

Mandatory Contractor Requirements

ISSUED: September 30, 2016

All Contractors, Vendors, Suppliers and Service Personnel working on the Owner's projects will adhere to the following requirements: (The term Contractor will be considered synonymous with Vendor, Supplier, Service Personnel, and Contractor's authorized Representative or his Subcontractors. The term Owner will be considered synonymous with IU Health, its agents and affiliates. The term Designer will be considered synonymous with Architects, Engineers, Interior Designers, and Designer's authorized Representative or his Subcontractors.)

I. General

- A. IU Health Design, Construction & Maintenance Contractor Safety Management Program (IU Health Contractor Safety Manual) - All employees of the Contractor working on IU Health projects or properties are responsible for being familiar with the requirements outlined in the IU Health Contractor Safety Manual as it pertains to the work being performed. A copy of the IU Health Contractor Safety Manual may be obtained at: www.iuhsafety.org. **Any contractor found to be in violation of the provisions of the Contractor Safety Manual will be asked to cease work immediately until training can be arranged to bring their personnel into compliance.**

- B. Conduct - The Contractor shall at all times enforce strict discipline and good order among his employees and shall not employ on the work any unfit person or anyone not skilled in the task assigned to him.

The use of foul language is not permitted. No illegal substances or alcoholic beverages are allowed on the property. Smoking or use of tobacco products of any kind is not permitted in the buildings, Parking Garages or on the Owner's Property.

In the interest of safety of jobsite personnel and the comfort of patients, visitors and staff, radios, boom boxes, or similar devices will not be permitted on project sites.

- C. Dress Code - All Contractor personnel will conduct themselves in a proper manner and wear appropriate clothing while in and around the project site. The contractor is to provide the currently approved hardhat of the company to all employees working in the Owners facilities. All hardhats are to be the same make and model and free of all stickers. Only the Contractors insignia is allowed on the hardhat. Full attire, requires khaki pants, shirt and shoes, must be worn at all times. Tattered clothing is not allowed. Jeans of any type will not be permitted while working on Owner's property. Shirts shall have collars, sleeves at least 6" in length and be tucked into pants. Shorts are not permitted. Open toe shoes are not permitted in a construction area.

The restriction on wearing jeans may be waived by the Owner on new construction projects where construction workers do not interface with the Owner's staff or

customers. The Owner’s Project Manager must approve any waiver of the dress code requirements.

- D. Discipline - Anyone found in violation of these requirements will be removed from the premises at the Owner’s discretion. Contractors who fail to enforce this with their employees or subcontractors will be considered in violation of their work agreement with the Owner. Contractors not responding to the Owner’s concerns are subject to disciplinary action that may include; termination of the contractor’s contract, back charge of contractor for abatement of hazards, disqualification from future work or other actions deemed appropriate by the Owner. (Reference Contractor Safety Program Disciplinary Policy).
- E. Field Supervision - The Contractor shall employ a competent superintendent and necessary assistant supervision, of which one shall be in attendance at the project site *at all times* during the progress of the work and who shall be responsible for the contractor’s performance on the project. Field Supervision (foreman, superintendent, and project management level), shall at a minimum have completed the OSHA 30 hour training within the previous 3 years, the IU Health Contractor supervisor safety training program, and an IU Health project specific safety orientation as defined by the Owner.

If a Contractor or his subcontractor is required to work nights or weekends, the Contractor’s own superintendent or responsible representative shall be present, along with a previously designated representative of the Owner. The Owner may request the prime/general contractor to provide a full time non-craft safety professional to provide safety coverage for weekend and holiday work coverage.

II. Contractor’s Responsibilities:

- A. Badges - All employees of the Contractor must wear an employee identification badge or sticker that will be provided by the Owner. I.D. badges or stickers will typically be issued at the orientation session that each contract worker is required to attend before working on the Owner’s site. All badges must be returned to the Owner at the end of the project.
- B. Scheduling & Check-In Procedures - The Contractor must notify the Owner Project Manager prior to scheduling their employees to be on the premises, and shall coordinate access to the project site with the Owner’s Project Manager.

The Contractor’s personnel must check-in/check-out at each project site as follows:

Methodist - Check in/check out at the Facilities Maintenance Dispatcher Office by completing the log sheet located on the ground floor of the Facilities Center Building.

IU/Riley - Check in/check out at the information desk on the first floor of either Hospital.

Arnett Hospital - Check in/check out at the Facilities Maintenance Shop Office by completing the log sheet located at AG420 (unless a sheet is provided at the jobsite).
Other Campuses – The Project Manager shall inform the Contractor of the check in/check out procedure as determined by the Security Department for each campus.

Check in/check out must be accomplished on a daily basis, providing company name, name of project, location of project, name of Owner's Project Manager, and a list of all personnel on site, to the designated area IU Health staff member. This check-in/check-out must occur regardless of scheduled work shift. Contractors working evening and night shifts must check-in/check-out as well as those working days.

Evening, night, or weekend work must be scheduled sufficiently in advance to allow the Owner's Project Manager to issue a CONTRACTOR WORKING NIGHT/WEEKEND NOTICE.

Contractor personnel are restricted to the construction site area and are not allowed in other areas of the facility. Dirty or dusty clothing or material being transported outside the construction area, represents an infection prevention hazard. Personnel violating this policy will be subject to immediate removal from the project.

- C. Parking & Storage – The Contractor shall confine his use of parking and storage areas to those designated for him by the Owner's Project Manager. Parking shall be managed at the project site as follows:

Methodist - A temporary parking pass (hang tag) may be issued by the Owner's Project Manager. This hang tag allows for parking in Lots V, W & X only. Contractor personnel parking in other lots are subject to ticketing and/or towing at the owner's expense.

IU/Riley - It is the responsibility of the Contractor to obtain parking passes at their expense from Parking and Transportation Services located in the Vermont Street Parking Garage on the IUPUI Campus. Due to its proximity to the entrance of University Hospital parking in the AOC Garage is reserved for patients and visitors. Contractor's staff is prohibited from parking in this garage.

Other Campuses – The Owner's Project Manager shall inform the Contractor of parking regulations as determined by the Security Department for each campus.

Arnett – Contractors shall park in back section of the Southwest Staff parking lot or Parking lot 2 (west of the 2C and 2D signs). Additional/Alternate parking lots may be designated per project if approved by the Owner's Project Manager.

Other Campuses – The Owner's Project Manager shall inform the Contractor of parking regulations as determined by the Security Department for each campus.

Main entrance drives, delivery docks, patient/visitor parking areas, and other designated "No Parking" areas are strictly off limits to Contractor personnel.

- D. Project Access - All employees of the Contractor will confine their movement inside existing buildings to those areas only absolutely necessary to their project or immediate needs.

The Contractor shall coordinate his access to required work areas with the Owner's Project Manager. Doors to the site shall be kept closed and, where applicable, locked at all times. Door wedges, hold opens, duct tape on the latch, etc. are not permitted. If doors are locked, the Contractor shall access the site via the Owner Project Manager or by calling the Owner's Security Department at 962-8000 (extension 28000 on Methodist Campus) or 274-7270 (extension 47270 on the IU/Riley Campus).

AT NO TIME shall the contractor install construction cores, padlocks or other unauthorized locks or cores in new or existing locksets. Lock cores and padlocks must be on the Owner's key system to facilitate emergency access to the construction site by the Owner's Security and Maintenance personnel. The Owner's lock cores and padlocks will be installed or changed and construction access keys issued upon request by the Contractor in accordance with Facilities policies and procedures. This procedure may be waived by the Owner on new construction projects. Any waiver must be approved by the Owner's Project Manager.

- E. Deliveries - Each Contractor furnishing materials to the site shall identify, ship, address, consign, etc., all such materials to the Contractor who may be charged therewith by giving the name of the Contractor and the name and address or location of the project. Under no circumstances may shipments be directed to, or in care of, the Owner. The Owner assumes no responsibility for receiving any shipments designated for this project.

If the Contractor is having material delivered to the Owner's dock, the Contractor must make arrangements to receive the impending delivery. At the Methodist Campus, the Maintenance Dispatcher at telephone extension 28711 will assist in contacting the Contractor when the delivery arrives. At IU/Riley Campuses, the dock personnel will assist in contacting the Contractor. The Owner will inform the contractor of delivery procedures at other campuses as appropriate. The Owner will not be responsible for the return of any shipments due to lack of information for proper routing or for lack of proper coordination for handling the delivery. Storage of the delivered items shall be within the confines of the project. Storage is not permitted in aisles or walkways within occupied areas of the Owner's property. On new construction projects prior to Owner occupancy the Contractor will coordinate all deliveries to the project site/dock.

- F. Coordination w/ Other Contractors - The Contractor shall afford other Contractors reasonable opportunity for the introduction and storage of their materials and equipment and the execution of their work and shall properly connect and coordinate his work with theirs.
- G. Advertising - No advertising of any kind including contractor name, logo or similar identification shall be displayed on the Owner's property. Signage needed to direct contractor employees to project access points may include the contractor name with the approval of the Owner's Project Manager. On significant projects the Owner's Project Manager may authorize the display of a project sign with name of project and participating contractors, architects, engineers and others as appropriate.
- H. Record Documents - The Contractor shall maintain at the site for the Owner one copy of all Drawings, Specifications, and other contract documents in good order. **Exhibit R - Mandatory Contractor** record all changes made during construction. The Designer will review the Record Documents on a monthly basis and shall report any deficiencies to the Owner.

The Designer may withhold approval of the Contractor's monthly pay application with the concurrence of the Owner's Project Manager should the Contractor fail to keep Record Documents up to date with construction changes. The Record Documents shall be available to the Owner during the progress of the work and shall be delivered to the Owner at Substantial Completion. Failure to deliver the record documents at Substantial Completion may delay the issuance of the Certificate of Substantial Completion by the Designer. The Record Documents shall be in accordance with the "Standards for As-Builts" on file with the Owner.

- I. **Operating & Maintenance Manuals -** Operating & Maintenance Manuals are critical to the Owner's ability to maintain new facilities. As soon as practical during the progress of the work, but not later than 50% project completion, the Contractor shall submit interim O&M manuals to the Designer for review. These interim manuals shall contain all required information except for final inspections, test reports and warranties that are conditional upon completion of the individual portions of the work. After approval by the Designer and upon request of the Owner's Project Manager the Contractor will provide a copy of these interim O&M manuals for use by the Owner's staff prior to Substantial Completion.

On a date sufficiently in advance of the date of Substantial Completion to allow for review the Contractor will submit updated final O&M manuals to the Designer for approval. Upon approval of the final O&M manuals by the Designer and no later than the date of Substantial Completion the Contractor shall provide one electronic copy on CD ROM/DVD and one printed copy to the Owner. Printed O&M Manuals shall include a table of contents and be clearly labeled on the spine of each binder or the label on the CD ROM with the campus name, project name, building name, floor, and trade or division. Electronic O&M Manuals shall be in PDF format and shall contain a table of contents with hyperlinks to each specification section. The table of contents and each specification section shall be individual PDF files. Electronic O&M manuals shall be identical in content to the printed O&M manuals.

- J. **Omnibus Reconciliation Act -** Section 952 of the Omnibus Reconciliation Act of 1980 (PL96-499) provides for access to the books and records of subcontractors of Medicare Providers by the Secretary of Health and Human Services and the Comptroller General. Specifically, Section 952 prohibits payments under Medicare for services furnished for the provider by any of its subcontractors, where the cost or value of the contract over twelve (12) months is Ten Thousand Dollars (\$10,000.00) or more, unless such contract contains a provision for allowing the Secretary and Comptroller General access to the contract, books, documents and records of the subcontractors which are necessary to verify the costs after the provision of such services. The Contractor agrees to appropriately store its project records and provide such access when appropriate and to require its subcontractors to also provide such access when appropriate.

- K. **Code Consultant -**

The Owner has a Code Consultant that shall provide code review services, coordinate fire protection program requirements, fire and life safety code construction inspections, coordinate fire safety system testing, Joint Commission Statement of Conditions (SOC) preparation, Life Safety Code Assessment and Fire Safety System (FSES) survey and analysis services and related services.

Exhibit R - Mandatory Contractor

Due to the size and complexity of the facilities within the Owner's system as well

as the number and complexity of fire and life safety codes applicable to these facilities it is necessary to formalize a fire and life safety code review process for the various facilities. The goal of such a formal process is to bring meaningful uniform oversight to the application and implementation of the various code requirements to renovation projects conducted by various Designers both within and outside of the Owner's system. This process is described in Appendix D attached.

Compensation for Appendix D services shall be paid directly by the Owner to the Code Consultant. The Contractor shall be responsible for coordination of and timely notification to the Code Consultant to insure that inspections, acceptance testing and other construction related Appendix D services are completed on all projects.

- L. Owner's Right to Audit – The Owner shall have the right, without prior notice, at any reasonable time, to inspect, copy and audit or cause to have audited books and records of the Contractor and/or its subcontractors in order to verify the contract compliance of all costs for which the Contractor has made claim or has been paid under the contract. In the event that the audit findings confirm that Contractor has overbilled the Owner in amounts greater than 5% of the appropriate billing, Contractor shall be responsible for reimbursing the Owner for the costs of the audit. Otherwise, the Owner shall bear its costs in conducting the audit.

III. Infection Prevention, Cleaning, and Protection of the Existing Facilities:

1. Flu Shot – To further protect our patients, IUH Health requires all Designers receive a flu vaccination each flu season. All Designers 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). Exemption forms are available by contacting IU Health's Design and Construction Safety Representative). If a Designer 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 Designers will not be entering an occupied IU Health facility) exemption from the Flu Shot requirements may only be approved through the Owner's Project Manager in conjunction with IU Health Infection Prevention.
2. Infection Control Risk Assessment (ICRA) - The Contractor and Owner's Project Manager shall be responsible for initiating an Infection Control Risk Assessment (ICRA) with the Owner's Infection Control Department. The ICRA must be approved before construction activities commence which includes the installation of temporary enclosures. The ICRA is required in or adjacent to any occupied building or space.
- C. Fixed Temporary Enclosures - The Contractor shall protect occupied portions of the Hospital by erecting temporary protective enclosures appropriate for the surrounding space as needed. Such enclosures shall provide security/safety protection, dust protection, and shall contain odors generated by construction

Exhibit R - Mandatory Contractor shall keep the job site enclosures intact and doors closed at all times.

Visqueen drops or curtains and caution tape barriers will be acceptable for a duration up to forty eight (48) hours as approved by the Owner's Project Manager and the Owner's Infection Control Department. All temporary enclosures shall be constructed only after the project Interim Life Safety Measures (ILSM) assessment has been completed and signed by the Owner's Project Manager, Contractor Representative, Owner Safety Representative, Manager of the affected Department, and Fire & Life Safety Representative.

Unless otherwise instructed, enclosures shall be metal studs and vinyl covered gypsum board with associated top, bottom and corner trims, color to be selected by the Owner's Project Manager (contractors shall follow the detail listed in Appendix C). A single layer of **fire retardant** plastic film shall be installed between the gypsum board and metal studs. Enclosures shall extend floor to ceiling if fire suppression system will remain in service, and all joints between enclosures and existing walls, ceilings and floors shall be sealed. If fire suppression systems will be removed in the area of construction, enclosures shall extend floor to deck and have a 1 hour fire rating and all joints between enclosures and existing walls, ceiling and floors shall be sealed. Appropriate dust protection shall also be provided above the ceiling when conditions may allow the migration of dust in the space between suspended ceilings and the structural deck above.

A temporary door and frame (meeting detail as defined in Appendix C), of non-combustible material shall be installed and finished as appropriate to the surrounding space including weather-stripping and sweeps to provide a tight seal. Lock shall be provided to accept Hospital furnished lock core. A sign stating "Construction Area Do Not Enter" shall be posted on the door.

The daily dustwall/egress observation checklist shall be completed and posted on the exterior of the dustwall. Deficiencies found during the inspection of the dustwall and enclosure shall be documented on the checklist and repairs shall commence immediately. The checklist is available in the IU Health Contractor Safety Manual.

- D. Portable Temporary Enclosures - When construction and/or above ceiling/in wall field verification is required in areas adjacent to and/or outside 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. Prior to scheduling such construction and/or field verification the Contractor shall submit to the Owner's Project Manager a plan of the area involved and a description of the scope of work or investigation. The Owner's Project Manager shall then submit an Infection Control Risk Assessment form (ICRA) to the Owner's Infection Control Department. The Contractor shall not proceed with any construction and/or field investigation work until the ICRA is approved. The Contractor must follow all procedures outlined in the ICRA and post the ICRA in a conspicuous place during construction and/or field investigation activities.
- E. Negative Air Pressure Relationships - The Construction Area shall be maintained under negative pressure relative to occupied areas within the Hospital. This shall be accomplished by reducing supply air to the Construction Area to a minimum and

maintaining higher return/exhaust air quantities from the Construction Area. Provide filter media over all duct outlets and inlets in the Construction Area. Alternatively, when access to exterior windows is available, negative air relationships may be achieved by the temporary installation of an exhaust fan of appropriate size in an exterior window or opening. Utilize the services of a certified test and balance agency to monitor/verify that the Construction Area is negative to surrounding occupied areas and supply written reports documenting air pressure relationships to the Owner's Project Manager. Monitoring shall occur with digital indicators. The Contractor shall provide as necessary one or more portable HEPA filters to be used within the Construction Area. It shall be the Contractor's responsibility to make sure these units run 24 hours per day and that the pre-filters are changed on a regular basis. Cost of pre-filters shall be the responsibility of the Contractor. The Owner's Project Manager will have final approval of all air pressure relationships within the Construction area.

- F. Infection Prevention Orientation - From time to time, the Owner shall conduct mandatory Infection Control orientation sessions to familiarize Contractors with the unique problems caused by construction in the health care environment. The contractor shall make attendance mandatory for all persons with supervisory responsibility within his company and all of his subcontractors.
- G. Maintenance of Temporary Enclosures - All partitions enclosing or encapsulating the work will have washable surfaces. The cleanliness of these partitions are the responsibility of the Contractor. The Owner will not maintain, clean, or repair these partitions during the course of construction. The location of any necessary partitions will be coordinated with the Owner's Project Manager as to not impede the business practices of the Owner. The Owner's Project Manager will have the final approval in temporary partition location.
- H. Protection of Facilities - The Contractor shall protect all of the Owner's existing facilities. The Contractor at no additional cost to the Owner shall repair damage to these facilities caused by work under this contract.
- If the Contractor is responsible for any damage to the Owner's facilities not necessarily in his work site, he will immediately contact the Owner's Project Manager so they can correct the situation.
- I. Debris Removal & Clean Up - The Contractor at all times shall keep the premises free from accumulation of waste materials or rubbish caused by his operations. Removal of all combustible materials will occur as soon as possible or as a minimum on a daily basis. The Contractor shall use wheeled carts with clean tight fitting covers to transport construction debris from the construction area to the dumpster location. All debris carts shall be kept clean and presentable on the exterior to minimize release of dust into occupied areas. The Contractor is responsible for the disposal of all debris from the job site in an appropriate manner. Locations of any dumpsters shall be coordinated and approved by the Owner's Project Manager. Brooms are not allowed on the project site. All material will be vacuumed using shop vacuums with filters that will be cleaned daily at the disposal area. Large debris will be loaded by hand or shovel into containers. Vacuums will be utilized during all debris handling to control dust at all times. Personnel are not allowed outside the construction containment with dirty or dusty clothing at any

Areas inside and out including streets, sidewalks, corridors and elevators in which Contractor's personnel are working or otherwise using, shall be monitored and cleaned to maintain a site that is free from debris, mud, etc. at all times. Areas inside the Hospital may require hourly attention with vacuums or wet mops to keep areas presentable. Suitable walk-off mats are required at all project entrances inside the dust wall entrance and are to be regularly maintained to eliminate migration of dust from the project site. At the completion of work, the Contractor shall remove all waste materials, rubbish, the Contractor tools, construction equipment, machinery and surplus materials from the project site and complete a final cleaning as directed by the Owners Project Manager.

- J. Food & Drink - Residue and trash from food and/or drinks other than water can attract insects and other vermin that are detrimental to providing a safe, healthy environment for patients, visitors, staff and construction workers. Therefore **NO** food or drink other than water will be allowed within any part of a project that is enclosed within a building. This includes existing buildings, building additions, new buildings and roof areas. The Contractor and Owner Project Manager shall mutually agree on designated areas for lunch and breaks for contractor employees. All refuse is to be disposed of in designated containers.

- K. Documentation Display - At the completion of the installation of temporary enclosures the following items should be posted visibly on the exterior of the enclosures:
 - A. Infection Control Risk Assessment (ICRA)
 - B. Interim Life Safety Measures (ILSM) Assessment Tool
 - C. Daily Negative Air Report
 - D. Daily Egress & Temporary Enclosure Inspection Report
Emergency Contact List

- L. Legionella Control Program - Prior to allowing occupation of new or remodeled space, the contractor is responsible for reviewing the requirements for appropriate flushing and culturing of domestic water systems that were disrupted as part of the project with the Owner's Project Manager and IU Health Infection Preventionist. At a minimum, the contractor shall flush all hot and cold domestic water outlets (including showers) for 5 minutes. The contractor shall coordinate the flushing with the IU Health Project Manager to ensure that culturing may be completed by the facilities designated consultant between 10-14 days prior to occupancy of the space.

IV. Special Procedures or Requirements:

- A. Critical System Service Notifications - Any and all utility or system connections, shut-off, or interruptions must be scheduled with the Owner prior to commencement of the work. This work shall be defined as a "Utility Shutdown" and notice shall be made to the Owner's Project Manager using the Critical System Service Notice. The contractor should circle "shutdown" on the form when used for "Utility Shutdowns".

In addition to system connection, shut-off, or interruption, the Contractor must also schedule any work on existing critical systems that do not require interruption to accomplish the work. This work shall be defined as “Critical System Service” and notice shall be made to the Owner’s Project Manager using the Critical System Service Notice. The contractor should circle “Service Notice” on the form when used for “Critical System Service”. Critical Systems shall be defined as any system that would hinder the delivery of patient care should the system be interrupted for any reason. Planning for this work shall include the submission of a written contingency plan to address any failure of the Critical System.

Both Utility Shutdowns and Critical System Service must be scheduled ten (10) calendar days prior to commencement of the work. This work may result in an extreme curtailment of the Owner’s services and operations and must be accomplished at the Owner’s required schedule. Overtime, around-the-clock, holiday or weekend work therefore may be required as part of this contract, subject to approval by the Owner.

- B. Barrier Integrity Management Program – The Owner’s has instituted a comprehensive Barrier Integrity Management Program to prevent injury to persons and damage to property and to protect patients, visitors and staff from injury, fire or other damage. The ongoing integrity of the fire and smoke compartments of the Owner’s buildings is a critical component of the Life Safety Program. All contractors working on the premises are expected to comply with the Barrier Management Program (BMP).

The Fire/Smoke Barrier Integrity Policy has been adopted by the Owner and is in effect at all IU Health facilities. The policy applies to any barrier management work, including work inside a designated construction area. Exceptions to the Fire/Smoke Barrier Integrity Policy may be made with respect to the issuance of Ceiling Permits and Barrier Management Permits only upon approval of the Owner’s Project Manager. The policy is available upon request from the Owner’s Project Manager.

The educational class for Fire Stopping Instructional Training (FIT) Level #1 is mandatory for any contractors applying for a Barrier Penetration permit. Contractor staff training is the responsibility of each contractor and should be scheduled with the William E. Baker Company.

This program incorporates education and barrier management including a Ceiling Access Permit and a Barrier Penetration Permit process. The program integrates into the well-planned and thoroughly organized approach to building safety. The BMP utilizes a systematic approach to sealing fire and smoke barriers and educating anyone that might penetrate them.

Any contractor found to be in violation of the permit process and/or Fire/Smoke Barrier Integrity Policy will be asked to cease work immediately until training can be arranged to bring their personnel into compliance.

Obtain prints detailing the hourly construction and identify the scope of firestop

Work as outlined under Appendix D. Prepare an itemized schedule of penetrations. Identify on the Firestop Worksheet Form the UL Listed system that meets the requirement for firestopping the penetration. Attach 8 ½” X 11” floor diagrams itemizing locations of each installation. Sign and date each page. The Firestop Worksheet Form will reside in a binder within the Barrier Management Office located at each hospital facility. The Owner’s Project Manager can provide the form at their locations.

A schedule of acceptable firestop systems allowed by IU Health Facilities is available in the Barrier Management Program. As a rule, only the UL Classified firestop systems on the schedule will be allowed. The schedule includes mechanical penetrations, electrical penetrations, com/data penetrations, grouped penetrations, HVAC penetrations and Architectural joints & blank openings. If necessary obtain an engineering judgment from STI for non-standard penetrations. To facilitate training, installation, inspection, inventory and retrofit, the firestop in IU Health facilities is being standardized around a single manufacturer (see Firestopping Specifications located in the Barrier Management office). Alternate materials may be allowed in substitution provided that STI cannot provide a UL Listed System or is unwilling to provide an engineering judgment for a specified installed condition. Should this occur, ask the Owner’s Project Manager for a substitution request form.

NOTE: Numerous IU Health facilities have adopted a designated routing program for low voltage cabling and require the use of either new or existing STI EZ-Path or HILTI Fire Rated Pathways. Please provide a cable routing plan and obtain approval of the plan from the Owner’s Project Manager and from Information Services before commencing work.

3. Interference w/ Owner Activities - The Contractor shall carry on all work in and about the existing buildings at such times and in a manner that will cause as little inconvenience as practical to the Owner in its occupancy and use of the facilities. Work that will interfere with the Owner’s occupancy shall be scheduled in advance. The contractor may be required to stop work during his operation because of construction noise disrupting everyday Owner activities. If overtime (premium time) is required, it should be included in the cost of the work.
- D. Radios & RF Interference - Devices transmitting radio frequencies within the Owner’s facilities can interfere with the proper operation of medical equipment systems. The Designer shall not operate any communication or other equipment utilizing radio frequencies unless approved by the Owner’s Project Manager and the Owner’s Clinical Engineering Department.
- E. Harassment Policy – The Owner has a policy relating to sexual harassment, harassment, and workplace violence. All employees including volunteers, physicians and practitioners credentialed through the medical staff who provide patient care and service in the Owner’s Facilities, patients, and individuals associated with the Owner via contractual services are covered under this policy. A prompt investigation will be initiated and appropriate action taken where necessary to stop and prevent any recurrence of the behavior. A copy of this policy may be acquired upon request.

V. Safety Awareness:

- A. Contractor Safety Program - The Owner has developed and adopted a Contractor Safety Program to provide guidelines and procedures to ensure a safe and healthful work environment for contractors. Minimum Safety Specifications, which describe basic information and minimum safety requirements regarding the Owner's Contractor Safety Program are attached as Appendix B. A current copy of the IU Health Contractor Safety Program can be found at www.iuhsafety.org.

The Contractor is required to comply with all requirements of the Contractor Safety Program. Questions regarding the program and/or its requirements should be addressed to the Owner's safety representative and/or Owner's Project Manager.

- B. Emergency Notification - If any emergency situation arises on the project site, the Contractor must notify the Owner's Project Manager and Owner's Safety Representative immediately. In any emergency affecting the safety of persons or property, the Contractor shall act, at his discretion, to prevent threatened damage, injury or loss.
1. Interim Life Safety Measures – As prescribed in the attachment, APPENDIX A, from the Joint Commission, the Owner maintains a written policy and procedure for Interim Life Safety Measures (ILSM). The Contractor is responsible for adhering to these guidelines as established in the attachment. In addition, prior to erection of temporary enclosures and/or commencement of construction activity, an ILSM assessment must be completed. A weekly inspection checklist will be formatted based on the results of the assessment. A copy of the ILSM inspection checklist will be provided to the Contractor upon request. The Owner is responsible for conducting weekly ILSM inspections.
2. HAZCOM - The Contractor shall provide or assist the Owner in obtaining from subcontractors or vendors Safety Data Sheets, "Standards for Storage" or manufacturers "Disposition Instructions" for materials and equipment used in construction. In accordance with state and federal law, the Owner has a written Hazard Communication policy that is available for review by the Contractor upon request. The Contractor hereby agrees to comply with the provisions of said policy, to inform Contractor's employees, agents, subcontractors and invitees as to all hazards to which they may reasonably be exposed, and to require the utilization of appropriate precautions with respect to protecting such individuals from hazardous substances.

To employ appropriate safeguards and to minimize potential dangers, the Owner will distribute a copy of their Hazard Communication Policy to all Contractors and their employees who may be exposed to "hazardous chemicals" while on the Owner's property.

- E. Universal Precautions - In accordance with Indiana Code 16-41-11 and CFR 1910.1030 Bloodborne Pathogens, the Owner requires the practice of "Universal Precautions" by all physicians, employees and other individuals who have anticipated contact with blood or body fluids while performing activities at the Owner's site. Universal Precautions involves the appropriate use of protective equipment ("barriers") to minimize contact with blood and body fluids in order to prevent the transmission of dangerous communicable disease, including HIV (Human Immunodeficiency Virus, the virus that causes AIDS) and HBV (Hepatitis B Virus).

Should the Contractor be required to perform tasks that may involve contact with blood or body fluids, he shall notify the Owner's Project Manager to determine the appropriate course of action. If project work has the potential to involve exposure to blood, body 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. All contractors shall define their policy on addressing universal precautions in their written project safety plan.

VI. Community Support and Awareness:

1. MBE/WBE Support – The Owner, in keeping with its policy of community service and involvement, desires to encourage the participation of Minority, Woman and Veteran owned businesses. The Contractor shall submit a Diversity Plan/Program that demonstrates the Contractor's efforts to include such businesses in the bid process. The Contractor's Diversity Plan/Program shall include a monitoring and enforcement component and shall be approved by the Owner's Supplier Diversity Department. Assistance with providing access to local Certified MBE and WBE businesses is available from the Owner's Supplier Diversity Department.

The requirement for Minority Business participation for the Owner's projects is 25%. Work self performed by the Contractor shall not be included in the calculation of participation. The calculation shall be based solely on subcontractors of any tier and material suppliers.

END OF MANDATORY CONTRACTOR ORIENTATION REQUIREMENTS