

## 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 18 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](http://www.ccs-safety.org)), **or**
  - b. Submit required documentation directly to designated IU Health Safety Representatives ([contractorsafety@iuhealth.org](mailto:contractorsafety@iuhealth.org))
4. At least one qualified person per Contractor shall be available at the work site, at all times, to render CPR and first aid. This person must have a valid certificate in CPR/ 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](http://www.ccssafesite.org)).
6. All Contractor personnel must attend an orientation led by IU Health or the Lead Contractor and be approved to work prior to beginning work on-site. IU Health minimum orientation requirements must be addressed and included in Lead Contractor delivered orientations.



7. All Contractors must submit a site-specific safety plan (SSSP) unique to their scope(s) of work and project conditions. This plan must be reviewed and accepted by the Lead Contractor 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 Lead Contractor prior to starting any crane work on IU Health D & C projects. 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 Lead Contractor. The Lead Contractor's 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 IU Health D & C projects, 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 hard hat.
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 Lead Contractor 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. The Lead Contractor's Safety Representative, Project Manager, Superintendent and IU Health Project Management must approve variations of this requirement due to job site conditions.

