



GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDÁT ESPETÁT MIMURIÁT GUÅHÅN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



November 19, 2021

AMENDMENT #4 FOR

GMHA IFB 002-2022 RENOVATION SERVICES

TO: All prospective bidders,

This Amendment is being issued to change/add the following:

- 1) Bid Acceptance Date as read: Bids will be accepted on or before 12:30 pm, Chamorro Standard Time, November 22, 2021, and Public Opening at 1:00 pm Chamorro Standard Time, November 22, 2021.**

Bid Acceptance Date to now read as: Bids will be accepted on or before 8:30 am, Chamorro Standard Time, November 26, 2021, and Public Opening at 9:00 am Chamorro Standard Time, November 26, 2021.

- 2) Please see attached safety policies for your information.**

If any other questions/clarifications please send via telefax addressed to Mrs. Lillian Perez-Posadas, MN, RN.

Dolores F. Pangelinan,
Hospital Materials Management Administrator

Acknowledgment of Receipt: Return acknowledgment to fax number 649-3640


Company

Print Name

Signature

Date

**GUAM MEMORIAL HOSPITAL AUTHORITY
FACILITIES MAINTENANCE DEPARTMENT
LIFE SAFETY MANAGEMENT MANUAL**

APPROVED  Peter John D. Camacho, MPH Hospital Administrator/CEO	RESPONSIBILITY Planning Facilities Maintenance Safety Infection Control	ORIGINATION DATE 9/2008	POLICY NUMBER LS6480-003	PAGE 1 of 7
TITLE: INTERIM LIFE SAFETY MEASURES / INFECTION CONTROL RISK ASSESSMENT – CONSTRUCTION BY OUTSIDE CONTRACTORS				
LAST REVIEWED/REVISED: 1/2017				
ENDORSED: EOC <u>2/23/17</u> ICC <u>3/7/17</u> MEC <u>3/22/17</u> EMC <u>3/30/17</u>				

PURPOSE:

To define the Interim Life Safety Measures (ILSM's) / Infection Control Risk Assessments (ICRA's) program for the Hospital during construction/renovation projects.

POLICY:

- I. The Hospital must establish and enforce ILSM's for fire protection, environmental, life safety, infection control and ground safety to temporarily compensate for the potential hazards posed during construction/renovation.
- II. ILSM's will be maintained during all phases of construction/renovation.
- III. The Environment of Care (EOC) Committee shall review all active ILSM's and ICRA's that are in place during its monthly meetings to determine their effectiveness in ensuring the proper implementation and enforcement of the program and to develop corrective action measures where necessary.
- IV. REFER TO ATTACHMENT I: INFECTION CONTROL RISK ASSESSMENT – MATRIX OF PRECAUTIONS FOR CONSTRUCTION AND RENOVATION PROJECTS
- V. REFER TO ATTACHMENT VI: RISK ASSESSMENT HAZARD ANALYSIS WORKSHEET FOR CONSTRUCTION/RENOVATION

PROCEDURE:

- I. Contract documents will reflect the hospital's requirements for providing safe conditions during construction/renovation by the general contractor.
- II. The Safety Officer(s) and GMHA Project Manager(s) through the Environment of Care Committee will monitor practices during construction/renovation to ensure maintenance of a safe environment based on specifics of ILSM checklists. The Safety Officer and GMHA Project Manager will make recommendations for special training and safe procedures.
- III. Documentation relating to safety issues during construction/renovation is the responsibility of the Safety Officer.
- IV. Documentation relating to infection control issues during construction/renovation is the responsibility of the Infection Control Practitioner.
- V. When conditions change due to construction, program function additions or deletions, the hospital policies and procedures contained herein will be revised as needed.

- A. Ensuring that exits provide free and unobstructed egress.
1. The Contractor shall submit a plan of egress to the GMHA Project Manager at least 2 weeks prior to working in the area. The GMHA Planning Department, Facilities Maintenance, Safety and Construction/Project Manager shall review the plan to ensure that the exits affected by the construction provide free and unobstructed egress. If egress is obstructed by construction near or around an exit, then the Contractor must identify and indicate an alternative path of egress in the plan.
 2. Upon approval of the plan of egress, the GMHA Project Manager, Safety Officer, Construction/Project Manager and the Contractor shall conduct an inspection of the affected job site to verify path(s) within each area affected by construction.
 3. If construction would obstruct existing egress, the GMHA Project Manager and Safety Officer must identify a temporary passageway for patients, visitors, employees as well as construction workers. Temporary egress must have at least 3'-8" clearance for passageway and 8'-0" where stretchers are maneuvered.
 4. The GMHA Safety Administrator and GMHA Project Manager shall review the alternative egress plan with the contractor(s) involved at a coordination meeting prior to commencing work on a job site so that at least 5 days advance notice can be given via Circular to all Hospital staff, patients and visitors.
 - a. The GMHA Safety Administrator shall prepare a written notice via circular informing all departments of the temporary egress during construction at least 5 days in advance of the contractor's work. The notice shall include a construction schedule as well as an interim evacuation plan. The temporary evacuation plan shall be posted within the construction area and the adjacent areas.
 - b. The GMHA Safety Administrator shall provide training on the alternative means of egress to the department affected by the construction or in the immediate construction area. The training shall be conducted at least 3 days in advance of the contractor's work and shall be offered once for each shift in the units to be affected by and adjacent to construction. Copies of the in-service records shall be maintained at the Safety Office and reviewed at the Environment of Care Committee. The originals shall be given to each department manager.
 5. The GMHA Safety Officer, GMHA Project Manager, GMHA Security and (Infection Control Practitioner, as needed) shall conduct daily inspections of the temporary egress and construction areas, violations discovered shall be immediately brought to the attention of the contractor for immediate corrective action. Obstructions to egress and infection control violations are grounds for Stop Work Orders. These daily inspections shall include weekends and holidays so that monitoring activities are in effect 7 days a week throughout the duration of the construction/renovation. The Safety Officer shall report findings of any obstructions to the EOC. The Infection Control Practitioner shall additionally report findings to the Infection Control Committee.

Note: Daily inspections are primarily the responsibility of the GMHA Safety Officer and GMHA Project Manager. The GMHA Project Manager and (Infection Control Practitioner, as needed) shall conduct inspections upon initial

commencement of construction or renovation and on an as needed basis thereafter. During weekends and holidays in which the Contractor "is not" working, daily inspections shall be conducted by GMHA Security and documentation of these inspections shall be maintained as part of the Fire Watch Logs. During weekends in which the Contractor "is" working, daily inspections shall be conducted by GMHA Safety Officer or GMHA Project Manager and documents shall be forwarded to the GMHA Safety Office.

REFER TO ATTACHMENT II: DAILY MONITORING: INTERIM LIFE SAFETY MEASURES - INFECTION CONTROL RISK ASSESSMENT PRECAUTIONS

REFER TO ATTACHMENT III: STOP WORK ORDER

REFER TO ATTACHMENT IV: CONTRACTOR'S PRODUCTION REPORT

REFER TO ATTACHMENT V: SCAFFOLDING CHECKLIST

REFER TO ATTACHMENT VIII: DAILY ILSM INSPECTION CHECKLIST

- B. Ensuring that there is free and unobstructed access for emergency services and for emergency forces.
1. If access for emergency services are affected, the Contractor shall submit a plan for alternative emergency access to the GMHA Project Manager at least 2 weeks prior to working in an area. The GMHA Planning, Facilities Maintenance and Safety Departments and the GMHA Project Manager shall review the plan and verify that there is continuous access for emergency services/forces.
 2. Prior to beginning construction in any area, the Safety Officer, GMHA Project Manager and Contractor shall conduct a thorough inspection of the job site(s) to verify that there is access for emergency service/forces personnel.
 3. The GMHA Safety Officer and GMHA Project Manager shall conduct daily inspections, including weekends and holidays to ensure that tools, equipment and materials that are kept within the construction area(s) do not impede passage through corridors and hallways.
 4. The Safety Officer and/or GMHA Project Manager shall notify the Contractor of any obstructions immediately for corrective action. Impeding access for emergency services/forces is grounds for issuing Stop Work Orders (See Attachment III). The Safety Officer shall document and report any obstruction to the EOC Committee for further action by the contractor if access continues to be obstructed.
 5. All debris from demolition work must be removed from the job site on a daily basis and stored at the designated staging area or, if none, taken off Hospital property. All debris stored in the designated staging area must be taken off Hospital property at least weekly or more often if required.
- C. Ensuring that the fire alarm, detection and suppression systems are not impaired.
1. The Architectural & Engineering Firm shall, as part of the design specifications require that the Hospital's fire alarm, detection and suppression systems are to remain in continuous operation throughout the duration of the construction

whenever possible. If any of the systems or components thereof must be shut down, then the A&E shall specify that the contractor establish a temporary system of fire protection and/or fire suppression as need.

2. The Hospital's Fire Alarm System (FAS) Contractor shall continue to conduct monthly testing of the Hospital's fire alarm system in accordance with National Fire Protection Association (NFPA) 72 which includes the annunciator panels, pull boxes, smoke and heat detectors, as well as audio and visual devices. All temporary systems shall be included in the monthly testing procedures.
3.
 - a. The FAS Contractor shall complete the Fire Alarm Certification for all testing, maintenance and repairs and shall submit the checklist to the Facilities Maintenance Department. Copies of monthly test reports shall be filed at the Facilities Maintenance Office.
 - b. The Facilities Maintenance and Safety Department shall accompany and attest to the Contractor's testing and repairs of the system and the Facilities Maintenance Manager or designee shall sign the Contractor's Fire Alarm Checklist.
4. If the fire alarm system is impaired, then a temporary system shall be activated and shall include the following:
 - a. The Safety Officer shall provide additional fire extinguishers at the job site to serve as back-up fire equipment. Extra extinguishers on hand should include clean agent, ABC and/or carbon dioxide as required by the Hospital's Fire Plan for specific areas in the facility. The Safety Officer shall record the placement of additional fire extinguishers by type, quantity and location. A copy of the report shall be filed with the Contractor, GMHA Project Manager, Safety Office and appropriate Circular generated for staff information.
 - b. The Safety Officer(s) and Security Officer(s) shall activate the Fire Watch and have teams scheduled to monitor and patrol the facility on a 24-hour basis until the fire alarm system is fully restored and completely operational. The Fire Watch teams shall maintain a daily log of the areas monitored and report the fire watch activities to the Safety Department and the Safety Department shall provide monthly reports to the Environment of Care Committee.
 - c. Communications Center shall assign a radio frequency strictly for the Fire Watch.
 - d. The Safety Administrator, after discussing details of the situation with Facilities Maintenance Management, shall notify the Guam Fire Department (GFD) of the impaired system and request that GFD remain on stand by mode until the system is restored and fully operational. A copy of the request and GFD's acknowledgment/approval shall be filed with the GMHA Project Manager and Safety Office.
 - e. The Contractor shall arrange for inspection and testing of the fire alarm system once it is restored. The Contractor shall file the original Inspection and Test Report with the Facilities Maintenance Department. Copies are to be issued to the GMHA Project Manager and Safety Office.

- D. Ensuring temporary construction partitions are smoke tight and built of noncombustible or limited combustible materials.
1. When working in corridors that serve as an evacuation route or with smoke barriers, the contractor shall use temporary partitions that are smoke tight and built of noncombustible or limited combustible materials that will not contribute to the development of spread of fire. Only metal studs and drywall/gypsum board materials shall be permitted for temporary construction barriers. Plywood or general lumber of any kind is strictly prohibited.
 2. The Contractor shall submit the fire and smoke spread specifications for the materials used for temporary partitions to the GMHA Project Manager for review and approval. The Project Manager shall inspect the temporary partition and verify that the walls are secured in compliance with the approved specifications.
 3. The Contractor, Safety Administrator, and Project Manager shall inspect the partition and verify that the walls are secured in compliance with the approved specifications.
 4. Any penetrations to the partitions must be patched with an approved fire sealant that is in compliance with fire codes to maintain the integrity of the fire-rated walls. As with the partitions, the contractor shall submit specifications for the sealant to the Project Manager for review and determination as to compliance with the applicable codes.
 5. The GMHA Safety Officer shall conduct daily inspections, including weekends and holidays of the partitions and document his/her observations. The Safety Officer shall immediately notify the contractor of any deficiencies. A copy of the report shall be submitted to the GMHA Project Manager and Safety Office.
- E. Providing additional fire fighting equipment and user training for personnel.
1. The Contractor shall have a portable fire extinguisher (ABC type) on stand-by at all times in each area of work. The fire extinguisher shall be placed within 30'-0" of the fire exit.
 2. The Contractors Safety Officer shall inspect these fire extinguishers as well as provide in-service in usage to contractors employees.
 3. The Contractors Safety Officer must document the inspection of the extinguisher(s) and training of construction workers. A copy of the inspection report and in-service records shall be submitted to the GMHA Project Manager and Safety Department.
 4. The GMHA Safety Administrator and/or Officer shall train the staff within each unit that are affected by construction as well as the adjacent areas on the proper use of the portable fire extinguisher. This training shall be in addition to the annual fire safety training and shall be documented as such. Copies of the in-service records shall be filed with the GMHA Project Manager and originals forwarded to the Safety Department.
- F. GMHA is a Smoke-Free facility, smoking in or adjacent to all construction areas, buildings, grass and parking lot areas is not allowed. All contractors, patients, employees and visitors are prohibited from smoking within the Hospital buildings. (See Safety &

Security Manual Policy No. 216)

- G. Developing and enforcing storage, housekeeping and debris removal practices to reduce flammable and combustible materials.
1. The Contractor shall not store debris within the Hospital buildings or on the grounds except in the designated staging area. All debris, most especially combustible materials, shall be removed from the Hospital grounds on a daily basis and as needed.
 2. The Contractor shall clean and secure the job site(s) before leaving the Hospital. All tools, equipment and materials shall be removed and stored in the designated staging area and not within the facility. If the Contractor must store combustible materials that are necessary for construction, then the contractor must have a fire extinguisher in the immediate vicinity.
 3. The GMHA Safety Officer and GMHA Project Manager shall inspect the job site(s) and staging area daily, including weekends and holidays and shall report to the EOC Committee any findings of debris, equipment or storage of combustible materials within the facility for corrective action by the contractor.
- H. Conducting a minimum of one fire drill per shift per quarter.
1. The GMHA Safety Department shall continue to conduct one drill per shift per month during construction. Safety shall include the job sites(s) and adjacent areas in the Hospital's drills to test the Hospital staff and the construction workers' response to a fire.
 2. Safety shall evaluate the Hospital staff and the construction workers' response to the fire drills and file a copy of the report with the EOC Committee. The report shall include identification of problem(s), corrective action(s) taken and the methods of evaluation.
- I. Increasing hazard surveillance of buildings, grounds and equipment with special attention to excavations, constructions storage areas(s) and field offices.
1. The Contractor shall store and secure combustible materials separately from noncombustible supplies and materials.
 2. The field office and storage shall be kept in an orderly fashion with doorways, hallways and aisles unobstructed. Passage should have at least 3'-8" in clearance for exit/entrance ways.
 3. Portable fire extinguishers shall be in place in the storage area(s) and field office.
 4. Portable gas cylinders are to be secured either with chains or portable gas cylinder stands.
 5. Debris from demolition work must be picked up daily and removed from the Hospital's grounds.
 6. The Safety Department and GMHA Project Manager shall conduct daily inspections, including weekends and holidays of the Contractor's staging area to ensure that extinguishers are in place, that passageways are unobstructed and that debris is removed.

7. The Safety Department and GMHA Project Manager shall document the inspections and file a report with the EOC Committee. The inspection report shall include any violations and the required corrective action(s) to be taken by the Contractor.
- J. Ensuring GMHA staff are trained, updated and aware when structural or smoke compartmentalization features of fire safety are compromised or temporarily modified or altered during construction.

The GMHA Safety Officer, GMHA Project Manager and the Contractor shall review the construction plans to assess if any structural or smoke compartmentalization features may be compromised during or as a result of construction. If any said features are compromised, the GMHA Safety Officer and the Contractor shall develop alternative means of fire safety. The GMHA Project Manager shall verify if the alternative means of fire safety is in compliance with the Life Safety Code.

1. The Safety Department shall provide training to the personnel in those units and adjacent areas where fire safety features are compromised by construction. The training shall include the feature(s) that has/have been compromised; the alternative measures of fire safety; and the Contractor's schedule for reinstating the required fire safety feature.
2. The training shall be given at least 5 days prior to the start of construction in the affected area and shall be offered once for each shift in the units to be affected by and adjacent to construction.
3. The training shall be documented. Copies of the training records shall be filed with the GMHA Safety Office. The originals shall be given to the department managers.

REFER TO ATTACHMENT VII: FIRE PREVENTION AND PROTECTION TRAINING CHECKLIST

- K. Conducting organization wide safety education programs to ensure awareness of any Life Safety Code deficiencies, construction hazards and these ILSM/ICRA Precautions.
1. The Safety Department shall include Life Safety Code deficiencies, construction hazards and the Hospital's Interim Life Safety Measures in the general orientation and annual fire safety training programs offered during the course of construction.
 2. The Safety Department shall provide the EOC Committee with a copy of the course outline that addresses these issues.
 3. The Safety Department shall provide the EOC Committee with a verbal report of those trained and the date of training.
 4. Safety shall evaluate the Hospital staff and the construction workers' response to the fire drills and file a copy of the report with the GMHA Project Manager and Safety Office. The report shall include identification of problem(s), corrective action(s) taken and the methods of evaluation.

GUAM MEMORIAL HOSPITAL AUTHORITY
Infection Control Risk Assessment
Matrix of Precautions for Construction & Renovation Projects

Step 1: Using the following table, identify the Type of Construction Project Activity (Type A-D)

TYPE A <input type="checkbox"/>	<p>Inspection and Non-Invasive Activities. Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ removal of ceiling tiles for visual inspection limited to 1 tile per 50 square feet ▪ painting (but not sanding) ▪ wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
TYPE B <input type="checkbox"/>	<p>Small scale, short duration activities which create minimal dust Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ installation of telephone and computer cabling ▪ access to chase spaces ▪ cutting of walls or ceilings where dust migration can be controlled.
TYPE C <input type="checkbox"/>	<p>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ sanding of walls for painting or wall covering ▪ removal of floor coverings, ceiling tiles and casework ▪ new wall construction ▪ minor duct work or electrical work above ceilings ▪ major cabling activities ▪ any activity which cannot be completed within a single work shift.
TYPE D <input type="checkbox"/>	<p>Major demolition and construction projects Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ activities which require consecutive work shifts ▪ requires heavy demolition or removal of a complete cabling system ▪ new construction.

Step 1 _____

Step 2: Using the following table, identify the Patient Risk Groups that will be affected. If more than one risk group will be affected, select the higher risk group:

Group 1 **Group 2** **Group 3** **Group 4**

Low Risk	Medium Risk	High Risk	Highest Risk
<ul style="list-style-type: none"> ▪ Office areas ▪ Non-Patient Care Areas 	<ul style="list-style-type: none"> ▪ Echocardiography ▪ Nuclear Medicine ▪ Physical Therapy ▪ Respiratory Therapy ▪ Patient Areas not listed in Group 3 or 4 ▪ Materials Management ▪ Rehabilitative Services (Speech) ▪ Patient Registration, Admissions, Discharge ▪ Corridors ▪ Special Services ▪ Dietary/Cafeteria ▪ Respiratory 	<ul style="list-style-type: none"> ▪ CCU/ICU ▪ Emergency Room ▪ Labor & Delivery ▪ Laboratories (specimen) ▪ Radiology ▪ Newborn Nursery/NICU ▪ Outpatient Surgery ▪ Pediatrics/PICU ▪ Pharmacy ▪ Post Anesthesia Care Unit ▪ Surgical Units ▪ Hemodialysis ▪ Endoscopy ▪ Skilled Nursing Unit 	<ul style="list-style-type: none"> ▪ Any area caring for immunocompromised patients ▪ Cardiac Cath Lab ▪ Central Sterile Supply ▪ Medical Unit ▪ Negative pressure isolation rooms ▪ Operating rooms including Labor & Delivery ▪ Pharmacy Admixture

Step 2 _____

Step 3: Match the Patient Risk Group: (*Low, Medium, High, Highest*) with the planned Construction Project Type: (*A, B, C, D*) on the following matrix, to find the Class of Precautions: (*I, II, III or IV*) or level of infection control activities required.

Class I-IV: Precautions are delineated on the following page.

IC Matrix - Class of Precautions: Construction Project by Patient Risk

Patient Risk Group	Construction Project Type			
	<input type="checkbox"/> TYPE A	<input type="checkbox"/> TYPE B	<input type="checkbox"/> TYPE C	<input type="checkbox"/> TYPE D
LOW Risk Group	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> II	<input type="checkbox"/> III/IV
MEDIUM Risk Group	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
HIGH Risk Group	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III/IV	<input type="checkbox"/> IV
HIGHEST Risk Group	<input type="checkbox"/> II	<input type="checkbox"/> III/IV	<input type="checkbox"/> III/IV	<input type="checkbox"/> IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

Step 3 _____

Step 4:

Identify the areas surrounding the project area, assessing potential impact

Unit Below	Unit Above	Lateral	Lateral	Behind	Front
Risk Group	Risk Group	Risk Group	Risk Group	Risk Group	Risk Group

Step 5: Identify specific site of activity, e.g., patient rooms, medication room, etc.

Step 6: Identify issues related to: ventilation, plumbing, electrical in terms of the occurrence of probable outages.

Step 7: Identify containment measures, using prior assessment: What types of barriers? (E.g., solids wall barriers): HEPA filtration required?

(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas)

Step 8: Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g., wall, ceiling, roof)

Step 9: Work hours: Can or will the work be done during non-patient care hours?

Step 10: Do plans allow for adequate number of isolation/negative airflow rooms?

Step 11: Do plans allow for the required number & type of hand washing sinks?

Step 12: Does the infection control staff agree with the minimum number of sinks for this project? (Verify against AIA Guidelines for types and area)

Step 13: Does the infection control staff agree with the plans relative to clean and soiled utility rooms?

Step 14: Plan to discuss the following containment issues with the project team. E.g., traffic flow, housekeeping, debris removal (how and when),

Appendix: Identify and communicate the responsibility for project monitoring that includes infection control concerns and risks. The ICRA may be modified throughout the project. Revisions must be communicated to the Project Manager.

Infection Control Construction Permit					
				Permit/Project No:	
Location of Construction:			Project Start Date:		
Project Coordinator:			Estimated Duration:		
Contractor/Crew Performing Work:			Permit Expiration Date:		
Supervisor:			Telephone:		
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	INFECTION CONTROL RISK GROUP
		TYPE A: Inspection, non-invasive activity			GROUP 1: Low Risk
		TYPE B: Small scale, short duration, moderate to high levels of dust generated			GROUP 2: Medium Risk
		TYPE C: Activity generates moderate to high levels of dust, requires greater than 1 work shift for completion			GROUP 3: Medium/High Risk
		TYPE D: Major duration and construction activities Requiring consecutive work shifts			GROUP 4: Highest Risk
CLASS I		1. Execute work by methods to minimize raising dust from construction operations 2. Immediately replace any ceiling tile displaced for visual inspection	3. Minor Demolition for Remodeling		
CLASS II		1. Provides active means to prevent air-borne dust from dispersing into atmosphere 2. Water mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Wipe surfaces with disinfectant	6. Contain construction waste before transport in tightly covered containers. 7. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 8. Place dust mat at entrance and exit of work area 9. Remove or isolate HVAC system in areas where work is being performed		
CLASS III		1. Obtain infection control permit before construction begins 2. Isolate HVAC system in area where work is being done to prevent contamination of the duct system 3. Complete all critical temporary barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units. 5. Do not remove temporary barriers from work area until complete project is thoroughly cleaned by Env. Services Dept.	6. Vacuum work with HEPA filtered vacuums 7. Wet mop with disinfectant 8. Remove temporary barrier materials carefully to minimize spreading of dirt and debris associated with construction. 9. Contain construction waste before transport in tightly covered containers 10. Cover transport receptacles or carts. Tape covering.		
		Date			
		Initial			
CLASS IV		1. Obtain infection control permit before construction begins 2. Isolate HVAC system in area where work is being done to prevent contamination of duct system 3. Complete all critical temporary barriers or implement control cube method before construction begins. 4. Maintain negative air pressure within work site utilizing HEPA equipped air filtration units 5. Seal holes, pipes, conduits, and punctures appropriately. 6. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site or they can wear cloth or paper coveralls that are removed each time they leave the work site	7. All personnel entering work site are required to wear shoe covers 8. Do not remove temporary barriers from work area until completed project is thoroughly cleaned by the Environmental Service Dept 9. Vacuum work area with HEPA filtered vacuums 10. Wet mop with disinfectant 11. Remove temporary barrier materials carefully to minimize spreading of dirt and debris associated with construction 12. Contain construction waste before transport in tightly covered containers. 13. Cover transport receptacles or carts. Tape covering.		
		Date			
		Initial			
Additional Requirements		<input type="checkbox"/> ICRA Attached	Date	Initials	
Exceptions/Additions to this permit are noted by attached memoranda			Date	Initials	
Permit Request By:			Permit Authorized By:		
Date:			Date:		

GUAM MEMORIAL HOSPITAL AUTHORITY

Daily Monitoring: Interim Life Safety Measures – Infection Control Risk Assessment Precautions

	Y = YES; N = NO; N/A = NOT APPLICABLE														List time, documentation or action/follow-up as needed
	SUN		MON		TUE		WED		THUR		FRI		SAT		
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
12.	There has been a minimum of two fire drills conducted per shift per quarter.														
13.	Number of hazard surveillance inspections in construction area has increased, whenever needed. (based on previous findings, increased number of inspections are determined by non-compliance or significant findings)														
14.	Safety education programs have been conducted to ensure awareness of any ILSM Safety Code deficiencies and construction hazards.														
C.	HAZARD SURVEILLANCE and INFECTION PREVENTION SAFETY														
15.	Power is properly secured at the end of each workday.														
16.	All workers are wearing appropriate identification.														
17.	Hand and safety rails are in place and in good condition.														
18.	Extension cords are grounded and in good condition.														
19.	Power tools are in good condition.														
20.	Workers wearing required identification and hard hats are used as required.														
21.	Cutting and welding operations are properly and safely conducted and have appropriate hot work permits.														
22.	Documentation of worker instruction in Right-To-Know, Infection Control and Fall hazards is available if requested.														
23.	All patient care equipment has been removed from work area.														
24.	Construction workers and materials are transported on dedicated elevator and not patient and staff elevators.														
25.	All scaffolding complies with OSHA requirements (1926.451).														
26.	Construction site secure and properly isolated from fresh air intakes.														
27.	Lock out / tag out procedures are used as appropriate.														

GUAM MEMORIAL HOSPITAL AUTHORITY

Daily Monitoring: Interim Life Safety Measures – Infection Control Risk Assessment Precautions

	Y = YES; N = NO; N/A = NOT APPLICABLE														List time, documentation or action/follow-up as needed
	SUN		MON		TUE		WED		THUR		FRI		SAT		
	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
28.	Materials used (i.e., fire retardants) comply with necessary safety regulations.														
29.	Temporary construction barriers are installed using approved materials i.e. metal studs, sheetrock/drywall/gypsum board and fire rated plastic barriers while maintaining negative pressure relationships.														
30.	Workers demonstrate compliance with traffic patterns.														
31.	Workers comply with use of PPE (Hard hats, eye protection etc.) as needed.														
32.	HEPA filtration units, HEPA vacuum equipment, &/or continuous use of exhaust fans demonstrate they are functioning appropriately.														
33.	Exhaust ducts sealed/capped as agreed by ICRA.														
34.	Construction area doors are closed and gaskets & hardware are intact.														
35.	Construction carts transporting debris are covered and consistent with agreement designed to minimize airborne particulate matter from debris.														
36.	All windows and doors remain closed to prevent circulation of dust/debris.														
37.	Walk-off mats, adhesive strips are clean and changed sufficiently, or construction exit cleaned sufficiently to maintain clean entry/exits.														
38.	No signs of water leakage or pests.														
39.	Ceiling tiles replaced when space not being accessed.														

Project Manager _____ Date _____

Contractor _____ Date _____

Sent to Environment of Care Committee _____ Date _____

Sent to Infection Control Committee _____ Date _____

Guam Memorial Hospital Authority

STOP WORK ORDER

I. REQUEST TO STOP WORK

Requesting Party: _____
Name (Print) Date Time

Reason: _____

Signature of Requesting Party: _____

II. STOP WORK ORDER

Issued to: _____
Contractor (Print) Date Time

Project Name: _____ Permit No.: _____

Contractor's Representative (Print) Date Time

Duration of Work Stoppage:

START: _____ FINISH: _____
Date Time Date Time

Area of Work Stoppage: _____ No. of Laborers Affected: _____
(Floor/Wing/Dept.)

Signature of Contractor's Representative: _____

Signature of Requesting Party: _____

III. STOP WORK ORDER REPORT

Comments/Observations: _____

Authorized Representative: _____
Name (Print)

Signature of Authorized Representative: _____

IV. RECEIVED BY: _____
Name of Planning Representative Date Time

cc: Contractor

**Guam Memorial Hospital Authority
Safety Department Scaffolding Checklist**

Inspector: _____

Date: _____

Contractor: _____

In-House: _____

Project No.: _____

Project Name: _____

Criteria for Suspension Scaffolds

	Yes	No	N/A
<input type="checkbox"/> Support devices, 4 × the imposed load	[]	[]	[]
<input type="checkbox"/> Outrigger beams; metal or equal and restrained	[]	[]	[]
<input type="checkbox"/> Stabilize outrigger beams	[]	[]	[]
<input type="checkbox"/> Direct connections evaluated by competent person	[]	[]	[]
<input type="checkbox"/> Counterweights	[]	[]	[]
<input type="checkbox"/> Construction requirements for outrigger beams	[]	[]	[]
<input type="checkbox"/> Minimum lengths for suspension ropes on hoists	[]	[]	[]
<input type="checkbox"/> No repaired wire rope	[]	[]	[]
<input type="checkbox"/> Proper sized eye splice thimbles required	[]	[]	[]
<input type="checkbox"/> Ropes inspected by competent person	[]	[]	[]
<input type="checkbox"/> No swaged attachments unless approved	[]	[]	[]
<input type="checkbox"/> No gasoline powered equipment	[]	[]	[]
<input type="checkbox"/> Automatic brakes	[]	[]	[]
<input type="checkbox"/> Positive crank force to descend	[]	[]	[]
<input type="checkbox"/> Tied to prevent swaying	[]	[]	[]
<input type="checkbox"/> Safety devices not used as platforms	[]	[]	[]
<input type="checkbox"/> No lumber used as bracing/platforms indoors	[]	[]	[]

Comments: _____

Access

	Yes	No	N/A
<input type="checkbox"/> Must have safe access	[]	[]	[]
<input type="checkbox"/> No access by cross braces	[]	[]	[]
<input type="checkbox"/> Bottom rung not more than 24" high	[]	[]	[]
<input type="checkbox"/> Rest platforms at 35' intervals	[]	[]	[]
<input type="checkbox"/> Sets access requirements for erectors and dismantlers	[]	[]	[]
<input type="checkbox"/> Can use some end frames for access	[]	[]	[]

Comments: _____

Use

	Yes	No	N/A
<input type="checkbox"/> Never overload	[]	[]	[]
<input type="checkbox"/> No shore or lean-to scaffolds	[]	[]	[]

ATTACHMENT V

- | | | | |
|---|-----|-----|-----|
| <input type="checkbox"/> Inspected by competent person | [] | [] | [] |
| <input type="checkbox"/> Immediately removed or repaired, braced if found substandard | [] | [] | [] |
| <input type="checkbox"/> No horizontal movement with employees unless approved | [] | [] | [] |
| <input type="checkbox"/> Maintain clearance near power lines | [] | [] | [] |
| <input type="checkbox"/> Erected, moved, dismantled or altered only under supervision of competent person | [] | [] | [] |
| <input type="checkbox"/> Tag lines on swinging loads | [] | [] | [] |
| <input type="checkbox"/> Protect suspension ropes from heat, acid | [] | [] | [] |
| <input type="checkbox"/> No work during storms or high winds | [] | [] | [] |

Comments: _____

Fall protection (guardrails)

- | | Yes | No | N/A |
|--|-----|-----|-----|
| <input type="checkbox"/> Required at 10 foot | [] | [] | [] |
| <input type="checkbox"/> Guardrails on suspension scaffolds | [] | [] | [] |
| <input type="checkbox"/> Top-rails 38" to 45" high | [] | [] | [] |
| <input type="checkbox"/> Use cross-bracing in lieu of top or mid-rails in some cases | [] | [] | [] |

Comments: _____

Falling object protection

- | | Yes | No | N/A |
|--|-----|-----|-----|
| <input type="checkbox"/> Hardhats required | [] | [] | [] |
| <input type="checkbox"/> Protect employees below | [] | [] | [] |
| <input type="checkbox"/> Barricades to exclude working below | [] | [] | [] |
| <input type="checkbox"/> Toe boards at edges of platforms | [] | [] | [] |
| <input type="checkbox"/> Allows panels and screens | [] | [] | [] |
| <input type="checkbox"/> Canopies allowed | [] | [] | [] |

Comments: _____

GUAM MEMORIAL HOSPITAL AUTHORITY
RISK ASSESSMENT

HAZARD ANALYSIS WORKSHEET FOR CONSTRUCTION/RENOVATION

Potential Compromise to:	Type of Construction Activity	List Patient Care Areas Impacted	List Non-Patient Care Areas Impacted	Population Risk Assessment	List Control Activities Needed
Infection Control		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____
Utility Failure - (Check Affected Utility) <input type="checkbox"/> Communications/Telephone <input type="checkbox"/> Electrical <input type="checkbox"/> Generator <input type="checkbox"/> Temperature <input type="checkbox"/> HVAC <input type="checkbox"/> Medical/LP Gas <input type="checkbox"/> Medical Vacuum <input type="checkbox"/> Sewer <input type="checkbox"/> Water <input type="checkbox"/> Other: _____		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

GUAM MEMORIAL HOSPITAL AUTHORITY
RISK ASSESSMENT

HAZARD ANALYSIS WORKSHEET FOR CONSTRUCTION/RENOVATION

Potential Compromise to:	Type of Construction Activity	List Patient Care Areas Impacted	List Non-Patient Care Areas Impacted	Population Risk Assessment	List Control Activities Needed
Usual Noise Levels		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____
Vibration Levels		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____
Emergency Procedures (Check Affected Procedure) <input type="checkbox"/> Fire Safety <input type="checkbox"/> Emergency (Disaster) Management <input type="checkbox"/> Security <input type="checkbox"/> Other: _____		_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

ATTACHMENT VII

GUAM MEMORIAL HOSPITAL AUTHORITY

FIRE PREVENTION AND PROTECTION TRAINING CHECKLIST

Date of training:	Training conducted by:
Department trained:	Date distributed to Safety Management / Infection Control:
Project Title:	ILSM Circular No.:

The following training tool is used to ensure that Hospital staff is knowledgeable in general fire prevention and protection management during renovation or construction projects. Safety department is responsible for conducting this training to all staff in the affected renovation or construction area. This training record must be documented and maintained by the Safety Department to include an attendance sheet of all staff that participated in the training.

Yes	No	N/A	Requirement	Comment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is familiar with the Fire Safety Program and their roles and responsibilities in the program.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is aware of the acronym R.A.C.E. for fire management.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is aware of the acronym P.A.S.S. for use of portable fire extinguishers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is aware of the locations of, and how to operate, the fire alarm pull stations (boxes) and portable fire extinguishers in the affected area(s).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is aware of the location of medical gas shut off valves, if applicable.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff know what type of materials commonly used in the department are flammable and how they should be properly used and stored.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff know if equipment in the department requires a special type of portable fire extinguisher, such as a type "K" extinguisher for kitchen grease fires or general type "ABC" extinguishers.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff participate in all fire drills and practice sessions as required.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff attend all fire safety related training classes when assigned/scheduled.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff know how to report a fire by dialing extension 3-2222 to report a fire.	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff understand how to identify the location of the fire code or drill called.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff know general evacuation procedures/routes and those specific to the department.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff observe the "No Smoking" policy and assist patients and visitors to do so also.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is aware to never store flammable liquids on their desk, in their locker or cabinet.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff know to report any defective wiring, such as frayed cords, loose or broken plugs, blown fuses, etc. to Safety or Facilities Maintenance Department.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff properly dispose of waste or rags used with cleaning solvents.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff do not use special heating units until all safety factors have been complied with and use is approved (i.e., portable heaters, electric coffee makers).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff report any holes or penetrations in the building to the Facilities Maintenance Department for their inspection and repair as appropriate.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff ensure proper storage of supplies and equipment to allow clear space below standard pendant sprinkler heads of at least 18 inches).	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff ensure hallways, walkways, corridors, etc., remain clear for egress, access and evacuation.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairwells are clearly illuminated with clear access and egress. Staff should report any blocked stairwells immediately to the Safety Department.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All exit signs are visible and illuminated, staff report any exit signs that are obstructed or obscured from clear vision to the Facilities Maintenance Department.	

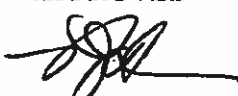
Number of staff trained: _____

Acknowledged by:

Department Head: _____

Date: _____

**GUAM MEMORIAL HOSPITAL AUTHORITY
FACILITIES MAINTENANCE DEPARTMENT
LIFE SAFETY MANAGEMENT MANUAL**

APPROVED	RESPONSIBILITY	EFFECTIVE DATE	POLICY NUMBER	PAGE
 Peter John O. Camacho, MPH Hospital Administrator/CEO	Planning Facilities Maintenance Safety Infection Control	9/95	LS6480-010	1 of 2
TITLE: INFECTION CONTROL GUIDELINES FOR CONSTRUCTION				
LAST REVIEWED/REVISED: 7/2016				
ENDORSED: EOC <u>8/25/16</u> MEC <u>9/29/16</u> EMC <u>10/07/16</u>				

PURPOSE:

1. To implement proper screening of the construction work force so as to prevent the spread of communicable or infectious disease.
2. To ensure that contractors implement measures to isolate the areas of construction and protect the patient care environment from the hazards of construction.

POLICY:

1. All contractors are required to submit records of a TB Skin test and chest x-ray, if warranted, for each employee assigned to work at the Guam Memorial Hospital.
 - a. All active zero conversion cases will be referred to DPHSS for treatment and counseling.
 - b. All active cases will be taken off the Hospital project.
2. All contractors are required to incorporate infection control measures during construction within the Hospital.


PROCEDURE:

1. The Chief Planner, Facilities Maintenance Manager, and/or GMHA Project Manager will ensure that a copy of the Infection Control Guidelines for Construction is included in the contract documents.
 - a. The GMHA Project Coordinator will provide the contractor with an additional copy of the Infection Control Guidelines for Construction during the pre-construction conference or the first coordination meeting with the contractor.
 - b. The GMHA Project Coordinator will arrange for the Contractor's Project Manager and Safety Officer to attend a Hospital-sponsored infection control in-service session.
 - c. The Contractor's Project Manager or Safety Officer will provide orientation guidelines for infection control to the construction crew.
2. TB Skin Tests/Chest X-Rays
 - a. The Contractor will submit each employee's record of a PPD Skin test and chest x-rays, if warranted, prior to performing work within the Hospital.
 - b. The GMHA Project Coordinator will submit the list of the contractor's employees and their

records to Employee Health Services for review and concurrence.

- c. The Employee Health Services will provide referrals to DPHSS for treatment and counseling on an as needed basis.
3. The Contractor will provide proper safety and infection control measures (e.g., dustproof barriers or air-tight temporary partitions) during construction to prevent soil and dust build-up in non-construction areas. Materials used should conform to required fire rating.
4. The Contractor will have a certified representative conduct tests for purity on water and/or medical gases in all areas affected by construction. The Contractor will provide a copy of the test results signed by the certified technical representative.
5. The Contractor will report any infectious disease or condition (e.g., fever, nausea or vomiting, diarrhea, open sores) that arises during construction to any of the assigned CIP Coordinators. The CIP Coordinator will report the incident(s) to the Employee Health Services Office for counseling and disposition.
6. Any construction-related injury or incident (i.e., a cut or break in the skin) will be reported to the CIP Coordinator. The CIP Coordinator of the Committee will report the incident(s) to the Employee Health Services Office who in turn will report any incident to the Environment of Care Committee.

**GUAM MEMORIAL HOSPITAL AUTHORITY
FACILITIES MAINTENANCE DEPARTMENT
LIFE SAFETY MANAGEMENT MANUAL**

APPROVED BY:	RESPONSIBILITY:	EFFECTIVE DATE:	POLICY NO.	PAGE
 Peter John D. Camacho, MPH Hospital Administrator/CEO	Safety Facilities Maintenance Planning	10/2017	LS6480-012	1 of 2
TITLE: NOISE CONTROL DURING CONSTRUCTION				
REVIEWED/REVISED: 10/2017				
ENDORSED: EOC 10/26/17				

PURPOSE:

To establish guidelines that will protect patients, visitors and the employees at the Guam Memorial Hospital Authority from exposure to excessive noise during construction.

POLICY:

The Guam Memorial Hospital Authority Contractors must identify any and all contract work that would generate loud and continuous noise. (Some examples of loud noise are drilling, jack hammering and chipping). The contractor will be required to submit a Noise Control Plan accordingly.

PROCEDURE:

- I. At the pre-construction conference, the Capital Improvement Program (CIP) Coordinators will ascertain from the contractor all work that involves excessive noise.
- II. The contractor must identify the areas to be affected with excessive noise and submit a written notice and noise control plan to the CIP Coordinator at least two (2) weeks in advance of the scheduled work.
- III. The Contractor and the CIP Coordinators will review the schedule and execute the plans to control the construction noise in the affected areas.

A. NOISE CONTROL PLAN FOR CONTRACTOR

1. Work must be done in intervals rather than continuously. The intervals must be no less than five (5) minutes for every twenty (20) minutes of work done.
2. Various works that produces loud noise should not be done at the same time. For example, drilling and jack hammering must be scheduled at different times to reduce the noise level in the area.
3. The construction workers performing the work must wear hearing protection.
4. Whenever possible, all fabrication work that would generate loud noise must be done off-site.

B. NOISE CONTROL PLAN FOR THE HOSPITAL


1. The Planning Department will prepare a circular at least one (1) week in advance to advise the medical staff and employees about the scheduled work.

2. The CIP Coordinators from the Planning and Facilities Maintenance Department representatives will notify and meet with the affected departments one (1) week in advance of the scheduled work.
3. In the patient areas, the Planning Department will assist the respective departments in preparation for the construction (e.g., reserving or isolating the room(s) for scheduled work).
4. The day before construction, the Planning and Safety Department representatives will visit the rooms and inform the patients and watchers about the scheduled work and the forthcoming noise.
5. Before construction starts, Safety Officers will distribute earplugs to the patients, visitors and employees, if required.
6. The Safety and/or Facilities Maintenance Department will post signs and distribute flyers in the affected areas to advise the patients, visitors and employees of the scheduled work.
7. The Safety Officer and GMHA Project Manager will monitor the contractor's performance to ensure compliance with the approved noise control plan.
8. The Planning and Safety Department representatives will visit the rooms once in the morning and once in the afternoon to check on the patients' tolerance for the noise.
9. The Safety Officer and GMHA Project Manager will monitor the overall project and may stop the work if the noise poses safety hazard to patients, visitors or employees.

RESCISSION:

Policy No. LS6480-012, Noise Control during Construction, made effective 01/1999.

**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  Lillian Perez-Posadas, MN, RN Hospital Administrator/CEO	RESPONSIBILITY: Facilities Maintenance Safety Security	EFFECTIVE DATE: Interim Approved 7/9/2021	POLICY NO: LS6480-013	PAGE: 1 of 7
TITLE: ABOVE CEILING PERMIT PROGRAM				
REVIEWED/REVISED: 7/2021				
ENDORSED: EOC - 07/09/2021				

PURPOSE:

The purpose of this policy is to establish and implement above ceiling work permitting/inspection guidelines to effectively monitor and guide Hospital Staff, vendors, contractors and sub-contractors in the process of proper closure of Non-rated and Rated Wall, Floor, and Ceiling penetrations. The intent is to maintain the integrity of the facilities fire rated walls, ceiling penetrations and smoke partitions in full compliances with CMS, NFPA, and International building codes by ensuring proper authorization for work with appropriate oversight.

POLICY:

The Guam Memorial Hospital Authority (GMHA) has a strict work permitting, monitoring and enforcement policy relative to ensuring that all fire-rated walls and smoke partitions are properly maintained and sealed above the ceiling spaces during any renovation, construction, and installation of conduits or repairs by Contractors and GMHA Departments. Any work that compromises the existing fire-rated walls and smoke partitions such as electrical conduits, utility piping, duct work, communication lines, phone lines and television/cable lines require an Above Ceiling Work Permit to be obtained prior to commencement of such work. Contractors and GMHA Departments must comply with the GMHA policies, procedures, guidelines and regulations that apply whenever work is performed "above the ceiling." The following procedure outlines the Above Ceiling Permit Program.

This is an organization-wide Policy, as **All EMPLOYEES** are responsible for reporting any activity observed, or work being conducted above the ceiling without an approved permit immediately to the Safety & Security Department and the Facilities Maintenance Department at extension 3-2224 or 3-2192. Department Heads are responsible for ensuring that the proper permit has been obtained for work being conducted in their respective departments. Employees or Contractors performing the work must show the permit to the respective Department Head (or designee) upon request.

PROCEDURE:

A. BADGES

All Contractors are required to request for temporary identification badges from the GMHA Security Department for all the workers prior to beginning any work. All contractors are

required to submit a valid identification/company card/badge. The badge must be returned to the GMHA Security Department at the end of each workday or upon the completion of the project.

Note: Refer to GMHA Life Safety Management Manual Policy No. LS-6480-015 "Identification Badges and Orientation Training for Contractual Maintenance and Supply Vendors."

B. CONSTRUCTION / RENOVATION ASSESSMENT

1. Contractors and GMH Departments requesting for an Above Ceiling Work Permit must conduct an initial site inspection of the affected area(s) prior to permit approval/authorization. Any pre-existing conditions must be noted on the permit. Special precautions must be taken when performing construction or renovation work in GMHA's facilities, especially in patient care areas within a sterile or controlled environment. An Infection Control Risk Assessment (ICRA) for larger, more complex projects (when applicable) must be completed and submitted to the Facilities Maintenance Department for review and approval by the Facilities Maintenance Manager or designee and the Hospital Safety & Security Administrator. These activities will be performed in compliance with all applicable building codes, standards, guidelines and related Life Safety Code policies, including but not limited to those identified in this policy. Specific attention is required to the following Life Safety Code policies:
 - LS6480-003 Interim Life Safety Measures / Infection Control Risk Assessment - Construction by Outside Contractors; and
 - LS6480-004 Interim Life Safety Measures/Maintenance and Facility Improvements — Renovations by GMHA Staff.
2. Dust producing work, such as ceiling tile removal, requires special precautions to be taken to avoid introducing dust into controlled areas. Permit requestor must submit a dust control containment plan to the Facilities Maintenance Department for review and approval by the Facilities Maintenance Manager or designee and the Hospital Safety and Security Administrator.
3. Any potential change in the environment caused by noise, and/or vibration must be assessed. Plans must be taken to minimize any impact to the clinical environment. Construction, repair, or installation that compromises the life safety program in the area or to occupants requires implementation of Interim Life Safety Measures (ILSM).
4. Prior to the issuance/approval of the Above Ceiling Work Permit, the Facilities Maintenance Manager (or designee) and the Hospital Safety and Security Administrator or designee shall ensure the following key personnel inspect/assess the location(s) of the work to identify and/or determine the best approach to abate any possible damage and/or interruptions to existing information technology hardware, HVAC/Plumbing piping and ducting, electrical conduits and componentry, and fire-rated Walls and Smoke Partitions:
 - Electrical Supervisor
 - Maintenance Supervisor

- Maintenance Supervisor
- Safety Officer

These Safety Officer and Facilities Maintenance Supervisors must document any pre-existing conditions and results of the inspections on the Above Ceiling Permit Request, and shall be submitted to both the Safety Department and Facilities Maintenance Department for documentation purposes. with the above ceiling permit to be approved by the Facilities Maintenance Manager and the Hospital Safety and Security Administrator.

C. PERMIT

1. Any work performed above the ceiling by Contractors and GMHA Departments must secure an Above Ceiling Work Permit (**see Attachment I**) before commencement of any work. See Attachment I for the permit.
2. Permit shall be completed by the requesting person and permit must be submitted to the Hospital Safety and Security Administrator and/or designee and Facilities Maintenance Department Manager or designee for review and approval. The requestor performing the work must keep the permit in his/her possession at all times while work is underway.

D. FIRE-RATED MATERIAL

Requestors must provide submittals for the fire-rated sealant material intended for use to the Facilities Maintenance Manager or designee and the Hospital Safety and Security Administrator or designee for review and approval prior to performing any work.

E. FIREWALL PENETRATIONS

Routing of wiring, piping or conduit may require drilling and or penetrating through smoke or fire walls above the ceiling. When this occurs, all wires or conduits that penetrate the fire rated walls must be resealed immediately with an approved fire-rated material prior to final inspection by the Safety Officer and Facilities Maintenance Department Supervisors.

Note: Final inspection must verify that all junction boxes are secured with appropriate cover prior to accepting any work.

F. FNAL APPROVAL

When work has been completed and all smoke and fire penetrations have been properly sealed, inspection of the work shall be conducted by the Safety Officer and Facilities Maintenance Supervisors as outlined in section 2.d of this policy. The Safety Officer and Facilities Maintenance Supervisors must ensure the work performed is in accordance with local and state building codes and the integrity of the fire/smoke compartment walls have not been compromised. Any discrepancies must be documented and submitted to the Facilities Maintenance Manager or designee. The Facilities Maintenance Manager or designee and the Hospital Safety and Security Administrator and/or designee will sign-off final approval once all discrepancies are corrected and re-inspected by the Facilities Maintenance Supervisors.

REFERENCES AND RELATED POLICIES:

- GMHA Life Safety Management Manual Policy No. LS-6480-015 "Identification Badges and Orientation Training for Contractual Main
- GMHA Life Safety Management Manual Policy No. LS6480-003 "Interim Life Safety Measures / Infection Control Risk Assessment — Construction by Outside Contractors."
- GMHA Life Safety Management Manual Policy No. LS6480-004 "Interim Life Safety Measures / Maintenance and Facility Improvements — Renovations by GMHA Staff."
- National Fire Protection Association - Life Safety Code 101 2012 Edition Sections – 7.2.1, 7.2.3, 19.2, 19.2.1, 19.2.4, 7.2.1, and 7.2.3.

RESCISSIONS:

Policy No. LS6480-013, Above Ceiling Permit Program, made effective 10/2009.

ATTACHMENTS:

- I. **GMHA ABOVE CEILING WORK PERMIT**

Attachment I

**GUAM MEMORIAL HOSPITAL AUTHORITY ABOVE CEILING
WORK PERMIT**

Date: _____ Name of Person Requesting Permit: _____

Title of Person Requesting Permit:

Department/Company:

Phone: _____ Fax: _____

Location of Work:

Description of Work:

Wiring to be installed / modified:

- | | |
|------------------------------|------------------|
| Communication | Door Control |
| Telephone | Fiber optic |
| Electric low or high voltage | Security |
| HVAC | Fire Alarm |
| Television/Cable | Sprinkler System |
| Other: _____ | |

How will work be supported?

- | | |
|-------------------------------|-------------------|
| Deck | Existing casework |
| Existing pipe or conduit rack | New pipe |
| Existing cable tray | New conduit |
| Wall | New cable tray |
| Other: _____ | |

Will any penetration be made in the ceiling, roof, floor or walls?

(If yes, Please Describe.)

Will there be any permanent changes to the visible ceiling, floor, roof, or walls? (If yes, Please Describe.)

Annotate/Describe any other discrepancies of the pre-existing conditions during the initial site-assessment inspection:

Commencement of work Date and Time: _____

Completion/Expiration Date and Time: _____

AUTHORIZATION TO PROCEED BY: (Both Signatories required):

Facilities Maintenance Manager

Hospital Safety and Security Administrator

INTERIM INSPECTION BY: (Both Signatories required)

Facilities Maintenance Supervisor

Safety Officer

Special Note: Final inspection must verify that all junction boxes are secured with appropriate cover prior to accepting any work.

FINAL INSPECTION BY: (Both Signatories required)

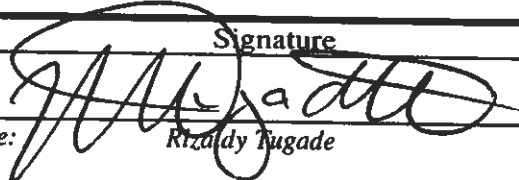
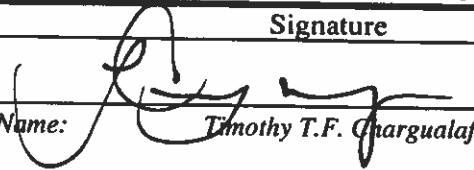
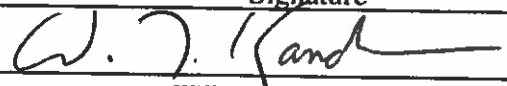
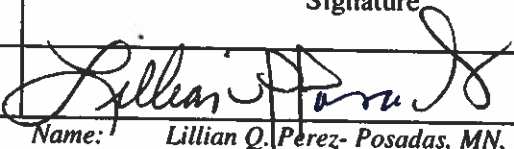
Facilities Maintenance Manager

Hospital Safety and Security Administrator

**GUAM MEMORIAL HOSPITAL
AUTHORITY
REVIEW AND ENDORSEMENT
CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- o **By Laws** Submitted by Department/Committee: Facilities Maintenance Dept./EOCC/MEC/EMC
- o **Rules & Regulations** Policy No. LS-6480-015 "Identification Badges and Orientation Training for Contractual Maintenance and Supply Vendors, Policy No. LS6480-003 "Interim Life Safety Measures / Infection Control Risk Assessment — Construction by Outside Contractors, Policy No. LS6480-004 "Interim Life Safety Measures / Maintenance and Facility Improvements — Renovations by GMHA Staff"
- o **Policies & Procedure** Title: Above Ceiling Permit Program

Submitted/ Reviewed/Endorsed	Date	Signature
	7-09-21	
	Name: Rizaldy Tugade Title: Facilities Maintenance Manager	
Reviewed/Endorsed	Date	Signature
	7.9.2021	
	Name: Timothy T.F. Chargualaf Title: Hospital Safety and Security Administrator, Acting	
Reviewed/Endorsed	Date	Signature
	7-09-2021	
	Name: William N. Kando, MSM Title: Associate Administrator of Operations,	
Reviewed/Endorsed	Date	Signature
	7/12/2021	
	Name: Lillian Q. Perez-Posadas, MN, RN Title: Hospital Administrator/CEO	

Attachments

K-374