. The signed, completed form is visible at the entrance to the job site during the entire project for projects that fall under Class III or IV; a copy may be

obtained from Facilities Services or through the ATG system

Projects are assigned a category type by Facilities Services in the initiation of the ICRA:

1. **Type A** – Inspections and non- invasive activity; includes, but is not limited to the following: removal of ceiling tiles for visual inspection only; (1 tile per 50 square ft), painting (not sanding), wall covering, electrical trim work, minor plumbing and activities that do not generate dust or cutting into walls.
2. **Type B** – Small scale, short duration activities that create minimal dust. Includes but is not limited to the following: installation of telephone and/or computer cabling, access to chase spaces, cutting of walls or ceiling where dust mitigation can be controlled.
3. **Type C** – Any work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies. Includes, but is not limited to the following: sanding of walls for painting or wall covering, carpet or flooring removal, removal of ceiling tiles or case work, new wall construction, minor duct work or electrical work above the ceiling, major cabling activities and any activity that cannot be completed in a single work shift.
4. **Type D** – Major construction and demolition projects, includes but is not limited to the following: activities that require consecutive work shifts, heavy demolition or removal of a complete ceiling system and new construction.

Projects are assigned a risk group by Clinical Epidemiology to help Facilities in the initiation of infection prevention measures. The risk

group refers to the population of staff or patients that will be affected by the construction project. Upon designation of a Risk Group and Construction Type, a matrix on the Infection Control Construction Permit is used to assign a risk category to the project.

The risk classification provides standard instructions for the infection prevention strategies that are to be used during the project. Modifications are acceptable; reasons for modifications should be documented on the form. .

The construction site will be monitored routinely to ensure compliance with safe practices. Issues identified will be brought to the immediate attention of the Construction Manager, Project Manager, Facilities Service Director or Safety Officer. Once a work stoppage has been initiated, the contractor will take immediate action to correct all deficiencies cited by the Infection Preventionist. **Failure of the contractor to make corrective action will result in Facilities Services to become involved and assist or make the correction. The hospital will follow up with administrative action, which could include removal from the job site or failure to obtain future work within the OSUWMC.**

###### Barriers & Dust Control

The goal of barrier placement in construction/renovation areas is isolation of the areas from occupied areas during construction using sealed, airtight barriers. Dust and debris may carry microorganisms (often contains mold spores or aspergillus) to patient care areas and may cause adverse physical reactions among hospital staff and patients.

Requirements for barriers and dust mitigation may include (short duration projects are likely to use plastic, longer duration projects are likely to use hard barriers – dependent on the project and risk to the patient population):

1. Sheet plastic, fire retardant polyethylene, 6 mm thickness
2. Barrier doors: solid core wood in metal frames, painted. Use non-combustible materials in the construction barrier; a

minimum of 3/8" gypsum board or similar on both sides.

1. Airtight plastic barrier that extends from the floor to ceiling. Seal all penetrations in existing barriers.
2. Dry wall barrier (or similar) erected with joints covered or sealed to prevent dust and debris from escaping.
3. Adhesive walk-off mats: minimum size 24" X 36" or carpets at barricade entrances shall be kept clean and changed or vacuumed daily and as needed to prevent dust accumulation.
4. Barriers at penetration of ceiling envelope, chases and ceiling spaces to stop movement of air and debris.
5. Any dust tracked outside of the barrier shall be removed immediately. Cleaning outside the barrier shall be done with a filtered vacuum or damp mop. Frequent mopping may be required. Use only hospital approved disinfectant products (refer to your Project Manager for guidance).
6. Pre-cut all construction materials for the partitions outside the construction area in unoccupied spaces.
7. Workers may be required to vacuum their clothes with a Hepa-filtered vacuum prior to leaving the work site so there is no tracking of dirt/dust.
8. Remove trash and debris generated within the construction area at least daily in covered trash carts or closed trash bags. Routes for trash removal are to be pre-determined during the construction planning phase with consideration given to routing through areas least likely to be traveled by patients and visitors, timing of removal and expeditious/ease of the route for transporting trash to the outside.
9. Store all construction equipment within the construction barriers.
10. The Construction Superintendent will keep the area clean during the course of the project and use a sweeping compound to minimize dust.
11. Removal of construction barriers and ceiling protection shall be done carefully; if possible, outside of normal work or peak hours. Vacuum and clean all surfaces until they are free of dust prior to removing the barrier. This is then followed by careful barrier removal and followed with another cleaning by Environmental Services prior to re- opening the area for business

###### Supplies

Ideal features of surfaces that satisfy sustainability, infection prevention, and safe patient outcomes include cleanability and resistance to moisture, reducing the risk of fungal contamination. Wall surfaces should be smooth and follow FGI guidelines. Surfaces near water or water fixtures are smooth, nonporous, and water resistant.

Carpeting can harbor microorganisms that are difficult to clean. Carpet is prohibited in the following locations: operating rooms, labor and delivery rooms, bone marrow transplant units, burn units, ICUs, chemotherapy units, kitchens, laboratories, toilet rooms, utility rooms, areas where sterile supplies are processed or stored, pharmacy areas, interventional radiology, cardiac catheterization and electrophysiology areas.

Special design features (water features, indoor gardens, etc.) should be discussed at the earliest phase of the design project to ensure that a balance of aesthetics and patient safety is achieved. The Department of Clinical Epidemiology must be consulted when the following design features are being considered for use within the confines of the building, areas adjacent to building entrances or fresh air intakes or in areas where patients are likely to, or encouraged to visit

**Airflow Control & Filtration & Balancing** To prevent dust from dispersing from the construction area to occupied spaces, airflow

is directed from the adjacent area into the

construction zone.

A suitable return air system will be selected at the direction of the Facilities Department. The air path will be traced to guarantee no contamination to critical areas of the hospital will occur.

Block off all existing ventilation ducts within the construction area. Method of capping ducts shall be dust tight (sealed) and ability to withstand airflow. For some projects, it is difficult or impractical to ventilate the construction area directly to the outside. The air must be then exhausted from the area using the hospital’s existing air systems. The Facilities Service Department and the Construction Superintendent will coordinate to implement procedures to prevent the existing air systems from transporting dust through the hospital.

Proper balancing of air systems is necessary to achieve the desired air quality in the construction project. Construction projects should achieve the proper air quantities and flow patterns specified in the drawings.

Incorrect installation will affect not only air quality for future occupants of the space, but will also disrupt the intended air flow quantities and directions in adjacent areas as it is tied into the entire system. Report any functional deficiencies in the HVAC system that cannot be corrected by adjusting and balancing to the Facilities Service Department immediately.

A preventive maintenance program is established to safeguard indoor air quality upon completion of the project which may include frequent inspections and cleaning. Environmental air sampling may be recommended.

###### Water Interruption & Plumbing

During projects, interruptions in water are not unusual and may impact drinking water, food preparation, ice, handwashing, bathing, flushing toilets, clinical sinks, cleaning, disinfection and sterilization of medical equipment and devices and laboratory services. Please schedule planned outages with the Project Manager.

Removal, replacement or relocation of plumbing piping and fixtures is often needed during construction projects. Water lines

should be flushed thoroughly in newly renovated and adjacent areas before completion at the direction of the Facilities Service Department.

Water damage, flood or waterline break may occur during construction/renovation.

Interventions should include:

1. Control of the water break/flood.
2. Immediate notification to the Project Manager, the Facilities Service Department and Clinical Epidemiology.
3. An inventory of the water damaged areas, building material and furnishings should be taken, paying particular attention to carpeting under cabinets and other furnishings.
4. Materials that cannot be completed dried within 48 hours of damage should be removed, discarded and replaced with new material. A moisture meter should be used to identify extent of water damage to drywall and other surfaces
5. Decontamination is done by spraying with bleach based mist or diluted bleach (1:10) and drying of opened wall areas and cavities.
6. Portions of the drywall may need to be removed; remove a 12 inch section at the bottom to examine and determine the extent of damage with a moisture meter. Replace as needed any areas that do not dry within 48 hours. If material has not dried completely within 48 hours, there is increasing probability that damage already has led to microbial growth and more extensive effort may be required. Water soaked surfaces should be removed at least 12 inches above the watermark level and discarded, while allowing open areas to dry.
7. Following a sewage spill, flood, or extensive water damage due to dirty water, affected furnishings should be discarded.

**Mold Control**

Different types of molds grow rapidly in moist environments. One of the primary sources of growth is unintended moisture that comes from condensation forming on poorly insulated ductwork and piping. Mold may accumulate in various parts of a HVAC system such as cooling towers, humidifiers, dehumidifiers, air conditioners, and the inside surfaces of air conditioning ductwork and may impact the indoor quality of air.

Materials delivered and stored outside for later installation should be properly protected, i.e., shrink wrapping. Close off both ends of ducts to protect it from collecting dirt inside when in storage and prior to installation. If the ductwork is not closed off or cleaned and is put into place, it could become a potential source of mold growth or contamination, potentially resulting in major problems after project completion.

Carefully observe and monitor for environmental conditions that could potentiate mold growth during construction projects and remediate promptly when indicated.

If mold is observed or suspected, meticulously clean both the inside and the outside of the surfaces with an appropriate disinfectant (bleach using a 1:10 solution). Notify the Project Manager immediately.

**External/Outdoor Construction** External excavation projects can produce an enormous amount of dust and results in potential risk for healthcare acquired infections. Ideally, excavation activities should be conducted during off-hours so that air handlers

can be adjusted and traffic and frequency of entrance doors being opened is reduced.

1. Dust containment barriers at the source are appropriate and successful at preventing dust dispersal.
2. The frequency of wetting excavated soil or demolished building, truck and equipment path is appropriate but not so wet that new hazards are created.
3. Doors, windows and other ports of entry located near the project are sealed or barred from use. This may

involve coordination with local fire marshal for ILSM.

1. Construction worker behavior such as removing dust and observing good hygiene before entering into healthcare grounds or building is expected.

###### References

1. American Association of Professionals in Infection Control and Epidemiology. APIC Text of Infection Control and Epidemiology, 4th edition. Volume III Construction and Renovation. Washington, DC, 2014.
2. Facility Guidelines Institute. Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition. Dallas, TX, 2014.

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2018. Edition.

***Disclaimer:*** *Clinical practice guidelines and algorithms at The Ohio State University Wexner Medical Center (OSUWMC) are standards that are intended to provide general guidance to clinicians. Patient choice and clinician judgment must remain central to the selection of diagnostic tests and therapy. OSUWMC’s guidelines and algorithms are reviewed periodically for consistency with new evidence; however, new developments may not be represented.*

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**Definition / Intent**

# Interim Life Safety Measures (ILSM)

**Interim Life Safety Measures (ILSM)** are health and safety measures that are put in place to protect the safety of patients, visitors, and staff who work in hospitals and other healthcare facilities.

Because construction and maintenance activities can impact the facility’s life safety systems, the Joint Commission requires facilities to develop Interim Life Safety Measures (ILSM) to protect the safety and health of patients by compensating for hazards. See Contractor Construction Guidelines of the Wexner Medical Center Construction Standard Guidelines for policy implementation.

The Advance Technologies Group (ATG) is the web site for ILSM submission on individual projects. A link can be found at: [https://www.atginc.com](https://www.atginc.com/) Contractors in coordination with the OSU Project Manager will be required to submit for ILSM permit through this web site a minimum of 2 weeks in advance of the start of construction.

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# Construction Renovation Guidelines: Project Requirements

###### Site Utilization

Construction site set up – Contractor to Secure perimeter and boundaries.

Establish office space location. Identify trash removal route.

Identify contractor exit/entry to the construction site.

Identify break/lunch area designation. Utilities & outages (OSU-PM to provide WMC Facilities contacts)

Dumpster locations. Typically prohibited unless direction provided otherwise.

Identify material delivery times, routes, laydown.

###### Storage

Contractor to coordinate with OSU-PM just-in- time deliveries.

Lay down areas to be verified per project with the OSU PM.

No storage of materials in mechanical or electrical rooms.

Plan Ahead: web site for signage, barricade needs.

###### Deliveries and Scheduling

WMC Loading Dock: All deliveries shall be scheduled through loading dock manager. No storage of materials on dock. Strictly enforced.

###### Misc

All Contractors required to be badged prior to being on site.

Reference badge policy. Reference dress code policy ISLM & ICRA

###### Guideline Approved

. Edition.

###### Trailer Space Availability

Identify fence, access and security. Identify trailer site location.

Identify all utilities installation and demolition requirements.

Secure all applicable permits and inspections.

###### Traffic Control

OSU to review and approve all closures. Two week notice strictly enforced.

Flaggers required

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## OSU WEXNER MEDICAL CENTER PRE-LIFE SAFETY CHECK LIST

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Yes/No**  or date | **Reports**  **to panel** | **CM** | **GC** | **Safety** | **Comments** |
| Approved Plans and Permits on site (all) |  |  |  |  |  |  |  |
| Change orders are approved and attached to plans |  |  |  |  |  |  |  |
| Contractors (Sprinkler & FA) have current SFM certification |  |  |  |  |  |  |  |
| FIRE ALARM |  |  |  |  |  |  |  |
| FA panel – all devices report to panel with proper node & descriptors |  |  |  |  |  |  |  |
| Smoke detectors |  |  |  |  |  |  |  |
| Heat detectors |  |  |  |  |  |  |  |
| Duct detectors |  |  |  |  |  |  |  |
| Dampers activate (upon fire alarm) |  |  |  |  |  |  |  |
| Audio devices (correct mounting height & DB level) |  |  |  |  |  |  |  |
| Visual devices (placement and in sync) |  |  |  |  |  |  |  |
| EXITS |  |  |  |  |  |  |  |
| Exit signs located properly and function |  |  |  |  |  |  |  |
| All magnetic locks release upon fire alarm |  |  |  |  |  |  |  |
| Doors release, close, and latch upon fire alarm activation |  |  |  |  |  |  |  |
| Emergency (egress) lighting functions properly |  |  |  |  |  |  |  |
| SPRINKLER |  |  |  |  |  |  |  |
| Sprinkler heads – located per plans |  |  |  |  |  |  |  |
| Hydro test (psi and date/time) |  |  |  |  |  |  |  |
| Above ceiling sprinkler inspection (date) |  |  |  |  |  |  |  |
| Tamper & flow switch switches tested and report to panel |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Sprinkler calculation plate installed |  |  |  |  |  |  |  |
| Valves marked (signage) |  |  |  |  |  |  |  |

6/2018

The certified installer of the fire alarm and sprinkler systems is required to be present with his/her certification card for life safety inspections. Comments:

CHECK SHEET

**Exit Signs:**

Are the exit signs installed per plans? Are the exit signs illuminated and visible?

Are the exit signs showing the proper direction of travel? EXIT signage tested for 90 period if not on generator?

Emergency lighting tested for 90 minute period if not on generator?

**Egress pathways:**

Are the egress pathways free of obstructions? Do the exit doors open freely?

Do the doors require less than 15 lb. of force to open?

Is there a minimum of two exits from the floor without traveling through a suite?

**Fire/Smoke Detection System:**

Fire Alarm contractor?

* Certification number and expiration date

Are the devices at the proper height?

(Between 80” and 96” and minimum 6” below ceiling for A/V’s) Are the devices in the correct locations per plans?

Are all the devices synced together?

Are the devices addressed correctly?

Do all doors release, close and latch upon fire alarm activation?

* + All magnetic locks release upon fire alarm (fail open)?

Are the fire pull stations within 5’ of an exit? Are there duct detectors installed?

* + Are the HVAC systems supplying any sensitive areas?

Are all audio devices set at the correct dB level?

(10 dB above ambient)

**Fire Suppression System:**

Fire suppression contractor?

* + Certification number and expiration date Has a visual inspection been conducted?

Is this a new system or head relocation? Has a hydro test been completed?

* + Working pressure hydro?
  + 2 hour hydro test?

Have all gauges been installed new or recalibrated within 5 years? Location of flow and tamper devices?

* + Number of devices installed?

Calculation plates installed? Valves marked with signage?

**Fire Extinguishers:**

Fire extinguishers provided for the area?

Are the fire extinguishers mounted at the proper height per their weight? Are the fire extinguishers current on annual inspection?

Are fire extinguishers being inspected (or contracted to be inspected) on a monthly basis?

**Miscellaneous:**

Are there stamped and approved plans on site?

* + Are there changes orders, if so have they been approved and attached to the plans
  + Is the inspector sign-off sheet on site

Who is the construction manager, phone number, and email? Who is the General Contractor, phone number, and email?

If any deficiencies have been noted, have they been passed onto the Construction Manager? All rated wall penetrations properly fire caulked?

No door or door frame UL tags painted?

|  |  |  |
| --- | --- | --- |
|  | OSU WEXNER MEDICAL CENTER FACILITIES SERVICES PROCEDURE  Dress Code |  |
|  | Review Date: May 1, 2018 |  |

**Objective**

The policy is developed to ensure that all staff, while working within the OSU Health Systems Buildings, maintain a professional image.

**Policy**

It is the policy of the OSU Health Systems Hospitals and the Facilities Services Departments (FSD) that contractors/vendors maintain personal cleanliness, hygiene, and appropriateness of dress while on duty. In an effort to promote confidence, trust, and professionalism, the hospitals and the FSD have established guidelines for contractor/vendor presentation, which will complement the high quality of care and services offered at the OSU Health Systems Hospitals.

**Procedure**

* 1. **Standard for Dress and Personal Appearance**

The following standards for personal appearance, hygiene, and dress are established as minimum requirements and must be followed by all vendors and contractors:

* + 1. Uniforms must be clean and presentable at all times; vendors/contractors will wear appropriate uniforms with company logo or name displayed at all times. Company hats are permitted but are not substitutes for a uniform shirt.

Pants must be fitted and worn properly. They must be free of rips and tears.

* + 1. Identification badges must be worn above the waist with the name and picture visible while the contractor/vendor is on the OSUMC campus.
    2. Footwear should be appropriate for the work area and in compliance with department guidelines.
       1. Shoes are to be neat and in good order.
       2. Hard toe shoes are recommended for personal safety, but not required.
    3. Hair and facial hair is to be worn in a well-groomed and clean manner. Due to health and safety concerns, shoulder length hair must be tied back off the shoulders or worn in a hair net while on the hospital complex. Facial hair must be well groomed at all times.
    4. The wearing of buttons, hats, pins, or other types of insignia (e.g., patches, stickers), which could be offensive to patients or visitors, is not permitted.
    5. Use of personal headphones by contractor/vendor is prohibited in all hospitals

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facilities.

* 1. **Compliance**

The effectiveness of this policy relies on contractors/vendors using their best judgment in matters of attire. If any contractor/vendor is unsure about the appropriateness of a clothing item, they should consult with their immediate supervisor before wearing the item.

Failure to comply with the standards of the hospital and departmental dress code policies may result in progressive corrective action.

Questions concerning the hospitals and departmental dress code polices should be addressed to the Facilities Services office or hospitals Human Resources/Employee Relations.

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|  |  |  |
| --- | --- | --- |
|  | OSU WEXNER MEDICAL CENTER FACILITIES SERVICES PROCEDURE  Fire Alarm / Suppression System Shut Down |  |
|  | Review Date: May 1, 2018 |  |

**Objective:**

It is the objective of this procedure to ensure the reliability of the OSU Health Systems Buildings Fire Alarm/Suppression Systems during periods of construction/renovation. It will also cover the systems when they are taken off line during periods for general maintenance and repairs.

**Policy:**

Fire Alarm/Suppression System shut down will not be accomplished in the OSU Health Systems Buildings without proper authorization from the OSU Health Systems Compliance Officer. All activities requiring this shut down must have the request properly filled out and signed.

**Procedure:**

To take the Fire Alarm/Suppression System off line, a request must be made to do so. The request for Fire Alarm/Suppression shut down will be made through the OSU Health Systems Compliance Officer. Once the request is made the following procedures are to be followed.

1. If the construction/renovation project is within the OSU Health Systems Buildings, the Construction Manager or Area Manager in charge of the project will obtain the request and fill out all the required information concerning the shut down.
2. If possible, a 24-hour lead time is required to ensure proper notification are made to all departments and, if needed, a fire watch can be initiated by Security.

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| --- | --- | --- |
|  | OSU WEXNER MEDCAL CENTER FACILITIES SERVICES PROCEDURE  Fire Alarm / Suppression System Shut Down |  |
|  | Review Date: May 1, 2018 |  |

This request will be used when a construction/renovation project requires that a Fire Suppression System be taken out of service or general Fire Suppression System Maintenance. Return form to WMC Facilities Systems Operations.

Name of Company

Area or Floor requested

Work to be Performed

Job Point of Contact

Period of down time: at to at Start Date Time End Date Time

Number of **\*** hours down Facilities System Contact

Date issued By:

**Notification:**

Systems Manager Security Command Post

Operations Officer Floor/Area

Compliance Officer

**\* If the Fire Suppression System is down for more than 10 hours the Local Fire Department must be notified of the down time. A fire watch will be posted during the time of shut down to ensure the safety of all patients, staff and visitors.**

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**HOTWORK PERMIT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE:** | | | **WORK LOCATION**  **BUILDING:** | **ROOM:** |  |
| **ISSUED TO COMPANY:**  **NAME:** | | | **PERMIT ISSUED FOR THE FOLLOWING WORK:** | | |
| **PERMIT STARTS**  **DATE:** | **TIME** | **AM**  **PM** | **PERMIT EXPIRES**  **DATE:** | **TIME** | **AM**  **PM** |

**DO NOT weld, burn, or perform hotwork until the following precautions are taken and maintained. If conditions change during the course of the work, this permit is void and a new permit must be issued.**

##### YES NO/NA

1. **Notify Safety (3-3330) and Security (3-8500) of location for fire watch.**
2. **Applicable building sprinkler system is in service.**
3. **Applicable smoke detectors in area have been placed out of service.**
4. **If necessary, systems cleaned and/ purged.**
5. **Lock out tag out completed.**
6. **ABC fire extinguisher at location.**
7. **Fire fighting equipment and nearest phone/fire alarm box identified.**
8. **Floor area swept clean/surrounding area cleaned.**
9. **Combustible materials removed or protected with noncombustible shield if within 35 feet.**
10. **No flammable liquids within 50 feet.**
11. **Provisions made for safe placement of compressed gas cylinders.**
12. **Precautions and requirements have been taken within a confined space area**
13. **Fire watch conducted during and 30 minutes after hot work activities.**

##### HOTWORK MAY BEGIN AFTER IT HAS BEEN VERIFIED THAT THE ABOVE CONDITIONS HAVE BEEN MET.

**PERMIT MUST BE READILY VISIBLE AT THE HOTWORK LOCATION.**

**Signature Signature**

**Facilities Services Permit Holder**



**Acoustic Ceiling Tile (ACT) Recycling Process**

# Sustainability Policy

**Note**: Acoustical Ceiling Tiles are to be recycled unless they test positive for asbestos or other hazardous agents. A link to Armstrong’s recycling program in listed below.

OSUWMC Steps:

* 1. Contractor / PM requests asbestos survey. See specifics of what to observe in ceiling tile survey per Armstrong’s website.
  2. Pending the asbestos report is clear, contractor notifies OSU PM or Interior Design Planner.
  3. PM or IDP submits a new project form on Armstrong’s website for approval to recycle. Asbestos report uploaded and sent to Armstrong for review.
  4. Contractor obtains from PM the Armstrong Project number and authorization document from PM or IDP. Contractor demos tile, and stacks it neatly on a pallet in the red sea (or other on site location near project). See specific stacking requirements provided by Armstrong on the above link. When completed, contractor shrink wraps pallet.
  5. Contractor notifies PM / IDP of a full stack.
  6. PM / IDP coordinates with Interior Supply to pick up the pallet and take to Armstrong Distribution Plant in Hilliard

###### Armstrong Website Link

[https://www.armstrongceilings.com/commercial/en-us/performance/sustainable-building-design/ceiling-](https://www.armstrongceilings.com/commercial/en-us/performance/sustainable-building-design/ceiling-recycling-program.html) [recycling-program.html](https://www.armstrongceilings.com/commercial/en-us/performance/sustainable-building-design/ceiling-recycling-program.html)

**Last Revised: 5/20/2015**

Applies to: Staff, appointees, applicants, contractors, third party staffing vendors, student employees, and volunteers.

## POLICY

Issued: 09/01/2008 Revised: 05/20/2015

The Health System has established this policy to promote a safe and secure environment for the campus community.

**Definitions**

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Appointee | An individual deemed to have an affiliation with the Health System in a non-compensatory capacity. |
| Background check | Process of acquiring records regarding a final candidate that are used to determine suitability for initial or ongoing employment. |
| Background check coordinator (BCC) | Human resource employee(s) designated to administer the background check process for the positions specified in this policy. |
| Break in service | Leave university employment either voluntarily or involuntarily for any period of time. |
| Criminal conviction | Being found guilty, entering a guilty plea, or pleading no contest to a felony or misdemeanor. |
| Fair Credit Reporting Act | Federal law that regulates collection, dissemination, and use of consumer credit information. |
| Final candidate | Internal or external applicant identified as the finalist for a position. |

**Policy Details**

1. Guiding Principles
   1. The background check process is intended to help the university evaluate whether a candidate is suitable for the position.
   2. The university desires to promote fair and consistent methods to obtain, analyze, apply, and retainbackground check information.
   3. Hiring practices must emphasize prevention of discrimination and harassment.
2. Regulations
   1. Background checks must be conducted on internal and external final candidates for the following positions:
      1. Regular staff,
      2. Temporary, seasonal and intermittent appointments,
      3. Temporary staff provided by third party vendors unless the third party vendor has conducted its own background check that complies with Health System requirements, and
   2. Medical Center internal candidates who have completed and cleared the required background checks within the last 12 months may be required to complete another background check when taking a posting.
   3. Employees who have a break in service and return to the Health System must have a background check if the position requires one.
   4. Candidates granted a visa with a U.S. State Department Consular background check are not required to have

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an additional criminal search in their home country. A U.S. search must still be conducted.

* 1. Background checks must be conducted on individuals holding positions with certain responsibilities (e.g. child care, public transportation, etc.) in compliance with applicable laws, regulations, and Health System and other standards. Human Resources is responsible for conducting these background checks and/or working with the necessary parties (e.g. governmental licensing or regulatory agencies, etc.) to ensure compliance. If applicable, Human Resources must comply with the [Security Standards Council’s Payment Card Industry](http://pcisecuritystandards.org/security_standards/pci_dss_download_agreement.html)  [(PCI) Data](http://pcisecuritystandards.org/security_standards/pci_dss_download_agreement.html) [Security Standard](http://pcisecuritystandards.org/security_standards/pci_dss_download_agreement.html) as it pertains to screening potential employees and volunteers involved in processing credit/debit card transactions.
  2. Individuals subject to the Preventing and Reporting Abuse in Programs with Minor Participants Policy must comply with the requirements of that policy.
  3. Individuals may also be subject to periodic background checks during their employment in the position withthe approval of Human Resources and/or in compliance with applicable laws, regulations, and standards.
  4. Background checks may be conducted on student employees, volunteers, and employees of non-staffing vendors provided there is a business justification, that checks are made consistently across specific positions, and the documented background check program has been approved by Human Resources. Background checks on final candidates for these positions must comply with the standards outlined in the Guide for Conducting Background Checks.

1. Disclosure of Criminal Convictions during the Application Process
   1. Internal and external applicants for positions are required to accurately disclose all criminal convictions when they apply.
   2. Internal and external candidates who fail to disclose all criminal convictions or fail to provide truthful, accurate, and complete information regarding criminal convictions may be ineligible for hire for the current position and may be prohibited from future employment consideration. Internal candidates may be subject to corrective action up to and including termination.
   3. If questions about criminal convictions arise during the interview process, Human Resources should focus on the relevancy to the job duties as well as the time frame, nature, gravity, and circumstances surrounding the conviction. For additional guidance, refer to the Guide for Conducting Background Checks.

Issued: 09/01/2008 Revised: 05/20/2015

## PROCEDURE

1. Final Candidate Authorization and Background Check Coordinator Notification
   1. Final candidates must be provided the background check disclosure, authorization and release information and indicate their consent prior to a background check being performed by a third party vendor. Final candidates authorize the Health System to conduct pre-employment screening through a third party vendor when they indicate their consent. Failure to provide consent will preclude a final candidate from consideration for a position.
   2. Hiring managers are required to communicate with the BCC (Human Resources) when a final candidate has been identified for a position requiring a background check. The hiring manager must also communicate to the BCC any negative information provided by a final candidate to the hiring manager.
2. Assessment of Background Check Information

The BCC will assess the information contained within a background check using the following principles:

* 1. Convictions will be taken into account when reviewing a final candidate’s criminal history; an arrest withouta conviction in a closed case will not be considered
  2. Open criminal cases may preclude a final candidate from eligibility for employment. The Health System will assess the circumstances surrounding the arrest, as well as the time frame, nature, gravity, and relevancy of the alleged offense and charge to the job duties. The BCC, in consultation with department leadership (provided they are not the hiring manager), Legal Services and/or Human Resources is responsible for determining whether the final candidate is eligible for employment.
  3. A criminal conviction is not necessarily a bar to initial employment or continued employment with the university. The university will assess the circumstances surrounding the conviction, time frame, nature, gravity, and relevancy of the conviction to the job duties.
  4. Criminal convictions on a background check will be evaluated by the BCC, considering factors outlined in the Guide for Conducting Background Checks. When appropriate, department leadership (provided they are not the hiring manager), Legal Services and/or Human Resources will be consulted. The BCC will communicate the outcome of the evaluation to the individual.

1. Processing Background Checks
   1. The BCC is responsible for conducting background checks on all positions.
   2. All offers are contingent upon successful completion of the background check. All oral or written offers of employment must include a statement as follows: “This offer is contingent upon the Health System’s verification of credentials and other information required by law and/or Health System policies or practices, including but not limited to a criminal background check.”
   3. Third party staffing vendors must conduct background checks on staff working for the Health System in compliance with the minimum standards outlined in the Guide for Conducting Background Checks. The requirement of the third party staffing vendor to conduct background checks must be incorporated into the contract.
   4. The [Background Check Disclosure, Authorization, and Release](http://hr.osu.edu/policy/resources/415consent.pdf) form must be used for any background check performed by an approved third party background check vendor.
   5. The Health System requires the use of approved vendors for background checks. In certain cases, the background check for candidates granted a visa will be provided by the [U.S. Department of State](http://www.state.gov/) during the visa application process at a U.S. Consulate; see Policy Section II-E.

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1. Background Check Records
   1. Candidates not hired due to information revealed on a background check conducted by a third party vendor must be provided with a copy of the results and a copy of the [Summary of Your Rights Under the Fair Credit](http://hr.osu.edu/policy/resources/415rights.pdf) Reporting Act. The BCC is responsible for providing the results to the candidate.
   2. Candidates who are barred from future consideration for employment at the Health System must be notified in writing.
   3. For information about the retention of background check results and [Background Check Disclosure,](http://hr.osu.edu/policy/resources/415consent.pdf) Authorization, and Release form, refer to the [General University Records Retention Schedule.](http://library.osu.edu/documents/records-management/general-schedule.pdf)
   4. Background check documentation must not be stored in an employee’s personnel file.
   5. All information received in connection with the background check process will be treated as confidentialexcept when disclosure is necessary.

**Responsibilities**

|  |  |
| --- | --- |
| **Position or Office** | **Responsibilities** |
| Final candidate | 1. Provide truthful, accurate, and complete information during the application process. 2. Consent to the background check performed by a third party vendor by signing the [Background Check](http://hr.osu.edu/policy/resources/415consent.pdf) Disclosure, Authorization, and Release form. Failure to complete the form will preclude a final candidate from consideration for a position. 3. Provide requested information or documentation within timelines specified by the BCC. |
| Current staff, student employees, appointees, contractors, volunteers, staff provided by third | 1. Provide truthful, accurate, and complete information. 2. Consent to the background check performed by a third party vendor by signing the [Background Check](http://hr.osu.edu/policy/resources/415consent.pdf) Disclosure, Authorization, and Release form, if required for the position. Failure to complete the form will preclude a final candidate from consideration for a position. |

|  |  |
| --- | --- |
| **Position or Office** | **Responsibilities** |
| party staffing vendor | C. Provide requested information or documentation within timelines specified by the BCC. |
| Department | 1. Ensure all current and new staff, student employees, appointees, volunteers, contractors and staff provided by third party staffing vendors are aware of their responsibilities under this policy. 2. Communicate with the BCC when a final candidate or appointee has been identified for a position requiring a background check. The BCC will conduct the background check and coordinate with the college/VP unit as appropriate. |

|  |  |
| --- | --- |
| Human Resources | 1. Disseminate information and consult with departments and individuals regarding thispolicy. 2. Serve as BCC for the Health System. 3. Include “requires successful completion of background check” in the “requirements” section of all position descriptions that are not posted and employment advertisements for applicable positions. 4. Make final candidate aware of her/his rights and responsibilities by providing the [Background Check](http://hr.osu.edu/policy/resources/415consent.pdf)  Disclosure, Authorization, and Release form. The form must be completed before a background checkis performed by a third party vendor. 5. Notify candidate that background check results are subject to the [Ohio Public Records Act.](http://codes.ohio.gov/orc/149.43) 6. Discuss, if applicable, any negative information provided by the final candidate before the background check is conducted. 7. Communicate in the final candidate’s offer letter that employment is contingent upon successful completion of a background check. 8. Notify candidates who are barred from future consideration for employment at the university of this designation in writing. 9. Ensure third party staffing vendors are in compliance with this policy by reviewing the background check results for staff prior to assignment with the department or through an audit process outlined in the Guide for Conducting Background Checks. Retain background check documentation as described in this policy. |

**Resources**

* [Appointments policy 02-21,](https://medcensearch.osumc.edu/sites/policies/Documents/02-21.pdf)
* Background Check Disclosure, Authorization, and Release form, [**hr.osu.edu/policy/resources/415consent.pdf**](http://hr.osu.edu/policy/resources/415consent.pdf)
* Fair Credit Reporting Act, [**ftc.gov/os/statutes/031224fcra.pdf**](http://www.ftc.gov/os/statutes/031224fcra.pdf)
* General Records Retention Schedule, [**library.osu.edu/documents/records-management/general-schedule.pdf**](http://library.osu.edu/documents/records-management/general-schedule.pdf)
* Ohio Public Records Act, [**codes.ohio.gov/orc/149.43**](http://codes.ohio.gov/orc/149.43)
* Summary of Your Rights Under the Fair Credit Reporting Act, [**hr.osu.edu/policy/resources/415rights.pdf**](http://hr.osu.edu/policy/resources/415rights.pdf)
* Third Party Staffing Vendor Contract Language, [**hr.osu.edu/policy/resources/415vendorcontract.pdf**](http://hr.osu.edu/policy/resources/415vendorcontract.pdf)
* U. S. Department of State, [**www.state.gov**](http://www.state.gov/)
* University Rule 3335-5-04, [**trustees.osu.edu/rules/university-rules/rules5**](http://trustees.osu.edu/rules/university-rules/rules5/)

**Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Office** | **Telephone** | **E-mail/URL** |
| Policy clarification | Human Resources | 614 293-4988 | [**https://onesource.osumc.edu/department**](https://onesource.osumc.edu/departments/HumanResources/Pages/Recruitment.aspx)[**s/HumanResources/Pages/Recruitment.a**](https://onesource.osumc.edu/departments/HumanResources/Pages/Recruitment.aspx)[**spx**](https://onesource.osumc.edu/departments/HumanResources/Pages/Recruitment.aspx) |
| Contracts with third party staffing vendors | Purchasing | 614-293-2121 | [**https://onesource.osumc.edu/department**](https://onesource.osumc.edu/departments/materielsystems/Purchasing/Pages/default.aspx)[**s/materielsystems/Purchasing/Pages/def**](https://onesource.osumc.edu/departments/materielsystems/Purchasing/Pages/default.aspx)[**ault.aspx**](https://onesource.osumc.edu/departments/materielsystems/Purchasing/Pages/default.aspx) |

**History**

Issued: 12/20/2010 Revised: 05/20/2015

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Applies to: Brain and Spine, Dodd Hall , OSU Harding , Ross Heart Hospital , The James Cancer Hospital, University Hospital (UH), University Hospital East (UHE)

## POLICY

The Ohio State University Health System strives to provide a secure, customer-oriented environment for patients, visitors and staff. Badges are to be displayed visibly, above the waist, at all times to facilitate identification of individuals and gain access to Health System buildings. Badges also increase customer confidence and promote positive relationships by their indication that individuals are qualified to provide services.

## PROCEDURE

###### Issuance of Identification Badges

* 1. Identification information and photo image will be obtained from prospective employees at the time of their pre- employment physical. Badges will be issued by the Security Department during new employee orientation or on the employee’s first day of work. A badge will not be issued until employee information is entered in the Computerized Timekeeping System database.
  2. All individuals associated with the Health System will be issued a badge by the Security Department. Normally, only one badge will be issued to an individual. Exceptions are:
     1. Staff physicians or senior administrators requesting an additional badge may obtain a second one without a magnetic strip.
     2. Employees working part-time in more than one Health System department (badges will be encoded for access as appropriate).
     3. Employees who also volunteer (the volunteer badge will not be issued with a magnetic strip).
     4. Other exceptions may be granted by the Director of Security.
  3. All employee badges will be encoded with general access privileges. Individuals needing access to restricted areas that are not apparent from their department assignment must have written authorization from their department director/administrator. Volunteer badges will not be encoded without specific authorization from the Director of Volunteer Services.
  4. Non-employed individuals who require access to Health System premises will be issued a badge by the Security Department upon receipt of written authorization by the director/administrator of the department in which the individual will be located. The request must include the name and affiliation of the individual to whom the badge is to be issued, specific access requirements and the length of time for which the badge is to be issued. If no length of time is indicated, it will expire at the end of the fiscal year (June 30th). Written authorization by the director/administrator will need to be received for the validation of expired badges.

###### Information Appearing on Identification Badges

* 1. Information appearing on the badge will include the individual’s image, name, title, department and Health System ID number. If a requirement for the job, professional licensure and certification will appear after the individual’s name (e.g., MD or RN).
  2. Badges will be color coded to indicate the individual’s association with the Health System. They will be issued according to the following codingsystem:

|  |  |
| --- | --- |
| **Association** | **Color** |
| Health System employees (except Women & Infant department), | Red |
| College of Medicine employees, Physicians |  |
| Women & Infant employees | Orange |
| Volunteers | Green |
| Contractors and Vendors | Blue |
| Students and Student Employees | Black |

###### Wearing Identification Badges

* 1. All individuals must wear a valid badge issued by the Security Department while on duty or when on Health System premises conducting official Health System business.
  2. The badge must be worn with name and image visible except in designated areas such as the Corrections Unit, the Emergency Department, and OSU Harding Hospital where personal security is an issue. These departments may cover the employee’s last name on the front of the badge. Exceptions to the departments listed will need to be approved by Health System and Human Resources leadership.
  3. The badge may not be worn by an individual other than the person to whom it was issued. Employees who are off duty but are on Health System premises for personal/other business reasons may not wear their badge.
  4. No items may be affixed to the badge, except Health System issued employee recognition awards. The employee recognition programs may specify whether and in what manner such awards may be displayed on the badge.

###### Replacement of Lost Identification Badges

* 1. Lost or misplaced badges must be reported to the Security Department immediately.
  2. To replace a lost badge, employees do not need to provide evidence of their current status. All other individuals must provide a letter on OSU letterhead from their department director/administrator authorizing their eligibility to receive a new badge.
  3. Individuals will be charged for replacement of lost badges. The Security Department should be contacted for the current replacement costs, as well as their current hours of service.

###### Replacement of Outdated or Damaged Identification Badges

* 1. Individuals whose name, title or department has changed should obtain an updated ID badge from the Security Department. The outdated badge must be returned or the individual will be charged for the replacement.
  2. ID badges that have become obsolete due to system-wide design changes or functional updates will be returned to the Security Department. Updated ID badges will then be reissued.

C. Individuals returning a damaged ID badge for replacement will receive a new ID badge free of charge if the

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damage was accidental or inadvertent and the old ID badge is returned. Badges damaged due to affixing unauthorized items will be replaced at the expense of the individual.

###### Surrendering Identification Badges Upon Termination

* 1. Badges are Health System property and must be surrendered upon termination or upon request of the Health System.
  2. Individuals terminating their association/employment with the Health System must surrender their badges to their department director/administrator or Human Resources on their last working day.
  3. The department director/administrator completes the appropriate paperwork to terminate employment. Once processed, the Security Department will invalidate the identification badge. Invalidated badges that are returned to Human Resources or the Security Department will be destroyed.

**Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Office** | **Telephone** | **E-mail/URL** |
| Policy interpretation | Human Resources | 614-293-4988 | [**https://www.medctr.ohio-**](https://www.medctr.ohio-state.edu/WebPage.aspx?pg=Employee_and_Labor_Relations_Contact_Us&amp%3BCategoryID=53)[**state.edu/WebPage.aspx?pg=Employee\_and\_**](https://www.medctr.ohio-state.edu/WebPage.aspx?pg=Employee_and_Labor_Relations_Contact_Us&amp%3BCategoryID=53)[**Labor\_Relations\_Contact\_Us&CategoryID=53**](https://www.medctr.ohio-state.edu/WebPage.aspx?pg=Employee_and_Labor_Relations_Contact_Us&amp%3BCategoryID=53) |
| ID badge issuance or replacement | Security | 614-293-4452 |  |

**History**

Issued: 3/29/83

Revised: 1/8/07 05/19/10

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# Contractor Key Access

**General Key Policies**

All keys to The Ohio State University Wexner Medical Center are the property of the Medical Center. The Access Control Department is the authorized custodian for all Medical Center keys. Employees and Contractors, who have been issued Medical Center Keys; whether issued directly for personal daily use or issued via the electronic key box system, must agree to refrain from loaning or providing their keys to anyone for any reason or have any Medical Center keys duplicated. Exceptions to any part of the governing key polices may be made only with the authorization and approval of the Medical Center Security Director.

**Administration of the Key System**

* Wexner Medical Center Access Control is responsible for the overall administration of the Medical Center Key System. Access Control is responsible for the following:
  + Installation and maintenance of all interior and exterior door locks.
  + The construction and issue of all keys and key rings.
  + Maintenance of accurate controls and records to provide accountability for all keys issued.
  + Establishment of the procedures to govern the issue and control of all Medical Center keys.

**Departmental / Contract Company Responsibilities**

* If it becomes necessary to replace one or more locks due to a lost or stolen key, the expense of re-coring a facility may become the responsibility of the Department or Contract Company whose employee was issued the lost/stolen key.

**Individual Responsibility**

* Individuals may use keys only in their official capacity for the Medical Center. All keys will be returned to Access Control upon termination or departure from the Medical Center or when they are no longer needed to perform their duties.

**Duplication**

* Reproduction of any keys by anyone other than the Access Control Department is prohibited.

**Grand Master Keys**

* Grand Master Keys will not be issued.

**Building Master Keys**

* Building Master keys will not be issued.

**Sub-master Keys**

* Sub-Master keys will not be issued.

**Key Issuance**

* No keys will be issued to anyone who does not have a valid OSUMC badge.

**Authorization of Keys**

* Departmental Directors or their designee, are the approving authorities for their respective departments.

**Lost Keys**

* In all cases, the policy action is to replace the cores of all affected doors.
* An exception can only be approved by the Security Director, or higher, of the affected areas, in agreement with the Access Control Manager.
* In all cases, a “Lost Key” report must be completed with Medical Center Security.
* There may be a charge for they re-coring and they replacement of lost keys.
* Contractors & Vendors may be charged accordingly for re-coring and replacement of lost keys.

**ELECTRONIC KEY BOX PROCEDURES**

A Key Box is a secured electronic storage cabinet which controls key rings secured in locked cylinders, where

they remain unless electronically released after a user’s ID has been authenticated. All key boxes are maintained by the Medical Center Security Lock Shop and are audited daily to ensure that all keys have been properly returned. Should any key fail to be properly returned; follow up procedures will be initiated by the Lock Shop with those parties responsible for the missing key ring.

Specific Key Box Rules and Regulations are posted within each key box to articulate the expectations regarding usage of any key ring removed from any key box. All staff members and contractors signing out and utilizing these key rings are subject to these rules and regulations including the potential costs for mitigating any risk associated with the loss of any key ring.

**Keybox Rules And Regulations**

* Key rings must be signed out by the employee performing the work, and are not to be passed off between employees, supervisors, or administration.
* The keys have an allotted time of 8 or 12 hours to be used before they are considered overdue and must be returned to the keybox before ending a shift.
* Employees are regulated to drawing out 1 set of keys at a time; this set must be returned to the keybox before a new set can be signed out. Supervisors have the ability to draw out 3 sets of key rings, but should only be signing keys out for employees in case of an emergency.
* Supervisors and managers will be contacted via email for any overdue keys signed out by them or their employees. Key is to be returned to the keybox as soon as they are able to be returned.
* All malfunctions regarding keyboxes must be reported to Access Control by emailing [access.control@osumc.edu](mailto:access.control@osumc.edu)
* Individual departments and companies will be held responsible for noncompliance of rules and regulations.
* Individual departments and companies will be responsible for any re-coring charges resulting from a lost key or key ring while assigned out in their care.
* In the case you cannot successfully return a key ring (will not securely lock back into place) keep the key ring and contact Access Control at 3-8412 or Security at 3-8500. DO NOT LEAVE KEYS UNSECURED IN THE KEYBOX

**Key Ring Policy**

It is the Hospital’s policy to provide tamper proof key rings, with appropriate keys attached, to authorized individuals throughout The Ohio State University Medical Center. Use of a key ring by persons other than those individuals officially assigned to the key ring is not permitted. Key Rings will be located within Electronic Security Key Boxes mounted on walls throughout the medical center. All key rings will be returned to the key box after each use or shift, by the

individual who initially removed the Key Ring. All key rings are to stay within the confines of OSUMC property, unless approved by their Department Director or Assistant Director.

**Lost or Stolen Key Rings**

* A report must be made with OSUMC Security for any lost or stolen key ring. The financial responsibility of re-coring any locks that have been compromised by the loss or theft of any key ring may be charged to the department, company and/or contractor who most recently removed the key ring from the key box.



**Outage Information:**

##### OSU WEXNER MEDICAL CENTER-UTILITY OUTAGE

Building: Project No: Location:

Utility(s) Affected:

**Description of Outage:**

Date of Outage: Time of Outage:

Duration of Outage:

**Area’s Affected:**

**Facilities Contact:**

Primary: Phone: Cell / Pager: Secondary: Phone: Cell / Pager:

**Purpose for Outage:**

Signatures of Persons Notified:

|  |  |  |  |
| --- | --- | --- | --- |
| Epidemiology: Security: Operations Mgr. Compliance Nurse Adm. / Mgr. Construction Mgr.  Respiratory Therapy: MRI Staff: |  | Date: Date: Date: Date: Date: Date: Date: Date: |  |
| Requestor: |  | Date: |  |
| Company: |  |  |  |
| **Work Completed:**  Technician: |  | Date: |  |

**COMPLETED FORM WILL BE FORWARDED TO WMC FACILITIS OPERATIONS**