



Indiana University Health

IU Health Design and Construction

IU Health Medical Center Campus (IUHMCC) Safety Program

June 2022

THIS IS A CONTRACT DOCUMENT



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Statement of Policy

Indiana University Health is committed to the safety of its patients, visitors, staff, and contractors. We believe that no one should ever be injured in an IU Health facility or on IU Health property. This commitment aligns directly with the IU Health Values.

Safety is a key value at IU Health and this program is designed to help IU Health achieve our goal for a safe work environment in our facilities and on our project sites.

IU Health expects its partners to support a culture of safety and strive to achieve zero injuries and zero disruptions to patient care operations. The responsibility for your safety, the safety of others and the protection of the environment is shared by IU Health and you.

Each individual who enters a construction area in an IU facility or on IU Health owned or leased property has the right to a safe work environment. Additionally, each person assumes the responsibility to foster a safe work environment through their actions and behaviors. Each of us should care about the safety of others as well as our own safety. No person will be expected to work in surroundings or under conditions that are unsafe. If an individual encounters an unsafe condition, he or she should report it immediately to their supervision. IU Health expects and encourages individuals to challenge conditions or actions perceived to be unsafe and are protected from retaliation in reporting such unsafe conditions or acts.



James Mladucky, Vice President – Design and Construction
Indiana University Health

Safety Program Highlights & Points of Emphasis

It is the responsibility of all Contractors to provide their Project Managers and Site Supervisors with a copy of this Safety Program. Also, be advised that an officer of your company has read this handbook and agreed with its terms and conditions. This commitment assures your compliance with the safety rules, procedures, and guidelines outlined in this Safety Program, as well as all applicable Federal, State and Local regulations. . All Contractors are ultimately responsible for the safety of their personnel and third parties that come in contact with the Contractor's operations. This Safety Program is not intended to replace the Contractor's policies or to make IU Health responsible for the Contractor's operations.

Below are some key rules and regulations we want to highlight up front. These are all further emphasized in detail within this document.

1. Contractor Safety Representative (CSR) requirements. Each Contractor (regardless of tier) shall have a minimum of one (1) supervisory representative on-site that has completed the OSHA 30-Hour Construction training in the past 5 years. A Superintendent/Foreman can fill this role when the number of workers under their contract is at or below 25. At such time as the number of workers under their contract exceeds 25 employees, each Contractor shall have a full time, non-craft working dedicated safety professional on-site.
 - a. An additional, non-craft working dedicated safety professional is required full-time for every 25 additional employees thereafter (e.g., 50, 75, 100...). This includes all tiered Subcontractors. See page 17 for a full list of CSR qualifications.
2. All site personnel must have an OSHA 10-Hour Construction Outreach Training card. Personnel having an OSHA 30 or OSHA 500 cards supersede this requirement. OSHA training cards will be requested at orientation. All company designated Competent Persons, Superintendents, and Foremen must have completed the OSHA 30-Hour training course for construction within the past 5 years.
3. All Contractors must be safety approved to work on an IU Health project. All Contractors must go through the Safety Program Approval process via two options:
 - a. Be approved as a Qualified or Certified Contractor in the CCS Certification Program (www.ccs-safety.org), **or**
 - b. Submit required documentation directly to designated IU Health Safety Representatives (<https://iuhsafety.verodms.com>)
4. At least one qualified person per Contractor shall be available at the work site, at all times, to render first aid. This person must have a valid certificate in first aid training from the American Heart Association, the American Red Cross, or an equivalent verifiable training program. A minimum ratio of one such qualified person for every 25 employees shall be maintained by Contractors throughout the project.
5. All Contractor personnel must be drug tested and provide a current, valid drug card that can be verified on the Construction Safe Site database (www.ccssafesite.org).
6. All Contractor personnel must attend an orientation led by the CM Safety Representative, and be approved to work prior to beginning work on-site.
7. All Contractors must submit a site-specific safety plan (SSSP) to the CM Safety Representative unique to their scope(s) of work and project conditions. This plan must be reviewed and accepted by the CM prior to beginning work on-site. A job hazard



- analysis (JHA) for the various operations within each Contractor's scope of work must be included with the SSSP.
8. Daily pre-task planning (PTP) is required to ensure potential hazards are identified and planned for. Pre-task planning must include coordination with potential hazards of other trades working in close proximity.
 9. The use of personal headphones, Air pods, or other similar listening device is considered a safety risk on the job site and is not allowed. On-site personnel must be able to hear back-up alarms on equipment, horns, verbal warnings, emergency signals, and any other audible warnings or alerts.
 10. Operators of equipment/vehicles shall not be on their phone or be distracted by any similar device while the equipment is moving or in use.
 11. Barricade tape used outdoors or in not yet enclosed buildings must be reinforced caution/danger tape. IU Health approved caution or danger signage must be appropriately attached to barricade tape. Sample signage is available in Appendix III.
 12. Fall protection is required when employees are exposed to falls 6 feet or greater. OSHA exceptions (e.g., scaffolding, steel erection, masonry) allowing fall exposures greater than 6 feet do not apply on IU Health projects/facilities. The use of a safety monitor system for fall protection is prohibited.
 13. No employee shall be permitted to enter any confined space that has not first been monitored to ensure sufficient oxygen levels exist, toxic gas levels are below OSHA Permissible Exposure Limits (PEL), and combustible gases are below the Lower Flammable Limits (LEL).
 14. Detailed crane lift plans must be submitted to and reviewed by the CM prior to starting any crane work on the IUHMCC Project. Incomplete lift plans will not be accepted. All crane work will be coordinated and planned with other cranes on-site.
 15. A formal pre-lift meeting will be held for all Critical Lifts. Critical Lifts include:
 - a. Lifts that exceed 75% of the crane's net capacity
 - b. Working near energized overhead power lines/equipment (within 20 feet)
 - c. Lifting of personnel with basket
 - d. Lifts requiring crane to drive or track with a load
 - e. Lifts involving two or more cranes or using two or more pieces of equipment to lift
 - f. Lifts over any portion of an occupied building – a plan must be coordinated for the removal of any occupants during lifts over buildings/structures
 - g. Lifts over public streets/sidewalks
 16. All Contractors bringing a crane on-site will follow IU Health's Crane Delivery & Acceptance Process (see Crane Verification Form in Appendix III).
 17. Damaged extension cords may not be repaired and put back into use. This includes taped repairs and replacement plugs/ends.
 18. Excavations/trenches greater than 4 feet in depth shall be protected by means of sloping soils, manufactured protective systems (trench box), or shoring.
 19. Guardrail removal permit. A permit is required for the removal of guardrails as controlled and overseen by the CM. The CM Safety Representative must be notified of the guardrail removal before any fall protection railings are removed.
 20. All Contractor employees who may be required to use a mechanically elevated work platform (MEWP) as part of their normal job requirements must be formally trained/re-

- evaluated within the past 3 years. Training documentation must remain current and must not be expired as listed on the employee's training card, certificate, documentation, etc.
21. **Both** the operator and anyone riding on the platform or in the basket of a MEWP must be fully trained to operate equipment. Training/re-evaluation must be within the past 3 years.
 22. A personal fall arrest system (PFAS) is required when working in a MEWP. The PFAS chosen must be planned to prevent or limit employees from falling out of equipment.
 23. Hard hats and safety glasses must be worn at all times while working on-site; while engaged in any work activity related to the IUHMCC Project, on-site/off-site; and/or while on the active construction site. All hardhat attachments must attach directly to the employee's hardhat to maintain head protection at all times. Employee names must be clearly identified on the front of their hardhat.
 24. High visibility clothing is required for all personnel on-site. High visibility clothing must be the outermost garment worn. Reflective vests are required when exposed to public traffic, flagging operations, and dusk to dawn exposure to traffic/equipment.
 25. A minimum ANSI cut level 4 glove is required to be worn by personnel on-site that are handling or touching materials. Leather and cotton gloves are not to be used as the primary method to protect an employee's hands.
 26. Contractors working with or cutting metal framing, sheet metal, flashing, metal banding, rebar, glazing (framing/handling glass), or other sharp objects must wear Kevlar/cut resistant sleeves, in addition to their appropriate cut level gloves. Contractor personnel involved in selective/hand demolition operations must also wear appropriate cut level sleeves.
 27. All supported scaffolding systems shall have ladder access. If the potential fall distance exceeds 15', stair towers or internal ladder systems must be used. Safe access includes a gate, chains or other barriers that eliminate fall hazards after platform is accessed.
 28. Contractors shall have a formal Silica Exposure Control Plan referencing OSHA's Silica Table-1 as part of their submitted SSSP. Silica Exposure Control Plans must be submitted to the CM Safety Representative for review and acceptance.
 29. Overhead protection – on multi-story steel erection projects, a minimum of two decked floors, one of which must be poured, shall be in place between the erector's raising gang and trades below whose work is unrelated to the steel erection process.
 30. All openings greater than 16 square feet shall have an OSHA-approved guardrail system in addition to engineered debris netting, or an OSHA-compliant cover installed. Variations to this requirement must be approved by the CM Safety, IU Health Project Management, and IU Health Safety.

A. Safety Program Overview

To achieve a world-class Safety Program, safety performance must not only meet regulatory requirements, but go beyond commonly accepted safety practices and expectations from agencies such as the Occupational Safety and Health Administration (OSHA) and State/local guidelines. The most effective way to achieve this type of environment is to ensure that all parties involved are committed to excellence in Health and Safety. Through a positive safety culture, all IUHMCC members contribute to their own safety as well as that of their colleagues.

This Safety Program has been established by IU Health to assist the Contractor in promoting safety on the IU Health Medical Center Campus (IUHMCC) Projects. The goal of the Safety Program is to prevent and control hazards associated with construction, repair, maintenance, and related services connected to the IUHMCC. The procedures in this Safety Program are based on requirements set forth in the OSHA Construction Safety Standards 29 CFR Part 1926.00, OSHA General Industry Standards 29 CFR part 1910.00, JCAHO Interim Life Safety Measures, IU Health Infection Control policies, and the IU Health Design & Construction Contractor Safety Management Program. Substance abuse program guidance from the Coalition for Construction Safety (CCS) and proactive safety practices for IU Health have also been considered in the development of this Safety Program.

All Contractors shall implement measures that will create safety awareness, promote safe work practices at the job site, and pursue the contract objectives in the safest possible manner. **Each Contractor shall bear sole and exclusive responsibility for safety in all phases of its work and contract requirements.** This document is not an attempt to reiterate applicable safety standards pertaining to the Contractor's IUHMCC scope of work. In the event of a conflict between the provisions of these guidelines and applicable Local, State or Federal safety laws, regulations and/or standards, contract documents, or the Contractor's plan, the most stringent regulation or guideline shall apply, in the interest of tradesmen's safety.

Contractors are responsible for monitoring and enforcing their respective Safety Programs for any of their tiered Subcontractors at the work site.

B. Definitions

The definitions below shall apply to the terms used in this plan. Where terms are not included, common usage of the terms shall apply.

INDIANA UNIVERSITY HEALTH (IUH)

IU Health (IUH) operates Indiana University Health Systems, properties, etc. All referrals to IU Health throughout this written program are to be interpreted as IU Health and/or the employees of IU Health.

APPROVED

Unless otherwise stated or implied by the context of this plan, "approved" means that the item must comply with the most current and applicable ANSI standard, Federal, State, or Local law/regulation, or with the applicable industry standard.

AUTHORIZED PERSON

Person selected and approved by the employer for a specific job duty or duties.

COMPETENT PERSON

One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to remediate these conditions.

CONFINED SPACE

Any space not intended for continuous employee occupancy, having a limited means of egress, which is subject to a potentially hazardous atmosphere. These spaces include, but are not limited to manholes, vaults, sewers, storage tanks, boilers, and other new construction.

CONSULTANTS

Any individual, partnership, corporation, or other business entity utilized by IU Health as an independent Contractor to provide engineering, design, program management, construction management, technical support, testing, or other related services.

CONTRACT

The written agreement by and between IU Health, the CM, and/or a Contractor.

CONTRACTOR

An individual, firm, partnership, or corporation undertaking a project through one or more contracts with IU Health, performing work at job sites located on IU Health property. “Contractor” may refer to all General Contractors, Subcontractors, and Contractors of any tier.

For the purposes of the Safety Standards, “Visitors” and “Non-contractors” (see definitions below) on the Project are covered by this definition and are subject to the provisions of the IUHMCC Safety Program and basic OSHA Safety Standards even though they may not be enrolled in the OCIP.

CONTRACTOR SAFETY REPRESENTATIVE (CSR)

The Contractor’s on-site, designated, and authorized employee assigned the responsibility of implementing the IUHMCC Safety Program and the Contractor’s SSSP, including ongoing identification and correction of hazards (see page 17 for additional CSR requirements).

CONTRACTOR SUPERINTENDENT

The Contractor Superintendent is responsible for day-to-day operations on the construction site and control of the schedule for their scope of work. Must have completed OSHA 30-Hour Construction Training within the past 5 years.

CONSTRUCTION FOREMAN/JOB FOREMAN

A construction Foreman / job Foreman is the worker or tradesperson in charge of a construction crew. Must have completed OSHA 30-Hour Construction Training within the past 5 years.

CONSTRUCTION MANAGER (CM)

The entity under contract with IU Health to perform Construction Management services for the IUHMCC Project.

CONSTRUCTION MANAGER SAFETY TEAM

The personnel identified by the CM to oversee emergency planning; incident investigations; monitoring, tracking, and coordination of safe operations of the Contractors and Contractor Safety Representatives on the IUHMCC site(s). Includes the CM's Project Manager and the CM Safety Representative(s).

DE-ENERGIZING REQUESTOR

Initiates the request for system de-energization. This may include Competent Persons from Contractors, the CM, and/or IU Health (see Lockout/Tagout section on page 80).

EMPLOYEE

Person employed by an employer as defined by this section. All employees working on the IUHMCC Project(s) must possess a minimum of an OSHA 10-Hour Construction training card.

EMPLOYER

Firm or entity that has employees working on the IUHMCC Project(s).

GENERAL PUBLIC

All persons not employed by the Contractors, consultants, or tenants of the IUHMCC Project(s). The general public includes IU Health patients, visitors, and employees not directly involved with the project, facilities, or other construction-related contracts.

IMMINENT DANGER

Any conditions or practices on the job site in which an immediate danger exists which could reasonably be expected to cause death or serious physical harm to any persons, property damage, or before the imminence of such danger can be eliminated. It may be a safety hazard such as an unstable trench or exposed electrical wire that could cause a serious accident immediately under present conditions, or activities that could damage structures. It also may be a health hazard such as toxic substances or dangerous fumes, dusts, or gases that could cause death or irreversible physical harm, shorten life, or reduce physical/mental performance.

INSURANCE BROKER

Representatives from insurance brokerage firms that assist with the administration of the IU Health OCIP programs and other non-OCIP coverages.

INSURERS

Insurance companies that provide insurance coverage for OCIP and non-OCIP coverages.



IUHMCC

Indiana University Health Medical Center Campus (IUHMCC) refers to the overall Project and/or any of the individual projects making up the Campus.

IUHMCC PROJECT MANAGER

The IUHMCC employee assigned to manage the project and/or that individual's designee for various components of the work scope.

IUHMCC PROJECT MANAGEMENT TEAM

All IUHMCC employees designated as directors, coordinators, engineers, consultants, etc. for the IUHMCC Project. Use "Design Safety Checklist" in Appendix III as a guide when planning the project.

IUHMCC SAFETY DIRECTOR

Safety professional assigned to represent IU Health, who is responsible to oversee the overall IUHMCC Safety Program/OCIP Safety Program and other risk management activities associated with the IUHMCC Project(s).

IUHMCC SAFETY TEAM

The IUHMCC Safety Director and support personnel who will help ensure the Safety Program is being executed as per contract requirements, with support from the IUHMCC Project Management Team.

JOB SITE

The site of contract work is to include storage and laydown facilities on IU Health properties. For any and all work, job site is referred to as "On-Site" which means the location of the permanent work, and those areas that IU Health has designated or may, from time to time, designate for Contractor's use in performance of the work. For purposes of this document, "On-Site" is synonymous with "Job Site."

JOB HAZARD ANALYSIS (JHA)

An overall plan outlining associated hazards and corrective measures for a specific operation.

LOCKOUT/TAGOUT (LOTO)

Locking is a method of controlling hazardous energy by preventing a switch or other electrical circuit opening device or energy restraining device from becoming accidentally altered by using an approved locking device. A tag is attached to identify the Contractor, contact information (i.e., phone number), and the date that the tag was posted.

MRO

Medical Review Officer is a licensed physician who is responsible for receiving laboratory results and determining if there is a medical explanation for the presence of drugs/metabolites in a donor's urine sample.



NEAR MISS

Incidents where no property was damaged and no personal injury was sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

NON-CONTRACTORS

All individuals and entities involved in a Project that may visit the Project site from time to time, but who do not perform construction work or maintain a consistent presence at the Project site. Examples of Non-Contractors include architects, engineers, designers, legal representatives, manufacturer representatives and consultants whose time on the Project site is limited. Examples of services that are commonly performed by Non-Contractors include activities confined to inspection, evaluation, confirmation, verification, and review of work in place or work in the process of being installed.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

The federal agency responsible for providing the rules and regulations on safety and health requirements in the workplace. Indiana's State OSHA program is IOSHA.

OFFICE / DEPARTMENT OF PUBLIC SAFETY

The IU Health office responsible for Fire and Police Department activities and the overall public safety at IU Health.

OWNER

The entity, IU Health, for which the project is being performed.

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

Owner's wrap-up insurance program which provides insurance coverage for eligible and enrolled Owner's Representatives and Contractors of any tier who are working on the IUHMCC Project sites. The Owner identifies program participants.

PROFESSIONAL ENGINEER (PE)

An individual who has fulfilled education and experience requirements and passed rigorous exams that, under state licensure laws, permits them to offer engineering services to the public.

PROJECT

The entire scope of work, including the provision of labor, equipment, materials, and services, as described in the contract between IU Health, the CM, and Contractors.

PROJECT MANAGER (CM or IUHMCC)

The senior management employee for a given project or task who has the overall responsibility to see that the work or job is satisfactorily completed.

PUBLIC AREA

Any area of IU Health accessible to the general public without requiring the issuance of a badge or escorting. Work areas within public areas need to be controlled to prevent attractive nuisances (e.g., ladders, lifts, equipment, and tools).

QUALIFIED PERSON

A person designated by the employer who by possession of a recognized degree, certificate, or professional standing, or who, by extensive knowledge, training, and experience, has successfully demonstrated his/her ability to solve or resolve problems relating to the subject matter, the work, or the project(s).

SAFETY PROGRAM

The Safety Program established by IU Health, designed to monitor the hazards and risks associated with IUHMCC construction projects.

SITE-SPECIFIC SAFETY PLAN (SSSP)

The Contractor's SSSP must be prepared in accordance with the requirements of the IUHMCC Safety Program and their respective contract. The Contractor's SSSP must establish how a Contractor will execute their scope of work safely at a specific job site, taking into consideration unique hazards that may be encountered.

SUPERVISOR

Supervisor shall mean any person in charge of work, regardless of title or classification.

C. Owner Controlled Insurance Program (OCIP)

An Owner Controlled Insurance Program will be in place for the IU Health Medical Center Campus (IUHMCC) Project as further defined in construction contracts. The purpose of this document is to identify and define the safety responsibilities of all involved while working on the IUHMCC Project, and to identify and define the safety standards that must be met, as a minimum, by all Contractors working on the Project. Please reference the Owner Controlled Insurance Program manual for further requirements related to the OCIP, administrative requirements, and the reporting requirements by the Contractors.

D. OSHA Partnership Agreements

The Indianapolis Area Office of the Occupational Safety and Health Administration (hereafter referred to as "OSHA") and Construction Manager/Owner, may agree to implement an OSHA Strategic Partnership (hereafter referred to as "Partnership") during construction of the IU Health Medical Center Campus Project (hereafter referred to as "Project").

The goal of this Partnership is to encourage cooperation between OSHA, the Construction Manager, Owner, and Contractors to foster a safe work environment for all Project employees.

The Partnership calls for the Project to be managed consistent with OSHA's 1989 Safety and Health Management Guidelines, or its equivalent. OSHA will provide timely responses to

requests for information, requests for clarification of OSHA standards, and assist as resources as OSHA Policy allows. To show their commitment to the Partnership, participating Contractors will voluntarily sign a pledge.

This Partnership will not relieve any trade Contractors from their safety responsibilities, nor change any contractual obligations between the Construction Manager, Project Owner/Developer, or trade Contractor, nor does it lessen any/all affirmative defenses, legal rights, or due process afforded with respect to OSHA enforcement action.

This Partnership will not in any way affect employees' ability to exercise rights under the Occupational Safety and Health ("OSH") Act and OSHA regulations. The Partnership is consistent with OSHA's long-range effort to develop a Contractor/government partnership approach to safety management. It allows for better use of OSHA resources, for innovation in safety management, and it encourages more participation in the safety process by each stakeholder.

E. IUHMCC Safety Roles & Responsibilities

IUHMCC Safety Team

The IUHMCC Safety Director and the IUHMCC Safety Team will be observing projects at various times throughout the Project duration. The IUHMCC Safety Director and their team's responsibility will include but not be limited to:

- Have the authority to stop work if an imminent danger situation occurs.
- As requested, review Contractor SSSPs, and confirm implementation.
- Review and approve Contractor Safety Representative qualifications.
- Request documentation of safety orientation completion.
- Request documentation of employee safety training.
- Request and review safety performance statistics from the CM for IUHMCC Projects.
- Provide reports as needed to communicate safety information to the IUHMCC Project Management and overall IUHMCC Project Management Team.
- Act as a resource to the Contractors to enhance safety performance and best practices specific to the Project(s).
- Verify the CM's conformance to contract documents as it relates to safety, and conduct project site walks for safety observations.
- As needed, attend safety meetings and review CM and Contractor safety documentation.
- Distribute written information to the CM Safety Representative regarding new requirements, regulations, or developments in safety.
- Facilitate periodic project site walks for safety observations for IU Health Project Management Team.
- Participate in incident investigations and root cause analyses of all recordable incidents.
- Assist with providing coordination with public and regulatory agencies.

All Contractors, regardless of tier, are expected to fully cooperate with the requests of the IUHMCC Safety Director and their staff.



Construction Manager

The CM and the CM's Safety Representative's responsibilities include but are not limited to:

- Keep open lines of communication, coordinate regularly, and work in tandem with the IUHMCC Safety Director to assure safety compliance is achieved for the project(s) and Contractors they oversee.
- Have stop work authority if an unsafe condition is observed or imminent danger exists.
- Review and approve Contractor SSSPs, and verify implementation.
- Review and provide input on Contractor Safety Representative qualifications.
- Maintain documentation of safety orientations.
- Maintain a documented list of employee safety training.
- Compile, follow-up, and maintain safety performance statistics for the IUHMCC Project.
- Act as an advisor to the Contractors to enhance safety performance and best practices specific to the project.
- Verify conformance to contract documents as it relates to Health & Safety.
- Regularly attend Contractor safety toolbox meetings, and review JHAs to ensure content and quality of the meetings are being achieved.
- Ensure that all IU Health safety-related information is communicated to all Contractors.
- Conduct regular project site walks for safety and hazard identification.
- Conduct regular Safety Program/project safety committee meetings.
- Conduct and document incident investigation findings.
- Perform root cause analyses for recordable incidents.
- Assist in coordinating with public and regulatory agencies.

Contractor

Responsibilities & Qualifications

Each participant involved in the construction of the IUHMCC is individually responsible for conducting their activities in a way that creates a safe and healthy work environment, and to ensure conformance with all applicable safety requirements of their contract.

Throughout the duration of the IUHMCC Project, each individual Contractor shall be responsible for administering its own site-specific safety plan. Neither this document, nor the safety services provided by other Contractors associated with the IUHMCC, is intended to serve as a substitute for the responsibility of the Contractors to provide a safe and healthy work environment for their employees and the public.

The Contractor shall be responsible for the safety and health of its employees, any tiered subcontractors, consultants, visitors, and suppliers. Construction activities of the Contractors will be monitored for conformance with Federal, State and Local Health and Safety regulations, IUHMCC Safety Program requirements, and the Contractor's site-specific safety plan.

Contractor Safety Representative (CSR) Requirements

1. Contractors will provide a resume of their proposed CSR to the CM Safety Team and IUHMCC Safety Director for verification of qualifications before beginning work on-site. The IUHMCC Safety Director and their staff reserve the right to meet with proposed CSR candidates before being approved.

2. Each contract firm (regardless of tier) shall have a minimum of one (1) supervisory representative on-site that has completed the OSHA 30-Hour Construction training in the past 5 years. A Superintendent can fill the CSR role when the number of workers under their subcontract is at or below 25.
3. A supervisory level representative with OSHA 30-Hour Construction training shall be on-site at all times while their company is performing work.
4. For Contractors with 25+ employees, each Contractor shall have a full time, non-craft working, dedicated safety professional on-site. The Contractor Safety Representative's sole duty shall be safety management for the Contractor and shall not have other collateral duties. This applies to all tiers of Contractors.
 - a. The IU Health Project Management Team reserves the right to modify the safety coverage strategy if another equally effective means of safety oversight is approved by the IUHMCC Safety Director and IU Health Director of Safety.
5. An additional, non-craft working, dedicated safety professional is required full-time for every 25 additional employees thereafter (e.g., 50, 75, 100).
6. Contractors with high-risk scopes of work may be required to have a full-time CSR, regardless of the number of workers on-site. Contractors who are considered high-risk include those listed below. In addition, any other work deemed high-risk by the CM or IU Health will require a full-time CSR.
 - Mass Excavations and Lagging
 - Roofing
 - Glazing
 - Steel Erection
 - Curtain Wall
 - Precast
 - Masonry
 - Concrete
7. Qualifications for Contractor Safety Representatives are as follows:
 - a. Hold a safety and health certification/designation such as but not limited to CSP, CIH, ASP, ARM, CHST, OHST) with at least 3 years of relevant construction safety and health experience (Option 1); **OR**
 - b. Have a Bachelor's degree in Safety Management or related field with at least 3 years of relevant construction safety and health experience (Option 2); **OR**
 - c. Have at least 5+ years of relevant construction safety and health experience (Option 3); **AND**
 - d. Have a current OSHA 500 certification for construction or OSHA 30-hour Construction Outreach Training Course completed in the past 5 years; **AND**
 - e. Provide proof of completion of a Red Cross or approved equivalent for Cardio-Pulmonary Resuscitation (CPR), First Aid, Automated External Defibrillation (AED), and blood-borne pathogens (BBP) training course
8. The CSR will have the authority to stop work if an imminent danger situation occurs.
9. **The Contractor shall provide their Safety Representative with a tablet or other device that will support safety observation software/Procore, which may be implemented throughout the Project.**
10. The approved Contractor Safety Representative shall remain on the project for the full term of the contract, or as jointly agreed to by the CM and IUHMCC Safety Director.
11. The approved Contractor Safety Representative is expected to be on-site for all work shifts, including weekends, where the above worker threshold (25+) is met.
12. If the assigned/approved Contractor Safety Representative is unavailable due to vacation, illness, or is otherwise absent, the Contractor must supply an alternate

- approved Contractor Safety Representative, meeting the criteria mentioned above to fulfill this requirement. Any replacement safety personnel must be approved by the IUHMCC Safety Director and CM, so advanced planning/notification will be necessary.
13. The IUHMCC Safety Director and the CM reserve the right to require Contractors to add full-time, non-craft Contractor Safety Representatives when:
- The Contractor's safety performance is not meeting IU Health's expectations.
 - The hazards of the Contractor's work facilitate the need for additional CSRs.
 - The geography/location of the work requires the need for additional CSRs.
14. Incoming CSRs will be required to attend a separate, approximately 1-hour orientation for IU Health expectations of CSRs on the IUHMCC Project before beginning work. This orientation must be coordinated in advance with the IUHMCC Safety Director.

Responsibilities for the CSR shall include but are not limited to:

- Conduct brief, Contractor scope-specific orientation sessions for employees new to the site, prior to them beginning work.
- Implement this IUHMCC Safety Program for all contract field operations.
- Participate in and/or conduct weekly toolbox safety meetings; assist field supervisors with meetings, as requested.
- Implement a system of daily pre-task planning (PTP) that addresses site safety, security, and environmental hazards to prevent incidents. Verify that JHAs are complete and reviewed by crews.
- Serve as a resource to supervisors on safety rules and regulations.
- Coach employees concerning special procedures (e.g., lockout, excavation, confined space entry, hot work, etc.) as required by OSHA or outlined in this IUHMCC Safety Program and contract documents.
- Conduct/confirm regulatory training as required, and periodically verify safety training of field personnel.
- Participate in emergency evacuation training and drills. After an emergency drill takes place, an IU Health emergency drill form will be distributed by IU Health to each Contractor, to obtain feedback and continuously improve emergency procedures.
- Maintain OSHA-required safety records (incident logs, OSHA 300 postings, etc.).
- Lead accident investigations and conduct root cause analysis for incidents involving the Contractor being represented.
- Provide lessons learned information to the IUHMCC Safety Director.
- Perform daily inspections of the project site for safety hazards. These inspections shall be documented in IU Health's safety observation software/Procure.
- Assure a Competent Person, as defined by OSHA in 29 CFR 1926, is provided at work locations where required by the regulations.
- Provide and maintain the list of Competent Persons.
- Maintain and coordinate safety permitting documents (e.g., confined space entry, hot work, traffic control plans, etc.)
- Ensure that appropriate company coaching and/or disciplinary action is taken in response to unsafe behavior.
- Coordinate transportation of employees with minor injuries to Contractor's first aid station or the IUHMCC designated medical facility.

Contractor Field Supervisors – Superintendent and Foreman

Field supervisors have the responsibility for overall training, control, and conduct of personnel on their crew. As first line supervisors, their role in the Safety Program is crucial because they set the example by which their employees work. The field supervisor shall meet the requirements of a Competent Person, as defined by OSHA, for all phases of construction. Additionally, the field supervisor must have completed an OSHA 30-Hour Construction course within the past 5 years, and have a minimum of five (5) years of construction safety experience. The field supervisors' safety responsibilities include, but are not limited to:

- Authority to stop work when employee or crew is exposed to hazardous conditions or potentially hazardous conditions.
- Safety-focused planning of all work to protect tradesmen and employees on-site.
- Utilize the IUHMCC safety software/Procore as required.
- Capable of developing and leading JHAs and Daily Pre-Task Planning activities.
- Coordination with other trades to maximize safety and control hazards associated with work being performed.
- Conduct, at a minimum, weekly safety inspections of work areas.
- Conduct weekly toolbox safety meetings.
- Participate in the accident investigation and root cause analysis process.
- Provide proof of a current Red Cross or approved equal for Cardio –Pulmonary Resuscitation (CPR), First Aid, Automated External Defibrillation (AED), and blood-borne pathogens (BBP) training course.
- Completion of drug and alcohol reasonable suspicion training.

All Site Personnel

Construction personnel from all Contractors must have completed an OSHA 10-Hour Construction Outreach Training Course. An OSHA 30-Hour Construction or OSHA 500 Instructor's Card supersedes this requirement. OSHA 10- or 30-Hour cards will be requested at orientation and a copy will be made for the project files.

All construction personnel have a responsibility to perform work in a safe and healthy manner. At a minimum, these responsibilities include:

- Attend the IUHMCC Project Safety Orientation prior to commencing work on the site.
- Become familiar with and abide by requirements of this IUHMCC Safety Program, OSHA Standards related to their work, and the site-specific safety plan of the Contractor or their employer.
- Participate in safety training required to perform work activities.
- Participate in the creation and implementation of a JHA.
- Always work safely to avoid personal injury, injury to others, or damage to property.
- Properly use PPE, tools, and other equipment required and furnished to perform assigned work tasks.
- Promptly report all unsafe working conditions, tools, or equipment to supervision.
- Immediately report all accidents or incidents to supervisory personnel.
- Accept proper first aid treatment and follow-up medical attention for all work-related injuries and illnesses, no matter how minor.
- Abide by the IUHMCC Substance Abuse Policy.

F. Safety Training

All Contractors must verify their employees have received required training per OSHA regulations and IU Health requirements prior to the employee being permitted to work on any IUHMCC Project. Documented proof of this training shall be maintained by the Contractor and the training documentation shall be made readily available to IU Health or their representative upon request.

All workers on-site must have completed an OSHA 10-Hour Construction Outreach Training Course (OSHA 30-Hour Construction or Instructors Card supersedes this requirement). New employees coming onto the IUHMCC Project are to provide a copy of their course completion card from their training to the Contractor and orientation administrator. The Contractors shall maintain documentation that each employee has completed this program.

A system must be established by the CM to visually field verify employees have received training to operate forklifts and mechanically elevated work platforms (MEWPs). A similar visual field verification system must be established for qualified riggers on the project (e.g., hard hat bands, color-coded hard hat stickers, etc.).

Competent Person

Prior to the start of construction, each Contractor will designate Competent Persons for the various activities performed by that Contractor, which require a Competent Person per OSHA regulations. The Contractor will make this designation in writing using the Competent Person Assignment Form (Refer to Appendix III) or by use of an equivalent form from the Contractor. Each tiered Subcontractor will complete this form and submit it to the Controlling Contractor and CM. All company-designated Competent Persons must have completed the OSHA 30-Hour training course for construction within the past 5 years.

Contractors are responsible for ensuring that the forms are current and that any personnel changes are reflected in changes made to those forms. Each Contractor is responsible to ensure that individuals identified as Competent Persons have the requisite knowledge, experience, training, and authority to fulfill their duties as Competent Persons, including, if necessary, the authority to stop work and implement corrective actions when a particular activity or condition under their control is being performed in a hazardous manner.

G. Contractor Safety Program Approval Process/Renewal

Before a Contractor can work for IU Health or on any IU Health project, the Contractor shall meet one of the following options and must be IU Health Safety Approved. Once IU Health Safety approved, the Contractor must then renew this approval on an annual basis thereafter (renewal each February).

1. The IU Health Safety Representative will evaluate each Contractor's submitted safety information based upon the following **two** options:
 - a. **OPTION 1:** Participation in the Coalition for Construction Safety (CCS) Certification Program (**Note:** *For Option 1, do not send this safety approval information directly to IU Health. The IU Health Safety Representative will review your program score and safety performance data via the CCS website*)

(www.ccs-safety.org). Complete the CCS Certification Application and Pay CCS Certification Fees at www.ccs-safety.org.

- Submit your tabbed Safety Program to the assigned CCS Auditor for review and scoring of your Safety Program.
 - Once you receive a passing CCS Safety Program score, IU Health Safety Representatives will review your data online and approve your company's Safety Program to allow work on IU Health projects.
 - If your firm achieves CCS Certified or Qualified status, you are automatically "IU Health Safety Approved".
 - If your firm achieves CCS Participating status, you must also achieve IU Health Safety Approved Status (*i.e., Safety Program that meets all 17 mandatory Elements, and Safety Statistic Review that meets IU Health minimum requirements.*) See Option 2 below.
 - Firms who are already CCS Certified, Qualified or CCS Participating do not need to submit a new application to CCS. Those firms will need to follow the CCS Certification Renewal Requirements and ensure the listed information is current (www.ccs-safety.org).
 - Contact an IU Health Safety Representative once your information has been updated in the CCS system and they will review your updated information on the CCS website. Provide contractor name, contact info, and a request to review your updated CCS safety information to:
Contractorsafety@iuhealth.org
- b. **OPTION 2:** Participate in the IU Health Safety Program Approval Process
- Submit the IU Health Contractor Safety Information Sheet that can be found on the IU Health Contractor Safety web site (IU Health Design & Construction (verodms.com)) to IU Health Safety Representatives. Provide contractor name, contact info, and requested documents to:
Contractorsafety@iuhealth.org
 - Submit a copy of your company safety manual in pdf format for review.
 - Submit previous 3 years' OSHA 300 Log Summary, including total man-hours worked each year.
 - Submit a letter from your insurance carrier listing your EMR for the previous 3 years.
 - Annually submit your OSHA 300 Summary, man-hours, and EMR renewal by February 1 of each year.
2. If the Contractor's data is deemed acceptable by IU Health Safety Representatives and the Design & Construction Director of Safety, the Contractor can be considered for work on IU Health property for the remainder of the year. A new Safety Program renewal will be required upon February 1 the following year.
 3. If the contract firm had a fatality in the last 3 years, they will be required to submit a copy of the OSHA fatality investigation report for review. The IU Health Project Manager shall initiate a formal review of the fatality with the IU Health D & C Director of Safety prior to issuing approval for the Contractor to work on-site.
 4. Under no circumstances will a "not approved or not approvable" Contractor work on an IU Health project.



5. If a prime Contractor has not submitted a Subcontractor for a Safety Program approval review prior to a bid submittal, the bid will be accepted as long as the Subcontractor meets the requirements of the Safety Program approval process.
6. If the Contractor receives a “Not Approved” rating, the following procedure will be implemented: The prime Contractor can remove their entire bid from consideration or agree to use an approved Subcontractor at the original bid price without any modification to the prime Contractor’s original bid price.
7. A CCS Certified Contractor who fails the CCS Home Office Audit shall submit to IU Health Safety Representatives proof or documentation of updated policies and/or training records for areas that received a score of (0) in the Home Office Audit. This will allow the firm to maintain their “Approved” status. The contract firm shall have 60 days following their CCS renewal date to resubmit to IU Health Safety Representatives all supporting documentation, or risk being removed from the IU Health “Approved” list of Contractors.
8. Contract firms who work a low number of man-hours on an annual basis and whose injury experience rating this may negatively impact, shall submit experience for a minimum of 200,000 man-hours. IU Health will review this information in consideration for approval.
9. In an effort to continuously improve Contractor safety performance, IU Health will review and may adjust the safety performance rating criteria annually. The rating criteria will be determined by reviewing information derived from the Bureau of Labor Statistics and the contractor’s specific North American Industrial Classification System (NAICS) code.
10. See Appendix IV for IU Health’s Contractor Safety Information Sheet.

Conditional Approval Process

1. The conditional approval of contractors should not be a regular occurrence, but rather be an exception to the rule. The conditional approval process is a tool we can utilize if the need arises to use a contractor that has not been fully IU Health Safety approved. In these cases, IU Health must have a plan in place to monitor a contractor’s safety performance more closely. Conditional approvals will only be issued per the request of the IU Health Project Manager.
2. The IU Health Project Manager and IUHMCC Safety Director must first review the deficient items from the IU Health safety program review audit (fatalities, type of injuries, safety metrics, etc.).
3. The IU Health Project Manager must determine if the contractor is the best or most reasonable option for the project.
4. The IU Health PM and IUHMCC Safety Director must determine if risks that are a part of the contractor’s scope of work can be managed effectively.
5. If it is determined that the conditional approval process will be used, the IU Health PM must initiate the conditional approval process, with IUHMCC Safety Director approval.
6. A written remediation plan from the Contractor seeking the conditional approval must be submitted to the IU Health Project Manager and IU Health Safety Representative prior to a conditional approval meeting being held.

7. Conditional Approval Meeting Requirements
 - a. The IU Health Safety Representative will coordinate a meeting with the contractor to review program gaps and/or safety metric deficiencies to better understand the risk the contractor may pose to IU Health.
 - b. The conditional approval meeting must be attended by Senior Management of the contractor, IU Health Project Management, and an IU Health Safety Representative.
 - c. The Contractor must prepare a plan to increase and improve safety performance.
8. A decision will be made by the IUHMCC Safety Director and the IU Health Project Manager. Possible outcomes of the Conditional Review Process include:
 - a. Approved to work on IU Health Projects for the remainder of the renewal year (February to February), or;
 - b. Approved to work on IU Health Projects for the specific project only, or;
 - c. Denied approval to work on IU Health Projects.
9. If the IU Health Project Manager and IU Health Safety Representative are not in agreement, the Design and Construction Director of Safety will review the conditional approval for final approval.
10. Conditional approvals will be re-evaluated annually.
11. A Contractor that does not follow through on all conditions of the conditional approval may be removed from the IU Health Approved Contractor list.
12. A contract firm shall not receive more than 2 consecutive conditional approvals, and not more than 3 in a 5-year period.

H. Substance Abuse Program

All Contractor personnel must have a 5-panel drug screen completed prior to beginning work on IU Health property, facilities, or projects. Contractor personnel must provide a drug card that can be verified on the Construction Safe Site database (www.ccssafesite.org). All Contractor personnel must have proof of a current, valid, and verifiable drug screen through CCS (Coalition for Construction Safety) or one of the CCS reciprocal drug testing organizations. The employee must possess a valid (CCS recognized) Substance Abuse card number or a new CCS Badge, prior to employment at an IU Health project site. A valid substance abuse card meeting the CCS substance abuse program requirements may be obtained by contacting DISA Global Solutions (holder of the CCS database). A minimum 5 panel test must be administered for pre-employment testing. All Contractors are encouraged to plan ahead and get employees tested at least 7 days before they are needed on-site.

The IUHMCC Project(s) will follow the most current version of CCS's substance abuse program. For complete information on CCS's Substance Abuse Program, refer to the following link: [CCS Substance Abuse Program](#)

With the approval of the CM Safety Manager and in select cases of a Contractor needing an employee on-site more quickly than the lab results will take to be returned, a rapid test will need to be performed at the drug testing clinic site and the procedure below must be followed:

- Employee must provide a sample for a minimum 5-panel urine test to be submitted to the testing lab
- A minimum 5-panel rapid test must be administered within 24 hours of appearing on-site



- The rapid panel test must be negative, with proof provided upon arrival to orientation
- Worker must have final lab results and card number within 3 working days of starting on-site or the worker must await results off site

IU Health reserves the right to conduct random testing of all on-site Contractor personnel to verify compliance with the IU Health Substance Abuse Program requirements.

The IUHMCC Safety Director will request prime Contractors to submit a list of all employees (including all tiers of Subcontractors) currently working on the IUHMCC, that will be used for the random drug testing pool of on-site personnel.

Any Contractor employee under a physician's treatment and taking prescribed narcotics or any medication that may prompt a positive substance abuse screening result shall provide a medical clearance statement to their supervisor, provided such prescription does not hinder the employee from safely performing their duties. All clearances, variances, or positive/dilute tests must be reported to the IUHMCC Safety Director for review on how to proceed. Contractors who have high failure rates among their employees on random testing may be required to perform increased testing at random intervals determined by IU Health. The Contractor will assume all costs associated with this increased testing.

See Appendix V for IU Health's "Reasonable Cause/Fitness for Duty Observation Document", which is a checklist of some possible observations to use in determining when there is reasonable cause for such concern and possible substance testing. There is zero tolerance for intoxication of any kind.

Substance Abuse Program Random Audits

1. IU Health will periodically audit all on-site Contractors to check for compliance with the IU Health Substance Abuse Policy.
2. Periodically throughout the IUHMCC Project(s), IU Health will request the CM to submit a list of all employees (including all tiers of Subcontractors) currently working on IU Health property. The list must contain the employee's verifiable substance abuse card number.
3. IU Health will utilize the Construction SafeSite system to verify whether the employee is "available" or "not available" for work.
4. IU Health will then discuss any potential deficiencies and corrective actions required with the prime Contractor's management personnel.
5. The audit procedure described above is intended to identify Contractor employees entered in the Construction SafeSite database and does not reflect the status of an employee's substance abuse test results.
6. A Contractor with employees not entered in the Construction SafeSite database is subject to disciplinary actions as determined by IU Health. Examples of disciplinary action which may be taken include:
 - a. Suspending the Contractor from the bid list until the problem is corrected.
 - b. Suspending the Contractor from the premise for a specific time period.
 - c. Suspending the Contractor from the premise for an undetermined time period.
 - d. Canceling the Contractor's current contract.
7. A 10-panel post-incident drug and alcohol testing is required of employees directly involved in any incident/accident resulting in employee injury requiring care beyond



first aid, any significant near miss incident, and/or any significant property damage. Incident significance and employee involvement may be determined by the CM and/or the IUHMCC Safety Director.

I. Safety Orientation and Project Specific Training

All employees on the IUHMCC will be required to participate in a formal IUHMCC safety orientation prior to their assignment to any project. The CM Safety Team is responsible for verifying that all Contractor management personnel understand their responsibilities under this IUHMCC Safety Program and contract documents. The days, times, and location of the orientation will be coordinated and communicated to Contractors prior to arriving on-site.

This IUHMCC safety orientation will be conducted by the CM Safety Team. Personnel who complete this safety orientation will be issued a photo badge, hardhat sticker, or other identifying system to be displayed at all times while working on the IUHMCC Project(s). Anyone observed working on-site without a valid hardhat sticker, photo badge or identifying system will be questioned and will be escorted from the site immediately.

The IUHMCC safety orientation will include verifying drug test, copying OSHA 10/30-Hour cards/certificates, and verifying equipment training for boom/scissor lifts and forklifts. Orientation will include IU Health operations safety/security guidelines, OSHA Partnership Agreement (if applicable), a review of IUHMCC Safety Program, and specific safety requirements of the particular project. The employee shall sign the CM-supplied safety orientation form stating that the safety requirements for the IUHMCC have been explained to them and that they understand these requirements. A copy of all orientation forms shall be maintained by the CM.

In addition to the review mentioned above, the safety orientation will include, at a minimum:

- Site logistics - access, parking, break areas
- Emergency evacuation plans, shelters, and rally points
- Substance Abuse Policy
- Accident/Incident reporting procedures
- How to report unsafe acts or conditions
- Personal conduct and disciplinary procedures
- Good housekeeping practices
- Job Hazard Analysis (JHA)
- Daily Pre-Task Planning (PTP)
- Personal protective equipment (PPE) requirements
- Hazard Communication requirements

Each Contractor shall ensure that all of its employees are provided with the Contractor's scope-specific training and orientation necessary to enable them to perform work assignments in a safe manner. Each Contractor shall assign an on-site supervisor responsible for conducting Contractor employee safety orientations. This training must be conducted prior to the worker commencing work activities on-site, and is in addition to the CM orientation.

Employees shall be advised that disregard for these rules, or any other applicable Safety regulations, shall be subject to CM and/or IU Health disciplinary action and/or removal from the IUHMCC Project(s).

All safety orientation and training conducted must be documented and maintained by the CM.

J. COVID-19 and Vaccination Requirements

As a trusted leader in patient safety and the medical community, IU Health has a duty to protect its patients, visitors, and team members by reducing the risk of disease transmission. All COVID-19 vaccines currently authorized in the U.S. are proven safe and highly effective at preventing severe illness, hospitalization, and death from COVID-19. Requiring the vaccine is a simple, safe, and effective way to prevent the spread of the novel coronavirus and protect everyone within IU Health's facilities.

COVID-19 Vaccine Requirement:

IU Health requires COVID-19 vaccination for all team members, affiliated physicians, medical staff, volunteers, residents, fellows, students/learners, Contractors, contingent workers, and vendors. All personnel on-site must be fully vaccinated by Oct. 15, 2021, or be exempted. People are considered fully vaccinated two weeks after the final vaccine dose.

The process for managing Contractor vaccinations is as follows:

1. The CM will be required to provide IU Health proof of vaccination or approved exemption for any worker at any time.
2. Those workers who have been granted an approved exemption from receiving the COVID-19 vaccine shall follow the same accommodations that exempt IU Health employees are required to follow, under the direction of IU Health's Infection Prevention Team.
3. Exempted workers must (until further notice):
 - a. Pay attention to protect yourself from exposure outside the workplace - mask when in public spaces, avoid group- gatherings, and stay away from other people with respiratory symptoms.
 - b. At work, wear masks in every location and situation from building entry to building exit unless alone in a closed room or eating.
 - c. Maintain 6 feet distancing when eating (eating outside or alone is preferable).
 - d. Not attend large in person events since social distancing will be difficult
 - e. If you experience typical COVID-19 symptoms or believe you have been exposed, do not come to work until you have been cleared to return to work.
4. Employer exemptions must meet IU Health/CMS exemption requirements.
5. IU Health will not require surveillance or routine testing at this time for unvaccinated workers, but may revisit this if there are outbreaks.
6. These accommodations may be updated from time to time and IU Health shall provide notice of any changes to the CM for distribution to all Contractors.

Flu Shot Requirement:

IU Health requires all team members, affiliated physicians, medical staff, volunteers, residents, fellows, students/learners, Contractors, contingent workers, and vendors receive a flu vaccination each flu season. All Contractors performing work at an IU Health facility will be required to provide proof that they have had a flu shot (or have an accepted “exemption” form on file) by early November. Exemption forms are available by contacting IU Health’s Design and Construction Safety Representative. If a Contractor is found to be non-compliant, he/she will be asked to leave the jobsite until confirmation is received that the individual is compliant. For off-site projects (where Contractor will not be entering an occupied IU Health facility) exemption from the Flu Shot requirements may only be approved in conjunction with the IU Health Infection Prevention Department.

K. Disciplinary Policy

Whenever possible, a mentoring and coaching approach is recommended to educate personnel on less serious safety non-conformances. In addition, a structured disciplinary program will be implemented on the IUHMCC Project to address repeated safety issues or high-risk scenarios. The disciplinary process outlined below is not intended to replace those of the employee’s employer; instead, they are to serve as the minimum standard. Penalties for non-conformance with applicable Federal, State, and Local safety regulations, contract requirements, or the IUHMCC Safety Program requirements are as follows:

- CM/IU Health may withhold progress payments until such non-conformance has been corrected.
- CM/IU Health has the right to request correction of the safety non-conformance and charge back to the Contractor the cost of such correction.
- CM/IU Health has the right to dismiss the Contractor from the job site and/or any employee of the Contractor for a continued pattern of non-conformance with the Safety Program, or if a serious safety and health infraction occurs.

The Contractor will take all necessary precautions to protect the safety and health of its employees, the public, and others on the job site.

IU Health representatives may report observed Contractor safety non-conformances to the CM, who may then recommend that the disciplinary process be invoked towards the responsible Contractor. The disciplinary process applies to both the employee(s) observed violating safety requirements and their employer, who is responsible for the safety of its employees. For any safety and health non-conformance, the following process will apply:

Employee

1st offense – Employee will be issued a written warning by employer (a sample IU Health Contractor Disciplinary Action Form is provided in Appendix III). The employer will re-train and coach the employee as to what the violation was and on the proper safety requirements. A copy of the written warning, signed by the employee, will be forwarded to the CM Safety Representative for their files and tracking.

2nd offense - For the same/similar non-conformance occurring within a twelve (12)-month period, the worker and/or immediate foreman/supervisor will be directed to leave the project for the remainder of the day or period determined by the CM or IUHMCC Safety Director. The CM and/or the IUHMCC Safety Director have the authority to suspend an employee and/or the immediate foreman/supervisor from the project permanently.

3rd offense - For the same/similar non-conformance occurring within a twelve (12)-month period, the worker and/or the immediate foreman/supervisor will be directed to leave the project and will not be permitted to return to any project under the IUHMCC or other IU Health projects for a period of at least one (1) year.

Note: Contractor employees may be permanently removed from site on the 1st offense for serious safety violations (e.g., violation of the 6-foot fall protection policy, use of alcohol or drugs on-site, fighting, obscene gesture or negative contact with a member of the public).

Serious intentional violations may have potentially severe consequences or place individuals in imminent danger, and will result in immediate dismissal from the project and termination of the employees' ability to work on IU Health projects. Examples of serious intentional violations include but are not limited to:

1. Smoking/Tobacco use on IU Health property or job site
2. Possession of alcohol, firearms, and/or illegal drugs
3. Fighting or belligerent behavior
4. Tampering with emergency equipment or disabling a safety device
5. Working without a valid IU Health shutdown notification or required safety permits
6. Working without proper fall protection, placing a person in imminent danger
7. Entering excavations/trenches without appropriate sloping, shoring, or other protective measures, placing a person in imminent danger
8. Operating equipment without valid licensing or training certification
9. Failure to report work-related injuries and/or damage to equipment or property as required by project
10. Falsifying information on what transpired when reporting workplace injuries or incident investigations
11. Failure to report and/or correct recognized safety hazards
12. Repeated pattern of unsafe behavior/multiple safety violations of a similar nature.
13. Other acts, which indicate a Contractor employee's disregard toward his/her safety, the safety of others, or neglect of property/equipment.

Any employee removed from an IU Health project for 1 year or more due to any disciplinary violation (including tobacco) must request reinstatement from the IU Health Design & Construction Director of Safety. A written reinstatement request must be provided for review from the Contractor's company management. Please note, violations that involve deception or belligerent behavior by the employee will not be considered for reinstatement (e.g., substance abuse, tampering, untruthful/lying, etc.). If an individual receives a 1 year suspension from IU Health projects more than once for a safety violation, this will result in a lifetime ban from IU Health projects.

Stop Work Authority

All workers are empowered to stop work when another worker is exposed to a serious safety risk. The following list includes examples of when a stop work intervention must occur:



- Improper fall protection
- Improper excavation protection
- Working/walking under suspended loads
- Working in a confined space without authorization
- Improper body placement/positioning
- Unprotected hazardous energy/LOTO
- Unsafe operations that may affect public or patient safety
- Any unsafe act or condition that could disrupt active hospital operations
- Other serious safety hazards

All project personnel, upon recognizing any unsafe act or condition, are required to immediately stop work in the area until such time that the unsafe act/condition has been mitigated. For more complex hazards, personnel must then contact their supervisor, who will call the CM Safety Representative(s), the Contractor's Project Manager, or other Competent Person to address the unsafe act/condition prior to resuming activity in the area. Contractors are responsible for immediately addressing safety concerns brought to their attention by any such notification.

L. Contractor Safety Planning

Site-Specific Safety Plan (SSSP)

Throughout this document, the following items are listed that must be included in the SSSP:

- Job Hazard Analyses (JHAs)
- Emergency procedures (coordinate with the CM)
- Fire Prevention and Life Safety Plan
- Silica Exposure Control Plan (referencing OSHA Table-1)
- Fall Protection Plan (when working above 6 ft.)
- Rescue Plan for all elevated work
- Lone Worker Program
- Modified Duty positions offered by the employer
- Infection control (in active IU Health facilities)
 - ICRA
 - ILSM/ALSM
 - Daily Dust wall and Egress Inspection Form
 - Daily Negative Air Report
- Manual lifting of material, equipment, or tools 50+ lbs.

Each Contractor requires a Site-Specific Safety Plan (SSSP) to be submitted, reviewed, and accepted by the CM to work on the IUHMCC Project(s). The SSSP must be prepared in accordance with the requirements of the IUHMCC Safety Program and their respective contract. SSSPs shall be updated as site conditions warrant to reflect changes in safety procedures that are necessary to maintain a safe site.

The Contractor's SSSP shall clearly describe the Contractor's commitments for meeting its obligations to provide a safe and healthy work environment for its employees, to protect consultants, suppliers, visitors, and members of the public. Each SSSP must be tailored to the unique risks of the project and Contractors' scope of work. Some projects involve a variety of complex hazards and require substantial SSSP development with comprehensive guidance.

The CM shall require the Contractor to submit their SSSP within a reasonable deadline based on the expected start of field activities; generally, this is 30 days after the Notice to Proceed is issued. The Contractor shall provide one hardcopy and one electronic copy to the CM Safety Team. The IUHMCC Safety Director shall be copied on the electronic correspondence. The SSSP will be reviewed at a Pre-Construction Safety Meeting or similar initial coordination meeting, which will take place before any Contractor work begins. The meeting will be

coordinated by the CM, with the Contractor's PM, Superintendent, and Foreman in attendance, along with IUHMCC Safety Team members.

Upon determination that the SSSP is acceptable, and in consultation with the IUHMCC Safety Director, the CM will provide the Contractor correspondence accepting the SSSP. The Contractor must review the SSSP with all on-site personnel prior to beginning work.

The CM shall verify that the Contractor maintains a hardcopy of the SSSP readily available on the site for reference.

The Contractor shall review their SSSP on an annual basis to verify it addresses all potential hazard exposures related to their work.

See Appendix IV for IU Health's Contractor Safety Program Audit Form, which covers required sections to be included in the SSSP.

Job Hazard Analysis (JHA)

A Job Hazard Analysis (JHA) is a procedure which integrates accepted health, environmental, and safety principles/practices into a particular operation. In a JHA, each basic step of the overall task is examined to identify potential hazards or environmental impacts, and to plan the safest way to do the job.

JHAs will be required as part of the Contractor's SSSP. Additional JHAs may be required based on work scope and the hazards associated with those activities.

Below are the 5 basic elements to consider when preparing a JHA:

- Select the operation to be analyzed
- Break the operation down into a sequence of steps
- Identify potential hazards, environmental impacts, and equipment used for the work operation
- List training requirements for personnel involved in the operation
- Determine preventive measures to overcome the identified hazards

JHAs are intended to be a starting point and must be reviewed (and modified, as appropriate) by the entire work team prior to initially conducting the operation. JHAs are living documents and shall be reviewed and updated as necessary to address changes in site conditions, operations, equipment, and as unanticipated hazards arise.

JHAs shall be required when, through planning, it is determined that the process, equipment, or procedure indicates potential for serious injury, fatality and/or property damage. The Contractor shall also prepare a JHA upon request by the CM or IUHMCC Safety Director. If a JHA is requested, the Contractor will be responsible for completing and submitting the JHA to the CM at least two weeks prior to beginning the operation on-site, if possible. The IUHMCC safety software system/Procure may be utilized to support this activity.

The following hazardous work operations are *examples* of those requiring a Job Hazard Analysis for thorough planning:

- Non-routine tasks or activities (for examples, see "Non-Routine Tasks" section below)
- Utility repair, relocation, or installation



- Excavation/trenching/borings
- Lockout/Tagout/Potential release of stored energy
- Cranes: Critical Lifts, supported work platform, assembly/disassembly, overhead lifting and rigging operations
- Asbestos/Lead abatement
- Concrete work: Forming, placement, form stripping
- Demolition: Interior, exterior, utility shutdowns
- Painting/coating
- Potential exposure to hazardous materials or wastes
- Abrasive/Sand/Hydro blasting
- Potential injury from burns, both chemical and thermal
- Respirator use
- Confined space entry
- Work in or along streets and highways
- Fall exposures 6 feet or greater
- Structural steel erection
- Power tool/Powder actuated tool use
- Scaffold: Erection, dismantlement, suspended
- Working with or near electrical/powerlines

If an operation requiring a JHA is being performed in an unsafe or non-compliant manner, the CM and/or IUHMCC Safety Director may request the JHA be revised or reviewed. Where the CM and/or IUHMCC Safety Director determines that a JHA is deficient, the Contractor will be informed of the identified deficiencies and be requested to revise the JHA.

During progress/safety-specific meetings, the CM will discuss upcoming work activities with Contractors and identify JHAs that are required to be prepared prior to starting the work.

Pre-Task Safety Planning (PTP)

Pre-task plans break the work down daily into smaller activities than the JHA document. Pre-task planning ensures that daily tasks are performed with safety integrated into the daily work routine. Daily pre-task planning enables Contractor field supervisors/foremen and employees to participate in a discussion regarding the day's activities.

Contractors shall perform a safety pre-task plan (PTP) or equivalent for each crew, every day that construction work is taking place on the IUHMCC Project(s). The IUHMCC safety software system/Procore may be utilized to support this activity.

The pre-task planning shall be completed before work begins, throughout the course of the project. If there is an overall Job Hazard Analysis in place for a particular activity, the daily pre-task plan shall reference that JHA. The Contractor supervisor/foreman or assigned competent person and their crew complete the pre-task plan, and review it with each crew member during that day's safety briefing following the process below:

- List all task personnel and the tasks to be performed by the work crew for the workday
- Review the overall task planning outlined in the associated JHA for the activity
- List the tools and equipment required for that day's tasks
- Identify and check potential health and safety hazards posed by the day's tasks

- Identify and check the hazard control procedures that will be employed to control the identified safety hazards posed by that day's tasks
- Provide appropriate site-specific training, if necessary, to ensure employees can perform their job in a safe manner
- Discuss safety coordination with other trades' activities in common work areas
- The crew supervisor/foreman keeps the pre-task planning form in the work area, revises it, and briefs the work crew when additional tasks are to be performed or when unanticipated hazards are encountered that were not listed on that day's PTP
- The crew supervisor monitors work crew compliance with the hazard control measures listed in the PTP
- Each work crew's daily PTP shall be signed by the crew members and the supervisor/foreman. The supervisor/foreman shall submit the PTP to the CM Safety Team at the end of the workday for review and filing.

The Contractor's Safety Representative shall review each work crew's daily pre-task plan, confirm that the potential health/safety hazards and control measures are identified for the listed tasks in that day's PTP, and maintain them as part of the on-site project files to document compliance with this process.

Non-Routine Tasks

Non-routine tasks are an activity or set of activities that are not generally performed on a routine basis. Injuries can occur when we don't take the time to think about the risks before beginning an unfamiliar task. Contractors must have a well thought out plan, which must be communicated to the employees involved, prior to performing non-routine work. The JHA and PTP documents must be utilized when planning non-routine work.

Non-routine tasks are:

- Work that has no pre-approved procedures
- Tasks performed differently than documented procedures
- Tasks that have not been performed before
- Tasks that are performed infrequently
- Tasks outside an employee's regular duties/training
- Tasks requiring the use of non-conventional means and methods

M. Contractor Site Safety Meetings

Pre-Construction Safety Meetings

The CM will conduct a Contractor pre-construction safety meeting at the worksite before the Contractor mobilizes. The purpose of this meeting is to discuss the IU Health security and safety requirements, IUHMCC Safety Program, and site safety issues, and to address any special concerns. The Contractor shall present their approach to managing safety on high-risk tasks.

The Contractor's Project Manager, Safety Representative, Supervisors and Competent Persons shall attend this meeting. IUHMCC Safety and Project Teams will participate in these meetings. Meeting minutes will be kept by the CM and available to IUHMCC Safety Team upon request.

A sample Pre-Construction Meeting Safety Agenda is available in Appendix II.

Pre-Installation Safety Meetings

For higher-risk activities, an additional pre-installation safety meeting may be required to coordinate logistics and discuss safety mitigation methods for the task.

IUHMCC Safety Meetings

The CM will hold an IUHMCC Safety Meeting at regularly scheduled dates and times throughout the course of the project(s). Meetings will be held weekly or at an alternate frequency mutually agreed upon by the CM Safety Team and IUHMCC Safety Director. All Contractor Safety Representatives are required to attend. The meeting will consist of the following:

- Discuss and review upcoming work activities – pre-planning
- Review incidents and near misses since the last meeting
- Discuss inspection results and observed hazards
- Conduct training/discussion on a specific safety topic
- Discuss specific safety and health concerns of the Contractor
- Discuss unique or unusual hazards and methods to mitigate these

Minutes will be kept by the CM for these meetings and made available to the IUHMCC Safety Team upon request.

Contractor Weekly Safety Coordination Meeting

The CM Supervisor and/or CSR shall attend the weekly Contractor Safety Coordination Meetings. Past incidents/lessons learned, safety work plans for anticipated hazards, and past concerns/corrective actions should be reviewed at this time. Contractor Safety Coordination meetings may be conducted as part of project coordination meetings.

Safety meetings shall be documented by the CM and made available to the IUHMCC Safety Team upon request.

Contractor Weekly Toolbox Safety Meetings

Each Contractor is required to hold a minimum of a weekly toolbox safety meeting. These meetings will cover at a minimum:

- Training on a specific safety topic relevant to their current or future work activities
- Results of weekly inspections and areas of improvement
- Safety exposures of working around or near other trades and necessary controls for protection of crew(s)
- Special hazards being encountered and their controls
- Specific concerns of employees

Each crew member in attendance must sign a toolbox safety meeting form to acknowledge the information discussed and their attendance.

All-Hands Safety Meeting

An All-Hands Safety Meeting is an organized break from work when the need arises for the CM to hold a safety discussion with all employees and Contractors. These meetings may serve as a tool to ensure all site personnel are aligned on safety measures for current safety trends of the project. In an effort to get everyone in alignment, the frequency of these meetings may occur

any time IU Health/the CM deems necessary. These meetings will be led and coordinated by IU Health and/or the CM Management Team.

All Contractor personnel shall attend All-Hands Safety Meetings with the CM as requested.

Tradesperson Feedback Safety Meetings

The IUHMCC Project will sponsor monthly Tradesperson Feedback Safety Meetings to address safety issues pertinent to all IUHMCC activities on-site. Each month, a representative sample of workers may be selected from the entire project workforce to attend the committee meeting to discuss safety.

The objective of this meeting is to solicit personnel feedback on ideas for improvement and risk mitigation on the project, and obtain input for upcoming on-site activities. The CM and IUHMCC Safety Team will utilize feedback to shape and improve the on-site Safety Program.

The Tradesperson Feedback Safety Committee will be chaired by the IUHMCC Safety Director and will be composed of representatives from IU Health, IUHMCC Project Management Team, Construction Manager, and Contractor field personnel. Tradesperson Feedback Safety Meeting minutes will be kept by the IUHMCC Safety Team.

N. Project Safety Audits & Inspections

It is expected that all Contractors inspect their work areas throughout the day for safety hazards and/or risks to their personnel. At a minimum, a weekly documented safety inspection must be completed for each Contractor crew. These inspections will be submitted to and reviewed by the CM. Contractor safety inspections will be provided to the IUHMCC Safety Team as requested.

Contractors may be required by IU Health or their representative to use a software program (i.e., Procore) as part of the risk management process, to perform job site safety audits and inspections, and to measure the effectiveness of their Safety Programs. It is expected that each Contractor working on the IUHMCC Project(s) will actively participate in safety and risk management observations, and tracking with this IU Health's chosen safety technology.

- The Contractor Safety Representative will make daily inspections of their work areas to identify and correct hazards. These daily inspections are to be documented. Safety exposures noted during the inspections shall be corrected immediately.
- Formal, project-specific documented safety inspections are required on a weekly basis. Ideally, these safety inspections shall be made prior to the project weekly toolbox meeting so that safety deficiencies can be discussed during the meeting with all crew members. The weekly safety inspection reports from each Contractor shall be submitted to the CM by the end of each week. A member of the Contractor's field supervision (Project Manager, Superintendent, Foreman, etc.) must attend and participate in at least one job site inspection per week. Attendance must be documented.
- All Contractors are responsible for inspecting their own work areas and those of any tiered Subcontractors employed by them.

O. Incident Investigation, Accident Reporting and Recordkeeping

All injuries that occur on the work site, including first aid injuries, must be immediately reported to the CM Safety Representative as the first point of contact. A member of the IUHMCC Safety Team must be notified in a timely manner, but no later than the same shift when the injury occurred. Other IU Health Representatives shall also be notified, as necessary based on established emergency protocols.

All accidents (e.g., injuries, property damage, spills, near misses) shall be investigated and reported in accordance with the IU Health incident/accident reporting procedures. Incident reports will be maintained on file at the site by the CM, and copies forwarded to the IUHMCC Safety Director. An IUHMCC safety software system/Procore may be utilized to support this.

Following any recordable injury, reportable spill, significant property/equipment damage, or near miss having serious injury potential, an Incident Investigation Report, Root Cause Analysis (RCA), and Lessons Learned memo will be completed by the responsible Contractor in a timely manner. These documents must be turned into the CM.

Forms and software to be utilized in accident investigation reporting may include:

- Project Accident Investigation reports
 - First Report of Injury (OCIP or non-OCIP) as defined in the OCIP insurance manual and State-specific requirements
 - Report of property damage or third-party claim reports
 - Root cause analysis forms
1. **Monthly Project Man-Hour/Injury Report Log.** OCIP and non-OCIP Contractors shall maintain a Monthly Project Man-Hour/Injury Report Log indicating the total number of man-hours worked and recordable injuries for the month, submitted to the CM Safety Representative by the 5th day of each month. There are several options for reporting man-hours and incident data.
 - a. **Vero Tracking System (Preferred Option)** - Used to collect man hour and incident data for IU Health projects around the State. It is a simple, quick way for contractors to submit man hour and incident data. The system includes monthly “reminders” as the submission date nears. All contractors can contact contractorsafety@iuhealth.org to get a username and log-in to access the Vero system. Two Vero user guides are available covering how to report man-hours and how to report incidents located on the IU Health Contractor Safety Portal.
 - b. **Monthly Safety Information Report** - Can be found in Appendix IV (page 99) and on the IU Health Contractor Safety Portal (<https://iuhafety.verodms.com>). This form can be printed off and completed monthly. Once the report is completed, it will need to be sent to the IUHMCC Safety Director. The monthly safety reporting form can be found on the IU Health Contractor Safety Portal.
 - c. **Contractor Developed Spreadsheet** (Least Preferred Option) - If a contractor already has a form or report with the man hour and safety information IU Health is requesting, the report can be provided to the IUHMCC Safety Director. The requested safety information must be clearly identified and easy to interpret.
 2. **Medical Assistance.** Contact 911 for all emergencies and serious injuries. The injured person's supervisor will ensure that initial care is provided.

3. **Public Information.** Information concerning accidents or incidents shall only be provided to authorized personnel (i.e., IU Health Public Safety, IU Health Legal Counsel). Questions from the media are to be referred to IU Health.
4. **Secure the Incident Area.** Except for rescue and emergency procedures, the accident area must be tightly and quickly secured for all major accidents. The accident scene shall not be disturbed until released by the investigating officials.
5. **Notification.** Notify the CM and IUHMCC Safety Team of the incident. The CM is to develop procedures to contact the following offices for the events listed below:
 - a. **Fire Department:** *hazardous material or fire-related incidents, medical emergencies*
 - b. **Police Department:** *bomb threats, public demonstrations, other on-site or near-site violence*
 - c. **Risk Management:** *insurance/claim issues, property damage, injuries to employees or the public*
6. **Reports.** Any occupational exposures shall be reported on an IU Health-approved accident investigation form along with an explanation of the corrective actions taken to eliminate further exposures. The completed incident forms must be submitted by the CM Safety Representative/OCIP Coordinator within 24 hours. **Note:** See Appendix I for the following IU Health forms: Accident/Incident Meeting Agenda, Employee/Witness Accident Statement, and Supervisors Accident/Incident Investigation Report.
7. **Review Procedures.** Contractors are to review the CM's emergency procedures regularly and adjust as necessary to provide maximum effectiveness. All such procedures must be included in the Contractor's SSSP and coordinated with the CM.

Designated Medical Facility

Designated healthcare clinic(s) will be identified for the IU Health Medical Center Campus projects. These locations will be communicated by the CM at new hire orientation and during pre-construction meetings.

As part of the OCIP coverage, an **on-site clinic** will be available for all enrolled Contractor employees working on the IUHMCC projects. All serious injuries will be sent to the Methodist Hospital Emergency Department across 16th Street from the project location. For minor injuries, Contractor employees will be expected to receive an initial evaluation at the on-site clinic during normal daytime work shifts. If more advanced medical care is needed, beyond what the on-site nurse can provide, employees will be sent to:

IU Health Urgent Care - Michigan St.

222 W. Michigan St
Indianapolis, IN 46204
Phone: 317-779-0303
Hours: Mon-Fri 7A-7P
Sat-Sun 9A-3P

IU Health Urgent Care - Broad Ripple

1036 Broad Ripple Ave.
Indianapolis, IN 46220
Phone: 317-759-9960
Hours: Mon-Fri- 8A-8P
Sat-Sun 8A-6P

For after-hours clinic care, please seek treatment at the 24-hour clinic location:

Concentra Urgent Care - Airport Indianapolis SW

5940 Decatur Blvd.
Indianapolis, IN 46241
Phone: 317-856-2945
Open 24 Hours



Return-to-Work/Modified Duty Program

A modified-duty program provides meaningful work activity for employees who are temporarily unable to perform all, or portions of their regular work assignments or duties. This policy applies to employees experiencing a work-related injury or illness while working on the IUHMCC Project(s). By providing temporary modified work activity, injured and recovering employees remain an active and vital part of the IUHMCC Project. Modified duty positions for employees must be provided for the employee on or off the IU Health job site.

Contractors are required to participate in the IUHMCC/OCIP Return to Work Program while working on IUHMCC Project(s), and until the employee is released to return to full duty.

- All Contractors working on an IUHMCC Project and/or enrolled in the Owner Controlled Insurance Program shall provide modified duty for employees. Contractors enrolled in the OCIP will have restrictions and ability to work determined by the on-site clinic/designated medical provider. Contractors working on non-OCIP projects must provide modified duty for employees that meet any medical restrictions given by the project's medical provider/designated clinic.
- Eligibility for modified duty will be based upon completion of a Work Status Form or similar document by the OCIP or project's medical provider.
- All Contractors must include in their SSSP a list of modified duty positions offered by the employer.

P. Emergency Planning & Severe Weather

The CM will be responsible for setting up an emergency response plan for the IUHMCC Project sites along with coordinating emergency response efforts. The CM will be responsible for setting up a mass communication system to distribute information to tradesmen in the event of an on-site emergency. Emergency and evacuation plans for fire, employee injury, severe weather/tornado, elevated work, earthquake, gas leak, etc. must be considered and planned. A suitable rally point(s) must be established so head counts for job site personnel can be taken. All Contractors must keep emergency access routes clear to accommodate quick response in the event of an emergency on-site. The CM must coordinate with Contractors to ensure that a Stokes Basket or similar rescue device is maintained and readily available on-site at the highest level of the structure as the building progresses. Multiple rescue baskets will be required if building configuration has multiple elevations. Rescue baskets must stay in position until safe access, such as stairways/elevators, are available to rescue personnel.

At project mobilization, the following documents must be posted at a minimum:

- Post-Emergency Response phone numbers and Emergency Action Plan information.
- Project address must be clearly posted for quick reference by employees in the event of an emergency

The IUHMCC Safety Director may request to review all Contractor Emergency Action Plans (EAPs). At such a time that multiple CMs will be managing work on the IUHMCC Projects, coordination will need to take place between CMs to ensure an aligned IUHMCC Emergency Planning process. The IUHMCC Safety Director will communicate with CMs to establish a

coordinated plan, and will provide updates to the plan as necessary. Regularly occurring meetings will be set up to facilitate communication and coordination of emergency protocols.

Appendix III contains Fire Drill and Severe Weather Drill Evaluation Forms, which Contractors will be asked to complete following an emergency to determine effectiveness of the EAP.

Lightning

In the event lightning is approaching or in the area of IUHMCC Projects, certain precautions must take place to protect job site personnel. One tool that the project will use is the WeatherBug weather application/web site to monitor approaching severe weather. Within the WeatherBug application/web site is the Spark lightning detection indicator. At a minimum, precautions will be initiated, and the site notified of approaching danger when the Spark indicator shows lightning approaching within 20 miles away (orange indicator) from the IUHMCC Project sites. If lightning is within 10 miles (red indicator) of the IUHMCC Project, it is not safe to be outdoors. The CM and Contractors are expected to monitor weather conditions on a regular basis that could affect their work operations. Precautions that must occur before job site personnel are exposed to lightning/severe weather:

- All personnel will be removed from roof areas, structural steel, metal decking, etc.
- All personnel will be removed from exterior scaffolding, aerial lifts, ladders, or similar devices working on the exterior of the building.
- All cranes will have loads safely disconnected and booms lowered, if possible.
- All outdoor heavy equipment will stop, such as excavators, Lulls, forklifts, etc.
- Ground personnel and tradesmen must seek shelter.

An all clear will be given by the CM when the lightning is no longer a threat to job site personnel's safety.

Wind

All materials must be secured to prevent being displaced by winds during normal work hours and before leaving at the end of each shift. Equipment and elevated loads must factor in winds as a part of their safety planning. No cranes or equipment will be operated in winds that are in excess of manufacturer recommendations/requirements. No loose materials shall be stored on the roof of any building unless a solid plan has been developed to keep material from being displaced.

Snow & Ice

Contractors are responsible to make sure employees have a safe walking/working surface in the areas they work. Walking/working surfaces must be maintained by the Contractors. Contractor employees are not permitted to work on a work surface covered in ice or snow. Contractors must plan their work in a way that snow and ice removal are a part of the plan. Contractors and CMs must make efforts to divert water away from work areas to prevent ice from accumulating.

Q. Regulatory Requirements

IU Health's policy is to fully cooperate and maintain a positive working relationship with all regulatory agencies. The purpose of this policy is to prepare and provide guidance to Contractors who may be subjected to a regulatory inspection. A regulatory inspection (e.g.,

OSHA, IDEM) or receipt of citation(s) shall be immediately reported to the CM and IUHMCC Safety Director if it occurs on IUHMCC Projects or IU Health property.

OSHA Inspection General Requirements:

- If the OSHA inspection location is located on an IUHMCC Project or property, the OSHA compliance officer must notify IU Health Project Management for the reason of the inspection. IU Health representatives will immediately notify the CM that an OSHA compliance officer is on IU Health property or the project site. If the CM is notified first, they will notify IU Health of the OSHA inspection.
- IU Health has a right to participate and be present in all inspections conducted by any regulatory agency on IU Health property and/or IU Health construction projects. A reasonable amount of time (typically no longer than 1 hour) should be allowed to gather all Contractor representatives that would like to participate in the opening conference.
- OSHA compliance officers shall provide proof of current credentials prior to conducting an inspection.
- OSHA compliance officers should state the reason for the inspection and what type of inspection they will be conducting in the opening conference.
- If the inspection is due to a formal complaint, the compliance officer should provide the CM with a copy of the complaint before proceeding with the inspection. The CM shall submit a copy of the complaint to the IUHMCC Safety Director.
- Regulatory inspectors, including OSHA compliance officers, shall not be harassed, intimidated, or abused before, during, or after the inspection process.
- Regulatory inspectors, including OSHA compliance officers, shall follow PPE requirements and safety policies during the inspection process.

R. Visitors

All visitors to the project will be required to sign in with the Construction Manager. Before entering the Project, all visitors shall receive a safety briefing on PPE requirements and restricted access areas. In addition, the briefing will include site-specific hazards expected to be encountered during the tour or visit, including but not limited to:

- Holes/trip/fall hazards
- Nails, exposed rebar
- Potentially open electrical wiring
- Partially completed framing
- Excessive noise, vibration
- Hazards from falling objects
- Project signage
- Moving equipment

Personnel thoroughly familiar with the safety requirements of the project will escort all visitors. Prior to entering the site, all visitors must sign the Visitor Form, maintained by the CM.

Escorted Visitors Requirements

Non-construction personnel, visitors or groups shall be accompanied at all times by an authorized representative of the IU Health Project Management team, CM, or Contractor supervision, who is familiar with the site hazards and properly credentialed on the IUHMCC Project. The following items are necessary prior to a visitor accessing any construction site:

- The "Visitor Form" provided in Appendix III shall be signed by all visitors/tour groups prior to accessing the IUHMCC Project(s).



- Display a CM-provided visitor's site badge on the outer garment at all times or be properly identified as a visitor, as determined by the CM and IUHMCC Project Management.
- Don the required site PPE. Proper footwear required includes no open toe shoes, sandals, high heels, etc.

Notification

- Tours that do not involve technical inspections shall be cleared 7 days in advance through the CM and IUHMCC Project Management Team.

Number of Escorted Persons

- The number of escorted persons on tours should be proportionate to the degree of the hazards and operating space involved, but may not exceed six (6) visitors per authorized group representative.

S. Non-Contractors

This policy applies to Non-contractors that perform no physical labor on site. For a full description of "Non-Contractor", see the Definitions section on page 14.

1. If a Construction Manager is managing the project site, their visitor/Non-Contractor policy will be followed.
2. Non-Contractors must follow all site PPE requirements, including footwear and clothing.
3. If a Non-Contractor representative is performing physical labor on site or decides physical labor is required on site, they must meet the safety requirements of a Contractor in terms of their safety approval and relevant training (e.g., IU Health safety approved, safety plan approved, drug testing, orientation, etc.).
4. CM Project Management and CM Safety will evaluate the risk of each Non-Contractor representative needed on site.
5. Risk items to be evaluated include:
 - a. Frequency Non-Contractor needed on site
 - b. Access/Locations Non-Contractor will be needed
 - c. Duration Non-Contractor will be needed (short term/long term)
 - d. Non-Contractor's familiarity with project
 - e. Tools/equipment needed
 - f. Surrounding hazards associated with work in the area Non-Contractor needs to be aware of while on site.
 - g. Hazards Non-Contractor may be exposed to while on site
 - h. Stage of project (heavy construction, punch list, etc.)
6. Once risks associated with each entity are established, next steps will be determined.
7. If any portion of the IU Health Safety Program is suggested to be waived by IU Health Project Management, the IUHMCC Safety Director must be notified and in agreement with proposed waivers. (e.g., orientation, drug testing, IUH Safety Program Review, safety plans, training records, etc.)
8. Non-Contractors that do not go through the Construction Manager's orientation must sign the visitor liability waiver and be escorted at all times by a CM representative familiar with the project or someone designated by CM Project Management to serve as a project escort.

T. Work Site Safety Programs

Site General Requirements

1. Contractors shall at all times enforce strict discipline and maintain a clean workplace.
2. Contractors shall not employ any unfit person or anyone not skilled in the task assigned.
3. Employees must take responsibility for their own safety as well as not reporting to work in a condition as to endanger the safety of their fellow workers. Employees must immediately notify their supervisor if they are not physically and/or mentally fit to perform their job functions safely.
4. The Contractor and employees shall regularly inspect their work areas for hazardous conditions and take required corrective actions immediately.
5. The use of foul language is not permitted at any time.
6. No illegal substances or alcoholic beverages are allowed on the property. Contractor employees found to be under the influence of or consuming such substances will be required to submit to immediate drug testing. A non-negative test result or refusal to test will result in immediate removal from the job site. Personnel dismissed from the job site under the conditions noted above may return upon proof of completion of the CCS Substance Abuse Professional Program and a negative test result. Persons found attempting to falsify test results will be banned from all IU Health facilities for life.
7. Smoking or use of tobacco products of any kind is not permitted on IU Health property or projects, including IU Health Parking Garages. This includes electronic and vaporless cigarettes or similar devices. Violations of this will result in removal from IU Health projects for a minimum of one (1) year.
8. In the interest IU Health patients, visitors and staff, the use of personal headphones, Air pods, or other similar listening devices are considered a safety risk on the job site and are not allowed. On-site personnel must be able to hear back-up alarms on equipment, horns, verbal warnings, and emergency signals.
9. Contraband, stolen property, firearms, weapons, explosives, and any other hazardous substances are strictly prohibited on any IU Health job site/property. Persons found to be using, in possession of, or concealing any of the above-unauthorized items will be permanently removed from IU Health property.
10. Residue and trash from food and/or drinks other than water can attract insects, rodents and birds that are detrimental to a safe, healthy environment for patients, visitors, staff, and construction workers. No food or drink other than water will be allowed within any part of a project that is contained within an active IU Health facility.
11. On "Greenfield" construction sites, food and drink will be permitted until the building is enclosed. The CM Project Management and IUHMCC Project Management Teams will jointly determine when the policy for "no food or drink other than water" will begin.
12. With the approval of IUHMCC Project Management, the CM Project Manager shall coordinate areas/locations for lunch and breaks for Contractors.
13. Contractors shall require all hazardous materials to be handled, stored, and disposed of in a manner that will not cause harm to personnel and the environment, ensuring compliance with applicable law. Copies of shipping manifests and related documentation from applicable federal, state or local authorities and disposal facilities shall be provided to the CM Safety Representative upon request.

14. The CM may choose to implement a “Stretch and Flex” program on IUHMCC Project(s). Contractors are expected to fully participate in the “Stretch and Flex” program if it is implemented on-site.

Construction Clothing:

1. All Contractor personnel will conduct themselves in a proper manner and wear appropriate clothing while on and around the IUHMCC Project site(s). The Contractor is to provide the currently approved hardhat of the company with the company logo to all employees working in IU Health facilities. Tattered clothing is not allowed. Personnel must maintain a professional and clean appearance at all times while on-site.
2. “Greenfield” operations: Certain dress code restrictions may be waived by IUHMCC Project Management Team on new construction projects where construction workers do not interface with IU Health staff or patients. The IUHMCC Project Manager must approve any waiver of the dress code requirements.
 - a. For the IUHMCC Project, required PPE includes:
 - Long, durable work pants
 - Shirts covering the shoulder with a minimum 4” sleeve
3. In active IU Health facilities and on active IU Health campuses, Contractors shall have a dress code for their employees consisting of clean, untorn uniform style long pants and shirts with a collar.
 - a. Pants: Full length trousers without excessive length or flared bottoms. Shorts, sweatpants, and jeans are prohibited. Pants will be without holes and excessive wear (e.g., strings or loose fibers hanging). The restriction on wearing jeans may be waived by the IUHMCC Project Director on new construction projects where construction workers do not interface with IU Health staff, patients, or visitors.
 - b. Shirts must cover entire midsection and sleeves shall cover the entire shoulder. Sleeves must extend a minimum of 4” from tip of shoulder.
 - c. Sleeveless shirts, tank tops, net/mesh shirts, halter tops, flannel sweatpants and any other clothing with derogatory language or offensive photographs shall not be worn on an IUHMCC construction project.

U. Job Site Safe Work Practices

ASBESTOS / LEAD

1. All suspected asbestos and lead containing materials are to be identified prior to commencement of work. Use, handle, and store material potentially containing asbestos or lead in accordance with the applicable OSHA requirements.
2. All employees that work on an IUHMCC construction sites must, at a minimum, have awareness level training on both asbestos and lead safety.
3. If asbestos or lead is encountered or suspected during the course of construction, work is immediately to be stopped and the CM and IUHMCC Project Management Team must be notified.
4. Only certified abatement Contractors will be used to remove lead or asbestos.

BARRICADES & SIGNAGE

IU Health shall require Contractors performing installation of barricades, signs, and signals to be in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart G, Signs, Signals and Barricades, in addition to the following procedures and requirements:

1. All traffic barriers used on the project must comply with Indiana Department of Transportation and other applicable regulations.
2. The Contractor shall provide adequate visibility and protection when public use of work areas must be maintained on sidewalks, entrances to buildings, lobbies, corridors, aisles, stairways, and vehicular roadways.
3. Appropriate barriers (e.g., guardrails, barricades, temporary fences or partitions, overhead protection, shields) shall be secured against accidental displacement and maintained in place except where temporary removal is necessary to perform the work. When a barricade is temporarily removed, a guard shall be placed at all openings.
4. Sidewalks, building entrances, lobbies, corridors, aisles, doors, or exits in use by the public shall be clear of obstructions to permit safe ingress and egress of the public at all times.
5. Guardrails shall be provided on both sides of vehicular and pedestrian bridges, ramps, runways, and platforms. Guardrail height shall meet OSHA specifications.
6. Sidewalk sheds, canopies, catch platforms, and appropriate fencing shall be provided when it is necessary to safely maintain public or job site pedestrian traffic adjacent to the erection, demolition, or structural alteration of outside walls on any structure.
7. Temporary fencing shall be provided around the perimeter of above ground operations adjacent to public areas. Perimeter site fencing shall be at least 6 feet high. Project gate(s) identification must be coordinated with and approved by IU Health Project Management.
8. Yellow caution tape is to be used to restrict access and warn other job site personnel where lower-risk hazards are present and where caution must be exercised to enter barricaded area.
9. Red danger tape is to be used to restrict access where higher-risk hazards exist that have the potential to cause a serious injury or fatality. Only authorized personnel may enter the area. No other Contractor personnel may enter area unless they have permission from the Contractor who erected the red danger tape.
10. Hard barricades may be required in lieu of danger tape based on type of risk(s), location, and/or at the CM/IU Health's direction. Danger tape used to warn of a fall exposure must be replaced by a hard barricade at the end of each shift. Danger tape used to warn of a fall exposure cannot be left up overnight; an OSHA-approved guardrail must be put in place instead.
11. IU Health-approved Caution and Danger sign templates must be used and attached to the barricade tape in all directions that personnel may approach. Signage must include the Contractor doing the work, hazards that are being barricaded, contact name and phone number for Contractor supervision overseeing work within barricades, and estimated duration of work (start/end date).
12. Caution and danger tape must be maintained at all times. Barricade tape used outdoors or in not yet enclosed buildings must be reinforced/woven. The CM and IU Health reserve the right to require the Contractor to erect hard barricades if barricade tape is not maintained to the CM or IU Health's satisfaction.

13. Appropriate warnings, signage, and instructional safety signs shall be conspicuously posted where necessary. All caution, warning, and danger signage must be of appropriate size, bi-lingual, meet OSHA requirements for design, and be professional in appearance.
14. A properly trained/certified flagger shall control the movement of motorized equipment in areas where the public might be endangered. Formal training documentation required.
15. All traffic control will follow the most current version of the Manual on Uniform Traffic Control Devices (MUTCD).
16. All overhead power/utility lines must be clearly identified with signage, and marked at all locations where equipment is passing under the power/utility lines.
17. A system must be put in place to prevent utility damage if equipment is working within 20 feet of overhead power/utility lines (e.g., spotters, rubber insulation, de-energization, etc.)

BLOODBORNE PATHOGENS

1. Contractors shall be responsible for making all reasonable efforts to protect their employees from infectious bodily fluids.
2. All IU Health Contractors (and their designated Safety Representatives) shall develop and implement an Exposure Control Plan in accordance with 29 CFR 1910.1030.
3. Barricade, mark, or section off any area that contains spilled blood or bodily fluid until it can be cleaned and decontaminated. The spill should be cleaned up as soon as possible and before returning to regular duties.
4. If individuals assist injured persons, appropriate personal protective equipment, such as the components of a Bloodborne Pathogens kit, shall be worn. An appropriate number of Bloodborne Pathogens kits shall be readily available as part of the Contractor's first aid kit.
5. Should the Contractor be required to perform tasks that may involve contact with blood or bodily fluids, they shall notify the CM Safety Representative to determine the appropriate course of action. If project work has the potential to involve exposure to blood, bodily fluids, sharps, or other materials that may be contaminated by bloodborne pathogens, the Contractor is required to offer and provide documentation of acceptance or refusal of the Hepatitis B Vaccination.
6. All bodily fluids shall be considered contaminated, shall be cleaned up, and disposed of properly. The following procedures will be used for cleaning and removal of bodily fluids:
 - a. Personal protective equipment, such as the components of a Bloodborne Pathogens kit, will be worn during the operation.
 - b. Puncture resistant containers will be used to store the contaminated material.
 - c. Containers will be labeled as contaminated, using the Orange Biohazard symbol.
 - d. Containers will be taken to a servicing facility for proper disposal, such as a hospital or clinic.
7. When dealing with bodily fluids of any kind, they must always be considered contaminated. A contaminated material is hazardous and will be labeled as such, placing the Orange Biohazard symbol on the container containing fluid.
8. This policy will be reviewed during New Hire Orientation and during re-orientations.

All Contractor employees who are certified in first aid and CPR shall be trained in their company's policies/procedures for reducing risk of exposure related to bloodborne pathogens.



COMPRESSED GAS CYLINDER SAFETY, STORAGE, USE

1. Cylinders shall be secured in an upright position. Valve protection caps shall be in place whenever cylinders are not in use.
2. When cylinders are hoisted, they shall be secured on a cradle or sling board. They shall not be hoisted by means of choke slings or magnets.
3. When powered vehicles transport cylinders, cylinders shall be secured in an upright position.
4. Regulators shall be removed, and valve protection caps put in place before cylinders are lifted or moved.
5. A suitable cylinder truck, chain, or other steadying devices shall be used to keep cylinders from being knocked over while in use.
6. Oxygen cylinders, cylinder caps, valve couplings, hose regulators, and apparatus shall be kept free from oil or grease. Oxygen shall not be directed at oily surfaces, greasy clothes, or within a fuel oil or other storage vessel. Combustible materials shall not be stored near cylinders.
7. Cylinders containing oxygen, acetylene, or other fueled gas shall not be taken into confined spaces.
8. Adequate ventilation of work areas shall be provided to prevent accumulation of flammable gases.
9. Cylinders shall not be stored or set up near heat-producing devices or open flames.
10. Torches shall be lit using a striker. Cigarette lighters, matches, and similar items shall not be used.
11. Compressed gas cylinders shall not be stored inside buildings. Propane shall not be stored inside the building.
12. All gas cylinders shall be secured and in a vertical position. Acetylene and oxygen tanks when not in use shall be separated by 20 feet or have a 5 ½ foot fire rated barrier between the two gases when in use.
13. Any size and/or type of compressed gas cylinders shall not be stored in gang boxes.

CONCRETE & MASONRY

IU Health shall require Contractors performing concrete and masonry operations to be in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart Q – Concrete and Masonry Construction, in addition to the following procedures and requirements:

1. No construction loads may be placed on a concrete structure or portion of a concrete structure unless a qualified person, knowledgeable in structural design, determines that the structure is capable of supporting the load.
2. Protruding reinforced steel, onto and into which employees could fall and be impaled shall be guarded to eliminate the hazard of impalement. Reinforced protective caps or other equally effective protection must be used.
3. Concrete and masonry workers shall wear appropriate PPE to prevent from getting chemical burns from concrete or mortar.
4. Concrete and masonry core cutting operations must use ground penetrating radar or other suitable technology to define areas where it is safe to drill/cut in order to avoid damaging rebar, post tension cables, electrical conduit, or the like.
5. Engineered fall protection systems must be used to minimize fall exposures for concrete leading-edge operations.

6. When employees are using pneumatic hoses to pump concrete or similar materials, they must wear the appropriate PPE (e.g., face shield, safety goggles, and hardhat).
7. All wood/form cutting activities shall be done on sawhorse tables or supported surface. Cutting free hand in the air or using body parts to support materials to be cut is prohibited.
8. Employees shall not be permitted to work under concrete buckets while being elevated or lowered into position. In addition, elevated concrete buckets shall be routed in a way that limits employee exposure to a falling concrete bucket. Tag lines must be used to control the load.
9. Concrete or block shall be wet cut whenever possible. When dry cutting, dust control measures such as vacuum attachments and PPE requirements (e.g., safety goggles, face shield, dust mask according to SDS PPE requirements, OSHA Table-1, and respiratory protection program requirements) shall be implemented. It is imperative that any dry cutting activities not impact other workers or the public. Any cleanup of dust associated with this work is the sole responsibility of the Contractor and must protect employees accordingly.
10. No employees (except those essential to post-tensioning operations) shall be permitted behind the jack or end anchorages during post-tensioning operations. Signs and barriers shall be erected to limit employee access to area during post-tensioning operations.
11. When working above 6 feet, a fall protection plan shall be developed as part of the initial SSSP, updated on the JHA, and discussed in daily pre-task planning with crews.
12. Rebar mats that must be crossed by any trade with a spacing greater than 6" x 6" must have a safe walking surface installed. This could be as little as a 6" square wire mesh for finishers or plywood for general traffic.
13. Equipment and Tool Requirements
 - a. Bulk storage facilities such as storage bins, containers and silos shall be equipped with conical or tapered bottoms, mechanical, or pneumatic means of starting the flow of material.
 - b. Masonry saws shall be provided with a semi-circular guard over the blade.
 - c. Masonry saws that are made for dry cutting shall not be used for wet cutting operations unless the saw is made for wet cutting operations.
 - d. Machines shall be locked and tagged out of service before employees can perform any maintenance or repair work.
 - e. Powered and rotating concrete troweling machines as well as other powered tools shall have a "dead man" switch that automatically shuts off power whenever the hands of the operator are removed from the machine.
 - f. Mortar mixers that have belt driven motors shall have covers closed after starting them up, due to the exposure of belt drives that are not guarded.
 - g. Concrete pumping systems that use compressed air hoses shall be provided with positive fail-safe joint connectors. Concrete pumping systems using discharge pipes shall be provided with pipe supports designed for 100% overload.
 - h. The Contractor responsible for concrete pump trucks on-site is the "controlling entity" for that operation. The Contractor must verify ground conditions are stable and that outrigger bearing pressures can safely be met. The Contractor responsible for concrete pump trucks must establish a safe travel path for the

equipment, identify outrigger locations and ensure that no hazards such as overhead/underground utilities, vaults or structures exist.

- i. Concrete buckets equipped with hydraulic or pneumatic gates shall have positive safety latches or similar safety devices installed to prevent accidental dumping.

14. Cast-In-Place Concrete Requirements

- a. Formwork shall be designed, fabricated, erected, supported, braced, and maintained so it is capable of supporting all lateral and vertical loads anticipated to be applied to the formwork.
- b. Formwork that is installed below grade over four (4) feet shall have soils sloped or benched depending on soil classification.
- c. Metal banding shall not be used for concrete formwork. Acceptable means include poly or nylon.
- d. All shoring equipment must be inspected prior to erection to determine if it meets the requirements specified in the formwork drawings. Shoring plans shall be submitted to the CM Safety Representative for review.
- e. Erected shoring equipment shall be inspected immediately prior to, during, and after concrete placement.
- f. A PE shall prepare the design of the shoring system.
- g. Forms and shores shall not be removed until it is determined that the concrete has gained sufficient strength, determined by contract specifications (break test).
- h. 100% fall protection to be maintained while employee climb rebar/formwork.
- i. Areas where form stripping is to be performed shall be properly barricaded.
- j. Protruding nails or other impalement hazards shall be removed immediately.

15. Masonry Requirements

- a. A limited access zone shall be established prior to the start of any masonry work or construction of any wall.
- b. The limited access zone shall be equal to the height of the wall, plus four feet.
- c. Contractors shall follow wall bracing requirements in accordance with OSHA 1926 standards.
- d. Overhand brick/block installation from a scaffold requires 100% fall protection.

CONFINED SPACE ENTRY

The IU Health Confined Space Policy requires Contractors performing confined space work to be in accordance with 29 CFR 1926 Construction Industry Regulations for Confined Space. All employees must be protected from hazards associated with confined space entry. No employee shall be permitted to enter a confined space that has not first been monitored to ensure sufficient oxygen levels exist, toxic gas levels are below OSHA Permissible Exposure Limits (PEL), and combustible gases are below the Lower Flammable Limits (LEL). All work with exposure to confined spaces must be completed in accordance with IU Health policies and OSHA 1926 Subpart AA.

1. Prior to entry of a confined space, the Contractor shall submit a Job Hazard Analysis (JHA) to the CM Safety Representative.
2. All Contractors who have the potential of entering a confined space as part of their scope shall maintain a written Confined Space Entry Program.

3. All entry supervisors, attendants, and entrants must successfully complete a formal confined space entry training program. Documentation of training must be readily available.
4. A “Qualified person” means a person who is trained to recognize the hazards of the confined space and how to evaluate those anticipated hazards, and shall be capable of specifying necessary control measures to assure worker safety.
 - a. The Contractor must designate the “Qualified Person” who will be involved in the planning of the entry on their JHA.
5. The “Qualified Person” shall assure that each confined space into which an employee may be required to enter is tested immediately prior to entry. Air monitoring equipment must be bump tested daily before use and at shift changes, if handing off air monitoring equipment to another crew.
6. An approved non-entry retrieval system shall always be readily available and immediately accessible to the Attendant.
7. A trained Attendant shall be stationed immediately outside every confined space and have the means readily available to summon assistance.
8. The monitoring equipment shall be capable of detecting oxygen level, potential flammable hazards, and toxic material known or expected to be encountered.
9. Unless otherwise specified in the JHA and approved by the CM, the “Qualified Person” shall perform continuous atmospheric testing at all times during occupancy.
10. A CM-approved permit must be used for any confined space entry.
11. Each entry permit recording the air quality results shall be signed by the Contractor’s designated Qualified person and be kept in visual sight at the confined space entry point(s).
12. Where the existence of an IDLH hazardous atmosphere is demonstrated by tests performed by Qualified person, the Contractor shall not enter or shall immediately exit the confined space and notify both the CM Safety Representative and the IUHMCC Safety Director.
13. Standby rescue operations coordination will be the responsibility of the Contractor performing the confined space operation.

CRANES

IU Health will require all Contractors using a crane to comply with 29 CFR 1926, Construction Industry Regulations, Subpart CC Cranes, American National Standards Institute (ANSI) guidelines, Federal Aviation Administration (FAA) regulations, and IU Health Design & Construction safety standards, in addition to the procedures and requirements below.

Definitions

1. **Competent person** – one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.
2. **Controlling entity** - the prime Contractor, general Contractor, construction manager or any other legal entity which has the overall responsibility for the construction of the project – its planning, quality, and completion.
3. **CM Lift Director- All crane lifts** must be coordinated by a person who meets the criteria for both a Competent Person and a Qualified Person, or by a Competent Person who is

assisted by one or more Qualified Persons. Must be knowledgeable in crane and hoisting safety, and understand the limitations of cranes. Additionally, the Lift Director must have a minimum of 5 years' experience working directly with or in a similar oversight safety role with the type of crane and rigging being used. The Lift Director must coordinate the work being performed by the crane and the associated rigging crew. The Lift Director coordinates crane activity and communication as it relates to crane usage on-site. The Lift Director must work with other cranes on-site and other Lift Directors to safely plan crane operations. The Lift Director must be identified in each crane plan.

4. Contractor Lift Coordinator – The Contractor Lift Coordinator must be identified in each crane plan. Must meet the requirements of a Qualified Rigger and have a minimum of 5 years' experience working directly with the type of crane and rigging being used.
 - a. Has authority to stop crane operations if unsafe conditions are present.
 - b. Must understand crane lifting procedures and be knowledgeable on crane safety.
 - c. Must coordinate the work being performed by the crane and the associated rigging crew.
 - d. Appoints qualified signal people and ensures they meet applicable requirements.
 - e. Reviews the procedures with crew immediately prior to beginning work.
 - f. Ensures that crane work radius and travel areas are cleared, safe, and prepared before use.
 - g. Ensures traffic controls are in place to restrict unauthorized access to the crane work area.
 - h. Ensures the loads are properly rigged and balanced.
 - i. Works with the operator to address safety concerns.
 - j. Informs operator of weight of loads and locations of materials to be hoisted. Verifies weights will not exceed the cranes capacity.
 - k. The Contractor Lift Coordinator must actively manage site and ground conditions, blocking material, proper location of blocking, verifying crane loads, boom and jib pick points, center of gravity, stability upon pin removal, snagging, struck by, counterweights, boom hoist brake failure, loss of backward stability, wind speed, and weather.
5. Crane Operator – The person(s) whose position/title/task assignment requires that he/she operate or control a crane. All crane operators of mobile, boom truck, lattice boom, telescopic boom (Hydro), and tower cranes shall maintain a valid certification card issued by the Operating Engineers Certification Program (OECF), the National Commission for the Certification of Crane Operators (NCCCO), or a company program that has been audited by an outside crane auditing organization. The crane operator certification must be specific to the type of crane being operated. Certifications must be current and in good standing. Certification must be available for verification by IU Health or their designee(s) at any time while the operator is on an IU Health site.
6. Critical Lift – Any hoisting operation where the load weight exceeds 75% of the lifting device's net capacity, where hoisting over operational or occupied areas/buildings, hoisting of personnel, working around overhead energized lines, tracking/driving with a raised load, when two or more cranes/pieces of equipment are used for hoisting, and/or lifts over public streets/sidewalks.

7. Gross Capacity – The capacity of a lifting device, excluding the weights of the main hook block, auxiliary hook/block, slings and rigging, main/auxiliary wire rope from boom tip to block, the stored jib weight, and the auxiliary boom head.
8. National Commission for the Certification of Crane Operators (NCCCO) – NCCCO was formed in January 1995 as a non-profit organization to develop effective performance standards for safe crane operation to assist all segments of general industry and construction. For more information, visit www.nccco.org.
9. Net Capacity – The capacity of a lifting device, inclusive of the weights of the main hook block, auxiliary hook/block, slings and rigging, main/auxiliary wire rope from boom tip to block, the stored jib weight, and the auxiliary boom head.
10. Qualified Person – a person who, by possession of a recognized degree, certificate, or professional standing, or who by extensive knowledge, training, and experience, successfully demonstrates the ability to solve/resolve problems relating to the subject matter, the work, or the project.
11. Qualified Rigger – The Qualified Person engaged in configuring and rigging a load to be hoisted. This person must meet the criteria specified for a Qualified Person.
12. Signal-Person – The Qualified Person responsible for handling a hoisted load, whether through physical contact, or communication with an equipment operator. This person must meet the criteria specified for a Qualified Person.

General Requirements

1. At a minimum, the use, inspection, set-up, and maintenance of cranes and hoisting equipment shall comply with 29CFR Part 1926.1400-1441 relevant Subpart CC appendices, and the manufacturer's recommendations and requirements.
2. Prior to starting crane work on any project, a detailed lift plan must be submitted to the CM Safety Representative and CM Project Manager. **Incomplete lift plans will not be accepted.** The crane path sequence and lift plan shall be provided to the CM for coordination with other work on-site. The hoist path for all hoisting operations shall be pre-determined, planned and coordinated with the project Contractors to ensure that adequate clearance is given around hoisting operations. This is the responsibility of the CM, in coordination with the Contractor performing the hoisting operation.
3. All cranes shall be equipped with minimum of a standard portable 5-lb./ABC extinguisher.
4. Advertising signs shall not be installed unless approved by IUHMCC Project Manager. Sign size and positioning must satisfy the manufacturer and ASME B30.3 requirements.
5. The crane boom shall be lowered at the end of each workday, when possible.
6. Suspended loads shall not be left unattended, nor shall loads be suspended overnight.
7. No load shall be hoisted above any site personnel or critical equipment (e.g., storage tanks, emergency generators, etc.)
8. Loose material, tools, equipment, etc. must not be placed unsecured on any load that is to be hoisted by the crane
9. A positive acting anti-two-block that provides for an automatic cessation of the lifting action when the headache ball or block approaches the end of the boom or jib is required for all cranes on IU Health property.
10. All safety devices (anti-two blocks, limits, etc.) shall be tested prior to each shift, as part of the equipment inspection.
11. All loads shall have tag lines attached in order to control the load. Tag lines must be of appropriate length as not to create an additional hazard to the safety of personnel or the

- load (i.e., entanglement of the tag line). NOTE: It is assumed that tag lines are feasible, and that entanglement hazards can be minimized through coordination of the hoisting path. Contact CM Safety Representative if you feel tag lines cannot be used for a particular load/operation.
12. Tag lines shall consist of a minimum 5/8" rope and shall be free of knots. Tag lines shall be of sufficient length to maintain control of the load where there is any potential for striking either the boom or a fixed object.
 13. Crane coordination meetings shall be held daily by the Lift Director with Lift Coordinators from each Contractor involved in the day's lifting activities. The purpose of these meetings is to clarify communication systems, verify communication is clearly defined prior to beginning crane use, and avoid crane to crane contact. Voice communication systems shall be used when multiple cranes are operated in similar crane paths and/or as requested by the CM or IU Health.
 14. There shall be only one qualified signal person per crane to relay all signals to the crane operator, although the need for more than one ground guide may be required. Effective communications between the ground guides shall be clear and precise.
 15. Both the signal person and crane operator shall know and use the standard (ANSI) crane signals. Communication between the crane operator and the signal person is essential for the safe operation and movement of the crane while in operation.
 16. Cranes shall be equipped with a flag and beacon while on an IU Health project. Flags must be of proper size, shape, and color or pattern. Appropriate notification to the FAA shall be completed when working in or around flight patterns. **Note: FAA permits can take several months to secure, therefore preplanning is CRITICAL (Contractors erecting the crane must review and complete FAA Form 7460 as required).**
 17. For all lifts that may impact IU Health's Lifeline, coordination must take place between the CM, IU Health Lifeline, and the IUHMCC Safety Director.
 18. Crane appurtenances that exceed 200' above the ground or within 20,000 ft of an airport/helipad shall be marked and lighted.
 19. The erection, jumping, and dismantling of tower and gantry cranes of all types requires a written procedure, compliant with the manufacturer's recommendations and requirements. This procedure must be submitted to the CM Safety Representative, Project Manager, and IUHMCC Safety Director for review prior to starting activities.
 20. Rated load capacities, recommended operating speeds, special hazard warnings, and instructions shall be conspicuously posted on all equipment. Instructions and warnings shall be visible and legible to the operator while they are at their control station.
 21. All crane operations must have wind-measuring devices readily available (i.e., anemometer) to gauge wind speeds throughout the lifting operation. The device must be mounted above the upper rotating structure on tower cranes. On self-erecting cranes, it must be mounted at or above the jib level.
 22. Cranes shall not be operated when wind speeds at the site attain the maximum wind velocity based on the surface/load ratio recommendations of the manufacturer.
 23. Unless otherwise specified by the crane manufacturer, at winds greater than 25 mph, the operator, rigger, and lift supervisor shall cease all crane operations, evaluate conditions, and determine if the lift(s) shall proceed. This determination shall be based on wind calculations per manufacturer's recommendations.

24. The determination to proceed or not shall be documented in the crane operator's logbook/daily crane inspection report.
25. When lightning is observed, all crane operations shall stop. A determination shall be made as to proximity to operation being performed. If lightning is 10 miles away or less, work must stop until 30 minutes after the last audible thunder or visible flash of lightning. Plan work activities according to the latest weather forecast and be prepared to stop operations, until poor weather has safely passed. The CM will notify contractors when work may resume after a lightning or severe weather event.
26. Access to tower cranes must be restricted to authorized personnel only. Tower crane access at base of crane must be restricted with an enclosure of sufficient height (minimum 8' height) to keep unauthorized personnel from climbing the crane. The enclosure must be able to be locked when the crane is left unattended after hours, on weekends, or periods of time the job site is unoccupied. Measures to restrict tower crane access by unauthorized personnel may be required on upper floors as well.

Training Requirements (minimum)

The crane operator shall be trained, qualified, and/or certified, as specified in 29 CFR 1926.1427, for the equipment being used. All personnel associated with the lift must have the appropriate training in rigging procedures and safe crane lifting operations.

1. The certification must be specific to the type of crane being operated. Certifications shall be reviewed prior to work and be readily available for verification at any time the operator is on an IU Health project.
2. Employers must pay for certification or for qualification of their currently uncertified or unqualified operators. 29 CFR 1926.1427(a)(4)

Pre-Lift Considerations

1. A Crane Pick/Safety Plan that is job/operation specific will be required and must be submitted for all crane operations. This information will be communicated to the CM Project Management Team during initial planning of crane activity on-site.
2. The CM must ensure that ground preparations meet the requirements under CFR 1926.1402. The CM must inform the user of the equipment and operator of hazard locations beneath the set-up area, and must ensure outrigger bearing pressures imposed can be safely met.
3. The CM shall designate a Lift Director to be responsible for coordination of the safe use of crane equipment at the job site. The Lift Director will directly oversee work being performed by a crane(s) and the associated rigging crew(s), and coordinate the sequence of lifting operations in conjunction with the crane operator. The Lift Director is responsible for coordination with other cranes on-site and Contractor Lift Coordinators.
4. When the crane could enter the "danger zone" of power lines with boom length and rotation that can be achieved in current crane set-up, precautions shall be taken. Refer to sections 29 CFR 1926.1407 – 1411 when power lines are identified as potential hazards on projects. See OSHA 1926.1408 Table A- Minimum Clearance Distances.
5. A qualified signal person shall be provided when any point of the operation or movement is not in full and direct view of the operator. When means of signaling are hampered by poor visibility or building obstructions, alternative acceptable means shall be established for communications between the operator and the signal person (i.e., radios).
6. Loads shall not be suspended over any person or occupied building.

Set-Up

1. The Contractor shall be responsible for verifying that cranes and hoisting equipment are set up on a firm, supporting surface. This surface shall be in compliance with the manufacturer's recommendations for the type of equipment, configuration used, and the requirements specified in CFR 1926.1402.
2. The Contractor shall be responsible for making sure that the crane pad is suitable for the loads being placed on it (e.g., verification of any voids underneath pad, compaction testing, slope verification etc.).
3. All outriggers must be used. Cribbing shall be placed beneath the outriggers of all cranes. Cribbing shall be at least three (3) times the size of the outrigger pad, and shall consist of solid members. No voids shall be present beneath or between the cribbing.
4. The swing radius at the rear of the rotating superstructure of the crane shall be clear of obstructions, and shall be adequately barricaded.
5. The Lift Director will coordinate all assembly and disassembly of cranes, derricks, and related equipment. 29 CFR 1926.1404 – 1406 and 1926.1412 must be followed during the assembly and disassembly procedures.

Inspection

1. No claims will be considered for losses sustained by the Contractor for delays caused by failure to comply with crane and rigging inspection requirements.
2. Equipment that has had modifications or additions which affect the safe operation of the equipment or capacity must be inspected by a qualified person after such modifications/additions have been completed, and prior to initial use. The inspection must meet all of the requirements specified in CFR 1926.1412. Examples include modifications or additions involving a safety device or operational aid, critical part of a control system, power plant, braking system, load-sustaining structural components, load hook, or in-use operating mechanism.
3. Upon completion of assembly, the equipment must be inspected by a qualified person to assure that it is configured in accordance with manufacturer equipment criteria and requirements specified in CFR 1926.1412.
4. For each crane and ALL associated rigging equipment, Contractors shall provide to CM Safety Representative or CM designee, evidence of a thorough inspection of the hoisting machinery being performed by a qualified person from the crane supplier/vendor within six months of delivery to the site. The semi-annual crane inspection shall be maintained on the crane and retained for the duration of time the crane is on IU Health property.
5. If six months have elapsed since the last inspection or if the crane and its associated rigging have sustained any incident which may have resulted in damage, the crane and the associated rigging shall be fully re-inspected. Evidence of the current inspection must be provided to the CM Safety Representative or CM designee.
6. Contractors shall ensure that company-owned cranes are inspected at least every six (6) months by an independent 3rd party inspection agency (www.ccaaweb.net), and documentation is kept substantiating this. The semi-annual crane inspection shall be maintained on the crane and retained for the duration of time the crane is on IU Health property. Evidence of the current inspection must be provided to the CM Safety Representative or CM designee.
7. A daily inspection of the crane shall be performed by the crane's operator, or other competent person, to ensure that the crane is safe for operation. This inspection shall be

documented in writing by the person performing the inspection and shall be available for examination at any time.

8. Deficient items noted during inspection shall be corrected before use. The inspections must meet the requirements specified in CFR 1926.1412(d).
9. Documented daily crane inspections must be retained for the duration of the project.

Load Rating and Capacity

1. The load weight shall not exceed seventy-five (75)% of the crane's net capacity, considering the boom length, angle, and load radius (loads in excess of 75% must follow Critical Lift requirements).
2. Lifts, including Critical Lifts, shall never exceed eighty-nine (89)% of the crane's net capacity.
3. Computerized or electronic capacity-indicating or load-indicated devices, whether integral to the crane or not, shall not be used to determine the capacity of the crane. These instruments shall only be used to verify and confirm the capacities listed on the load chart.
4. The crane's capacity shall be determined using the shortest tipping access (e.g., over the side) that will be encountered during the hoisting operation.
5. The use of any outrigger configuration other than fully extended is not allowed unless the manufacturer specifically allows otherwise, and a load chart is supplied for the configuration.

Responsibilities (minimum)

CM Lift Director

1. Has authority to stop crane operations if unsafe conditions are present.
2. Must be on the job site at all times during assembly/disassembly of crane and crane lifts.
3. Coordinates lifting activities with other Contractor Lift Coordinators when cranes are used on the project.
4. Must meet the criteria for both a Competent and Qualified person, or must be a Competent Person who is assisted by one or more Qualified Persons.
5. Must have a minimum of 5 years' experience working directly with or in a similar oversight safety role with the type of crane and rigging being used.
6. Must understand crane lifting procedures and be knowledgeable about crane safety.
7. Ensures the personnel involved in crane operations understand their responsibilities, duties, and associated hazards.
8. Helps identify and plan picks that meet the "Critical Lift" criteria. Must be involved in all planning of Critical Lifts on-site.
9. Ensures precautions are implemented for special lifting operations such as Critical Lifts.
10. Works with the operator to address safety concerns.

Contractor Lift Coordinator

1. Has authority to stop crane operations if unsafe conditions are present.
2. Must understand crane lifting procedures and be knowledgeable about crane safety.
3. Must meet the requirements of a Qualified Rigger and have a minimum of 5 years' experience working directly with the type of crane and rigging being used.
4. Appoints qualified signal people and makes sure they meet applicable requirements.
5. Reviews the procedures with crew immediately prior to beginning work.
6. Ensures that crane work radius/travel areas are cleared, safe, and prepared before use.
7. Ensures traffic controls are in place to restrict unauthorized access to crane work area.
8. Ensures the loads are properly rigged and balanced.
9. Works with the operator to address safety concerns.
10. Must coordinate the work being performed by the crane and the associated rigging crew.
11. Informs operator of weight of loads and locations of materials to be hoisted. Verifies weights will not exceed the cranes capacity.
12. Must actively manage site and ground conditions, blocking material, proper location of blocking, verifying assist crane loads, boom and jib pick points, center of gravity, stability upon pin removal, snagging, struck by, counterweights, boom hoist brake failure, loss of backward stability, and wind speed and weather.

Operator

1. The crane operator is responsible for the safe operation of the crane. Whenever there is reasonable cause to believe that the lift might be unsafe, the operator shall halt operations until the situation can be discussed with the Foreman or Superintendent. The operator is responsible to immediately halt the hoisting operation if any condition or circumstance presents itself that may jeopardize the safety of personnel, property, or the integrity of the crane or hoisting equipment
2. Verifies proper crane mobilization, set-up, inspection, and use.
3. Must be involved in the pre-planning effort, including information required to complete the lift plan(s). The operator shares in the responsibility to ensure that the load(s) are properly rigged, the hoisting path is clear, and the communication to the rigger or ground person is clear and understood.
4. Must not engage in any activity that may divert his/her attention from the hoisting operation (e.g., talking on a cellular phone, etc.)

Qualified Rigger

1. The Qualified Rigger is responsible for the daily documented inspection of rigging equipment, and for proper configuration/use of rigging equipment for hoisting operations.
2. All rigging must be handled by a Qualified Rigger, and rigging devices (slings, chokers, etc.) shall be inspected prior to each use. If defects or damages are observed in any of the rigging equipment used, the rigger must remove the equipment from service.
3. The Qualified Rigger is responsible for knowing and identifying the weight of items to be hoisted, and for ensuring that the rigging used is of sufficient capacity. Manufacturer's working load limit tags shall be legible.
4. If load limit tags are illegible or if an accurate weight of the load is unknown, work must be stopped and supervision must be notified until an accurate weight can be determined.

Signal Person

1. The signal person is responsible for ensuring that the hoist path remains free and clear of obstructions and that no personnel are allowed to walk or work under a hoisted load. This person must meet the criteria specified for a Qualified Person.
2. The signal person is responsible for ensuring that the signaling method used between themselves and the operator is appropriate and agreed upon, and for maintaining constant communication with the operator (standard ANSI signals should be used).
3. The signal person is responsible for immediately halting the hoisting operation if any condition or circumstance presents itself that may jeopardize the safety of personnel, property, or the integrity of the crane or hoisting equipment.
4. The signal person must not engage in any activity that may divert his/her attention from the hoisting operation (e.g., talking on a cellular phone, etc.)
5. The signal person shall be easily visible, identifiable, and high-visibility reflective clothing shall be utilized.

Critical Lifts

1. The following are considered Critical Lifts:
 - a. Lifts that exceed 75% of the cranes net capacity
 - b. Working near energized overhead power lines/equipment (w/l 20 feet)
 - c. Lifting of personnel with basket
 - d. Lifts requiring crane to drive or track with a load
 - e. Lifts involving two or more cranes or using two or more pieces of equipment to lift
 - f. Lifts over any portion of an occupied building(s)
 - i. Plan must be coordinated for the removal of any occupants during lifts over buildings/structures.
 - g. Lifts over public streets/sidewalks
2. Any crane pick deemed high-risk by the CM and/or IUHMCC Safety Director may be classified as a Critical Lift.
3. A complete, detailed Critical Lift safety plan must be submitted to the CM Safety Representative and the IUHMCC Safety Director prior to Critical Lifts occurring on-site.
4. A pre-lift meeting will be scheduled by the CM to review the Critical Lift plan prior to the work beginning on-site.
5. Lifts shall never exceed eighty-nine (89)% of the crane's net capacity.
6. A test lift shall occur prior to the Critical Lift taking place. Exact weights shall be determined prior to the Critical Lift starting.
7. Exact weights shall be re-evaluated against the load chart and crane configuration to ensure the crane's capabilities.

Personnel Lifts

1. Personnel baskets shall not be used unless the erection, use, and dismantling of conventional means of reaching the worksite would be more hazardous or not possible. If a man basket is used, a pre-lift coordination meeting shall be held with the Contractor Superintendent, crane operator, company safety director, IU Health Project Manager, and IUHMCC Safety Director.

2. A crane operator cannot start a personnel lift after 10 hours at work and must complete all personnel lifting when reaching 12 hours at work. Operators must not work 8 hours prior to the shift requiring personnel lifting.
3. Platform occupants must be trained in the recognized hazards associated with this work.
4. Contractors must institute a personnel lifting safety program or include this information in their SSSP prior to conducting personnel lifts.
5. Personnel platforms shall not be used when wind exceeds 20 mph.
6. Occupants cannot exit or enter a suspended platform unless the platform has an installed gate.
7. Hand signals and their meanings must be posted in the platform as well as other required locations.

Sequence of Crane Selection, Delivery and Acceptance Validation

1. Contractor contacts crane provider to request crane and schedule crane provider field visit
 - a. Items discussed between Contractor and crane provider
 - What is being picked/lifted
 - Weight(s) of objects being picked/lifted
 - Location and distance from crane object(s) will be moved by crane
 - Working environment crane will be operating
2. Development and submission of initial lift plan
 - a. Contractor and crane provider collaborate to identify sufficient crane for variables identified in step 1
 - Type of crane (tower, crawler, all-terrain) crane boom length, amount of counterweight, location of counterweight, load chart in cab
 - b. Lift plan documentation is completed by Contractor and/or crane provider
 - c. Contractor/crane provider submits completed crane pick plan to the CM Lift Director and CM Safety Representative for review and approval
 - Feedback and/or revision request from the CM Lift Director and CM Safety Representative will be communicated and coordinated with the Contractor and crane provider
3. Development of quote/work order and submission to crane provider dispatch
 - a. Quote developed by crane provider and submitted to Contractor
 - Information on quote includes: Crane type and model + anticipated loads, picking/setting locations, crane reach
 - b. Quote reviewed and approved by Contractor
 - c. Work order entered into crane provider dispatch
 - Information includes: type of crane, counterweights, boom, date of delivery, delivery location and crane operation duration
4. Delivery, operational preparation, and inspection of crane-by-crane provider
 - a. Work order and dispatch ticket provided to crane provider technician/delivery driver
 - Technicians are used for crawler and tower cranes for on-site assembly
 - Driver/operators are used for all-terrain, rough-terrain cranes
 - b. Inspection of crane (by crane provider)

- Crawler and tower crane technician will conduct an operation inspection of the crane at completion of assembly
 - All-terrain and rough-terrain cranes include a copy of the crane's thorough semi-annual inspection documentation
5. Handover of crane from crane provider to the CM or Contractor (whichever is receiving the crane)
- a. CM or Contractor supplies lift plan previously delivered by crane provider
 - b. Crane provider representative provides CM/Contractor with work order, inspection documentation, and load chart for crane
 - c. CM/Contractor verifies acceptance and verification of matching documentation on the IU Health Crane Verification Form.
 - Documentation includes lift plan from crane provider, work order, inspection documentation and load chart
 - Upon review to ensure all information (crane type, amount of counterweight, boom length, load chart matches crane) is aligned in all documentation, the CM signs and dates the IU Health Crane Verification Form
6. Contractor crane operator and CM Lift Director or CM designee verifies physical crane against information provided in lift plan and work order
- Information review and verification includes type of crane, amount of counterweight, boom length, any preexisting damage and load chart
 - Picture taken by the Contractor of crane components as documentation
 - Upon review and verification that the physical crane is aligned with the lift plan, work order, inspection, load chart, and a picture is taken, the Contractor crane operator signs and dates IU Health Crane Verification Form (See Appendix III)

DEMOLITION

IU Health shall require Contractors performing demolition operations on an IU Health Project to conduct work in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart T – Demolition, and IU Health Safety requirements, in addition to the following procedures and requirements:

1. Prior to permitting employees to start demolition operations, an engineering survey shall be made, by a competent person, of the structure to determine the condition of the framing, floors, and walls, and possibility of unplanned collapse of any portion of the structure. Any adjacent structure where employees may be exposed shall also be similarly checked. The employer shall have in writing evidence that such a survey has been performed.
2. It shall also be determined if any type of hazardous chemicals, gases, explosives, flammable materials, or similarly dangerous substances have been used in any pipes, tanks, or other equipment on the property. When the presence of any such substances is apparent or suspected, testing and purging shall be performed and the hazard eliminated before demolition is started.
3. A hazard assessment must be performed prior to the start of demolition work to identify any hazardous chemicals, gases, explosives, flammable materials, or similarly dangerous substances that may have been used on the property. If any substances are found or suspected, testing and purging shall be performed, and the hazard eliminated before proceeding with demolition work.

4. A demolition plan shall be written by a Professional Engineer or competent person for the safe dismantling and removal of all building components and debris.
5. Employees that are working in demolition activities shall have training and understand the demolition plan so that their work activities are done in a safe manner.
6. All utilities shall be shut off, capped (with a minimum 3-foot gap for visual verification) or otherwise controlled outside the building line before demolition work is initiated.
7. When performing selective demolition on walls, Contractors must conduct an initial investigation to check for concealed utilities within the wall(s). This pre-demolition investigation must include both sides of the wall(s) to be demolished. Piping, medical gases, electrical, and other utility indicators must be verified as dead or protected, prior to beginning work. To protect trades personnel and building occupants, other considerations such as noise, dust, vacating of adjacent rooms, and vibration concerns must be considered and appropriate safeguards put in place.
8. Contractors will be required to wear Kevlar/cut sleeves in addition to their standard personal protective equipment when performing selective/hand demolition operations
9. All wall openings or open holes shall be protected by a guardrail, personal fall arrest system, safety net, or covers that are secured, marked, and labeled. All covers shall be substantial enough to support the weight of any load which may be imposed on it.
10. Construction personnel working around mechanized equipment and equipment operators shall be aware of their surroundings at all times. The employee shall get the operator's acknowledgment before walking behind, working in front of/behind equipment, and crossing in front of mechanized equipment. Construction personnel shall maintain a safe working distance around mechanized equipment.
11. A spotter shall be required for mechanized equipment operations in tight areas, near other trade personnel, low clearance/overhead hazards, or when backing.
12. The designated access points of the structure shall be in the demolition plan. Only designated stairways, passageways and ladders shall be used to access the structure. All other access ways of entry shall be closed to prevent unauthorized access.
13. All access points to a floor where demolition activities are being performed shall have a separate passageway that is properly lighted and protected.
14. All stairways, passageways and ladders shall be periodically inspected and maintained in a clean, safe condition. All stairways shall be properly illuminated for safe use.
15. No material shall be dropped to any point outside the building exterior walls or level to level within the building, unless contained in a fully enclosed chute.
16. Any chute opening where employees are dumping debris shall be protected by a guardrail system.
17. For chutes that have multiple vertical openings, the chute doors shall be locked. Only one chute opening can be used at one time.
18. A substantial gate shall be installed in each chute at or near the discharge end. A competent person shall be assigned to control gate operation and truck backing/loading.
19. Chutes shall be designed and constructed of such strength as to eliminate failure due to the impact of material and debris loaded into them.
20. Masonry walls, or sections of masonry, shall not be permitted to fall onto the floors of the building in such masses as to exceed the safe carrying capacities of the floors.
21. No wall section more than one story in height will be permitted to stand alone without lateral bracing unless it was designed to stand alone.

22. Structural or load-supporting members of any floor will not be cut or removed until all stories above such a floor have been demolished or removed.
23. Mechanical equipment shall not be used on floors unless the floors are of sufficient strength to safely support the loads imposed on the floor.
24. Curbs or stop logs shall be installed to prevent equipment from running over the edge. The curbs/stop logs shall be marked for easy identification.
25. Mechanical equipment will only be used for its intended purpose as per manufacturer's recommendations.
26. Steel construction will be dismantled column length by column length, tier by tier.
27. When floor arches have been removed, planking shall be provided for workers razing the steel framing.
28. Any structural member being dismembered shall not be over stressed.
29. All steel members shall be cut free prior to pulling over any portion of a wall. In addition, all roof cornices or stonework shall be removed prior to pulling over any wall.

ELECTRICAL

All work performed on IU Health properties shall comply with 29 CFR 1926 Subpart K (Parts 1926.400 - 1926.960), NFPA 70 – National Electric Code and NFPA 70E – Standard for Electrical Safety in the Workplace and specific IU Health Contractor Safety Requirements.

1. All electrical cords and power cords shall be inspected before use. Electrical cords that have kinks, worn insulation, cuts, exposed strands of wire, and missing ground pins shall be prohibited to use on-site.
2. Once a cord is damaged, it must be replaced. No repairs of electrical cords will be allowed. This includes taped repairs and replacement ends for missing grounds.
3. Electrical panel boxes shall be marked to identify the circuit and the voltage.
4. Substantial covers, either manufactured metal covers, plywood, or equivalent shall be in place on any energized panel box.
5. Temporary wiring connections with open conductors and/or utilizing wire nuts must be wrapped with electrical tape for additional protection.
6. Main disconnects and all branch circuits shall be properly identified.
7. Electrical cords and temporary lighting shall be strung a minimum of seven (7') feet from the floor where possible. Bulb guards or shatterproof bulbs shall be used.
8. Temporary lights shall not be suspended by their electric cord (unless designed to do so) or suspended with conductive materials (i.e., metal wire) and must be on a GFCI breaker.
9. Temporary electrical wiring shall be covered or elevated to protect it from damage.
10. Extension cords shall be routed to protect them from damage and to not create a tripping hazard. Where possible, extension cords should be suspended overhead and hung with non-conductive material.
11. Heavy-duty 12-gauge electrical cords (type S, SJO, SJTW, ST, SO, STD) are acceptable for use on IU Health construction sites.
12. Residential power strips are not rated for construction use and are not allowed on the project.
13. Receptacle outlets, regardless of voltage, that are not part of the permanent wiring of the building or structure and in use by employees, shall be provided with Ground Fault Circuit Interrupter (GFCI) protection either at the circuit breaker, or at the device.

14. If a receptacle or receptacles are installed as part of the permanent wiring of the building or structure and they are used for temporary electric power, GFCI protection shall be provided by the individual Contractors for protection of their personnel.
15. All energized devices, such as light switches and electrical outlets, shall have non-conductive and positively secured covers in place. The use of electrical tape as a substitute for covers is not permitted. If covers must be removed for the purpose(s) of drywall finishing, painting, wall covering installation or other types of work, all energized devices shall be de-energized and locked out/tagged out by a Qualified Person prior to cover removal.
16. All extension cords shall be protected by GFCI protection at the source end, either by temporary GFCI receptacles, or by a portable GFCI.
17. Fish tapes or lines made of metal or conductive material are prohibited. Non-conductive fish tapes and lines must be used.
18. Portable Generators
 - a. Shall be placed to minimize the buildup of fumes in work areas.
 - b. Shall not be placed near air compressors supplying air to respirators.
 - c. Must be turned off before fueling.
 - d. Shall have GFCI protection when using as a power source. In addition, portable generators shall be grounded according to manufacturer's recommendations.

Energized Electrical Equipment

1. The goal is to achieve 100% lockout/tagout when working on all systems that have the potential to become energized.
2. All options to work on systems de-energized must be exhausted before energized work permits will be considered or approved.
3. If it is determined that lockout/tagout can't be achieved, the Contractor must communicate/coordinate with the CM to implement an energized work safety plan.
4. Immediate notification to the CM Safety Manager, CM Project Manager, IU Health Project Management and IUHMCC Safety Director must be made before initiating energized work.
5. A formal planning meeting must occur between IU Health, the CM, and the Contractor(s) to review the energized work safety plan prior to the commencement of any work on live electric circuits.
6. Energized Electrical Work Permits must be sought from an IU Health Safety Representative, filled out completely, and signed off by the CM Safety Manager, CM Project Manager, CM Superintendent, IU Health Project Management, and IUHMCC Safety Director.
7. Contractors shall conduct a job briefing with the employees involved in order to make sure everyone is aware of the hazards, work procedures, special precautions, energy source controls, and PPE required.
8. Contractors are responsible for ensuring that all employees involved are properly trained and Qualified.
9. The CM will provide notice to IU Health and all Contractors working on-site when any of the building's permanent electrical system is energized. The CM Project Management Team will review the status of the transfer to permanent power system at project meetings with Contractors.

10. All electric equipment, conductors, bus bars/tubes and cables, shall be considered energized, unless they have been de-energized, tagged, tested for voltage, and effectively grounded.
11. Operating voltages of equipment and conductors, cables, bus bar/tubes, shall be determined before working on or near energized parts.
12. Employees working on or near energized equipment, conductors, cables, or bus bars shall utilize appropriate protective equipment, such as rubber gloves and sleeves, or live line tools to maintain an isolated or insulated position.
13. All rubber gloves and other line tools or devices shall be rated above the voltage involved.
14. All live line tools used in hot work shall be utilized within the manufacturer's certification and recommended test ratings.
15. All live line tools shall be visually inspected before use each shift. Tools to be used shall be wiped clean of contaminants and shall be free of mechanical defect. Defective tools shall be removed from service and tagged.
16. When measuring devices are used on or near energized conductors or related equipment, they shall be non-conductive.

Lighting

1. The CM shall evaluate field operations for compliance with safe work practices associated with lighting conditions, and correct all unsafe conditions.
2. Each Contractor is responsible for evaluating working conditions and providing adequate work area and task lighting for their employees.
3. All lamps for general illumination shall be protected from accidental contact or damage.
4. Temporary and portable lights shall be maintained by a Qualified Person on a daily basis to prevent broken lamps and repair missing or damaged cages.
5. Fixture wires shall be suitable for the voltage, temperature, and location of use. A fixture wire, which is used as a grounded conductor, shall be identified.
6. Branch circuits shall originate in a power outlet or panel board. Runs of open conductors shall be located where the conductors will not be subject to physical damage, and the conductors shall be fastened at intervals not exceeding ten (10) feet. No branch-circuit conductors shall be laid on the floor.
7. General lighting shall be of sufficient illumination to maintain a minimum of five (5) foot-candles, or, if deemed inadequate by CM Safety Representatives or IUHMCC Safety Team, sufficient to allow work to proceed in a safe manner.

ERGONOMICS/WORKSTATIONS

1. Employee work positioning must be evaluated as part of the JHA process.
2. All measures must be taken to avoid putting employees in situations where straining or twisting to reach a work area.
3. Ergonomic tools need to be considered for repetitive processes.
4. Workstations:
 - a. Workstations to perform work shall be elevated and not on the floor, if feasible.
 - b. Each Contractor must furnish a wheeled refuse container to be positioned at each elevated workstation. As waste is generated, scraps and debris are to be immediately put into the containers, not on the floor.

- c. Workstation areas shall always be swept and kept clean to prevent slip, trip, and fall hazards.

EXCAVATIONS / GROUND PENETRATION

IU Health requires Contractors performing excavation/trenching operations or ground penetration to be in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart P – Excavations, Subpart M Fall Protection, in addition to the following procedures and requirements:

1. Prior To Excavation/Ground Penetration Operations:
 - a. It will be the Contractor's responsibility to verify all underground installations (e.g., sewer, electrical, water, fuel, storm, sanitary, communication lines, and other underground infrastructure) prior to excavating - Indiana 811.
 - b. An excavation/trenching permit approved by the CM Safety Representative shall be filled out daily along with a Pre-task Plan (see sample Excavation/Ground Penetration Permit in Appendix III).
 - c. A formal pre-planning meeting shall take place with the excavation Contractor prior to any excavation operation beginning on-site.
 - d. Contractors involved with excavation or trenching work will meet for a daily excavation coordination meeting with the CM Superintendent or CM designee before work starts at the beginning of each shift.
 - e. An updated site utility as-built drawing must be maintained and available for review by those involved with excavation/trenching operations each morning.
 - f. GIS or similar technology plans shall be reviewed, along with any other documentation that can assist with locating utilities where excavation work will be performed.
 - g. The **"entire"** excavating area, in addition to 5 feet outside the marked perimeter/boundary of the excavation shall be swept in a grid system by the third-party utility locating company. In addition, the Contractor shall also locate manholes and other identifiers that could suggest unknown utilities in the excavation area.
 - h. The Contractor shall request a "Joint Meet" and be present when the utility lines are marked to confirm excavation path and ensure alignment and coordination of excavation operations.
 - i. It shall be the Contractor's responsibility once the third-party locating company has marked where the utilities are located to **"visually verify"** where the utility is in the ground by hand digging, potholing, or hydro excavating to locate the utility. The Contractor shall visually verify and document the depth, width, and elevation of the utility prior to excavating. Duct banks shall be identified on both sides to determine width.
 - j. **When locate markings are dissipated by environmental factors (e.g., rain, snow) or by earth moving activities, it is the responsibility of the Contractor to have their third-party locating company remark the lines.**
 - k. Contractors are responsible for potholing unless otherwise specified in the excavation pre-construction meeting. Potholing must be done at locations where new utilities and new foundations will cross existing utilities and at regular intervals as discussed in the pre-construction meeting (but no less than every 50

feet). Contractors performing potholing shall coordinate with the CM team to create the pothole plan drawing at the pre-construction meeting indicating intended potholing locations. If additional potholing is required, the Contractor shall submit intended pothole locations to the CM Superintendent and CM Project Manager. Potholing shall be done such that entire width of utility is exposed so size of utility can be documented during survey. Contractors are to install sight tubes after survey and utility documentation is complete. Sight tube applicability will be reviewed at the pre-construction meeting. Contractors are responsible for providing potholing for utility crossings while executing their scope of work unless sight tubes are present at these points.

- i. All located utility crossing points must be exposed by daylighting procedures with vacuum truck or hand excavated. Contractors must have EYES ON buried utilities before continuing to machine dig.

2. Excavation/Ground Penetration Requirements

- a. The Competent Person shall inspect the excavation or trench prior to anyone entering. The Competent Person must have thorough knowledge of soil classification and protective systems that might be used in the excavation/trench.
- b. The Competent Person shall be at the excavation/trench site while work is being performed.
- c. The Competent Person shall inspect the excavation/trench frequently during the course of the day while work is being performed in the excavation/trench.
- d. Any soils that have been previously disturbed (e.g., utilities, fill, blasting) will be classified as "C" type soil.
- e. Excavations/trenches greater than 4 feet in depth shall be protected by means of sloping soils, manufactured protective systems (trench box), or shoring.
- f. A safe means of access and egress (ladder, ramp or stair) shall be provided for employees in the excavation/trench (depth of **4+ feet**) and shall be no more than 25 feet unimpeded access and egress laterally from where the employee is working. When trench boxes are used, an approved ladder shall be used inside the trench box.
- g. When using a trench box, tabulated data shall be submitted to the CM Safety Representative. The trench box data shall be stamped by a PE.
- h. When using a trench box, soils shall be sloped/benched back at the open ends, unless shields or other approved protection methods are provided.
- i. Employees shall not work under any load while working in an excavation/trench.
- j. All excavations, regardless of depth, shall be protected by a barrier (e.g., safety fence, guardrails) to prevent pedestrian or vehicular traffic from entering the trench/excavation. The protective barrier system used shall be at least six (6) feet back from the leading edge of the excavation/trench.

3. Working Around Mechanized Equipment
 - a. Construction personnel working around mechanized equipment and equipment operators shall be aware of their surroundings at all times. The employee shall get the operators acknowledgment before walking behind, working in front of or behind equipment as well as crossing in front of mechanized equipment. Construction personnel shall maintain a safe working distance around mechanized equipment and a spotter is required.
 - b. Equipment operators and truck drivers must not operate closer than minimum clearance distances from overhead or underground electrical wires/power lines. If work is required near these utilities, the Contractor must consult with the CM Superintendent and CM Safety Representative about an alternate safety plan to protect tradesmen.

4. Training Requirements
 - a. Each employee working in an excavation/trench shall be trained in excavation and trenching procedures.
 - b. Each employee working around mechanized equipment shall be trained to maintain safe working distances when working around mechanized equipment.
 - c. Employees shall be trained in all sloping, benching, and shoring procedures prior to entering the excavation or trench.
 - d. Atmospheric monitoring must be documented and conducted by someone trained in the use of atmospheric monitoring equipment.

FALL PROTECTION

IU Health Fall Protection Policy requires 100% fall protection when employees are exposed to a fall hazard six (6) feet or greater. There will be zero tolerance for not being properly protected or 100% tied off over 6 feet. Contractors working on a project installing and using fall protection systems shall be in compliance with 29 CFR 1926, Construction Industry Regulations, Subpart M - Fall Protection, in addition to the following procedures and requirements:

1. Fall protection systems that are acceptable to use on construction sites include guardrail systems, safety net systems, fall restraint devices, and personal fall arrest systems.
2. At no time shall a safety monitoring system be used for fall protection of employees.
3. Fall protection systems shall be inspected regularly by the Contractor Safety Representative, and daily by the Contractor personnel using the Personal Fall Arrest System (PFAS).
4. A Personal Fall Arrest System (PFAS) shall be comprised of a full body harness with seat and leg straps, suspension trauma strap (relief step down device), retractable lanyard with double locking snap hook.
5. All fall protection systems in use shall not be over 5 years old of the manufacturer's issue date or in-service date by the Contractor (documentation required).
6. All labels/inspection tags on fall protection equipment shall be legible. If the labels/inspection tags are not legible, they will be prohibited for use on an IU Health project.
7. All occupants of a MEWP must use fall arrest or restraint systems attached to the manufacturer's approved anchor point when such an anchor point is provided.
8. If no anchorage point is supplied, seek guidance from the manufacturer and IUH Safety Representative.

9. At a minimum, employees shall follow the manufacturer's recommendations for the type of fall arrest/restraint to be used when working from a scissors lift.
10. Horizontal Lifeline systems shall be an engineered system or designed by a licensed Professional Engineer (PE).
11. Vertical Lifeline systems shall have a grommet end and a double snap hook. All lifelines will be attached to a D-ring or designed fall protection device anchorage point capable of supporting 5000 pounds.
12. Knots are prohibited in lifeline systems. All Vertical Lifelines shall be touching the ground when using the system. Vertical Lifeline systems shall be protected from abrasion by using a secured protective sleeve or softener. Barricades shall be used below as well as signage posted stating "workers working above".
13. All vertical self-repelling devices shall have a separate vertical lifeline. Lines shall be protected from abrasion. All tools shall be tethered from falling below to lower working surfaces. Barricade shall be installed below workers with appropriate signage "men working above".
14. Hard barricades may be required in lieu of danger tape based on type of risk(s), location, and/or at CM/IU Health direction. Danger tape used to warn of a fall exposure must be replaced by a hard barricade at the end of each shift. Danger tape used to warn of a fall exposure cannot be left up overnight.
15. Tie off to cable guardrails is prohibited.
- 16. Employees shall be protected from falling objects through guardrails by the installation of debris netting at all perimeter and interior locations where materials could fall or blow through guardrail system.**
17. Stilts are permitted to be used on IU Health construction projects; however, a safety plan shall be submitted to the CM Safety Representative, and include but not be limited to a fall protection plan, housekeeping preparations, stilt inspection, raising guardrails (if needed), and coordination with other trades. Those who are in violation of the safety plan submitted to the CM will be prohibited from using stilts for future work on-site.
18. All employees shall be protected from falling or walking through holes or openings by the use of guardrail systems, covers, and or PFAS.
19. A hole that is 2 inches or more shall be covered, marked with "hole" written on the cover and secured from displacement. The cover shall be marked with high visibility paint to be easily identified.
20. Where there is a potential for water intrusion damage to stored material/equipment or work in place, all floor covers must be sealed to the floor with watertight sealant, or Contractors must have a CM-approved Water Intrusion Plan on file.
21. A wall or partition opening 30 inches or higher and 14 inches or wider where an employee could fall through the opening shall be protected by a guardrail system, safety net system, and or PFAS.
22. Coverings for floor and roof openings shall be of sufficient strength to support twice any load that may be imposed and shall be secured in place to prevent accidental removal or displacement. Covers shall support without failure at least twice the weight of employees, equipment, and materials that may be imposed on them at any one time.
23. Standard guardrails must consist of top rail that is at a 42-inch height plus or minus 3 inches, mid-rails at 21 inches or half the top rail height, and toe boards a minimum of 3-1/2 inches high above walking/working level.

24. An extension platform outside a wall opening onto which materials can be hoisted for handling shall have a standard railing that meets handrail standards. However, one side of an extension platform may have removable railings to facilitate handling materials. The employee shall wear a PFAS when removing the guardrail when on the platform.
25. The top rail of the guardrail system must be able to withstand a force of 200 pounds applied within two inches of the top edge, in any outward or downward direction without failure.
26. Mid-rails shall be capable of withstanding, without failure, a force of at least 150 pounds applied in any downward or outward direction.
27. Toe boards shall be capable of withstanding, without failure, a force of at least 50 pounds applied in any downward or outward direction. There shall be no opening between toe boards.
28. **Guardrail systems (with exception of scaffold systems or where it creates a greater hazard) must be equipped with perimeter debris screening or mesh from the bottom of the toe board to the top of the top rail until walls or windows are in place to prevent debris from being displaced.**
29. Wood guardrails - the post shall be at a minimum of 2" x 4" stock and spaced eight feet on center. Top and mid-rails rails shall be minimum 2" x 4" stock. Toe boards shall be a minimum 1" x 4" stock.
30. Structural steel railing posts shall be 2x2 x 3/8" angles, with posts spaced no more than 15 feet on center. Steel posts used for safety rails shall be at a height greater than 42 inches but not over 45 inches to accommodate the slab thickness of the floor.
 - a. Wire Perimeter cable used as guardrails may be 1/2-inch wire rope. Closed 18-inch turnbuckles are to be used every 100 feet to assist with maintenance of the cable, and to maintain no more than 3 inches of deflection in the cable guardrail. Cable shall be terminated at end posts on straight runs and must never turn a corner. **Used elevator cable is not permitted for perimeter protection/guardrail.**
 - b. The cable shall be flagged at 6-foot intervals with highly visible material and maintained for the entire time cable is left in place.
 - c. All perimeter cable systems shall be looped and terminated with three "Crosby clips" on each end.
 - d. A Personal Fall Arrest System shall not be attached to a guardrail system.
 - e. The Contractor installing the perimeter cable guardrail system shall submit to the CM a design with details on how the system will be installed and maintained during the pre-construction meeting.
31. Additional Guardrail Requirements
 - a. Double headed nails are prohibited on guardrail systems.
 - b. Wood guardrails shall be continuous from post to post with no splices in the guardrail system.
 - c. Safety net systems shall be installed as close as possible below the working deck, not to exceed a distance of 25'.
 - d. Safety net systems shall be inspected at least once a week.
 - e. Safety net systems shall be drop tested after initial installation and before being used as a fall protection system.

- f. Additional drop tests are required after any repair, whenever the nets are relocated and at 6-month intervals, if the nets are left in place.
- g. Decelerating devices and lanyards shall not be used with self-retracting lifelines or tied back to itself. Daisy chaining lanyards and retractable lifeline systems is prohibited. No snap hook to snap hook attachment of fall protection lanyards.
- h. 100% fall protection must be maintained at all times while disconnecting and reconnecting to a different location at an elevation greater than 6 feet. At least one lanyard shall be attached to an anchorage point at all times to be in compliance with the IU Health fall protection policy.
- i. A competent person shall assure that fall distance calculations have been evaluated in each circumstance where a PFAS is being used.
- j. Retractable lanyard systems shall be used for heights 18-1/2 feet or below. Ensure that body weight and tools are considered, and that manufacturer's recommendations are followed so as to not exceed the limitations of the PFAS.
- k. A PFAS shall be rigged so that the employee cannot freefall more than 6 feet nor contact a lower level or obstruction. Retractable lanyard systems shall be attached above the employee or directly behind the employee opposite of the fall hazard.
- l. Swing hazards must be considered when identifying anchorage points.
- m. A PFAS is not required when actively climbing up or down a ladder. However, if employees are working from a ladder, a competent person shall determine if positive fall prevention is feasible. If the employee is working on the ladder and going beyond the ladder side rails or if 3 points of contact cannot be maintained, fall protection or another means to access the work safely shall be used.
- n. Retractable lanyards shall incorporate either a 3/16-inch steel wire cable or a nylon strap with a minimum width of 1 inch.
- o. 6' Nylon shock absorbing lanyards can only be used over 18/1/2 feet in height, depending on the manufacturer requirements.
- p. Rigging devices shall not be used for fall protection anchorage points.
- q. Steel erectors and metal decking installers shall utilize 100% fall prevention devices at all times when working over 6 feet.
- r. The OSHA 1926 Subpart M fall protection exception does not apply to overhand bricklaying operations on IU Health projects. Masons who are overhand brick or block laying shall use vertical lifelines or other fall protection devices to be in compliance with IU Health fall protection policy.
- s. When erecting and dismantling scaffolding, employees shall be 100% tied off.
- t. Adequate fall prevention devices shall be used at all loading platforms prior to removing existing perimeter protection.
- u. The Contractor's rescue plan for all elevated work shall be documented on the Contractor SSSP, JHA, and/or Pre-Task Plan.

Guardrail Removal Program

The CM shall develop and implement a Guardrail Removal Program. The Guardrail Removal Program shall include a permit system where removal of guardrails is controlled and overseen by the CM. The CM Safety Representative must be notified of the guardrail removal before any fall protection railings are removed.



1. The Guardrail Removal Permit (Appendix III) must address and identify the following:
 - a. The purpose of the guardrail removal, including duration.
 - b. The Contractor responsible for establishing a Controlled Access Zone (CAZ) prior to guardrail removal.
 - c. The name of the Competent Person responsible for oversight of the operation.
 - d. The location of the guardrails to be removed.
 - e. A description of the fall prevention or protection systems to be utilized by the employees working inside the CAZ, including anchorage points.
 - f. Permit approval (signature) block, including the Contractor's Competent Person, Contractor Superintendent (general or area), and CM Safety Representative.
 - g. Permit closeout, including inspection of the re-installed guardrail system and sign off by the Competent Person and CM Superintendent.
 - h. Guardrail Removal Permit must be used to document the management from removal of the guardrail through the guardrail being put back in place.

FIRE PROTECTION AND PREVENTION

IU Health shall require all Contractors to be in compliance with 29 CFR 1926, Construction Industry Regulations, Subpart F – Fire Protection and Prevention, in addition to the following procedures and requirements:

1. The Contractor shall establish a Fire Prevention and Life Safety Plan referencing OSHA, and NFPA Standards.
2. The Contractor's Fire Prevention and Life Safety Plan shall be submitted to the CM as part of their SSSP. The Fire Prevention and Life Safety Plan must be updated as job conditions change.
3. Flammable liquids shall be used only in small amounts in approved self-closing safety cans and shall be stored in designated fuel storage areas.
4. Smoking and tobacco products are prohibited on IU Health property. This includes electronic and vaporless cigarettes/devices.
5. Only flame-resistant tarpaulins or materials of similar fire-retardant characteristics will be used for temporary enclosures.
6. Use and location of open flame temporary heating devices must be coordinated and approved by the CM Safety Representative. Open flame heating devices shall not be used in enclosed structures/buildings.
7. Aisles, traffic lanes, or fire exits shall not be blocked.
8. At least one portable fire extinguisher having a rating of not less than 20 lb. ABC units shall be located not less than 25 feet, nor more than 75 feet, from any flammable liquid storage area located outside, including bulk fuel storage areas.
9. A 20 lb. ABC fire extinguisher shall be provided for each 3,000 sq. feet of the protected building area. Travel distance to the nearest fire extinguisher shall not exceed 100 feet.
10. Fire extinguishers must be placed on a stand or mounted to prevent them from sitting in moisture, ease of access, and increased visibility.
11. Employees shall know the location of the nearest fire extinguisher (s).
12. All firefighting equipment, provided by the employer, shall be conspicuously located.
13. Access to fire extinguishers and other firefighting equipment shall be maintained at all times, and must not be obstructed.

14. A Hot Work Permit shall be issued for open flame, heat or spark producing activities including brazing, cutting, grinding, soldering, welding, and torch applied roofing. (Refer to Hot Work section below for additional details).
15. A fire watch must remain on-site (with the permit) for at least 30 minutes after the completion of the hot work. This includes at breaks, lunch breaks, and the end of shifts.
16. Employees shall know the location of designated fire exits and non-designated alternative exits.
17. Tampering with or the unauthorized removal of fire extinguishers from assigned locations is prohibited.

FLAMMABLE MATERIAL STORAGE

1. Only approved containers and portable tanks shall be used for storage and handling of flammable and combustible liquids. Approved metal safety cans shall be used for the handling and use of flammable liquids. Grounding and bonding between containers shall be maintained when transferring flammable liquids.
2. Flammable or combustible liquids shall not be stored in areas used for exits, stairways, or normally used for the safe passage of people.
3. No more than twenty-five (25) gallons of flammable or combustible liquids shall be stored in a room outside of an approved storage cabinet.
4. Flammable liquids shall be kept in closed safety containers when not in use.
5. Flammable liquids may be used only where there are no open flames or other sources of ignition (e.g., electrical rotating equipment, hot metal surfaces, high temperature water pipes, etc.) within fifty (50) feet of the operation, unless conditions warrant greater clearance.
6. Whenever possible, bulk fuel tanks should be kept offsite.
7. If bulk fuel tanks are determined to be necessary on-site, CM approval is required, and tank locations must be coordinated with the CM.
8. The CM must approve each contractor's Spill Prevention Plan prior to bringing tanks on-site.
9. All bulk fuel storage tanks must be double-walled and be equipped with a breakaway hose.
10. If a contractor uses a secondary spill tub, the secondary spill tub must be monitored and pumped regularly by an approved waste hauler.
11. Transfer tanks must be properly secured to a spill containment pallet properly sized for the potential spill.

HOT WORK

IU Health requires all hot work activities, which include but are not limited to welding, burning, cutting, brazing, open flame, or any other spark producing work to be performed in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart J– Welding and Cutting, NFPA 51B standards, IU Health Safety requirements, in addition to the following procedures and requirements:

1. No one shall perform welding, cutting or other open flame work without first obtaining a Hot Work Permit from the CM Safety Representative or CM designee. The permit shall specify the area in which the cutting, welding or other open flame work will take place. Personnel involved in the hot work activity will inspect the area in which the cutting, welding or other open flame work is to take place before beginning work.



2. An approved CM-issued Hot Work Permit (see sample in Appendix III) shall be posted where any welding/cutting or hot work operation is conducted and must be immediately available to IU Health or emergency response personnel if requested. Welding or cutting operations shall be performed by, and under the supervision of, individuals capable of performing such operations safely and in accordance with applicable regulatory requirements. Welding or cutting operations shall only be conducted in areas approved for that purpose.
3. A fire watch is required during hot work operations and for **30 minutes after completion of welding/cutting** (includes during breaks, lunch breaks, and end of shift). A trained fire watch shall be in attendance to watch for fires, operate portable fire extinguishers or fire hose when necessary, and perform similar fire prevention duties. In some cases, additional fire watch may be required in other areas around or below the immediate work area. The person assigned as fire watch shall be capable of immediately reporting an emergency via phone or radio.
4. At least one 20 lb. ABC rated fire extinguisher is required where hot work is being performed. The extinguisher must be contractor-provided and used for hot work purposes only. General use or area extinguishers must not be used as the primary extinguisher for hot work.
5. No combustible materials shall be within **35 feet** of hot work operations without approved shields/covers/fire blankets. Floors, ceilings, and wall openings shall be protected by non-combustible shields or covers.
6. Welding screens shall be in place when welding to prevent arc welding flashes and burn exposure to surrounding Contractor employees. Screens shall be positioned in a manner to box the welding operation in and prevent being viewed by other Contractor employees.
7. Welding/cutting or other potentially spark producing work shall not be performed in or near rooms or locations where flammable gases, liquids or vapors, lint, dust, or loose combustible stocks are present and where sparks or hot metal are capable of causing ignition or explosion of such materials.
8. Welding and cutting shall not be performed on containers and equipment containing or having contained flammable liquids, gases, or solids.
9. Flashback arrestors shall be attached to regulator hoses at the cylinders and torch end.
10. Employees performing hot work shall wear non-flammable clothing. Wearing synthetic/polyester clothing is prohibited when performing hot work. Welders' PPE requirements shall include welding hood, welding jacket, and welding gloves. Welding hoods shall be attached to the hard hat. When using welding hoods, employee(s) shall use filter lenses that have a shade number appropriate for the work being performed to protect the employee from optical radiation. Welding hoods shall be ANSI approved.
11. Automatic sprinkler protection shall not be shut off during welding/cutting operations. Where welding or cutting is performed close to automatic sprinklers, noncombustible barriers shall shield the individual sprinklers but shall be removed immediately when the work is completed.
12. Any unsafe practice or condition related to hot work noted by the CM or IU Health Representatives may result in the temporary or indefinite suspension of a welding/cutting permit and the immediate cessation of operations.

13. Compliance with all requirements established in this policy shall be the responsibility of all personnel performing welding, cutting and other open flame work at IU Health. Informational documents containing requirements and standards for welding, cutting and other open flame work may be obtained from the CM Safety Representative.

FIRST AID & CPR/ MEDICAL ATTENTION

1. At least one qualified person per Contractor shall be available at the work site, at all times, to render first aid. This person must have a valid certificate in First Aid training from the American Heart Association, the American Red Cross, or equivalent verifiable training program. A minimum ratio of one such qualified person for every 25 employees shall be maintained by each Contractor throughout the project.
2. Approved first aid supplies, including eye wash, shall be readily available, adequate for environment used, and items inventoried periodically. First aid kits of appropriate size will be provided in the Contractor field office, break trailers, and site supervisor pickup trucks.

FORKLIFT/POWERED INDUSTRIAL TRUCKS

1. Only operators who have been formally trained and authorized shall be allowed to operate a forklift on IU Health property. Training card(s) must be produced upon request. Training and re-evaluation of operators must be current.
2. Modifications to powered industrial trucks that affect capacity and safe operation shall not be performed unless written permission is obtained from the manufacturer or an approved independent laboratory. This includes welding or drilling on forks, removal of alarms or lights.
3. Free-rigging of loads by direct attachment to or placement of rigging equipment (slings, shackles, rings, etc.) onto the tines of a powered industrial truck is prohibited. This type of lift does not use an approved lifting attachment to distribute, center and secure the load. An engineered center pick point attachment or forklift boom attachment must be used.
4. Operators of all powered industrial trucks, motor vehicles, job site heavy equipment or similar, must not be on the phone or any other distracting device while equipment is in motion or in use.
5. Only loads within the rated capacity of the forklift may be handled.
6. Forklifts must be thoroughly inspected (and documented) before each shift.
7. If at any time a forklift is found to be in need of repair, it must be taken out of service and tagged as defective until it has been restored to a safe operating condition.
8. Every powered industrial truck must be equipped with an operator-controlled horn and functioning back up alarm.
9. No riders are allowed to hitch a ride on a forklift or other similar equipment at any time.
10. Seat belts must be worn at all times, and must not be cut off or otherwise impaired.
11. Whether or not the forklift is carrying a load, no person may stand or pass under elevated forks.
12. If personnel are being elevated, an approved, engineered safety platform firmly secured to the forks and/or lifting carriage must be used.
13. The body of the operator must be kept inside the running lines of the forklift.
14. When a forklift is left unattended, load engaging means must be fully lowered.

15. For security of equipment and tools, forklifts are not to be left unattended for any period of time with the boom raised.
16. When traveling with or without a load, the forks must be tilted back and raised only as far as necessary to clear the road surface.
17. A load backrest extension must be used, whenever necessary, to minimize the possibility of a load falling rearward.
18. A solid overhead guard must be used to protect the operator from falling objects. Hard hats must be worn as required.
19. Operators must slow down and sound the horn at pedestrian crossings and other locations where vision is obstructed. If the load being carried obstructs forward view, the operator must travel in reverse with a spotter.
20. Each vehicle shall be equipped with a fire extinguisher for emergency use.
21. Pedestrians and job site personnel have the right of way at all times.
22. Appropriate, safe, and reasonable speed limits shall be observed when operating motor vehicles and powered industrial trucks.

HAND & POWER TOOL

IU Health shall require Contractors using hand and power tools to be in compliance with 29 CFR 1926, Construction Industry Regulations, Subpart I – Hand and Power tools, American National Standards Institute (ANSI) standards, in addition to the following procedures and requirements:

1. General

- a. Hand and power tools shall be used for their intended purpose, inspected, and maintained according to the manufacturer's instructions and recommendations.
- b. Safety devices that come with the tool and/or are required by the manufacturer shall not be removed or altered.
- c. Power tools that are designed to have a guard shall have the guard in place before use.
- d. All portable grinders must have handle attachment and approved guard in place while being used.
- e. Personnel shall use approved face shield with safety glasses when using grinders.
- f. Grinding wheels/discs shall not be operated beyond their rated speeds (RPM) and shall never be left running when not in use.
- g. Abrasive/grinding wheels, when removed from mounting or stored, shall be stored in a dry location to prevent damage.
- h. Power tools that create sparks (e.g., grinder, abrasive wheels) shall be used in locations where there are no flammable or combustible materials in the work area. A hot work permit shall be required.
- i. When work is being performed overhead, above a lower level where employees are exposed, tools shall be tethered.
- j. All cutting activities with hand and power tools shall be done on a supported surface. Cutting free hand or holding materials against body parts to cut is prohibited.
- k. All power tools shall have a "dead man" switch that automatically shuts off power whenever the hands of the operator are removed from the tool.

- l. No cartridge style nail guns, nor any tool that uses a cartridge or any explosive charge, shall be permitted in public areas, unless authorized by the IUHMCC Safety Director.
- m. Rotating drill equipment will require a properly adjusted clutch which will disengage device if it becomes “bound” up. Employees using these tools must be trained by the Contractor on how to adjust clutch to prevent injury.

2. Hand Tools

- a. Cheater bar extensions are prohibited on any hand tool unless specifically manufactured for the tool.
- b. When working with hand tools such as knives, workers shall cut away from the body to prevent lacerations. All sharp tools (e.g., utility knife) shall be retracted when not in use and placed in a holder, not in the worker’s pocket.
- c. Wooden handle of tools shall be kept free of splinters or cracks and shall be kept tight/secure in the tool.
- d. Impact tools such as chisels, wedges and drift pins shall be kept free of mushroomed heads.
- e. Pneumatic power tools shall be attached to the air hose and shall be secured with a “whip-check” or similar device to prevent the tool from accidentally disconnecting.
- f. All air hoses, with an inside diameter exceeding 1/2 inch, shall have a flow reduction safety device at the source of supply or branch line to reduce pressure in case of hose failure.
- g. Compressed air shall not be used for cleaning purposes or to clean yourself.

3. Fuel Powered Tools

- a. Fuel powered tools shall be turned off while being refueled, serviced, or maintained.
- b. Fuel powered tools shall not be used in enclosed spaces. In addition, fuel powered tools shall not be used near any intake ventilation system.
- c. Fuel power tools shall not be used on suspended scaffolds.
- d. Gas portable generators shall be grounded according to manufacturer’s recommendations.
- e. Gas powered equipment shall have a fire extinguisher nearby and readily available when in use.

4. Powder-Actuated Tools

- a. Employees shall be trained in the safe use of powder-actuated tools. Documentation of training must be available upon request.
- b. Face shield, safety goggles/glasses and hearing protection shall be worn when operating a powder-actuated tool.
- c. Powder-actuated tools shall not be loaded until just prior to the intended firing time.
- d. Powder-actuated tools shall never be pointed at anyone, regardless if unloaded or not.
- e. Loaded powder-actuated tools shall not be left unattended or stored with cartridges in tool, including in gang boxes.
- f. Powder-actuated tools shall not be used in an explosive or flammable atmosphere.

HAZARD COMMUNICATION/GLOBALLY HARMONIZED SYSTEM (GHS)

As part of the site hazard communication program:

1. Contractors will maintain an inventory for all chemicals and hazardous materials used on the project. GHS labeling requirements must be met.
2. Safety Data Sheets and inventory for all chemical products used on the project must be available upon request.
3. Disposing of any chemical shall be in accordance with all applicable laws.
4. Spill kits of the appropriate size must be supplied by each Contractor for the largest potential spill from the chemicals they have on-site.
5. Spill kits must be readily available to respond if a leak or spill occurs.

HOUSEKEEPING

Contractors shall ensure that their work areas are maintained in a clean and orderly manner in all construction activities they are performing. It will be the responsibility of the Contractor to maintain good housekeeping practices by making daily provisions for the proper storage of materials, waste, and debris. In addition, Contractor employees working on an IU Health project shall be in compliance with 29 CFR 1926, Construction Industry Regulations, Subpart C 1926.25., in addition to the following procedures and requirements:

1. General

- a. Housekeeping shall be maintained as an integral part of every work operation. It is the Contractor's responsibility to conduct routine housekeeping inspections of their project. Debris, trash, and scrap materials shall be disposed of throughout the day.
- b. Materials, electrical cords, tools, and debris shall be off the floor at all times to prevent falls and tripping hazards.
- c. Debris, trash, and scrap materials must not be allowed to pile up to the point it creates a fire hazard, hinders emergency access/egress, and/or becomes a slip, trip, and fall hazard.

2. Work Environments:

- a. The CM and the IUHMCC Project Management Team reserve the right to suspend work activities in areas where housekeeping is deemed inadequate, and not up to the CM or IU Health's expectations for job site cleanliness. Work may resume after cleanup has occurred.
- b. Materials, debris, and equipment shall not block or hinder access to valves, pipes, manholes, vaults, fire hydrants, fire extinguishers, fire alarm panels, smoke detectors, sprinklers, warning signs, fire lanes, electrical equipment, stairways, building entrances or exits.
- c. Stairways, aisles, corridors, and passageways shall be free from material, debris, and equipment for emergency access and egress.
- d. Employees shall clean up as they perform their work and not wait until the end of the shift to clean up their work area.
- e. Ventilation shall be required based on the work being performed, such as work that produces dust and fumes.
- f. A sufficient number of wheeled waste receptacles/carts shall be made available in the work area. Containers shall be provided by each Contractor for the

- collection and separation of waste, trash, oily and used rags and other refuse. Trash receptacles shall be removed immediately by the Contractor when full.
- g. Protective covers shall be provided under equipment that could possibly leak to prevent oil, grease, or other fluids from saturating the floor. Protective coverings shall be flame resistant, oil resistant and made of heavy gauge material.
 - h. Tools and equipment that are not in use shall be stored in tool gang boxes.
 - i. Spills shall be cleaned up immediately to avoid slip/fall hazards. In the event that the spill cannot be cleaned up immediately, the area shall be appropriately guarded to prevent a fall exposure until the spill is cleaned up. A spill kit of appropriate size shall be readily available.
 - j. When unpacking materials in wood crates, nails are to be removed or nail points hammered down as soon as lumber is disassembled to prevent impalement hazards. All banding/tie wire shall be discarded to prevent tripping hazards.
 - k. Dispose of all combustible materials properly to reduce the chance of fires.

INFECTION CONTROL & PREVENTION/INTERIM LIFE SAFETY

All aspects of IU Health's Infection Control and Prevention policies will be followed by Contractors working in active health care environments and when directed to do so by IU Health or their designee. Measures must be taken to keep patients safe from the possible contaminants that are created during construction and maintenance activities. In addition, Contractor personnel must recognize and be protected from possible contaminants that may be present in the healthcare environment. All Contractors and Contractor employees involved will be required to address the following measures when applicable:

Containment Carts

Infection Control shall determine the need for construction containment prior to the start of all work.

IU Health Infection Control Policy IC 1.08, mandates "ceiling access work where 1-2 ceiling tiles are moved in or contiguous with areas used for high-risk patient services requires a containment cart with a HEPA filter that effectively contains all dust and debris".

When ceiling work is required in high-risk patient care areas adjacent to the construction area or down corridors that are not part of the construction barrier, a combination of portable dust barriers and HEPA filters shall be used to eliminate contamination of the environment.

Proper procedures and training in the use of a containment cart includes:

1. Containment cart must be sealed tight to the ceiling.
2. Containment cart must contain all ceiling tiles that are open.
3. Zippers on containment cart must be zipped completely, and all must be functioning properly.
4. A HEPA filter machine is to run continually while in place during construction, and while ceiling tiles are open.
5. Electric cord shall not create a tripping hazard.
6. Ladders must be sized and used properly.
7. Containment carts may not be used on sloped or uneven surfaces.
8. Containment carts may not be left unattended outside of a construction site.
9. When using a containment cart, a spotter must remain on the outside of the cart.

Interim/Alternative Life Safety Measures

The IU Health Project Manager is responsible for ensuring the completion of the Pre-Construction Risk Assessment (“PCRA”) and Interim/Alternative Life Safety Measures (“ILSM/ALSM”) assessment tool before beginning construction, the ILSM/ALSM Compliance Checklist during construction, and the completion of the ILSM/ALSM Project Closeout Checklist prior to turning the space over to the user department. All forms and tools referenced in this paragraph can be found in Appendix III of this document.

Contractor personnel are responsible for implementing all steps of the IU Health facilities ILSM/ALSM policy, for which they are working.

Prior to beginning any construction or maintenance project, the Contractor shall notify the IU Health Project Manager to initiate the PCRA. If required, an ILSM/ALSM shall be initiated and all appropriate signatures will be obtained, and staff trainings conducted if necessary.

The Contractor SSSP and JHAs shall define requirements necessary and maintain all appropriate documentation, including but not limited to:

1. ICRA
2. ILSM/ALSM
3. Daily Dust wall and Egress Inspection Form
4. Daily Negative Air Report (see Appendix III)
5. Emergency Contact Information and Procedures

Once the project is complete, but prior to removing any hard/temporary dust wall barriers or Visqueen barriers, the Contractor shall contact the IU Health Project Manager to complete the ILSM/ALSM Project Closeout Checklist.

All assessments shall be conducted in accordance with applicable Joint Commission standards. Any violation of a Joint Commission or other regulatory standard could be grounds for immediate cessation of the project.

1. Infection Control Risk Assessment (“ICRA”)
 - a. Initiated by Contractor/IU Health Project Manager and/or their designee
 - b. Approval and Completed ICRA document by IU Health Infection Control
2. Hard/Temporary dust wall barriers (see Appendix II) – Compliance w/ NFPA 101 Life Safety Code required
3. Temporary Visqueen barriers – Compliance w/ NFPA 101 Life Safety Code required
4. Negative Air Pressure and HEPA filtration required in accordance with policy IC 1.08, or as directed by IU Health Infection Control
5. Construction debris must be removed in covered containers (sealed bags may be required), and removal routes must be approved by IU Health Infection Control and/or Facilities
6. Interior and Exterior cleaning of surfaces to minimize the spreading of dust and debris. Walk-off mats and/or sticky mats required per Infection Control’s requirements and must be changed immediately upon loss of effectiveness. This is considered a housekeeping requirement.

7. Shop vacuums with HEPA filters are to be used to clean all areas inside the containment space. Shovels may be used to collect large debris into covered containers. No brooms are allowed inside the containment area.

At any time, the IU Health Infection Control department may require Contractors to attend mandatory training to familiarize them on unique problems or situations that are the result of construction activity in the healthcare environment.

LADDERS & STAIRWAYS

Contractor supervision must evaluate all tasks that require workers to work at elevation, prior to beginning work. Ladders will be used only after it has been determined that there are no other feasible methods to perform the elevated work. Use of scaffolding, lifts, and other devices with a wider work area will be the preferred method of accessing elevated work. If it is determined that a ladder must be used, the following requirements apply to ladder safety:

1. Anytime an individual's feet are 6 feet or more above the floor, tie off is required.
2. Retractable lanyards are the only acceptable option for tie off while working off a ladder.
3. Fiberglass ladders **only** are permitted on-site, and must be rated type 1A or 1AA. No wood or aluminum ladders shall be permitted on the Project.
4. All ladders shall have the manufacturer's safety and capacity labels maintained on the ladder, or risk being taken out of service until the tags can be replaced.
5. Job built ladders are permitted on IU Health construction sites so long as they are built in accordance with ANSI standards.
6. Two or more separate ladders shall be used when ladders are the only means of egress from a working area with 25 or more employees.
7. Employees shall face the ladder at all times while working on the ladder. It is prohibited to work with your back facing the ladder.
8. When employees ascend or descend a ladder, they shall maintain three points of contact with the ladder at all times. Employees are prohibited to carry anything in their hands while ascending or descending a ladder.
9. Step ladders shall be opened fully with the locking arm locked unless designed by the manufacturer to be used in a different manner. Step ladders are not to be used in a closed position unless the ladder is manufactured to be used in that manner.
10. Employees shall come off the ladder to move it.
11. Employees are prohibited to use the top two steps of a step ladder.
12. Employees shall not sit on top of a step ladder or straddle the top of the step ladder.
13. When ladders are used to access upper landings, the side rails shall extend at least 3 feet above the landing and secured at the top. A corral system shall be in place at all ladder access points to prevent fall hazards.
 - a. Ladder "pass-through" devices with a swing gate are the preferred method and all Contractors must attempt to utilize this as best practice for any access.
14. Step ladders shall not be used to transition to another landing. Only straight ladders shall be used for transitioning to another landing.
15. All ladders shall be capable of supporting loads imposed upon the ladder.
16. All ladders shall be used for the purpose for which they were designed. It is prohibited to take an extension ladder apart and use the top or bottom half of the ladder.
17. Materials or tools shall not be left on top of the step ladder.

18. Hoist ropes shall be placed at all ladder access points so employees can safely lift tools or equipment to upper levels and not carry material up or down a ladder.
19. Stairways shall be inspected and maintained to eliminate slip and trip hazards.
20. There shall be a minimum of two points of access and egress maintained at all times in the building and between floors during construction.
21. Unprotected sides and edges of stairway landings shall be provided with a guardrail system (top rail, mid-rail, and toe boards). On stairways, the handrail height shall be not more than 37 inches in height nor less than 36 inches from the upper surface of the stair rail system, in line with the face of the riser at the forward edge of the stair tread.
22. Mid-rails shall be installed between the top edge of the stair rail system and the stairway steps.
23. Employees shall not use metal pan stairs unless they have been fitted with suitable filler material or poured with concrete.
24. Stairways with four or more risers or rising more than 30 inches, whichever is less, must have a stair rail or handrail along each unprotected side or edge.

LOCK OUT- TAG OUT (LOTO)/CONTROL OF HAZARDOUS ENERGY

The intent and purpose of this energy control policy is to prevent serious injury and death by limiting exposure to employees of the unexpected release of stored or residual energy. IU Health shall require Contractors performing electrical work to do so in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart K, Section 1926.417, "Locking and Tagging of Circuits", NFPA 70E, IU Health Safety Standards, in addition to the following procedures and requirements:

1. **Roles and Responsibilities.** IU Health has identified certain individuals with defined responsibilities as described below:
 - a. **De-energizing Requestors.** De-energizing requestors are responsible for the implementation of all safe clearance procedures as defined in the IUHMCC Safety Program and the training of their representatives assigned to work at or near equipment requiring clearance procedures. The requestor's representative shall be a "Competent Person" with the knowledge to implement these safety procedures. Assist with communication and notification of all Authorized, Affected, and Other Employees as listed in this section.
 - b. **Electrical Outage Approval Authority.** The IUHMCC Project Management Team will assist in coordinating all scheduled electrical outage requests which impact IU Health facilities and services. Facilities/Maintenance personnel will be notified, and all outages will be coordinated. Assist with communication and notification of all Authorized, Affected, and Other Employees as listed in this section.
 - c. **Authorized/Qualified Employee** – Trained to lock out or tag out equipment, and service or maintain the equipment. Will assist with communication and notification of all Affected and Other Employees as listed in this section. Required training for authorized/qualified employees includes:
 - i. How to find and recognize hazardous energy sources
 - ii. The types and magnitudes of energy used in the workplace
 - iii. How to isolate energy sources

- d. **Affected Employee** – operate equipment serviced under lockout or tagout procedures, or work in an area affected by the procedures. Will assist with communication and notification of other Affected and other Employees who work around or may be in the vicinity of the equipment being serviced. Required training for affected employees includes:
 - i. The purpose of energy-control procedures
 - ii. How energy-control procedures are applied
 - iii. How energy-control procedures will protect the employees
 - e. **Other Employee** – work around or otherwise might be in the vicinity of equipment that is under lockout/tagout (LOTO). These employees must receive awareness-level training regarding the Energy Control Program, and need to understand that if they see LOTO devices, they are not to touch or alter them in any way.
2. **General Guidelines for LOTO Procedure** - – *please reference the “Energized Work/Energized Electrical Equipment” section on page 62.*
- a. Lockout/Tagout is required for all energy sources that are hazardous or potentially hazardous to employees, including electrical, gas, water, pneumatic, hydraulic, and gravity.
 - b. This policy applies to all work on or near energized electrical parts operating at 50 volts or more, or where an electrical hazard exists before work is started. LOTO requirements also apply to temporary services or utilities.
 - c. If Contractors are required to perform work on any of their equipment and LOTO is required, the Contractor shall create an Energy Control Safety Program, which will include Lockout/Tagout Procedures, and submit it to the CM Safety Representative as part of the Contractor’s Safety Program. Contractors shall not work on any energized circuits without an approved Energized Electrical Work Permit approved by the IUHMCC Safety Director.
 - d. The CM must determine a formal process for being notified of upcoming LOTO needs, and for tracking LOTO status throughout the project(s). This tracking system must follow all LOTO from application through to removal.
 - e. At a minimum, Contractors are to notify the CM of known upcoming LOTO activities at the Weekly Contractor Coordination Meeting. If additional LOTO needs are known, more frequent communication will be needed with the CM and IU Health Project Management.
 - f. Any Contractor performing LOTO must either verify formal employee training or provide formal LOTO training to each worker who will be involved in the LOTO process. Only Qualified Persons shall be permitted to work on or near energized electrical parts.
 - g. Before starting work, Contractor shall conduct a job briefing with the employees involved in order to make everyone aware of the hazards, work procedures, special precautions, energy source controls, and required PPE.
 - h. Contractors must always include LOTO specifics in their PTP or JHA, and review with the crew.
 - i. When complete with LOTO operations, Contractors must submit their permit to the CM Safety Representative or CM designee.

- j. Employees shall be trained in the use of PPE when working around energized or potentially energized equipment. Contractors will provide the necessary PPE for all their employees (e.g., arc flash rated suits, rubber gloves, fiberglass tools, locks, tags).
- k. All electrical conductors or circuit parts are to be considered energized until placed in an electrically safe work condition and the proper PPE is utilized.
- l. For Group LOTO (involving more than one Contractor), each Affected Employee from each Involved Contractor must apply their own lock. Never rely on others for your protection.
- m. If an abandoned lock is found, the CM Safety Representative and IUHMCC Safety Director must be notified. No locks can be removed until notification and abandoned lock procedures have occurred, and a plan has been developed.
- n. Violation of the LOTO or Energized Work policy will be considered a serious safety violation and will be subject to the IUHMCC Disciplinary Policy.

LONE WORKER SAFETY PROGRAM

Each Contractor must establish specific practices and procedures to minimize the risks of injury or violence to employees who, due to the nature of their work, must work alone and may require emergency assistance during the course of working alone.

Purpose

Employees who are required to work alone may require assistance if they are exposed to conditions that may result in a job-related injury, health impairment of any kind, victimization through criminal violence, or other adverse conditions.

The Lone Worker policy is intended to promote employee awareness and facilitate employee safety when an employee is working alone. Contractors will ensure that there are safety plans in place for those who work alone. Contractors will ensure, applying all reasonable measures, the protection of our employees who are performing their duties in areas or under conditions where they are required to be on their own.

Working Alone: Individuals are considered to be working alone when they are working by themselves in an office, vehicle, shop, field site, or in another isolated location. In the event of an injury, illness, or emergency, medical care is not readily available to the individual.

High Risk Activities: Activities where the potential for the occurrence of accidents or injuries is deemed to be highly likely and where the severity of the injury or accident will bring serious consequences.

High risk activities include the following:

- Working from heights
- Working in confined spaces
- Working with electricity
- Lock out/tag out operations
- Working with hazardous substances or materials
- Working with material under high pressure
- Working where there is a possible threat of violence

- Working in isolation from first aid services or immediate/emergency assistance
- Employee has a known medical condition or allergy that could render them incapacitated

Low Risk Activities: Activities where the potential for the occurrence of accidents and injuries is deemed to be highly unlikely and where the severity of an accident or injury is generally thought not to have serious consequences.

Emergency Assistance: A means of communication to gain assistance in the event of an emergency involving an accident or serious injury, illness, or threat of violence.

JHA: Individually and collectively, supervisors and employees are required to assess the conditions or circumstances under which an employee may be working alone to determine the risks, level of risk, and prevention measures required to reduce identified risks to acceptable levels. A critical part of the JHA is the determination of emergency assistance procedures.

After Hours: The period of time when “normal” weekday or shift operations cease.

Contractor Lone Worker safety plans shall include:

- Identification of the risks or hazards associated with the work to be performed or the environment where the work is to be done;
- Procedures to eliminate or minimize the identified risks (e.g., buddy systems);
- Methods of communication by which the workers can secure emergency assistance and how emergency assistance will be provided in the event of incidents or accidents;
- The length of time a worker may be out of contact with a supervisor (i.e., the frequency of regular communications); and
- Confirmation where and when working alone is permitted.

Supervisors must review lone worker safety plans with affected employees with particular emphasis on safe work procedures and the provision of assistance to employees at risk due to infrequent supervision, intermittent communication, or physical isolation. Completed working alone plans must be documented and on file with the supervisor of the operations. Written safety plans should be reviewed and updated, if required, at least annually.

Working Alone Prohibited

There are certain situations where working alone will not be permitted. Working alone will be prohibited under the following circumstances:

- Confined space entry;
- Power line hazards: use of a vehicle, crane, or similar equipment near a live power line where it is possible for any part or the equipment or its load to make contact with the live power line;
- View obstruction: a vehicle, crane, mobile equipment, or similar material handling equipment where the operator does not have full view of the intended path of travel;
- Use of supplied air respiratory equipment or self-contained breathing apparatus;
- Risk of drowning;
- Welding or hot work operations where a fire watch is required; and/or

- Tasks which, based on the risk assessment conducted by the supervisor in consultation with the employee, management, CM Safety Representative, and/or IUHMCC Safety Director, are deemed to require more than one person.

MATERIAL HANDLING

IU Health requires each Contractor that is conducting material handling operations to perform work in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart H – Materials Handling, Storage, Use and Disposal, in addition to the following procedures and requirements:

Manual Material Handling

1. Employees must be trained in proper manual material lifting techniques to prevent strain/injury.
2. Material handling needs for moving heavy material shall be evaluated based on weight of the item being moved, size of the item, distance the item needs to be moved, and the path of movement where the item will be placed.
3. Material handling devices shall be made available for the handling needs of the activity. Material handling devices (e.g., dollies, carts, pallet jack) shall be the primary method used over manual lifting methods.
4. Manual handling of materials, tools, equipment, etc. that are 50 lbs. or more must be planned and a hazard assessment completed as part of each contractor's SSSP.
 - a. Hazard assessment considerations include bending, twisting, and turning with a load are the movements that often cause back injuries.
 - b. Address over-exertion hazards due to lifting, pushing/pulling, and carrying.
5. Get help and use "team lifting" of heavy, unbalanced, awkward loads or those that may have a shape that makes it hard to handle.
6. Check that the contents of the load are stable and balanced. Reposition/reconfigure items so the contents will not shift, where possible.

General Material Handling

1. Materials shall not be moved over or suspended above personnel.
2. Raised material loads shall have taglines to control the loads being handled by hoisting equipment.
3. Forklifts are to be used for stacking or moving materials and not to set steel or as a lifting device, unless equipped with the manufacturer's approved attachment.
4. The lifting attachment shall be properly secured to the forks of the forklift. The lifting hook shall have a safety latch/mouse on the hook. Free rigging straps/chokers on the forks of a forklift is prohibited. Instead, forklift operators shall use a manufacturer approved center pick point attachment.
5. MEWPs (scissor/boom) shall not be used as lifting devices to install or hoist materials.
6. Duct hoists/jacks shall have the manufacturer's supplied forks/extension attachments for lifting materials. Unistrut and similar materials must not be used.

Material Handling for Multi-Story Structures

1. The practice of swinging, pulling, and drifting a suspended load into a building by any method is strictly prohibited. This practice places employees, equipment, and the structure at substantial and unnecessary risk.

2. Proper loading systems include, but are not limited to, material/man hoists, platform lifts, landing platforms or lookouts.
3. If guardrails are removed on landing platforms, lookouts, or hoists, personal fall protection must be provided for exposed employees. Additionally, if guardrails are removed, flagging with signage must be installed and maintained per the OSHA required distance from the hazard, to warn of fall hazard or unprotected edge condition.
4. Materials stored inside buildings under construction shall not be placed within 6' of any hoist way, chase, or interior floor openings, or exterior walls that do not extend above the top of the material stored.
5. **Debris netting will be used at perimeters of multi-story buildings to help prevent materials/debris from falling to lower levels.**
6. All stored materials must be secured to prevent displacement from the wind or other construction operations throughout the workday and during off hours.

MATERIAL STORAGE

1. All materials shall be stacked, blocked, interlocked, and limited in height of 5 feet, so that they are stable and secured against sliding or collapse.
2. Aisles and passageways shall be kept clear at all times for the safe movement of material handling equipment and employees.
3. Do not store material within 6' feet of any hoist way or interior floor opening.
4. Do not store material within 6' feet of a perimeter or interior/exterior guardrail or exterior stud wall.
5. Sheet materials (ex: drywall, plywood, oriented strand board, hardboard, fiberboard, overlay plywood) and doors shall not be stored on edge or on drywall carts.
6. Materials stored where work is performed should be limited to only those materials that will be used in the same shift. Do not let materials and supplies that are no longer needed accumulate.
7. Materials shall not be placed in front of any electrical panel, and shall have a minimum of 3 feet clearance maintained in front of any electrical panel.
8. Materials shall not be placed on top of gang boxes or any movable parts where materials could be displaced.

MECHANIZED EQUIPMENT

1. All vehicles in use shall be inspected at the beginning of each shift to assure that all parts, equipment, and accessories that affect safe operation are in proper operation condition and free from defects. All inspections must be documented, and defects shall be corrected before the vehicle is placed in service.
2. All heavy equipment on-site must have functional, audible back-up alarms.
3. From dusk until dawn and whenever visibility conditions warrant additional light, all vehicles/combinations of vehicles in use shall be equipped with at least two headlights and two taillights in operable condition.
4. Glass in windshields, windows, and doors shall be safety glass. Cracked or broken glass shall be replaced before being used.
5. Rollover protective structures (ROPS) must be in place and maintained as required by the manufacturer.
6. Operators of equipment shall not be on their phone or be distracted by any similar device while the equipment is moving or in use.

7. Operators shall always check to make certain that other workers are in the clear before starting equipment. Job site personnel and pedestrians have the right of way.
8. No one shall jump on or off machines. Three points of contact shall be used when climbing on or off equipment.
9. Only authorized personnel shall operate, maintain, or repair machines and equipment.
10. Before cleaning, greasing, oiling, or making adjustments and repairs on earthmoving equipment, the operator must make certain that the motor is not running.
11. Motors of all equipment shall be stopped before refueling or maintenance performed.
12. Machine guards shall be kept in place except when removed for the purpose of inspection or repair. All guards shall be reinstalled immediately following such inspection or repair.
13. Where possible, equipment or vehicles should be parked entirely off the road at night. Where any portion of the equipment or vehicle projects into the road, it shall be adequately marked with flashers; red flags shall be used in daytime. Local, State, and Federal regulations governing worksite traffic control standards shall be observed.
14. Seatbelts shall be utilized and fastened according to manufacturer's recommendations before equipment is operated.
15. The operator shall never leave his/her machine on an incline or on loose material with the motor idling.
16. Positive stops/blocks shall be utilized during all repair and maintenance operations.
17. Whenever equipment is stopped or parked, the parking brakes shall be set.
18. Do not exceed the posted speed limit on the project. Operators must maintain a safe and reasonable speed for job site conditions.
19. No riders on machinery or equipment without proper seating accommodations. No workers may be transported in the back of a pick-up truck at any time.
20. Personnel must be trained on any specialty equipment and/or equipment attachments, and manuals must be maintained on-site for reference.

MECHANICALLY ELEVATED WORK PLATFORMS (MEWP)

This section applies to all Contractors working on the IUHMCC Projects, which involve the use and operation of any Mechanically Elevated Work Platform (MEWP). This section also includes safety requirements related to bucket trucks and vehicle mounted devices that telescope, articulate, or are used to position personnel in an elevated work position. All operators are expected to be trained to meet the most updated OSHA and ANSI standards.

1. MEWPs shall be operated in accordance with manufacturer's requirements. MEWP modifications are allowed only with the written, explicit approval of the manufacturer or manufacturer's authorized representative.
2. Contractor shall have a competent person for safe work practices during the use of MEWPs.
3. Contractor shall ensure all employees who may be required to operate or ride in a MEWP as part of their normal job requirements are adequately trained and provide documentation of this training upon request. Training/re-evaluation must be within the past 3 years. Training documentation must remain current and must not be expired as listed on the employee's training card, certificate, documentation, etc.
4. The operator shall perform a pre-operational check, meeting the manufacturer requirements. All safety-related repairs must be made prior to use. Contractors shall

- furnish all inspection/repair documentation to the CM Safety Representative upon request.
5. Unsafe equipment or equipment in need of repair shall be clearly tagged out of service and reported to Contractor supervision.
 6. All occupants of a MEWP must wear personal fall protection equipment. A full body harness and approved retractable lanyard are required to be worn. Fall restraint should be first option when tying off.
 7. All occupants of a MEWP must use fall arrest or restraint systems attached to the manufacturer's approved anchor point when such an anchor point is provided.
 8. If no anchorage point is supplied, seek guidance from the manufacturer and CM Safety Representative.
 9. At a minimum, employees shall follow the manufacturer's recommendations for the type of fall arrest/restraint to be used when working from a scissors lift.
 10. Personal fall protection equipment (i.e., lanyards) will not be secured to a structure while the person remains in the MEWP.
 11. MEWP operators shall check ground surface conditions prior to operating the MEWP to identify hazards that could affect the stability of the lift (e.g., holes, drop-offs, covers).
 12. When a MEWP is operated on rough terrain, the operator shall boom down to move the lift. Once moved, the operator can boom up to the working area.
 13. Employees shall keep both feet on the floor of the aerial lift platform/basket. Climbing on the rails of the aerial lift basket or platform is prohibited. Employees shall not sit or climb on the edge of the basket or use plank, ladders, or other devices for use as a work platform for extra height.
 14. At least 20 feet of clearance shall be maintained when operating MEWP near exposed electrical conductors. Aerial work platforms to be used to work on electrical conductors must be designed and certified for such work.
 15. Operators or occupants shall not exit the basket or platform of an aerial lift when in the raised position, unless ALL of the following criteria are met:
 - a. Approval received from CM Safety Representative and IUHMCC Safety Director;
 - b. The platform must rest on a stable surface;
 - c. 100% fall protection must be available and utilized;
 - d. The manufacturer does not disallow use of the equipment for this purpose.
 16. Safe operation of a MEWP may require the presence of two or more ground persons to assist with identifying hazards and/or keeping unauthorized personnel from entering area where overhead work is being performed.
 17. Flagging and barricades will be used to isolate the area below an overhead work area where materials, tools, etc. could be dropped.
 18. A ground person may be required during the use of any lift or platform if vehicular traffic, pedestrian traffic, recognized hazards, or other operations dictate, as determined by the CM or IU Health Project Management.
 19. A dedicated ground person is required any time a scissor lift must be moved while in an elevated position.
 20. The ground person must be qualified to operate the aerial work platform.
 21. In situations where more than one aerial lift is being used in the immediate area, one ground person may be used to control traffic for all lift activity in the area. The ground

person must understand how ground controls on equipment work, and which steps to take in case of malfunction/rescue scenarios.

22. Materials and/or tools can be carried within the confines of the bucket or basket to the extent that they do not impede the mobility of the operator and do not exceed the weight limitations of the device.
23. Plastic tarps and other similar materials cannot be used on MEWPs to block the wind and/or for weather protection of occupants.

PERMITS

A permitting system will be used for all potential high-risk work activities on-site. The permit will serve as a notification, communication, and coordination tool between the project team and the Contractors. Once the permit is entirely filled out by the Contractor, they will have the CM Safety Representative or CM designee review and sign permit before the permit-required activity begins. IU Health reserves the right to make any high-risk activity a permit-required activity throughout the life of the Project. Common safety permits used include:

- Confined Space
- Excavation/Underground Utilities
- Guardrail Removal
- LOTO/Energized Work
- Hot Work
- Critical Lifts

IU Health Specific Permits at Active Hospital Locations

See Appendix II for the below IU Health Permits:

Above Ceiling Access

- Comply with IU Health Environment of Care EC 3.13 for proper use of containment carts.

Barrier Penetration Permit

- Comply with IU Health Environment of Care EC 3.12 to identify all barrier penetrations and the proper means for closure of each penetration.

Critical System Service Shutdown Notification

- A Critical System Service Notification (“CSSN”) is to be used when work on an existing critical system may cause a disruption within IU Health Facilities. A minimum ten (10) day notice is required for CSSN. See Appendix III for the IU Health Critical Systems Service Notification.

PERSONAL PROTECTIVE EQUIPMENT POLICY

IU Health shall require each Contractor working on an IUHMCC construction project to be in compliance with 29 CFR 1926, Construction Industry Regulations, Subpart E– Personal Protective and Lifesaving Equipment, American National Standards Institute (ANSI), and product safety data sheets recommendations by the manufacturer, in addition to the below procedures and requirements. Contractors, employees, and visitors who are working on or visiting an IU Health construction project are required to adhere to the below Personal Protective Equipment (PPE) Policy requirements:



1. General

- a. Contractors shall provide in their Job Hazard Analysis and Daily Pre-task Planning the specific PPE requirements for each task.
- b. Operator manuals from tool and equipment manufacturers must be reviewed to determine what PPE is required for employees.
- c. Operator manuals from tool and equipment manufacturers must be readily available for reference on site.
- d. Safety Data Sheets (SDS) must be reviewed, and PPE requirements met for handling products and chemicals.
- e. PPE-free zones may be established upon mutual agreement by the CM and IU Health Project Manager.

2. Eye Protection

- a. All safety glasses shall comply with ANSI Z87.1 Standards. ANSI Z87.1 must be stamped on the lens or the arm of the glasses for identification that they are ANSI-approved.
- b. Safety glasses must be worn while engaged in any work activity on-site. Safety glasses are required for all employees working in or around construction activity. Safety glasses will be worn while inside the project limits and/or while doing construction-related work for IU Health.
- c. Clear or indoor/outdoor safety glasses shall be worn while indoors.
- d. Dark lens safety glasses shall not to be worn inside of buildings, in enclosed areas, dark areas, or at night (note: night is regarded as 30 minutes after dawn to 30 minutes before dusk).
- e. Safety goggles/safety glasses and a face shield will be required when performing overhead work activities where loose debris is present or while operating pneumatic powered tools. Safety glasses and face shield requirements are included in spray applied fireproofing applications.
- f. Face shields and glasses/goggles shall be worn when using abrasive wheels, chop saws, or portable grinders; chipping concrete or stone; or using powder actuated fastening tools.
- g. Chemical splash goggles and face shield shall be worn when handling or dispensing liquid chemicals. Refer to chemical product manufacturer safety data sheets for specific PPE requirements.
- h. Employees that wear non-safety rated prescription eyeglasses shall be required to wear ANSI Z87.1 approved prescription safety glasses with side shields.
- i. When using welding hoods, employees shall use filter lenses that have a shade number appropriate for the work being performed to protect the employee from optical radiation. Welding hoods shall be ANSI approved and attach directly to the hard hat.
- j. Welding screens will need to be installed if working on ground level to protect other job site personnel who are not wearing the appropriate filtering eye protection.
- k. Employees working with hot tar shall wear safety glasses, a face shield, long sleeve shirt, and full apron.
- l. Only properly trained and qualified operators shall use lasers. Proof of operator training must be kept on file at the site.

- m. In areas where laser levels are being used, warning signs and barriers identifying the eye hazard shall be posted.

3. Head Protection:

- a. Hardhats must be worn at all times while on IUHMCC construction projects and while engaged in construction-related work activity on IU Health property. Hardhats shall comply with the ANSI Z89.1 standard. Employee names must be clearly identified on the front of the hardhat.
- b. Western style hardhats, aluminum hardhats, baseball caps under the hardhat, and bump caps are prohibited on IU Health construction projects. Only approved hard hat liners made to attach to inside the hardhat will be allowed on IU Health projects.
- c. Welding hoods, face shields, or any other hard hat attachment must attach directly to the hard hat. Hard hats must be worn at all times while on IU Health construction projects.

4. Hand & Arm Protection:

- a. Cut-resistant gloves will be required at all times when handling or touching materials on IU Health construction sites. Gloves must provide a minimum ANSI Cut Level 4 protection or higher based on the task. Leather and cotton gloves are not to be used as the primary method to protect an employee's hands. A variance for glove use during certain operations must be sought through the CM Safety Team, and the IUHMCC Safety Director notified of the request for review.
- b. All Contractors must evaluate potential hand and arm exposures on their JHA, and identify gloves that provide the appropriate protection to the hazards within their scope of work.
- c. Contractor employees working with hot tar shall wear long kettle gloves.
- d. Contractors working with metal studs, sheet metal, flashing, metal banding, rebar, or other sharp objects must wear Kevlar cut-resistant sleeves in addition to their appropriate cut level gloves.

5. Foot Protection:

- a. IU Health employees, Contractor employees, and visitors shall wear a sturdy leather pair of work boots or work shoes appropriate for the environment they are working in.
- b. Safety footwear (i.e., steel/composite toe) is required for all employees engaged in work activities creating reasonable potential for a crush injury to the foot. This includes but is not limited to exposure to falling or rolling objects; working in close proximity to wheel and track vehicles; jack hammering and chipping; drilling operations; and material/equipment handling.
- c. Any variance to the above safety-toed footwear policy must be approved by the CM Safety Representative and the IUHMCC Safety Director.
- d. Management may distinguish between "working on" and "visiting" sites where potential for foot injury exists to help formulate reasonable and realistic program policy. Visitors to such sites that are not required to wear safety footwear shall use good judgment to minimize exposure to locations and/or operations that pose potential for foot injury, and comply with IU Health dress requirements.

Guidelines relative to foot protection and safety footwear shall meet the current ANSI footwear guidelines.

- e. Sneaker style shoes (even ANSI approved sneaker shoes) shall not be worn on construction projects. Tennis shoes, sandals, street shoes, high heels, open toe, and other similar shoes are not permitted.
- f. Metatarsal protection covers over the boots are required when operating tampers, jumping jack compactors, and other earth compacting equipment, and/or any other operation where the top of one's foot could be injured.
- g. Foot protection must be routinely inspected for defects such as holes and excessively worn soles. Any footwear found to be defective must be removed from use and replaced immediately.

6. High-Visibility Clothing:

- a. High visibility clothing must be worn at all times for work both interior and exterior work on active construction site.
- b. ANSI Class 2 high-visibility clothing is required when exposed to moving equipment on-site. Nighttime operations will require a higher ANSI Class of protection and additional planning.
- c. High visibility clothing or a vest must be the outermost garment worn when on an active construction site.

7. Hearing Protection:

- a. Contractors shall provide a hearing conservation program prior to beginning work, which will identify high noise equipment and tools that warrant a need for hearing protection.
- b. Hearing protection shall be required when exposed to high noise levels (threshold for hearing protection is 90dB).
- c. Hearing protection shall be required when working around or using equipment that generates high noise, such as but not limited to using a jack hammer, pneumatic tools, powder-actuated tools, chainsaw operations, pile driving operations, and cutting metal studs or decking.

8. Respiratory Protection:

- a. Each Contractor shall have a written respiratory program meeting all OSHA requirements if their work requires the use of a respirator. The written respirator program shall include selection of respirators, medical evaluation and monitoring, fit testing, respirator use, care and maintenance, training, and record keeping.
- b. Respiratory protection shall be supplied by Contractor and used by trained employees in accordance with safety data sheets (SDS) and manufacturer's recommendations.

9. Fall Protection:

- a. Guardrail systems, safety nets, or a personal fall arrest system (PFAS) shall be used during any activity where a worker is exposed to a fall hazard 6 feet or more. OSHA exemptions for steel erection and scaffolding will not be honored.
- b. Full body safety harnesses with seat support, leg straps, double locking snap hook with retractable lanyard are the only acceptable fall protection outside of safety guardrails and safety nets.

- c. 6' Nylon shock absorbing lanyards can only be used over 18/1/2 feet in height depending on the manufacturer requirements.
- d. Refer to Fall Protection policy (page 66) for more information regarding different types of fall protection and anchorage systems.

10. Hot Work

- a. Welders shall wear appropriate welding jacket, gloves, and apron that provide full protection.

11. Chain Saw Operations:

- a. Employees shall wear full length chaps (e.g., Kevlar) or the equivalent, wire mesh face shield, leather gloves, safety goggles, steel/composite toed boots and hearing protection when operating a chain saw.

PUBLIC SAFETY & SECURITY

- 1. A rigid post driven or barrier mounted fence with privacy screen or fabric shall be installed around the perimeter of the project.
- 2. Construction gates should be kept closed to the greatest extent possible. Gates must be locked after work hours.
- 3. Keys must be removed from vehicles, lifts, equipment, and machinery at the end of the work shift.
- 4. All holes must be covered/protected and excavations barricaded if unattended.
- 5. For traffic control outside of the construction fence, Contractors shall provide a flagger, formally trained in accordance with recognized training requirements (i.e. INDOT/APC, ATSSA, NSC, approved company training program). This must include flaggers at each construction gate or opening to control construction equipment and public/pedestrian traffic.

RIGGING

- 1. Prior to each use, rigging equipment, including its fastenings and attachments, shall be inspected by a competent person.
- 2. Inspections shall be conducted prior to, during use, and where additional service conditions warrant.
- 3. All rigging devices shall have attached rated capacity for the device, and legible tags.
- 4. Fall protection devices shall not be used for rigging, and rigging devices shall not be used for fall protection.
- 5. Defective or damaged slings shall be removed from service immediately.
- 6. The manufacturer's safe working loads shall be followed at all times.
- 7. Wire rope must not be used if, in any length of eight diameters, the total number of visible broken wires exceeds 10% of the total number of wires.
- 8. Slings shall not be shortened with knots, bolts, or other makeshift devices.
- 9. Slings shall be protected from sharp edges with padding, softeners or similar devices.
- 10. Shock loading of a sling is prohibited, and slings shall not be pulled from under a load when the load is resting on the sling.
- 11. Chains are prohibited for lifting crane loads.

SYNTHETIC SLINGS

1. Each synthetic sling shall be identified with the name of the manufacturer and rated capacities.
2. Nylon and polyester slings shall not be used in temperatures in excess of 180 degrees.
3. Synthetic slings shall be immediately removed from service if any of the following conditions are present: acid or caustic burns; melting or charring of any of the sling surface; snag, puncture, tear, or cut; broken or worn stitches; or red thread showing in the sling.

SCAFFOLDING

IU Health requires Contractors who are conducting scaffold operations to be working in accordance with 29 CFR 1926, Construction Industry Regulations, Subpart L– Scaffolds, manufacturer requirements of the scaffolding system being used, IU Health fall protection policy, in addition to the following procedures and requirements:

1. General

- a. Guardrails or a Personal Fall Arrest System (PFAS) must be used when working off a scaffold with a platform height that is 6' or greater.
- b. All scaffolds shall be erected and maintained to comply with the manufacturer requirements.
- c. Special designed scaffolding systems shall be PE stamped and submitted to the CM Safety Representative for review.
- d. Scaffolds shall be erected under the supervision of a Competent Person. The name and qualifications of this person must be submitted to the CM Safety Representative prior to the start of work.
- e. Prior to erecting any scaffold, a written fall protection plan shall be developed.
- f. When scaffolds are erected adjacent to structures, they shall be secured to the structure every 20 feet vertically and 20 feet horizontally.
- g. During the erection and disassembly of scaffold systems, all employees shall wear a PFAS unless protected by a guardrail system. PFAS shall not be attached to scaffolding system unless the manufacturer allows personnel to do so.
- h. Scaffolds and their components shall be able to support at least four times the maximum intended load combined with employee's weight, tools, and material loads imposed on the scaffold.
- i. All supported scaffolding shall have base plates for supports.
 - Scaffolding systems that have locking wheels shall be prohibited from use in stairways.
 - Mudsills shall be required when the scaffolding is not supported by concrete. Mudsills shall be continuous under the base plate supports (covering more than one base plate). Base plates shall be nailed down to the mudsill when used. It is strictly prohibited to use concrete blocks or any other masonry products as a support for a scaffolding system.
 - Screw jacks shall be installed according to the manufacturer's specifications.
- j. All scaffolding and stair towers shall be inspected before use.

- k. Inspection tags shall be placed on the scaffold at its access point. The Competent Person shall inspect the scaffold daily and sign the inspection tag to verify that the scaffold is in compliance and is safe to use.
- l. The Contractor shall use a color-coded placard scaffolding tag system that indicates whether the scaffold is in compliance or not.
 - A green placard scaffold tag shall be used when the scaffolding system is in compliance and safe. The tag shall be signed by the Competent Person daily before being used.
 - A yellow tag will be used when a scaffold must be used yet does not meet the definition of a green tagged scaffold. The tag must clearly state the fall protection requirements and hazards which cause the yellow tag to be necessary. The tag will be signed by a Competent Person daily before being used.
 - A red placard scaffold danger tag shall be used when the scaffold is not in compliance and unsafe to use. A red placard shall be used when erecting or dismantling the scaffold.
- m. All supported scaffolding systems shall have ladder access.
 - An access ladder or equivalent device, to allow safe access, must be provided for all scaffolding. **If the fall distance exceeds 15', stair towers or internal ladder systems must be used.** Safe access includes a gate, chains or other barriers that eliminate fall hazards after the platform is accessed.
 - Scaffolding built-in ladders shall meet the ladder rung spacing requirements. Scaffold ladders shall be continuous to the working platform. Extension ladders used to access scaffolding shall be 3 feet past the landing and secured to the scaffold. All openings at ladder access points shall have a corral system installed to prevent backing off the scaffold.
 - Any scaffold access ladder over 10 feet must be equipped with PFAS.
- n. Scaffold components from different manufacturers shall not be interchanged.
- o. Scaffolds shall be kept free of snow, ice, or any other material that could render the scaffold unsafe for personnel using the scaffolding system.
- p. All scaffolds with a working height of 4 feet (includes baker scaffold) and above shall have a guardrail system in place on all open ends. This includes masonry fabricated frame scaffolds with end bracket platforms.
- q. Scaffolds that exceed 125 feet in height shall be designed and erected under the supervision of a PE competent in scaffolding systems.
- r. The area below a working scaffold shall be barricaded to protect employees from a falling object hazard.

2. Mobile Scaffolds - Baker Scaffolds, Welded Frame Scaffolds with Wheels

See page 86 for safety requirements on MEWPs.

- a. Rolling scaffolds with personnel on the scaffold shall not be moved. Employees shall come off the scaffold before moving the scaffold.
- b. Tools shall be removed from the scaffold before moving the scaffold.
- c. Wheels shall be locked on the scaffold prior to employees using the scaffold.



- d. Wheel casters shall be capable of supporting the loads imposed on the scaffold.
- e. Mobile scaffolds shall only be used on level and suitable surfaces. It is prohibited to use material to level a mobile scaffold.
- f. Scaffolds that are narrow (30 inches wide) and above 4 feet with a height to base width ratio that exceeds 2:1 shall be braced with outrigger frames.
- g. Baker scaffolds at 4 feet and above shall require a guardrail system.
- h. The work platform shall be fully planked. Planks shall be cleated and secured to prevent movement. Any gap in a working platform cannot exceed 1 inch. All planks or platforms must be cleated or overlap a minimum of 6 inches, but no more than 12 inches.
- i. Toe boards shall be installed on all scaffolding.

3. Fabricated Frame Scaffolds

- a. It shall be prohibited to climb the rungs (rungs are structural only, not for climbing) or cross braces of fabricated frame scaffolding systems.
- b. Cross braces shall not be used as a guardrail system. 2 x 4 wood rails or metal rails shall be used as a guardrail system.
- c. Frames and panels shall be joined together by stacking pins or couplings.
- d. The work platform shall be fully planked. Planks shall be cleated and secured to prevent movement and shall be overlapped at a minimum of 12 inches.
- e. Any gap in a working platform cannot exceed 1 inch.
- f. Scaffolding planks that extend over their end supports shall be a minimum of 6 inches, but no more than 12 inches.
- g. Scaffolding planks shall not be painted. Scaffolding planks shall be inspected for cracks and taken out of service if found to be defective.
- h. Scaffolding planks holding material shall not deflect more than 3 inches.
- i. Toe boards shall be installed along the platform edges. Screening or paneling shall be installed if material, tools, or equipment exceed the toe board height. The screening/paneling shall be placed from the bottom of the toe board to the top of the top guardrail.
- j. End bracket platforms shall have guardrail system in place. If the scaffold exceeds the face of the building, guardrail system shall be installed on the opening.

4. Suspension Scaffolds

- a. Debris screening shall be installed inside the suspension scaffold to help prevent overhead hazards for those working below. Tool tethers must be used by those working on suspension scaffolds.
- b. Employees working on a single-point or two-point suspension scaffold shall be protected by a PFAS with rope grab and guardrail system.
- c. Suspension scaffold support devices, such as outrigger beams, cornice hooks, parapet clamps that rest on surfaces (e.g., parapet wall) shall be capable of supporting at least 4 times the maximum intended load. Surfaces that support devices noted above shall be PE stamped approved to verify the surface will support the load of the scaffolding system.
- d. Vertical lifelines shall be independent of each other and shall have separate anchorage points independent of scaffolding tie backs and other lifelines

- anchorages. Vertical lifelines shall have a grommet end with safety clip with mouse attached to a designed fall protection anchorage point. Knots are prohibited for securing vertical lifelines.
- e. Vertical lifelines shall be protected from abrasion by using secured softeners on the vertical lifeline at the point of contact where abrasion can occur.
 - f. Suspension scaffold wire rope shall be capable of supporting six times the maximum intended load. Suspension scaffolds shall not be used to hoist materials to the roof.
 - g. Outrigger beams shall be secured by tiebacks. The tiebacks shall be attached to a structural member of the building. Standpipes, vents, conduit, and other piping systems are not adequate structural members. The tie backs shall anchor directly behind the outrigger beam. If not able to, then two tiebacks shall be required on each outrigger beam.
 - h. Suspension scaffolds with a load rating of 500 pounds shall have only two employees working on the scaffold. Suspension scaffolds with load rating of 750 pounds shall have only three employees working on the scaffold. The Contractor shall follow manufacturer guidelines of the scaffolding system being used.
 - i. Counterweights shall be secured to the outrigger beams to prevent accidental displacement.
 - j. Counterweights shall be made of non-flowable material. Sand, gravel, water, or similar material shall not be used.

SILICA DUST

1. Contractor shall have a formal Silica Exposure Control Plan as part of their submitted SSSP. The Silica Exposure Control Plan must be submitted to the CM Safety Representative for review and acceptance.
 - a. A Silica trained Competent Person shall be identified to oversee tasks that could generate airborne silica dust.
 - b. Verify hazard awareness training and that the JHA has been reviewed with Contractor employees before performing the work.
2. Before starting a task that could generate airborne silica dust, a JHA must be developed to identify engineering controls, work practices, and required respiratory protection to minimize employee exposure. Contractors shall provide JHAs or equivalent to the CM or upon the IUHMCC Safety Director's request.
3. The Contractor must include coordination with other trades in their planning to minimize potential for exposure to airborne silica dust.
4. Common tasks that could produce airborne silica dust include:
 - Drilling rock and concrete
 - Concrete crushing/mechanized broom
 - Saw cutting concrete
 - Milling asphalt / concrete
 - Grinding / rubbing concrete
 - Cutting masonry block
 - Jack hammering
 - Demolition of concrete structures
 - Hoe-ramming / ripping rock
 - Cutting fiber cement board
 - Earthmoving / grading
 - Concrete coring
 - Blowing out joints
 - Dumping vacuum hoppers
 - Chipping concrete



STEEL ERECTION

1. All steel erection activities (erectors, connectors, and deckers) are to include 100% fall protection when employees are exposed to fall hazards six (6) feet or greater.
2. The fabricator and their erector are required to submit in writing a detailed plan of all fall protection to be used on the project. This includes a detailed analysis of all fall hazards greater than six feet. The plan shall include a detailed description of the specific personal fall arrest systems to be used, including manufacturers and/or engineered designs, limitations of use, and the minimum clearance distance required for the system to prevent the worker from striking the floor/deck below. Systems that do not prevent contact with the surface below will not be permitted.
3. A pre-construction safety meeting shall be held prior to beginning steel erection and related activities on IUHMCC projects. This meeting will be held with all parties involved in steel erection activities, including but not limited to the following: steel erector, steel fabricator, and architect and/or structural engineer of record.
 - a. This pre-construction meeting will address issues and items relating to all activities involving steel erection under 29 CFR 1926 Subpart R Steel Erection Standards, including but not limited to the following:
 - Construction activities below steel erection are prohibited.
 - Retractable lanyards/restraint devices are required in boom lift baskets.
 - Holes on roofs shall be decked over, with penetration to be made only when equipment is ready to be installed. All open floor holes shall be protected with guardrails or covered by securing and labeling the cover.
 - Perimeter safety cables shall be installed as soon as the metal decking has been installed.
 - All materials, equipment, and tools which are not in use while aloft, shall be secured against accidental displacement.
4. Decking must be installed every two stories or thirty (30) feet, whichever is less, before erecting additional levels.
5. Overhead protection – On multi-story steel erection projects, a minimum of two decked floors, one of which must be poured, shall be in place between the erector's raising gang and trades below whose work is unrelated to the steel erection process.
6. The Erector will be required to cover all floor openings on every floor to include elevator shafts, stair openings, mechanical shafts, etc. before erection continues on levels above. The IUHMCC Safety Director, in conjunction with the IUHMCC Project Management Team, must approve variations of this requirement due to job conditions.
7. All openings greater than 16 square feet shall have an OSHA-compliant guardrail system installed in addition to being covered.
8. Cable guardrails: Maximum distance between supports is 12 feet. Bracing/kickers shall be provided at corner stanchions to maintain plumb when cables are pulled tight.
9. Roof levels must be protected with a Perimeter Guardrail System (top rail and mid-rail).
10. Working floors are to be considered "controlled access" areas for ironworkers and deckers until the floor has achieved 100% fall protection, unless personal fall protection systems are utilized.
11. Multi-member lifting (Christmas treeing) of steel members is limited 3 at one time.

12. Any safety exceptions based on feasibility or constructability constraints must have the written approval of the CM Safety Representative, CM Project Manager, the IUHMCC Safety Director, and the IUHMCC Project Management Team.

V. Appendices and Forms

All forms can be found on the IU Health Contractor Safety Web Site:

<https://iuhafety.verodms.com/>

Appendix I – Accident and Investigations



Accident_Incident Meeting Agenda.pdf



Checklist of Accident Factors.pdf



Employee_Witness Statement Form.pdf



Supervisors Accident_Incident In

Appendix II – Downtown Facility Forms



Above-Ceiling_Acces_ Policy (1).pdf



Ceiling_Access_Permit _Form_(fillable).pdf



Barrier_Penetration_P ermit_(fillable).pdf



Pre-Construction Meeting Safety Ager

Appendix III – IU Health Site Forms



Caution_Danger Sign Templates.pdf



Competent Person Assignment Form.pc



Contractor Disciplinary Action F



Crane Verification Form.pdf



Critical Systems Service Notification.



Daily Dustwall and Egress Inspection Fc



Daily Negative Air Report.pdf



Design Safety Checklist.pdf



Energized Electrical Work Permit and Ins



Excavation Permit.pdf



Fire Drill Evaluation.pdf



Guardrail Removal Permit.pdf



Hot Work Permit.pdf



ILSM Assessment Tool.pdf



ILSM Closeout Checklist.pdf



JHA - Blank.pdf



Pre-Construction Risk Assessment.pdf



Severe Weather Drill Evaluation.pdf



Site-Specific Safety Plan.pdf



Visitor Form.pdf

Appendix IV – Prequalification Documents



Conditional
Approval Form.pdf



Contractor Safety
Program Audit Form



safety_info_sheet.pdf



tradespecific.pdf

Appendix V – Substance Abuse



CCS-Model-Substa
nce-Abuse-Program



Diluted
Specimens.pdf



Instruction for Shy
Bladder, Cold Specir



Reasonable_Cause-Fit
ness_for_Duty_Observ



Substance Abuse -
Documentation of R

Appendix VI – Man Hour Reporting



Monthly Safety
Report.pdf